

**MINISTRY OF LOCAL GOVERNMENT AND RURAL DEVELOPMENT
KAMBIA DISTRICT COUNCIL
PORT LOKO DISTIRICT COUNCIL**

**THE PROJECT FOR CAPACITY DEVELOPMENT FOR
COMPREHENSIVE DISTRICT DEVELOPMENT IN THE
NORTHERN REGION OF SIERRA LEONE
(CDCD PROJECT)
(FEEDER ROAD PLANNING AND DESIGN/
SUPERVISION AND MAINTENANCE)**

FINAL REPORT PART II

**APRIL 2016
JAPAN INTERNATIONAL COOPERATION AGENCY
NTC INTERNATIONAL CO., LTD.**

EI
JR
16-079

Location Map

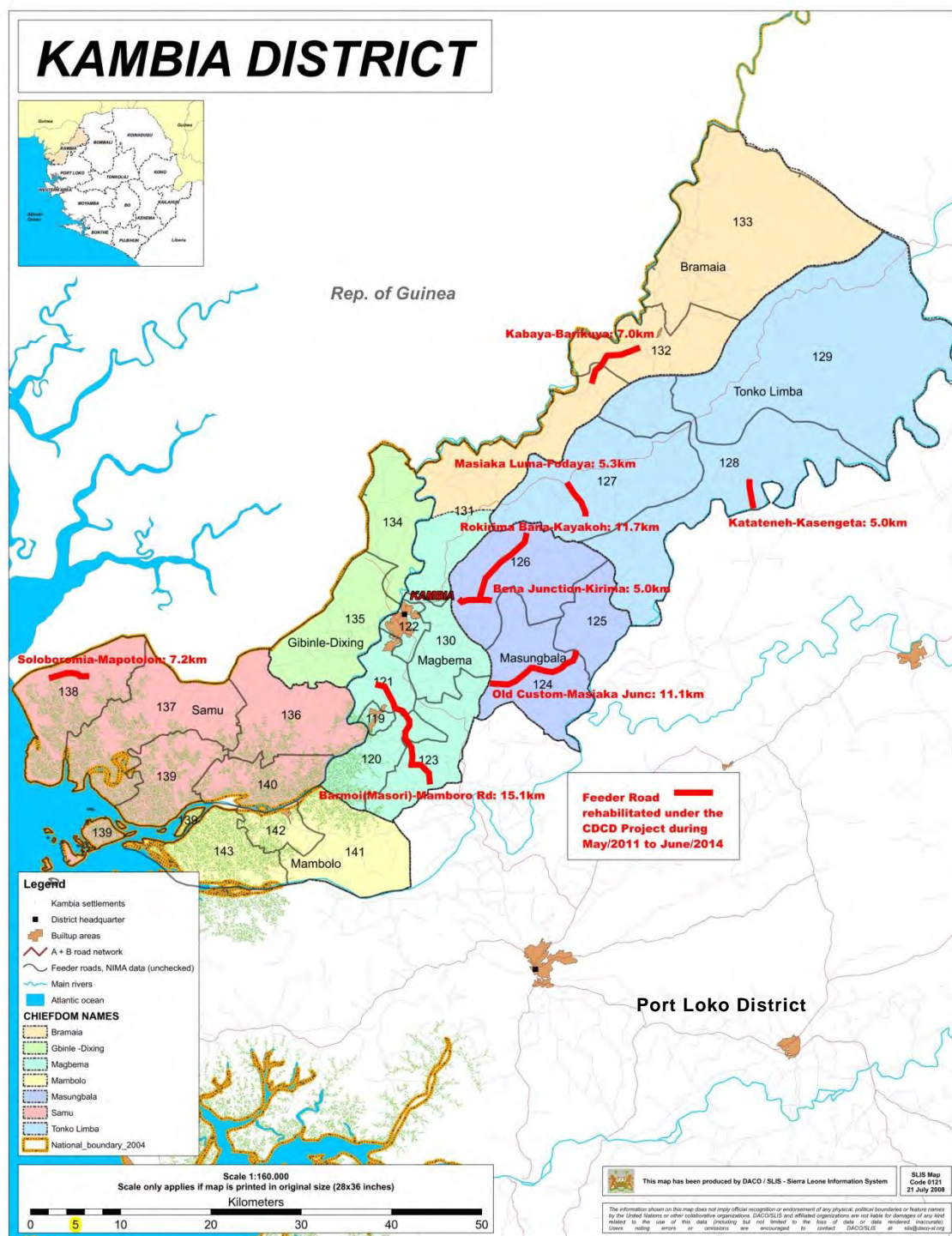


Original picture:
the Central Intelligence Agency

(<https://www.cia.gov/library/publications/resources/cia-maps-publications>)
for free-copy and use (date last verified on 28/Aug/2015).

Location of the Feeder Road Rehabilitation Project

Kambia District



Original picture: District Assistance Coordination Office (DACO), Ministry of Finance and Economic Development/ Sierra Leone Information System (SLIS) (July, 2008), SLIS Map Code 0121 for Kambia District, 0126 for Kambia District *Objects are inserted for showing route, name of section

[illegible]

Original picture: Same as previous picture of Kamibia district
*Remained construction of PLDC (Ward 99) is shown as dotted line.

Photograph



Social survey in Ward 175 TMS Chiefdom
(Port Loko District)



Social survey in Ward 200 Kotter
Line-Masimera Chiefdom (Port Loko District)



Planning stage for the proposed activities from
MDAs in PLDC



Planning with the council staff in PLDC



Tools distribution on site in Ward 199 (Port Loko
District)



Tools distribution on site in Ward 199 (Port
Loko District)

	
<p>During work in Ward 199 (Port Loko)</p>	<p>Feeder road in Ward 199 before commencement of works</p>
	
<p>Completed Box Culvert</p>	<p>Backfilled box culverts at chainage of 6+6800</p>
	
<p>10th Steering Committee meeting in March 2016</p>	<p>Minister and Director of Local Government, Deputy Chair Man and Chief Administrator in PLDC</p>

Table of Contents

Location Map

Location of the Feeder Road Rehabilitation Project

Photograph

	Page
Chapter 1 Background of the Extension Period of CDCD Project in Response to Post Ebola Recovery	1-1
1.1 Community Development Activity (Original Activity of CDCD project)	1-1
1.2 Activity for recovery from EVD (After the declaration of EVD free)	1-1
Chapter 2 Resumption of the Project after EVD Epidemic and Completion of Remaining Work	2-1
2.1 Purpose of the Project	2-1
2.2 Periodic Maintenance of Feeder Road by PLDC (Implementation of Remained Rehabilitation)	2-1
2.2.1 Implementation of Periodic Maintenance of Feeder Road by Direct Management by DCs	2-1
2.2.2 Implementation System of Routine Maintenance and Grasping of Work Situation of Actors	2-7
2.3 Revision of District Development and Rural Development Model (Handbook)	2-10
2.3.1 Resumption of activities for forthcoming revision of Handbook by CPs of DCs	2-10
Chapter 3 Formulation on the Development Plan for Post Ebola Activity	3-1
3.1 Background and Schedule	3-1
3.1.1 Situation of Sierra Leone in the epidemic of EVD	3-1
3.1.2 Procedure of whole process to formulate the DDP	3-1
3.2 What is District Development Plan	3-2
3.2.1 Objective of Addendum of District Development Plan in 2016-2018	3-2
3.2.2 District Development Plan (DDP)	3-2
3.2.3 Mission of DDP	3-3
3.2.4 Mandate	3-3
3.2.5 Mission Statement	3-3
3.3 Method of the Survey	3-3
3.3.1 Goal of Kambia District Council	3-3
3.3.2 Objective/Functions of Kambia District Council	3-3
3.4 Addendum of District Development Plan in 2016-2018	3-4
3.4.1 Basic Data	3-4
3.4.2 Procedure/ Method of Survey	3-5
3.5 Survey Result	3-6
3.5.1 General Condition of the post EVD at the National level	3-6
3.5.2 Current condition of the Donors/UN Agencies and NGOs	3-10
3.5.3 Current condition of district level Kambia District	3-15
3.5.4 Community Level Survey	3-22
3.6 Current Problem, Cause and Solution	3-31
3.7 Proposed Activity	3-39
3.7.1 Solution in sector and Proposed Activity	3-39
3.8 Criteria for selection of the proposed activity	3-58
3.9 Capacity of Counterpart	3-60
3.9.1 Degree of Capacity Development of District Councils	3-60
3.10 Lessons Learned	3-62
3.10.1 Views on C/Ps	3-62
3.10.2 Concerning issue	3-64
Chapter 4 Responsibility at the Central Level	4-1
4.1 Role of the Central Level in the Rural Development	4-1
4.1.1 Tasks of MLGRD	4-1
4.1.2 Structure of MLGRD	4-1
4.2 Activity of MLGRD in the CDCD Project	4-4
4.2.1 Responsibility at the central level in the CDCD Project	4-4
4.2.2 Confirmation on implementation structure in the CDCD Project	4-4

ANNEX

ANNEX 1: Contact List

LIST OF ABBREVIATIONS

ABC-Development	Association of the Well Being of Community Development
ACF	Action Centre Lafaim
ADB	Africa Development Bank
ADO	Assistant District Officer
AIDS	Acquired Immune Deficiency Syndrome
AMNet	Advocacy Movement Network
ARV	Anti-Retro Viral
ASREP	Agricultural Sector Rehabilitation Project
BECE	Basic Education Certificate Exams
BEmONC	Basic Emergency Obstetric and Neo-natal Care
BRAC	Building Resources Across Communities
CA	Chief Administrator
CAWeC	Community Action for Welfare of Children
CBCs	Community Based Contractors
CDCD	Capacity Development for Comprehensive District Development in the Northern Region of Sierra Leone
CFN	Children Forum Network
CHC	Committee Health Centre
CSO	Civil Society Organization
CWC	Child Welfare Committee
DC	District Council
DCA	Deputy Chief Administrator
DCF	District Coordinating Forum
DDP	District Development Plan
DHMT	District Health Management Team
DMO	District Medical Officer
DO	District Officer
DPO	Development Planning Officer
DSDP	Decentralized Service Delivery project
ENCISS	Enhancing the Interaction and interface between Civil Society and the State to improve poor people's life
EU	European Union
FAO	Food and Agricultural Organization
FBO	Farmer Based Organization
FR	Feeder Road
GOSL	Government of Sierra Leone
HIV	Human Immune Virus
IFAD	International Fund for Agricultural Development
INGO	International Non-Governmental Organization
IRCBP	Institutional Reform and Capacity Building Project
IVS	In valley Swamps
JICA	Japan International Cooperation Agency
JP	Justice of Peace
KADDRO	Kambia District Development and Rehabilitation Organization
KDC	Kambia District Council
KM	Kilometer
LC	Local Council
LGA	Local Government Act
MAFFS	Ministry of Agriculture, Forestry and Food Security
MCH	Maternal Child Health
MDAs	Ministries, Departments and Agencies
MEO	Monitoring and Evaluation Officer

MEST	Ministry of Education, Science and Technology
MEWR	Ministry of Energy and Water Resource
MLGRD	Ministry of Local Government and Rural Development
MOHS	Ministry of Health and Sanitation
MSW	Ministry of Social Welfare Worker
NaCSA	National Commission for Social Action
NERICA	New Rice for Africa
NGO	Non-Governmental Organization
NID	National Immunization Day
NPPA	National Public Procurement Authority
O&M	Operation and Maintenance
ODF	Open Defecation Free
OTP	Out Patient Therapeutic
PHU	Peripheral Health Unit
PRA	Participatory Rural Appraisal
PRSP	Poverty Reduction Strategic Paper
RPSDP	Rural and Private Sector Development Project
SALWACO	Sierra Leone Water Company
SC	Stabilization Centre
SFP	Supplementary Feeding Programme
SiLNAP	Sierra Leone National Action Plan
SL	Sierra Leone
SLRA	Sierra Leone Road Authority
SMCs	School Management Committees
TOR	Terms of Reference
UN	United Nations
UNDP	United Nation Development Programme
UNICEF	United Nation Children Fund
UNIDO	United Nation Industrial Organization
VCCT	Voluntary Confidential Counseling and Test
VDC	Village Development Committee
WASH	Water and Sanitation
WASSCE	West African Senior Secondary Certificate Exams
WB	World Bank
WC/WDC	Ward Development Committee
WESOFOD	Welfare Society for the Disable
WFP	World Food Programme
WP	Water Point
WRAG	Women Right Advocacy Group

The activity of CDCD project, which has stopped from August, 2014 to December, 2015 because of epidemic of EVD, will re-start in January, 2016 in order to implement the remaining activity and new activity for post EVD and development of community affected by EVD in next two years (approximately).

1.1 Community Development Activity (Original Activity of CDCD project)

- 1) Revision of District/Rural Development model/Handbook through the activity
- 2) Dissemination of District/Rural Development model/Handbook
- 3) Remaining activity: Uncompleted Road rehabilitation at PLDC, Forum, strengthened O&M activity etc

In the preparation stage, the expert team and C/Ps (District Level) acquire and grasp the current situation and affection of EVD at the community level and collect the needs of community for development through the survey at community level (chiefdom, Ward and village) and hearing from certain ministry, donors and NGOs. Based on the study result, CDCD project team prepares the District Development Plan (Post Ebola Activity) (draft) including the criteria to select the sector and area for pilot project.

In the implementation stage, using the District/Rural model/handbook formulated by , the implementation strategy and experience/lessons learnt of CDCD project the pilot projects will be implemented. In the end of project, lessons learnt from activity will be organized and reflected to Recovery Pilot Project Plan to finalize. This plan may include in the District Development Plan for their activity.

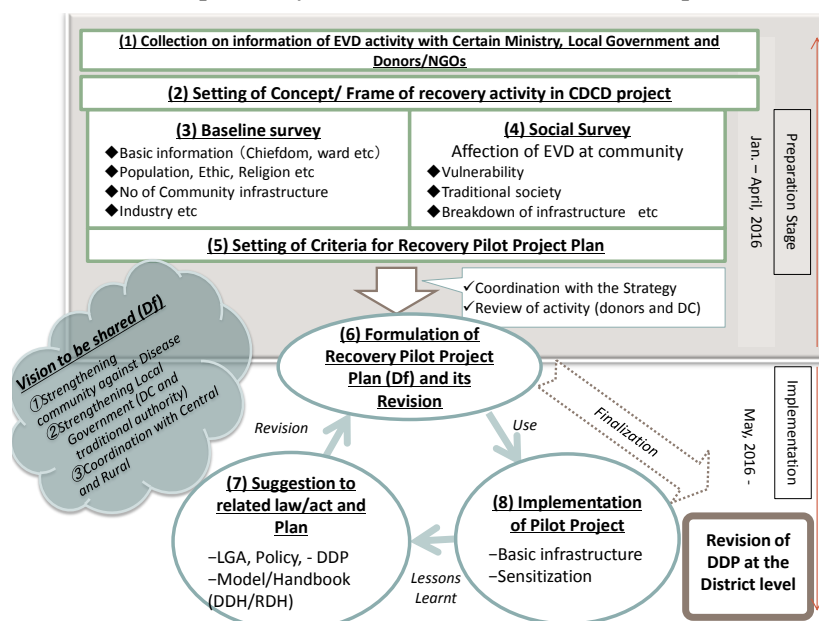


Figure 1-1: Outline of project activity

Outline of the activity in the preparation stage is as follows;

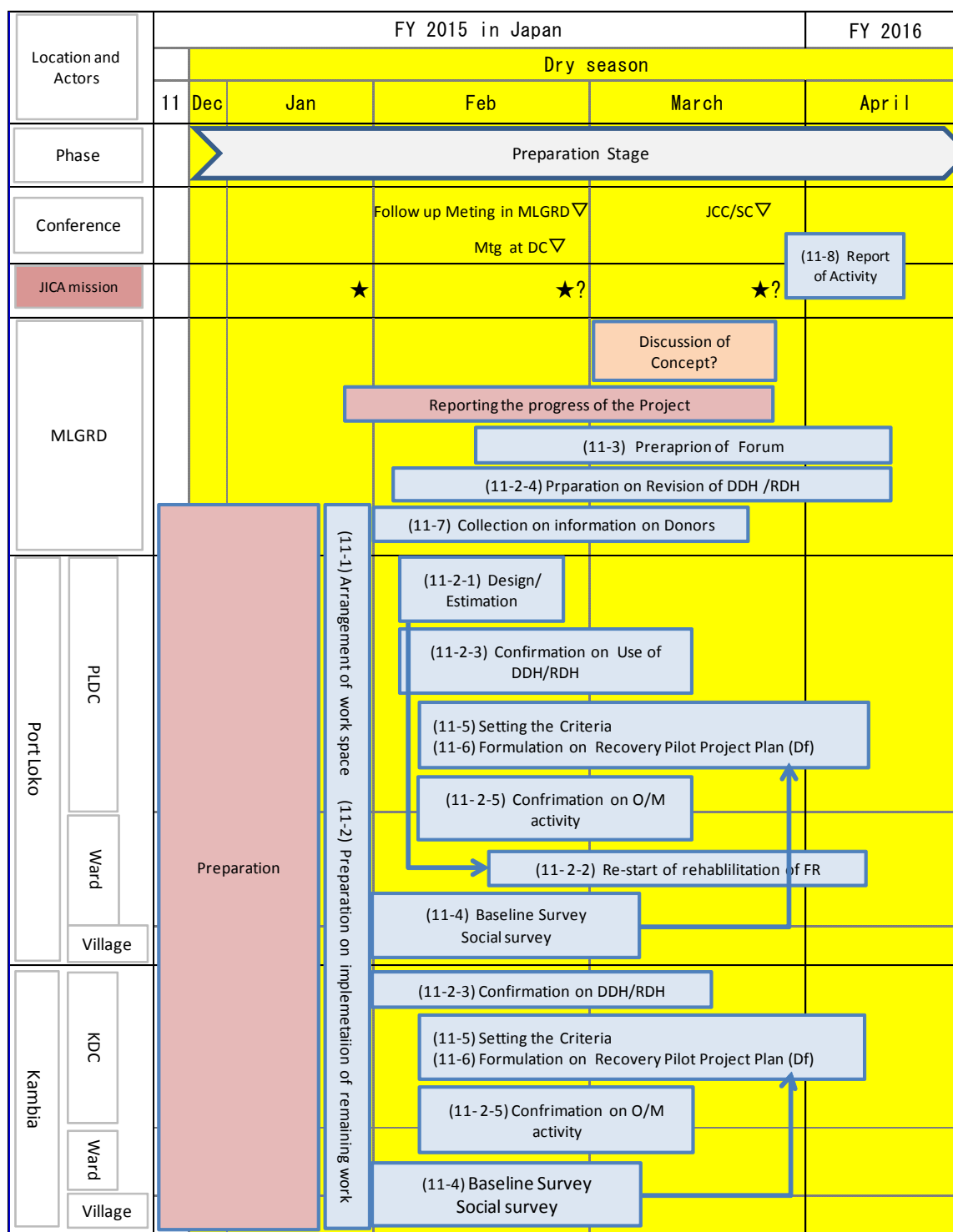


Figure 1-1: Outline of project activity

Chapter 2 Resumption of the Project after EVD Epidemic and Completion of Remaining Work

2.1 Purpose of the Project

In the Ebola Recovery Strategy of the GoSL, utilization of the existing system has been promoted for mutual cooperation among the GoSL, donors and any other organizations in Ebola recovery support, and for monitoring of activities as well. CDCD project also follows the way of road planning, revision of the Handbooks and planning and implementation of approach of maintenance activities that have ever been verified and arranged.

In Port Loko District, as a remaining work, rehabilitation/construction of feeder road (Lot 1, 8.3 km in Masimera chiefdom) had been suspended due to pandemic of EVD since August 2014. This remained activity resumed and was implemented in this preparation stage along the concept which is shown below;

- Remained rehabilitation work was implemented as “periodic maintenance” of District Council (hereinafter referred to as “DC”). Actually, in the context of decentralization, role of DC in the Feeder Road activities is maintenance. DC did arrangement and implementation of maintenance work directly without process of procurement to response needs in field promptly as the construction can be implemented as periodic maintenance.
- CPs of DC abstract the present situation, issues and lessons learned with regard to sensitization, involvement of CBC members and technical matter through actual work of periodic maintenance by CBC mentioned above. These lessons learned are arranged by PLDC and KDC as matters should be shared for forthcoming revision of District Development and Rural Development Handbook, and finally it will be proposed to MLGRD.

2.2 Periodic Maintenance of Feeder Road by PLDC (Implementation of Remained Rehabilitation)

2.2.1 Implementation of Periodic Maintenance of Feeder Road by Direct Management by DCs

Work system and process of implementation such as advanced meeting, survey, design and estimate has ever been arranged and built for smooth implementation of periodic maintenance by directly managed by DCs. Experts give logistical support to PLDC along these work system and process mentioned above. Experts support them with regard to the items that are shown in the table below through the study, the needed documents in each work process.

Road planning, (selection of target road) and each process of procurement are excluded from the table below as that are not applicable (Cf. Chapter 1 of this report). WE is responsible for implementation of each work and supervision in periodic maintenance although DE is responsible for technical matters in each work item in rehabilitation activities

Table 2-1: Work allocation and collaboration by responsible area of officers for periodic feeder road maintenance activities in the presenting period (Port Loko District Council);

Work Procedure & Activities		Activities by the District Council	
		Officer in charge	Major content
I. Planning (road selection)		* The planning process completed in November 2013 by SLRA District Engineer and PLDC (DPO, WE and CA)	
II. Implementation	Site assessment	WE, ESO	* Implementation of road condition survey
	Calculation of Quantity	WE	* Calculating quantity of work by item by item based on the result from the site assessment
	Cost estimation	WE	(1) Preparation of BoQ, engineering cost estimation (2) Preparation for market survey, procurement of materials and tools
	Social/ community mobilization	☆DPO ☆WE ☆ESO	(1) Sensitizing community on the project and relevant background (2) Explaining (briefing) on work procedure,

Work Procedure & Activities		Activities by the District Council	
		Officer in charge	Major content
		ΔRDO	implementation structure (3) Response and provision of resolution to issues held by community via CBC leader/ VDC
	Supervision	WE	(1) Direct/ indirect field supervision in association with Clark of Works (CoW) (2) Provision of instruction and guides for CoW and skilled concrete workers
III. Maintenance		☆DPO ☆WE ☆ESO ΔRDO	(1) Monitoring: extraction of lessons learnt from the activities (2) Sensitizing CBCs

☆: Main role Δ : Supportive role SLRA (DE) will be available for technical consultation where it needed.

WE holds an additional post of chief and is engaged in various road planning activities that are implemented by DC. Therefore, CoW that is effective in terms of construction period, process management and quality of construction was posted although supervision system which has ever been built is basic system.

WE of PLDC implemented reconsideration and partial modification of work plan of construction based on survey of present situation (periodic maintenance work), and its contents are shown in the table below.

Table 2-2: Changed items for line-diagram following to on-site assessment (Feb. 2016)

Item	Content (changed from Contents in Jan. 2014)	Remarks
Road Plan	1 village added	Village name =“Rosulor”
Cleaning Works	Heavy brushing and grubbing along 3km of the first half section changed as Light brushing; while, the last half Makulu 2 – Roline Kapa Ballah section remain for Heavy brushing intensively.	- Intensive input of work labor force for effectiveness and efficiency.
Earth Works	- Ditching 2km along the middle section of road - Additional spot-improvement (filling of gullies) for entry & exit points of villages	- Ditching aimed for enhancement of the project impacts on community-livelihood
Culvert Works <Box & Pipe culvert>	- Adjustment of 1 Pipe culvert for its installation point - Addition (1 place) and change of location for drift	- Additional drift aimed for improving road function.
Others	- Installation of new sign-boards (posts) (x3) with emphasis on “feeder road maintenance by the CBCs”	- Original sign-boards (installed in 2014) remains to show rehabilitation first carried out by the contractor

Periodic maintenance of feeder road which is directly managed by PLDC: Work items of WE are shown in the table below. Experts and CPs managed work implementation through reconsideration and modification based on these basic materials

Table 2-3: Prepared documents by Works Engineer of PLDC for work implementation

Item (document)	Status	Points	Remarks
Line-diagram	Updated	Changes for quantity/ location	-
BoQ (bill of quantity)	Updated, adjusted	Split into two work-section by distance (i.e. by mid. point)	Each work-section stands for two CBC groups comprising 3 to 4 villages along the road segment
Work Breakdown	Updated	Work flow expressed as team	To be changed according to

Item (document)	Status	Points	Remarks
Structure (WBS)		work item by item for respective CBC group over two road sections	work-progress
Table of non-skilled Labor input	Updated	Correlated to BoQ and WBS	Work labor force of non-skilled labor of CBCs projected in men-days for entire work period.
Table of labor/ equipment input	Updated	Correlated to BoQ and WBS	Input quantities of skilled concrete workers, operator for compactor, truck, motorbikes for field supervision.

Finally, PLDC arranged plan of periodic maintenance in the end of February 2016 as a substitution for “remained construction” of rehabilitation work which was suspended in 2014.

Table 2-4: Outline of the periodic maintenance of feeder road

Item	Description
Project	Feeder road periodic maintenance by the community-based contractors (CBCs) under direct supervision by Port Loko District Council
Site	Ward 199, Masimera Chiefdom
Length	Total length of 8.3 km for Masorie Junction to Roline Ka Pa Bala section
Class	F1 Class (referred to SLRA standard) with 6.0m width
Major work items	(a) Resumption and completion of culvert works (including minor rehabilitation), (b) Installation of ditch, (c) Spot improvement (patching gullies and potholes), (d) Embankment and regulating layers
Concrete works	Installation of wing-wall/ headwall and backfilling for 2 box culverts (3.0m X 1.5m/ 2.0m X 1.2m); 22 pipe culverts ($\phi=0.6m$) *note that main structures of box/ pipe culvert have temporally been buried after their construction in May 2016
Payment mode	Labour Performance Based Contract System: The CBCs receive payment upon the completion of measured works on a daily basis
Work period	02/March/2016 – 31/March/2016 (30 days)
Contract and service procurement	Dispatch contract with CBC groups (CBC Group A: Masorie-Makalu2 road section, CBC Group B : Makalu2-Roline Kapa Ballah section). Village community people in a form of CBC member dispatched to work site on daily basis
Project cost	Le 296,170,000 <direct construction cost + indirect cost>
Design/ Cost estimation	Port Loko District Council (Works Engineer)
Supervision	Port Loko District Council (Works Engineer in association with Environmental and Social Officer and Rural Development Officer)

Moreover, WE decided to design and practice implementation strategy of field work as trial to build maintenance model which utilizes construction directly managed by DC and CBC. The strategy is shown in the table below.

Table 2-5: Allocation of the task in the maintenance road

Work force	Identifiable CBC members dispatched from 3 villages (3 CBCs) within the demarcated road segment	Identifiable CBC members dispatched from 4 CBCs within the demarcated road segment
Contract	1 contract as CBC Group A	1 contract as CBC Group B
Work operation	<p>Team 1: brushing (light) ➡ tree removal ➡ ditching ➡ spreading/embanking</p> <p>Team 2: brushing (heavy) ➡ stump removal ➡ reshaping ditch ➡ spot improvement ➡ backfilling after concrete forming (wing-walls)</p> <p>Team 3: concrete form/work (pipe culvert) ➡ Channeling ➡ installation of drift</p>	The same task allocation among 3 teams for Group A; while, the Team 3 shifts to work on box culverts soon after completion of the pipe culvert, followed by back filling undertaken by Tem 1
Key consideration	CBC member selection based on the criteria set by PLDC* CBC leaders act as supervisors for mobilizing community (CBC) member	The same condition with Group A
Technical & managerial Consideration	Field supervision: Clark of Works x1	The same condition with Group A
	Skilled concrete workers: 4 from outside the communities to enable them to provide technical transfer to youth members of communities.	
	Operator for equipment-based work (a compactor): Engage a council staff as a trainee in operational work on ground under the professional operator dispatched by private company.	
	Monitoring & Supervision by PLDC: minimum 2 days per week (beginning/ ending weekdays). Works Engineer in association with Rural Development Officer and Environmental and Social Officer. This makes comprehensive responses to both technical and social issues arising from the communities.	

*Selection of CBC members shall be done according to screening criteria which formulated by the Rural Development Department of PLDC. The screening criteria includes; 1) age (18 to 50 years), 2) physical stringiness, 3) membership of the community, 4) the number of participants according to the size of the community (reasonability).

Table 2-6: Sample image of work operation by a separate team planned for a CBC

Work Items	March of YR 2016																														
	1st week							2nd week							3rd week							4th week							5th		
In order of work flow	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Clering Works																															
- Carryout light brushing (as point work)																															
- Carryout grubbing (as point work)																															
- Removing trees 150-275mm (major obstacles)																															
- Removing trees 275-425mm (major obstacles)																															
- Removing trees 425-575mm (major obstacles)																															
Earth Works																															
- Excavate side ditch/ drain																															
- Spot improvement: gullies/ rills & pot-holes																															

DC prepared work plan (approximately 1 month) which is shown in the table below based on the work strategy mentioned above. They decided to complete periodic maintenance by the end of March. Commencement of work was set in 2nd March and completion date was set in 30th March by resetting of plan.

Table 2-7: Work Schedule for the periodic maintenance of feeder road in Ward 199 (PLDC)

Timeframe \ Work Item	March 2016																															
	1 st week							2 nd week							3 rd week							4 th week							-			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Mobilization	■	■																														
Brushing (heavy /light)	■	■	■	■	■	■	■	■	■	■	■	■	■	■																		
Grubbing					■	■	■	■	■	■	■	■	■	■																		
Removal trees & stumps							■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Reshaping/ excavating ditch, spreading & embanking							■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Spot improvement (gullies, potholes)												■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Regulating layers															■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Culvert work (Pipe culvert)					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Installing drifts																■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Culvert work (Box culvert)																■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Demobilization																														■	■	■

■ Re-planning (as was February, 2016) ■ Actual work history based on reporting by Clark of Works/ on-site inspection

Lessons learnt from implementation of “periodic maintenance” work utilizing rural community by district council <PLDC> is shown in the table below. These items were all picked out by CPs of DCs. It is needed to (re)consider, revise and apply carefully when they implement similar project.

Table 2-8: Lessons learnt from the periodic maintenance of feeder road, drawn by the PLDC

Area discussed	Description	Way-forward
* Mobilization of CBCs by their leaders	Position and role of CBC leaders were not clearly stated in the contract (between the CDCD and the CBCs) and thus budget document BoQ. This caused confusion hidden in the leaders for sustaining their commitment in the late stage of work.	Despite remarkable commitment of the CBC leaders on field supervision and the amendment of the contract with CBCs for their roles as supervisor, it needs deliberation to make their further involvement more stable if the similar maintenance work implemented by the DC, especially are of budgeting and scope of field supervision by the CBC leaders.
* Expected trainings for capacitating CBCs in maintenance	There were frequent observations over group/team work modality which hamper efficient and effective work implementation under highly limited	The CBC members are expected to go through work orientation/before commencement the maintenance work on ground if similar project planned in

Area discussed	Description	Way-forward
works	condition of budget and time schedule (for the road section of Makulu2-Roline Kapa Ballah, allocated for the CBC Group B). Major cause of this was absence of moral support and related managerial skills among CBC members and their leaders. Due to time limitation, only the brief explanation and related sensitization over the maintenance activities were carried out in this time (end of February 2016).	future. The orientation will be separated from technical trainings etc and will target on both CBC members and leaders to achieve better understanding over role of district council, the project and their communities, practicalities for time management, communication (path) and work prioritization.

In addition to the contents above, supplementation is shown in the paragraph below. It is written in terms of implementation system, and fostering of human resources and capacity building for future.

(1) Suggestion for supervision system

WE is in charge of overall technical work of planning, implementation and maintenance of engineering in DCs as of now. In present organization system, Drafts man, CoW and Quantity Surveyor promote to implement project by technical supervision by WE. There are some issues of budget and ensuring of human resources in present. It is essential that effective and efficient service delivery of administration, and role of WE become important more and more as engineering related project in each sector of DC will be expanded in near future. DCs can deal with overall project. However, there is limit in work volume of WE with regard to supervision work of technical matters and actual field work. Therefore for example, it is needed to ensure CoW who is attached to DCs as Intermediate Staff in addition to outsourced CoW. Management of work plan, project management and quality of maintenance will be improved by this measure mentioned above.

(2) Issues to be considered by DCs in implementation process of similar project in future

In introduction and implementation of similar project in future, utilization measure of rural community (as CBC) is considered along the contents of the table below in terms of budget in each project of rehabilitation of feeder road and periodic maintenance, work volume and difficulty of technical matters.

Table 2-9: Type of project

Items	Project type (sorted according to model project of the CDCD)		
	Periodic Maintenance with relatively minor work	Periodic Maintenance to Rehabilitation (Spot-improvement)	Rehabilitation
Major works involved	Brushing (light), reshaping ditches, patching gullies and potholes	Brushing, reshaping ditches, ditching, patching gullies and potholes, culvert works	Brushing, expansion of road-width, ditching/reshaping ditches, patching gullies, potholes and culvert works
Direct construction cost	500 USD/km*	1,000 USD/km ~ 3,000 USD/km**	
Involved technology	LBT (1)	LBT/ EBT (2)	LBT/EBT
Work period	Less than 1 month	2 months or 1 to 2 months	
Contractor	CBC	Local contractor	Local contractor
Work force	CBC member	Outsourced labour & partly from CBC (this to be full-CBC-member involvement)	
Supervision/superintend	DC (WE)	SLRA (DE)	SLRA (DE)

* Estimation based on actual expenses for the periodic maintenance work (March 2016): direct

construction costs for culvert works (box/ pipe), ditching, grabbing are not included. ** estimated based on the CDCD Feeder Road Model Project. <Costs for tool-procurement (minimum work tool required for maintenance activities by CBC) and training for CBC shall be taken into account.>

(1) LBT: Labour-Based Technology

(2) EBT: Equipment-Based Technology

2.2.2 Implementation System of Routine Maintenance and Grasping of Work Situation of Actors

Experts implemented grasping of maintenance situation and inspection of work system of feeder road that has ever been rehabilitated by CDCD project as experts support intended implementation of maintenance activities by DCs after completion of the project.

**Table 2-10: Presumption over behavior/reaction to road maintenance
(before and after EVD crisis)**

Problems over the community <from the view on feeder road maintenance>		
Before EVD, nature of community	In the EVD period	Post EVD
<ul style="list-style-type: none"> ➤ Mindset ➤ Experience of filers in the past ➤ Geographical location ➤ Discharge of youth human resource ➤ Leadership of Headman, Section Chief, CBC leader ➤ Understanding over messages provided by the stakeholders ➤ Comprehension over their by-laws 	<ul style="list-style-type: none"> ➤ No gathering, No meeting ➤ Withdrawal of donor funded project / assistance etc ➤ Declining motives or willingness due to suffer o of household economy and livelihood ➤ Disorganized or members of CBCs 	<ul style="list-style-type: none"> ➤ Alternation/modification of CBC implementation structure ➤ Changes of instruction provided by VDC ➤ Changes of individual demand by community ➤ Changes in needs held by community people ➤ Need of food/cash for work

Table 2-11: List of the assessed feeder roads <rehabilitated under the CDCD Project>

District	Name of Feeder Road	Length (km)	Completion	Remarks
Kambia	Bena Junction – Kirima Ward 126, Masumgbala Chiefdom	5.0	August, 2011	
	Soloboromia – Mapotolon Ward 138, Samu Chiefdom	7.2	June, 2013	WFP Food for Work, implemented(2014/ Nov. 2015)
Port Loko	Gbomsamba - Mokonday Ward176-177, Buya Romende Chiefdom	12.7	June, 2011	WFP Food for Work, implemented(2014/ Nov. 2015)
	Mathoir – Malelemba Ward 200, Masimera Chiefdom	11.8	July, 2012	<i>ditto</i>
	Magbereketay – Kadele Ward 180, Sanda Magbolonton Chiefdom	9.3	June, 2014	

Present situation of CBC is shown in the table below. It includes contents of maintenance work, maintenance tools and Ebola emergent situation

Table 2-12: Current status of CBC for selected feeder road rehabilitated under the CDCD

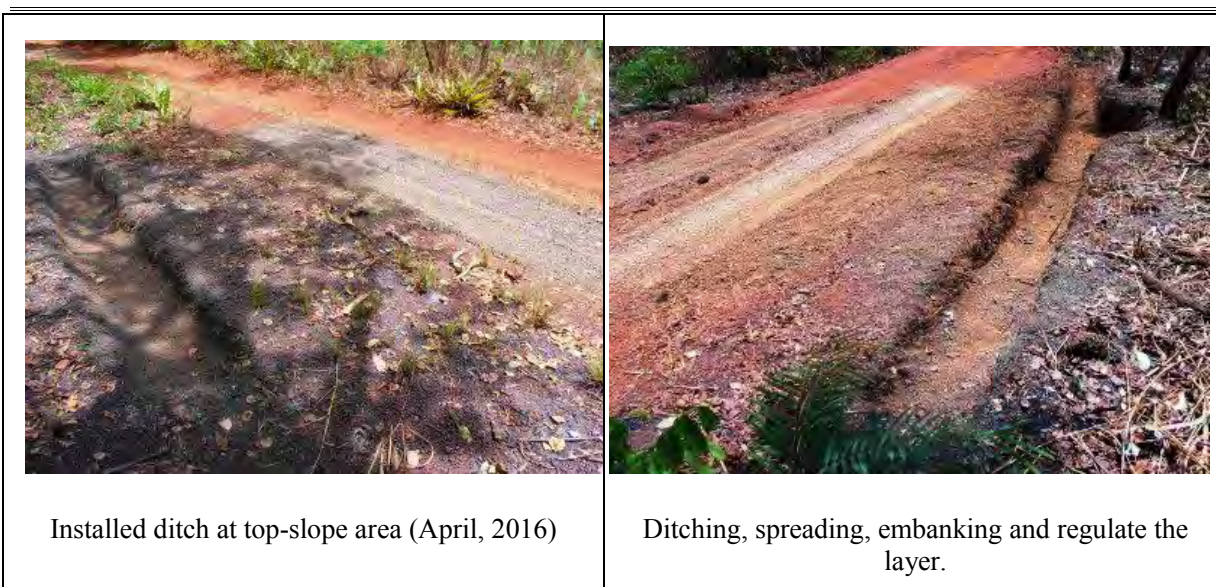
Topic	Confirmation points based on major responses by CBC leader and members
Overall road maintenance	<ul style="list-style-type: none"> ➤ Difference between periodic maintenance and routine maintenance is not clearly understood by CBC in terms of its work frequency (timing, life-span of work output) and volume. ➤ Visible indicators for road deteriorations are well recognized by CBC (gullies and potholes etc); while, immediate reaction seems hardly ever taken by the CBC

Topic	Confirmation points based on major responses by CBC leader and members
Issues on maintenance tool	<ul style="list-style-type: none"> ➤ Most of the tools procured for CBCs revealed sub-standard quality and thus lots of wear and tear after being used very 1st season ➤ Inappropriate storage environment for tool keeping at community storage where in storing period termites have eaten out wooden parts of the tools (in some cases).
Lessons learnt from the past experience of road work with local contractor	<ul style="list-style-type: none"> ➤ In the most cases local contractor involves work labours identified out of the community. It may however discourage ownership of the feeder road held by the community people. ➤ Nevertheless contractors are viewed as good trainers to equip community members with construction/ maintenance skills.
Influence of EVD crisis	<ul style="list-style-type: none"> ➤ Prohibition of public gathering or workshops in/out ➤ Labour intensive farming activities (e.g. rice) were affected by serious regulation to threat food security at household and thus loss their motives ➤ Absence of maintenance work during two successive rain seasons in almost 2 years resulted in physical deteriorations of road surface ➤ Food security condition across the communities made it even harder for CBC leaders to distribute food support contents by WFP fairly into community people including youth and elderly.

Supplementation: Maintenance of feeder road by community people themselves

*Sample case: “Good Practice” in Ward 180, Port Loko district

Group	Karate Village Social Action (volunteer-based youth group), established in September 2015
Location	Feeder Road of Magbereketay-Kadele section, 9.3km
Major activities	Brushing, ditching, spot-improvement and fell-down tree removal as a periodic maintenance
Motives etc for their work	<ol style="list-style-type: none"> 1) High consciousness and concern for traffic accident made them obligated to take responsibility over prevention measure. 2) Targeting only and locally on the point where cause of traffic accident likely exist due to pot-holes, gullies and water-logging especially after rain-season. 3) Self oriented social action mind not to rely only on donor agency which may spoil them 4) Those who may not join in the activities shall pay 5,000 Le as donation according to by-laws
Points	<ol style="list-style-type: none"> 1) Group members, by time-to-time observation and related experiences, know those point areas susceptible to rain, runoff water and poor drainage as they occur annually on the same position 2) Because they know road deterioration would get worse if they leave it exposed, they do what they can afford to do with minimum labour work at the best timing intensively. 3) Working duration exclusively limited into two hours in morning when in cropping season
Challenge	Despite the fact that they are currently utilizing their personal work tools including shovels and cutlasses and are borrowing metal-pan/ container from school for mobilizing water and soil material; equipping them a group with minimum tool items believed to enhance their work performance and work quality.



In PLDC and KDC, field survey on current status of the CBCs for road maintenance was carried out. The contents of the survey were that with regard to periodic maintenance (remained construction) which was implemented by PLDC and periodic maintenance organization in PLDC and KDC. The result of the survey indicated that there are fundamental issues such as ensuring of “work tools for routine maintenance” in communities and specific measure by DCs against the issue.

(1) Activities for establishment of “Tool Bank”

- DCs or Ward Committee prepare general work tools and distribute them to each CBC.
- DCs consider any applicable options such as grant of tools that will be early consumed, lending of the tools that are able to use continuously such as wheel barrow, and rammer.
- PLDC considers about official system of loaning and lending process such as application form, assessment method of the contents of application, setting of access point for tools, limitation of use, repayment matters (for loss of properties) and so on.
- PLDC collects the tools from construction site in Ward 199 and keep them in a storehouse of PLDC temporarily after explaining their intention to community people about taking-back work tools procured for the periodic maintenance activities, a part of the contents in the table below.

Name of tool	Quantity
Wheel barrow	30
Cutless	36
Pixaxe	34
Matock	4
Shovel	20
Sledge hammer	4
Chisel	12



Stock Officer at PLDC (April, 2016)

*Rammer (for compacting layers) shall be needed besides the listed items

(2) Training of capacity development of maintenance for CBC (support by district council)

WE and RDO are considering training plan for capacitating CBC comprehensively on road maintenance activities. The contents of training are shown in the list below.

- Technical training under cooperation with SLRA (mainly with lecture)

- OJT of the training items mentioned above
- Training of CBC leader for fostering supervisor for effective involvement of community
- Training of all CBC members for learning of “Action ethics” or moral support for collaboration in group work
- Guidance on making inventory of maintenance work-tools and relevant management
- Guidance on inspection and repair of the maintenance work-tools

2.3 Revision of District Development and Rural Development Model (Handbook)

2.3.1 Resumption of activities for forthcoming revision of Handbook by CPs of DCs

Before completion of the project in 2014 (before evacuation of experts due to EVD crisis), version 3 of District Development and Rural Development Handbooks were settled up. Contents of the Handbook were revised based on the lessons learnt of these two model projects. In addition, MLGRD implemented first monitoring with regard to status of the use of Handbook in the specific DC in 2014. Since 2015, however, process of revision has actually been stagnated about one year in each DC because of Ebola emergent situation. In this phase of the project, experts support CPs of DCs to collect and compile lessons learnt to enable them to implement discussions based on lessons learnt from the present phase of the Project towards forth revision of Handbook (i.e., establishment of Version 4).

The Project assumed the contents of the table below as focusing points in forthcoming revision for resuming discussions at district level.

Table 2-13: Probable area of discussions for District Development/ Rural Development Handbook

Handbook	Points for coming revision (presumption before discussions by DCs)	Chapters
District Development Handbook	<ul style="list-style-type: none"> - Changes/ additions for planning and implementation structures - Changes/ additions for Roles which District Council plays - Procedure of planning and implementation for district development upon reviewed contents from the Post-Ebola period. - Additional information for feeder road rehabilitation model project : lessons learnt from the periodic maintenance work using CBCs under direct supervision by PLDC 	Chap. 4 Chap.5 Chap.5 Chap.6
Rural Development Handbook	<ul style="list-style-type: none"> - Changes/ additions for planning and implementation structures - Changes/ additions for Roles which District Council and Ward Committee play - Procedure of planning and implementation for rural development upon reviewed contents from the Post-Ebola recover period. 	Chap.4 Chap.5 Chap.6
Common area	- Procedure for revision add edition of the handbooks	Chap.3

The activities of CPs under district councils are assumed to be diversified under the MLGRD as it will require smooth implementation of multi-sectoral activities for Ebola recovery; while, the handbook contents are to be consistent with “the Local Government Act” along its concept. The Project needs to consider the contents below to support arrangement by district council for new lessons-learned held drawn by District Councils.

- Consideration of restructuring contents as “Part I: Planning”/ “Part II: Practice (Implementation)” for supplement. Experts need to confirm CPs about their ideas.
- Present situation of work division/allocation. It is needed that confirmation and sharing of ideas of both Kambia and Port Loko DC. It is important to realize again that the MLGRD has final decision-making, coordination and is responsible of revision and compilation.
- Background: “District Development Model” and “Rural Development” Handbook were compiled separately. Compilation work has been done along intension of the MLGRD. And it has been done

along the area of activities for JICA experts who have been working separately however in a team to collaborate.

- Viewpoint related to maintenance system: Basic concept of District Development Model is “Village-across wide infrastructure”. On the other hand, Rural Development Model is that “Community infrastructure which works inside village as structure”.
- Overall: With regard to “Planning”, making opportunities to input the experiences and knowledge of CPs of each DC related to social survey and needs assessment on this project (Preparation phase). With regard to “From planning to implementation (especially District Development Model)”, making opportunities to input the experiences and knowledge of WE and RDO.
- Sharing of lessons learnt by DCs during the time of Ebola responding period

Outline of the conference which was held for sharing of lessons learned in each DC is shown in the table below.

**Table 2-14: Discussions on the handbook revision at PLDC/KDC April 2016
(resumption of the work)**

Item	Port Loko District Council	Kambia District Council
Date	6 th April, 2016	5 th April, 2016
Venue	CDCD Project Office, PLDC	CDCD Project Office, KDC
Participants (C/P)	DCA, HRO, RDO, ESO, M&E, Gender	DCA and ESO
Roles	Chair/ summary: DCA Facilitator: RDO, Reporting: M&E	CDCD Project
Materials	- Copied handbook (Version 3), distribute before the presenting discussions at district councils	


Contents of proposal were discussed in each DC and it is shown in the table below.

Table 2-15: Suggestions by PLDC/KDC for coming revision of the handbook

Item	Suggested ideas etc.	by
Overall/ Outlook	➤ It should not be split into two volumes of “planning” and “implementation” ; however, the content should be summarized well.	KDC
	➤ Two handbooks can be merged then be split into two volumes.	PLDC
Implementation structure	➤ Implementation structures should be matching and corresponding between two handbooks	PLDC
Work allocation/share by officers	➤ Intermediate staff should be incorporated into task/work allocation where it is applicable	KDC
	➤ Demarcation should be clearer with definition between RDO and ESO	KDC
WC, VDC and community	➤ Communication path and relevant players should be cleared over WC and VDC	KDC
	➤ Needs some description about “community animator” for his/her role to play	PLDC
	➤ Approach for collaboration between council and NGO should be cleared	PLDC
Maintenance	➤ Strategic options for CBC mobilization against different incentives should be stated	PLDC
Model	➤ Any linkage among District Development Model, Ward Model and health sector issues should be expressed when we look at current situation of Post Ebola Recovery	PLDC
Format	➤ There is need to improve the size of font etc.	KDC PLDC

There is need to consider if contents of the table below will be included in the contents of Handbook in next revision period because the periodic maintenance activities of feeder road which utilize CBC by directly managed by DCs is model. Involvement of community people and concept of work plan in maintenance activities will be common issue in the both District Development and Rural Development Handbook as DCs tend to implement some projects not only for road infrastructure but also for community infrastructure in villages.

Table 2-16: Validity of the Model for project implemented under PLDC <Ex. Feeder Road Maintenance using CBCs under direct supervision by PLDC>

Issue	Model component <is it applicable for other opportunity?>	Way-forward (to be summarized and sorted in the handbooks)
	Investigation via the periodic maintenance using CBC under supervision by PLDC 	Results (lessons learnt)
Planning	<ul style="list-style-type: none"> • Work type and item • Work period • Impact on community livelihood 	<ul style="list-style-type: none"> • Difference between local contractor and CBC • Procedure for changing plan, quantity or technical specification etc. • Fund resource for projects
Procurement	<ul style="list-style-type: none"> • Method for procurement of goods/service/work) • Impact on rural economy 	<ul style="list-style-type: none"> • Method and policy for managing and maintaining the procured equipment
Community (CBC) mobilization	<ul style="list-style-type: none"> • Screening criteria for CBC work labour selection • Approach of sensitization by district council • Advantage/disadvantage of Cash for work • Roles of youth and women in community 	<ul style="list-style-type: none"> • Step and procedure against community problem for better resolution • Explanation on group dynamics • Incentive: real message from district council to community based on experience of direct communication with the community
Maintenance and Monitoring structure	<ul style="list-style-type: none"> • Roles and function of CBC • Roles and function of VDC • Roles of Ward Committee in monitoring 	<ul style="list-style-type: none"> • Change, updating or amendment for roles and function

The schedule of continuous work and revision process is shown in the table below.

Table 2-17: A. Procedure of the Handbook Revision by MLGRD

Item	Content	Timing
Review of Content at PLDC/KDC	Area of lessons learnt as follows; - DDH : Periodic maintenance activity using CBCs - RDH : Social survey/ needs assessment - Common issues: Experiences in the EVD response period	End of March 2016
Suggestion at PLDC/KDC	Compile all lessons learnt to summarize (in Table) in collaboration between PLDC and KDC	Early April 2016
Discussion at District level	District Handbook Committee	After June 2016
Discussion at Central level • Handbook Editorial Committee • Director of Dept. of Rural Development as Focal Point	<ul style="list-style-type: none"> - Peer review on suggested contents (lessons learnt) from PLDC/KDC - Discussion from the view of consistency with “Rural Development Coordination Policy,” “Local Government Act” - Confirmation of structure for handbook revision - Confirmation editorial procedure, officers in charge and deadline 	<i>Ditto</i>

Table 2-18: Brief outline of the National Rural Development Forum (plan)

Type of forum	Timing	Participants	Major contents	Venue
Development Forum	June, 2016 (annual)	Ministry of Local Government and Rural Development (MLGRD), nationwide 19 Local Council (2 to 3 officers per District/ City council), MDAs etc.	Progress of the CDCD Project activities, Sharing lessons learnt from the activities and contents of District Development Model/ Rural Development Model Handbook	Congress Hall of the MLGRD *organizer: MLGRD

This project aims to share the lessons learnt from experiences in the field to other districts through MLGRD. In addition, the project is going to spread the Model Handbook and earn the lessons learn of other districts through the nationwide forum. CPs host the forum and project team support them.

Chapter 3 Formulation on the Development Plan for Post Ebola Activity

3.1 Background and Schedule

3.1.1 Situation of Sierra Leone in the epidemic of EVD

While Sierra Leone is managing the Ebola crisis effectively, its social and economic development agenda has experienced a serious setting back. Before Ebola, Sierra Leone was one of the fastest growing economies in the world – GDP growth 2011- 6%, 2012-15.2%, 2013-20.1% and Inflation dropped from double digit in 2012 to 6.4% in 2013. Other Economical and Social aspects before Ebola are as follows;

- Poverty headcount decreased from 70% in 2003 to 52% in 2013
- Installed energy capacity increased from less than 5MW in 2007 to more than 100 MW
- 11 major agribusinesses with a collective investment of about \$1.6bn, provide 17,000 jobs
- More than 1000km of roads were paved
- Free Health Care introduced for pregnant women, lactating mothers and under5s –some of the results include:
 - Delivery at health facilities doubled from 25% to 56%;
 - Use of treated bed nets against malaria moved from 26% to 49% for U5s, and 27%-53% for pregnant women
 - Drop in infant and U5s mortality (174/1000 in 2010 to 92/1000 in 2015)
- Improvement in accountability (2007-2013) with +14.9 score in the Mo Ibrahim Index 2013

After the outbreak of Ebola, economical impact in Sierra Leone has been increasing and development process has halted so far. 2015: GDP is projected to contract at -23.5% including iron ore, and -1.0% with non-iron ore. Revenue loss estimated at Le350 billion (USD70 million). Other economical impacts are;

- 30% decline in agricultural output; 60% drop in manufacturing output
- 50% job loss in the private sector;
- Suspension of 5 new investment ventures valued at approx. \$1.2 billion
- Cross-border trade disrupted and spike in consumer prices - the CPI rose from 6.4 % in April two shocks: EVD outbreak, falling iron ore prices

In response to the above mentioned impact, the State House in Sierra Leone formulated its National Post Ebola Recovery Plan/ Strategy and is monitoring its progress at the central level and local level.

At the local level, the “District Post Ebola Recovery Team” is dispatched to each district (2 members each district) and collects the information of the activity of post Ebola by several organizations.

Post Ebola recovery period will be end by June, 2017. In the period, Ebola recovery plan is divided into two, as 6 – 9 MM plan (Jan – March, 2016) and 10 – 24 MM plan (April, 2016 – June, 2017).

3.1.2 Procedure of whole process to formulate the DDP

Procedure of DDP formulation/review in the District Council is as follows;

- Resource Mobilization
- Pre-planning
- Sensitization and Awareness Raising

-
- Situation Analysis
 - Ward Level Needs Assessment
 - Analysis of Result
 - Review meeting of Local Technical Planning Committee Pre-Validation with MDAs and NGOs
 - Formulation of draft plan
 - Chiefdom Level Validation with WDC and Civil Society members
 - Public hearing of Draft Plan -Validation with MDAs and NGOs
 - Approval and Adoption Draft District Development Plan
 - Printing of the Approved and Adopted District Development Plan
 - Plan Distribution to various stakeholders and Development Partners in the district.

3.2 What is District Development Plan

3.2.1 Objective of Addendum of District Development Plan in 2016-2018

Affection of the Ebola is huge at the local level in the economy and human resource etc. However, after declaration of Ebola-free in November 2015, growth of development has returned gradually. Although Post Ebola Recovery Activity is lead by the State House and Post Ebola Recovery Team is dispatched to coordinate the post-Ebola activity at the District Level, District Council still has role to implement the rural development activity in the District.

In response to post-Ebola activity and development in the District, a comprehensive plan should be prepared. District Council has three-years planning but 2016 is not time to renew it, so that District Development Plan Addendum shall be formulated to consider the post-Ebola recovery and development activity back to “A4P”.

Concepts of DDP Addendum are:

- To consider the affection of Ebola at the local level
- To formulate the activity plan which is needed the most now

To adapt a bottom-up approach and a top-down approach

3.2.2 District Development Plan (DDP)

The Republic of Sierra Leone (hereinafter referred to the Sierra Leone) has still been caught by the poverty trap, even though the international assistances including Japan and self effort have gradually drove the country to the social and economic recovery, after the termination of the violent conflict in January 2002. Gross National Income (GNI) of the country is as little as 260 dollars/year (UNICEF 2009).

The Sierra Leone has attempted to promote decentralization after establishing the Local Government Act and has elaborated Three-Year- District-Development-Plan based on the needs of the communities in question, formulating framework to develop social infrastructure and to implement various administrative services. In order to support community driven activity, Ward development committee is formulated whose members are selected from community.

The Government of Sierra Leone’s (GOSL) Agenda for Prosperity development strategy is committed to actualizing an inclusive approach in poverty reduction, meeting the targets of Millennium Development Goals (MDGs) that will not only bring about the improvement in public service delivery, but also the total economic transformation of the country.

To achieve this laudable development goal, the Government of Sierra Leone since 2004 embarked on a comprehensive Decentralization Programme, involving the re- invigoration of the

Chieftdom Councils and strengthening the capacities of Local Councils in executing functions devolved to them by the Central Government. Now in Kambia District Council, DDP is reviewed and issued as 2016 – 2018 planning.

3.2.3 Mission of DDP

According to Part xi, section 85(1) of the Local Government Act 2004, the Local Council should prepare a Development Plan which will guide the development of the locality, and that the Plan should be made public. This document shall form the basis for the preparation of the Council's Budget.

The Local Council also prepares District Development Plan for the following reasons:

- Effective use of scarce resources which helps Council to focus on the felt needs of the communities
- Effective service delivery, which takes cognisance of the needs of the most marginalized or deprived communities
- Attracting additional funding from Government, Private Sector, Non-Governmental Organisations(NGOs), Agencies and Donors for development interventions in the district
- Planning and strengthening the engagement process, through the active participation of all the key stakeholders for transparent and democratic decision making
- Promoting coordination between the Council and Central Government and other development partners for harmonized and improved service delivery.

3.2.4 Mandate

According to Part V, section 20, sub-section 1 of the Local Government of 2004, the Local Council is the highest political authority in the locality and shall have legislative and executive powers to be exercised in accordance with this Act or any other enactment, and shall be responsible, generally for promoting the development of the locality and the welfare of the people in the locality with the resources at its disposal and with such resources and capacity as it can mobilize from government and its agencies, national and international organizations, and the private sector.¹

3.2.5 Mission Statement

Enhance good governance, efficient utilization of available resources, deliver services to the people of Kambia District through the formulation and implementation of policies that will enhance socio-economic growth, food security, and alleviate poverty in the local communities, in line with the Sierra Leone Government Poverty Reduction Strategy Paper (SLGPRSP) - the Agenda for prosperity.

3.3 Method of the Survey

3.3.1 Goal of Kambia District Council

Ensure good governance at the local level that will usher effective and efficient service delivery in improving the quality of life of the people of Kambia District.

3.3.2 Objective/Functions of Kambia District Council

- To mobilize human and material resources necessary for the overall development and welfare of the district.
- To promote and support productive activity and social development in the district.
- To initiate and maintain programmes for the development of basic infrastructure and provide works and services in the district.
- To initiate, draw up and execute development plans for the district.

¹ Local Government Act 2004

- To coordinate and harmonize the execution of programmes and projects promoted or carried out by public corporation, other statutory bodies and non-governmental organizations, in the district.
- To approve the annual budgets of Chiefdom Council and oversee the implementation of such budget and performance of function delegated to Chiefdom Council.

3.4 Addendum of District Development Plan in 2016-2018

3.4.1 Basic Data

(1) Kambia District

Kambia District consists of 7 chiefdoms & 805 communities. 2 chiefdoms (Samu and Mambolo) out of 7 chiefdoms have many reverie communities. General information

Population	341,690
Male	161,731
Female	179,959
Ethnic diversity	Temne, Susu, Limba, Fula, and Mandingo
Geographical area	3108 sq. km (1200 sq. miles)
Language	Krio is widely spoken, Susu and Temne are popular
District level poverty rate	60%
Gini coefficient district	0.27%
Net primary enrollment by district	58%
Total fertility rate (TFR)	5.84
Under 5 mortality rate	131 deaths per 1000 live births
Life expectancy at birth	50.70 years
Percentage all basic vaccination	52%
Prevalence of food insecurity	70.6% (severe + moderate)
Prevalence of chronic malnutrition	38.5%
Agriculture as main livelihood	80%
Livelihoods	Agriculture followed by trade

2014 Projected district population by age group & gender¹

	Under 5	5 to 14	15-64	65+	Total
Male	32,985	52,596	69,153	6,997	161,731
Female	32,582	49,817	88,830	8,730	179,959
Total	65,567	102,413	157,983	15,727	341,690

OCHA Sierra Leone <https://www.humanitarianresponse.info/en/operations/sierra-leone>, Last updated 13 November 2015

(2) Port Loko District

The 11 chiefdoms of Port Loko district are Bureh Kasseh Makonteh (BKM), Buya Romende, Dibia, Kaffu Bullom, Koya, Lokomasama, Maforki, Marampa, Masimera, Sanda Magbolontor, and Tinkatupa Makonteh Safroko (TMS). Lunsar is the district's largest Town.

Population	557,978
Male	265,298
Female	292,680
Ethnic diversity	Temne
Geographical area	5719 sq. km (2208sq. miles)
Language	Krio is widely spoken, Susu and Temne are also a

	popular dialect r
District level poverty rate	60%
Gini coefficient district	0.29%
Net primary enrollment by district	58%
Total fertility rate (TFR)	5.35
Under 5 mortality rate	202 deaths per 1000 live births
Life expectancy at birth	49 years
Percentage all basic vaccination	52%
Prevalence of food insecurity	70%
Prevalence of chronic malnutrition	35.2%
Agriculture as main livelihood	81%
Livelihoods	Agriculture and Mining

2014 Projected district population by age group & gender¹

	Under 5	5 to 14	15-64	65+	Total
Male	52,257	83,397	118,389	11,255	265,298
Female	49,720	77,272	152,672	13,016	292,680
Total	101,977	160,669	271,061	24,271	557,978

OCHA Sierra Leone <https://www.humanitarianresponse.info/en/operations/sierra-leone>, Last updated 13 November 2015

3.4.2 Procedure/ Method of Survey

(1) Survey Method

Procedure on formulation of District post Ebola recovery plan (draft) is as follows;

(a) Preparation of survey

- To collect information on current recovery plan (National and Local lever), priority (area and sector) at the National and District Level
- To collect the information on other donors activity and grasp the contents of the above plan and activity
- To organize the data and information from CDCD activity and prepare the survey

(b) Implementation of survey

- To implement the survey at the community level to know the current situation, problem and needs, if necessary survey will done several times
- To organize the result of survey to be classified as; I. Current situation/ Problem, II. Analysis/ Reason, and III. Measurement

(c) Preparation of District Post Ebola Recovery/ Development Plan (Draft)

- To formulate the District Development Plan (Addendum) according to the result of the survey
- To set up the criteria to select the project and area for implementation

(a) District post Ebola recovery/ development strategy

- Priority sectors/ projects
- Priority geographic areas
- Sector post Ebola recovery plan at district level

Table 3-1: Contents of plan and its flow

Step	District level	National
I. Current situation/ Problem	a) Survey at the community - Problem, Reason, Needs and Priority - Change of needs between pre and post Ebola b) Current activity of NGO and Donors at Local level	a) Lessons learnt from other donors and national level activity b) National Recovery strategy
II. Analysis/ Reason	a) Organization of the result of the survey: Problem, needs, priority and so on b) Confirmation on consistency and discrepancy with plan of district - Recovery plan (sector level) - DDP, AWP and Annual Work Plan c) Collection of Sector Data d) Organization of donors activity	a) Consistency of national plan: recovery plan phase I and II b) Donors activity at the national level
III. Measurement	a) Set of priority sectors and cross cutting issue b) Set of priority area	c) Duplication of activity with other donors

3.5 Survey Result

3.5.1 General Condition of the post EVD at the National level

The State House prepared the National Post Ebola Recovery Plan/ Strategy and is monitoring its Progress. District Post Ebola Recovery Team (2 members each district) is dispatched to each district and collects the information of the activity of post Ebola by several organizations.

Post Ebola recovery period will be end by June, 2017. In the period, Ebola recovery plan is divided into two, as 6 -9 MM plan (Jan – March, 2016) and 10 – 24 MM plan (April, 2016 – June, 2017).

- **6 - 9MM post Ebola recovery plan (phase I)**

6 - 9MM post Ebola recovery plan (phase I) indicates important 4 sectors: Education, Health, Social Welfare and Private Sector (agriculture). Indicators for each sector are set and monitored once a week by the Recovery Team.

Key targets and their indicators are shown in the below table;

Table 3-2: Target in the 6-9MM recovery plan

Item		No. of Indicator		
Item	Indicator	All country	KB	PL
1. Inspection, prevention and control (IPC)	Facilities that are IPC compliant	1,225 facilities	63 (all)	109 (all)
2. Triage	Facilities with permanent triage	149 community health center (CHC)s	8	14
		40 Hospitals	50 (of 63)	87 (of 109)
3. Integrated Disease Surveillance and Response (IDSR)	IDSR reports complete and on time	980 (80% of total facilities)	21	24
4. WASH	Facilities with upgraded WASH	213 PHUs	3	1
		27 Hospitals	49	72
5a. Reproductive	Facilities upgraded	Basic Emergency	12,509	20,428

Item		No. of Indicator		
Item	Indicator	All country	KB	PL
Maternal New Born Child Health (RMNCH)		Obstetric and New born Center (BEmONC)		
		Comprehensive Emergency Obstetric and New born Center (CEmONC)		
5b. Nutrition	# functional Outpatient Therapeutic Proogram (OTP) sites	600 - 777 OTPs	878	590
6. Expanded Programme on Immigrants (EPI), Vaccinations	Children < 1 receiving EPI	232,764 children <1 yo		
7. Tuberculosis (TB)	TBD	TBD	48	743
8. HIV	# of people receiving HIV tx	15,235	57 (of 63)	98 (of 109)
9. Malaria	# children receiving malaria tx	TBD	249 (of 311)	486 (of 608)
10. EVD Survivors	EVD Survivors getting free care	1,776 children		
		2,204 adults	998	1,618
11. Supply Chain	Facilities with > 90% essential meds	1,103 facilities		
12. Human Resource on Health (HRH)	Healthcare worker records in Human Resource Information System (HRIS)	8,187 (80% MOHS Payroll)	150	228
13. Waive School Fees	Students w fees waived	1.2M		
14. Accelerated Learning	Teachers trained & deployed	18,000		
15. School Feeding	Primary school pupils fed	800,000		
16. Education Support to vulnerable children	Vulnerable children supported	Total Pregnant Girls		
		Target pregnant girls (3,000)		
		Teachers for pregnant school girls		
		Community Learning Centers (49)		
17. Classrooms constructed and provided with new furniture + teacher	New classrooms with new teacher + furniture	187		
18. Social Mobilization	TBD	TBD		
19. Wells constructed in schools	Wells constructed in schools	TBD		
20. Seeds & fertilizer	Farmer beneficiaries	Farmer beneficiaries		
21. Feeder roads	Km built	Km built		
22. Access to Finance	Farmers / Traders receiving loans	Farmers / Traders receiving loans		

Item		No. of Indicator		
Item	Indicator	All country	KB	PL
23. Income Support	HH getting income support	50,000 HH (Current Status: 33,734)		
24. Management Information System (MIS) Payment System	In place (Y/N)			
25a. Assistive Packages	HH getting income support	36,500 (Current Status: TBD)		
25b. Counseling	HH getting counseling	TBD		
26. New Case management information management system (CMIMS) in place in District	In place for each district (Y/N)	Yes for all Districts	Yes	Yes

In the survey after 6 -9 MM period, below priority are observed and enhanced in the next period.

Table 3-3: Most commonly identified priority initiatives, by result area

Sector	Item	Priority for Next Period
Health	Mat / Ch Health	Strengthen health workforce Community health workers
	Resilient Zero	WASH in health facilities Surveillance
Social Protection	Cash Transfer	Cash transfer
	EVD Affected	Livelihood support
Education	Learning outcomes	Train teachers Approve non-approved schools
	School Feeding	School Feeding
Private Sector	Ag. Productivity	Provide seeds, fertilizers and pesticides
	SMEs & Exports	Capacity building for SMEs
Energy (Generation and Access)		Install pre-paid meters Connection in dark spots (Western Area(WA))
Water	Freetown	Access to safe water for 600,000 in WA
	Access in rural areas	WASH in schools Water supply in rural communities

In addition to the above, ‘Pay no bribe’ and “Clean payroll” are suggested in the Governance.

• **10 -24 MM Post Ebola Recovery Plan (phase II)**

Since April, 2016, 10 -24 MM Post Ebola Recovery Plan (phase II) will have launched to includes 6 important sectors; Education, Health, Social Welfare, Private Sector (agriculture), Water and Energy with maintaining the Governance.

Maintaining Governance include strengthening of the monitoring and evaluation.

Table 3-4: Important Activity in the Phase II

Sector	Contents of Priority
Health	<ul style="list-style-type: none"> - Save the lives of 600 women and 5000 children - Prevent, detect, respond to epidemics and ensure zero cases of EVD
Education	<ul style="list-style-type: none"> - Improve learning outcomes by ensuring that 70% of schools have the an appropriate ratio of capable teachers to pupils - Nationwide school feeding for 1.2 million children in all GoSL/ GoSL assisted

Sector	Contents of Priority
	primary schools
Social Welfare	<ul style="list-style-type: none"> - Provide income support to 108,000 vulnerable households nationwide - Ensure continuous care for 40,051 EVD-affected persons and survivors
Private Sector	<ul style="list-style-type: none"> - Create 10,000 agricultural jobs across key value chains - Increase competitiveness of 1,000 SMEs, including agribusinesses, across key value chains
Water	<ul style="list-style-type: none"> - Provide sustainable short- and long-term solutions to Freetown Water, improving access for 600,000 people - Extend sustained access to water to 270,000 more people in the provinces
Energy	<ul style="list-style-type: none"> - [Double the total operational power] generation capacity from 75MW to 200MW - Double access to electricity from 125,000 to 250,000 households
Governance	<ul style="list-style-type: none"> - Improved service delivery and efficiency of Government spending for recovery priority sectors

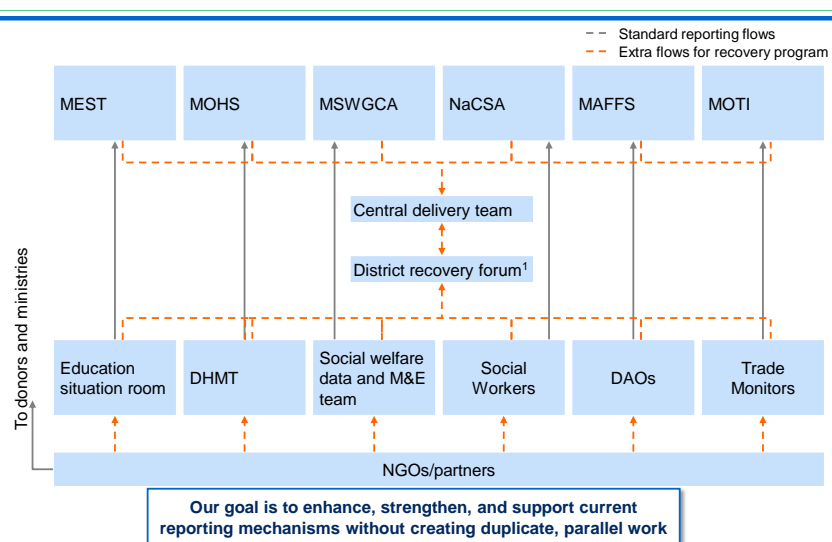
Lessons learnt to carry forward into 10-24 months are as follows;

- Greater community engagement and improved linkages and district structures
- More focus on data verification and data sources from design phase
- Enhanced communications campaign for increased accountability and greater public involvement
- Utilization of initiative working groups, including development and implementing partners to drive problem-solving and enhanced coordination
- Embedded capacity support at MDA level
- Focus on programme alignment and disbursement schedule at the planning stage

• Structure to implement the recovery plan

In the recovery phase, state house manages the post ebola activity even in the district level, shown as below figure. However, after recovery phase or even in the transition period (10-24 MM period), MLGRD and Local Councils should take charge of development activity according to the community level needs and analysis.

(Reference) Ebola Recovery Plan (6-9MM)



¹ Supported by district facilitator and analyst

Figure 3-1: Implementation Structure at the District and Central in the recovery phase

3.5.2 Current condition of the Donors/UN Agencies and NGOs

During the EVD epidemic, many NGOs, Agencies and Donors implemented the own activity in response to Ebola crisis for humanitarian aid. After declaration of Ebola-free by WHO and GoSL, number of the organization is decreasing and contents of activities have been transferred to the one for development.

Currently below NGOs and Agencies are working for the important sectors indicated in the post-Ebola recovery plan.

Table 3-5: Comprehensive Activities on NGOs - Kambia and Port Loko District

Sector	Activities	Number	Funding Agency	Implementing Partner(NGOs)	Other information
Health	IPC & Triage	68 PHUs	UNICEF	Goal & ACF	ACF targeted 12 CHCs
	Richmond Hill Medical Home (RHHM)	68PHUs	WHO		
	WASH (Latrines & Water Wells Construction)	13	UNICEF	ACF	
	WASH (Latrines & Water Wells Construction)	3	UNICEF	CaWEC	
	WASH (Water facilities Construction)	3	IMC	SLAVA(Sierra Leone Social Aids Volunteers)	PHUs (3)
Education	3 Class rooms Building	12	DFID	World Vision	Completed but with no furniture
	WASH in both Health Facilities and in Schools, Livelihood	N/A		OXFAM	
	WASH (Water Wells Construction)	4	IMC	SLAVA	Primary Schools (4)
Private sector	Re –stocking of livestock, seedling, seeds and fertilizers	N/A	CARE	KADDRO & ABC Development project	To selected Chiefdoms
Social Protection	Financial support to vulnerable persons/families	N/A		Action Aid SL	
	Financial support to vulnerable persons/families			WVI	
	Cash donations to EVD Survivors + other vulnerable groups	N/A	WFP	CARITAS	
Others	Safe burying a body	Port Loko		CRS	

Table 3-6: Donor Agencies Intervention to 10 – 24 MM Plan

(1) Health

Initiative		Sub-Initiative	Donors
KRA 1: Save the lives of 600 women and 5,000 children			
1	Human resources for improved RMNCH outcomes	- 1.1 1400 MCH aides, 2400 SECHNs, 70 midwives absorbed into workforce (salary costs)	
		- 1.2 Train 200 State Enrolled Community Health	UNFPA

Initiative		Sub-Initiative	Donors
		Nurses (SECHNS) as midwife technicians and 200 State Registered Nurses (SRNS)	
		- 1.3 Conduct a training needs assessment of health workforce	WHO
		- 1.4 Upskilling health workforce in RMNCH (training)	WHO, EU/GAVI, DFID, USAID, AFDB
		- 1.5 Integrated supportive supervision covering all programmes in the MOHS	
2	Increase capacity of community health workers	- 2.1 Establish National Community Health Worker Programme	DFID
3	Strengthen supply chain system	- 3.1 Ensure supply of insecticide-treated bed nets (ITNS)	DFID tbc
		- 3.2 Ensure supply and maintenance of cold chain equipment	GAVI
		- 3.3 Ensure essential reproductive, maternal, newborn, and child health (RMNCH) drugs and commodities are procured	DFID, UNFPA USAID, non-resident donors
		- 3.4 Improve delivery systems (transport, M-Supply and staff training) for drugs delivery to health facilities (Supply cost to be added but by covered Government)	DFID
4	Reduce teenage pregnancy	- 4.1 Make all health facilities more youth friendly (staff training & facility upgrading)	UNFPA
		- 4.2 Increase contraceptive uptake amongst adolescent girls (aged 15-19 years)	Irish Aid
		- 4.3 Improve advocacy and coordination with MEST for comprehensive sexual reproductive health education in schools (operation costs)	DFID
5	Strengthen health data systems	- 5.1 Ensure robust data systems with 100% complete and 100% timely reporting	WB, Global Fund, UNFPA, AfDB, WHO, UNICEF, CDC
		- 5.2 Build a maternal and perinatal mortality reporting system with death review as part of the disease surveillance system providing complete and timely reports	DFID, USAID WB, Global Fund, UNFPA
6	Develop a functional national ambulance service	- 6.1 Make available reliable transportation to all women in need of EMONC services nationwide	World Bank
7	Improve Emergency Obstetric Services	- 7.1 Bring 25 BEmONC and 4 CEmONC facilities up to the required standards, including IPC compliance and sanitation and hygiene facilities	DFID

Initiative		Sub-Initiative	Donors
KRA 2: Prevent, detect and respond to epidemics and ensure zero cases of healthcare associated EVD			
8	Improved infection prevention and control in health facilities	<ul style="list-style-type: none"> - All health facilities achieve >80% compliance to Infection prevention and control measures - All health facilities meet national guidelines for screening and isolation protocols 	DFID, Japan, USAID, CDC
9	Strengthened integrated disease surveillance, reporting, and response at national, facility and community levels	<ul style="list-style-type: none"> - All PHUs and ports of entry provide 100% complete and 100% timely surveillance reports - Community Based Support (CBS) provides >80% complete and timely weekly surveillance reports on target diseases and events - Response teams are dispatched within 24 hours after notification of a suspected epidemic disease according to international health regulations - 14 district and 1 national emergency operations centres are established and achieve excellent rating (>80%) in exercise assessments - All 5 reference laboratories have capacity and capability to efficiently receive samples and confirm cases within 72 hours 	DFID CDC World Bank DFID UNDP CDC DFID
10	Improve WASH in health facilities and community sanitation	<ul style="list-style-type: none"> - All health facilities meet defined WASH requirements (Targeting 129 CHCs and 369 CHPs) - Improve community sanitation 	USAID DFID

(2) Education

Initiative		Sub-Initiative	Donors
KRA 1			
1a	Core Content	<ul style="list-style-type: none"> - Develop lesson plans - Print plans and syllabi 	DFID DFID
1b	Teacher Training	<ul style="list-style-type: none"> - Classroom training and mobile coaches for all teachers in JSS and SSS - Cluster training for all primary schools teachers 	DFID UNICEF
2	Clear payroll and reallocate teachers	<ul style="list-style-type: none"> - Clear payroll - Develop criteria for mapping capable teachers - Create teacher skill map and gap analysis - Create plan to fill teacher gaps across schools - Incentivize/re-allocate/recruit teachers to close skill gaps across schools 	DFID, WB
3	Approve non-approved schools	<ul style="list-style-type: none"> - Revise and communicate school approval terms - Improve / speed up evaluation process 	GOSL
4	Situation Room and district training	<ul style="list-style-type: none"> - Develop and execute refresher district training - Improve system enablers - Monitor situation room and district training and other operating costs 	DFID DFID DFID
5	Reduce overcrowded classrooms	<ul style="list-style-type: none"> - Construct / rehabilitate classrooms - Provide furniture for new classrooms 	DFID, IDB DFID

Initiative		Sub-Initiative	Donors
6	WASH in schools	- Construction of 85 boles and 669 handdug wells	DFID, Netherlands
		- Establish systems of operations and maintenance	
		- Construct latrines in 1,340 schools	DFID
KRA 2			
1	School Feeding	- Undertake school mapping and framework for programme and procurement, shipping	Japan
		- Set up storage facilities	GoSL
		- Support the rollout of the SF programme	
		- Train partner institutions and communities and roll out the programme	
		- Develop Monitoring and Evaluation framework including a humanitarian accountability framework	

(3) Private Sector

Initiative		Sub-Initiative	Donors
KRA 1: Create 10,000 agricultural jobs across key value chains			
1	Increase agricultural production and productivity of targeted crops	- Access to quality inputs, extension training and ag. Machinery	GOSL, DFID, GIZ
		- Expand land cultivation to promote multiple cropping and replace cocoa and palm oil	GoSL, IFAD, GIZ
2	Enhance commercial agricultural development	- Transform ABCs and FBOs	IFAD, SIDA
		- Develop agro-processing facilities (MTI)	DFID
		- Feeder road program connects target crops to markets	WB, DFID
		- Facilitate access to finance for farmers	WB
KRA 2: Increase competitiveness of 1,000 SMEs, including agribusiness across key value chains			
3	Facilitate SME development & access to affordable finance	- Operationalization of SME, including key policy reforms	
		- Business development training and technical assistance to SMEs	GIZ, IFC, UNDP Cordaid
		- Develop a capital restricting fund for SMEs recovering from Ebola demand slumps	GoSL, AfDB, DFID, IFC, IFAD
4	Improve access to markets across key value chains	- Increase number of SMEs/agribusinesses working with smallholder farmers (MAFFS)	IsDB, DFID, WB
		- Link local SMEs/agribusinesses with government. entities for institutional feeding contract	
		- Develop capacity of Standards Bureau and PMB	WB, EIF
5	Improve the business enabling environment	- Reduce time and cost of registering a business	AfDB, IFC
		- Develop a collateral registry	IFC

(4) Water

Initiative		Sub-Initiative	Donor
KRA 1: Provide sustainable short-term and long-term solutions to Freetown water			
1	Rehabilitate existing Freetown water supply infrastructure & implement pro-poor	- Rehabilitate bulk treatment facilities, transmission system and distribution network	DFID
		- Develop Allen, Kaningo, Babadori, and Wilberforce water supply systems	DFID

Initiative		Sub-Initiative	Donor
	WAS interventions	- Implement pro-poor interventions (targeting 100,000)	MCCU
		- Install a re-chlorination facility at Spur Road	DFID
2	Protect and regenerate 90% of the catchment areas	- Protect 90% of catchment areas under serious threat	
3	Improve operating cost coverage ration from <1 to 2.5 times	- Guma Valley Water Company (GVWC) institutional strengthening	MCCU
		- Undertake community sensitization	UNICEF
		- Implement water sector roadmap and coordination activity	MCCU
4	Develop a water supply master plan for Freetown, including feasibility study of Rokel	- Conduct a feasibility study of Rokel River	AfDB
		- Develop a water master plan for Freetown	AfDB
KRA 2: 270,000 more people in the provincial areas have sustained access to safe water			
5	Provide and restore access to water supply in 400 Rural Communities	- Rehabilitate, deepen and construct 400 rural water supply schemes	DFID, Dutch
		- Establish / refresh 400 Water Point Committees	DFID
		- Delivery hygiene/sanitation behavior change activities in the 400 communities	?
6	Provide and restore access to water supply in 4 unserved small towns	- Construct/rehab water supply schemes	DFID
		- Construct new distribution and transmission networks (45 Km)	DFID
		- Construct new service reservoirs, contact tanks and filter, pulsator, sedimentation tanks	DFID
7	Improve operating cost coverage ratio through good governance, institution strengthening, capacity building and project coordination	- Technical training of the Water sector staff	DFID
		- Establish National Water Resources Management Agency (NWRMA)	
		- Establish effective water utility management systems	
8	Ensure water security through water resource management and hydrological monitoring	- Water resources management (hydrological monitoring)	UNDP
		- Map the status of water and sanitation services nationwide	UNICEF/UND P/AFDB

(5) Social Protection

	Initiative	Sub-Initiative	Donor
1	57,000 extremely poor and vulnerable households profiled and targeted.	- Providing income support (excl. mobile payments system)	DFID, US-AID, World Bank
2	MDA's and Implementing Partners use SPRINT database	- Strengthening SPRINT and for 5 MDA's and 5 Implementing partner using system to manage beneficiary data	World Bank
3	Provision of minimum package of services including livelihood support to 40,051 EVD-affected persons	- Case Management and Helpline - Livelihood support & start-up kits	AfDB

3.5.3 Current condition of district level Kambia District

- **General Impact of the Ebola Emergency**

Kambia district had a relatively high number of Ebola cases, and now has a large number of survivors.

- Total EVD Infected : 259
- Total death : 187
- Total Survivors : 72 + 2 unknown

Agriculture is the most affected sector by the crisis of EVD, thus, negatively impacting the livelihoods of the predominantly farmer communities in the district. Restriction on movement, confinement in their villages/communities, fear of contracting the disease, isolation of household and quarantine, all negatively affected farming, labor exchange, external labor hiring, and trading.

Emergency Food Security Assessment 2015² findings indicated that the Ebola outbreak has negatively impacted the district population, affecting the vital livelihood activities of crop production (mainly rice). 71 % of the district residents are moderate to severely food insecure. The report anticipated that 2015 rice production will reduce to 85 compared to 129 in 2014. The Coping Strategy Index (CSI)³ for the district is 7.9% compared to the national average CSI 8.9%, Ebola Virus Disease had impacted the CSI index increasing it from 7% to 12%. Food purchases⁷ accounted for the 60% of household expenditure of District residents, which undermines the capacity to allocate other essential expenditure, such as health, education, and family welfare.

- **Livelihood and Economy**

The livelihood activities of Kambia district residents are mainly farming (rice and roots crops - cassava and yam), followed by cross-border trade with neighboring Guinea. A revival of the cross-border trade in the traditional markets known as 'Loumah' increased, from 5 in the pre-war period to 15 currently, in the towns and villages on both sides of the border. These markets attract thousands of traders and other visitors from far-off areas, including from Freetown and Conakry. People also engage in fishing and very small scale animal rearing. Men engage in fishing activities, while fish trading in the market is carried out by women. Exchange and hiring of labor is a common practice in the district particularly during the planting and harvest seasons.

However, in 2014 this activity drastically dropped compared to pre-Ebola in 2013 and had a significant impact on the seasonal household income. The Wealth Index (WI)⁴ indicates that 43% of the district households are in the two poorest quintiles.

- **Education**

Educational achievement is higher among boys compared to girls. The literacy rates⁵ among men and women for the district vary widely and are respectively 43% and 20%. There is a large percentage of people with no education (52% male and 64% female) while 0.9% male and 0.02% female have attained post-secondary education. There are 133 secondary schools in the district. The graph shows the number of pupils by age and sex at different educational levels. There are 1,471 teachers¹ for over 70,000 students or an average 48 students per teacher. According to Prepared Rapid pro Survey by UNICEF in August, 2015, (prior to the new school year) indicted that there are 424 schools in the

2 Emergency Food Security Assessment Sierra Leone 2015, Data collected in March April and report published in June 2015. The assessment was a joint effort by the Ministry of Agriculture, Forestry and Food Security and WFP, FAO, ACF, World Vision, ACDI/VOCA, Save the Children and CARE.

3 The Coping Strategy Index (CSI) is a WFP indicator that measures the frequency and severity of the coping strategies households employ when faced with food shortages.

4 A poverty profile for Sierra Leone, study by the World Bank and Statistics Sierra Leone, June 2013 (Calculations based on SL Integrated Household Survey 2011).

5 Sierra Leone Map Code 02 16 Nov 2006

district. The survey focused on the availability of Ebola related hygiene materials (i.e. availability of thermometers, soap, water bucket with tap, chlorine, gloves, and brushes).

• Health

The main hospital is in the district capital of Kambia town; each of the 7 chiefdoms has a Health Center or Health Post. In Kambia district, the inability to pay for treatment, distance to health facilities and unwillingness to visit health facilities alone are three major barriers for women aged 15-49 years old seeking health services when they are sick. 52% of children aged between 12-23 months have completed a full course of vaccinations against the most common diseases, while 7% of children of the same age group have not received any vaccination. Acute respiratory infection (ARI), fever and diarrhea are the most common diseases among children under 5 in the district. Since the outbreak of Ebola in mid-2014, the entire health system and services provision has primarily focusing on Ebola, specifically surveillance, control, and treating the infected. New health facilities were established within hospitals and health centers (Ebola Treatment Centers) to provide treatment of Ebola patients.

- Under one population :15,029
- Children 6-59 months : 55,490
- Children 12-59 month s :47,836
- Women of Child Bearing Age: 84,958
- Pregnant women : 15,690.
- 68 peripheral health units in the district
- 1 district hospital
- 5 BEMONC Centres: Barmoi Munu, Kamasasa, Mapotolon, Mambolo and Kukuna

• Water and Sanitation (WASH)

The Sierra Leone Demographic and Health Survey 2013 indicated that the majority (70%) of households did not have any hand washing (water, soap or cleansing agents) facilities at the household level, while only 12% had all the necessary hand-washing facilities. During the Ebola outbreak, a nationwide campaign for hand washing (with soap, chlorinated water, hand sanitizer or a combination) was launched, which was strictly followed in public and private places. A JICA funded Kambia Water Supply Project has been operational since 2012, serving the peri-urban and rural populations around Kambia town. To improve access to water and sanitation, UNICEF and WASH partner organizations delivered potable water, installing storage tanks and constructing household latrines.

Under the National Post Ebola Recovery Plan, each district at the sector level has recovery plan, but comprehensive recovery plan has not formulated by the district council. Below table shows that current situation of post EVD plan and consistency of District Development Plan.

Table 3-7: Prepared Recovery plan (sector) and Annual Work Plan for the Post EVD activities in Kambia

Sector	Post Ebola Recovery Plan	Consistency of Annual Work plan (AWP)	Related document
Health	Formulated Phase I, II Recovery Plan	No duplication with AWP	Standard of Health Facilities from the Ministry
Education	Formulated Needs list	Some activity are included in the AWP	Standard of Facilities from the Ministry
Social Welfare	Followed National Plan	Included in AWP	
Agriculture	Formulated only the project list	Included in AWP	Standard of Facilities from the Ministry
WATSAN	<u>To be collected</u>		

Table 3-8: BASIC DATA of KAMBIA DISTRICT

			General Information														EVD Direct Impact																			
District	Chiefdom	Ward	Population (2004)	Ward Area (km²)	Population density	Pilot PI Beneficiary	Percentage of Beneficiary (%)	Number of Sections	Number of Villages	Number of English literate in WC (/12)	Number of Woman member in WC (/5)	Number of Woman member in PMC (/7)	Teenage Pregnancy	Vulnerable Person	Primary School	Secondary School JSS	Secondary School SSS	No. of Students	No. of Teachers	No. of PHU	No. of Market	No. of ABC	No. of Community Well	EVD Case	Death of EVD	Survivors	Orphans	Widows	School needed to rehabilitate	Overcrowded School	Dropouts of Students	Disgraced PHU	Triage to be permanent	Dismissed Market	Dismissed ABC	Dismissed Community Well
Kambia	Magbema	119	12,819	8.24	1,556	4,000	31%	1	2	12	5	2	186		67	19	4	10,413	467	14	4	2	312	148	101	38	171	19	12	12	NA	7	14	2	1	36
		120	8,996	58.72	153	10,000	111%	3	18	12	6	4																								
		121	8,384	43.4	193	350	4%	1	19	5	3	3																								
		122	14,049	19.56	718	2,600	19%	1	1	12	6	2																								
		123	13,009	84.26	154	3,200	25%	4	23	2	5	3																								
	Masungbala	130	11,401	60.91	187	4,670	41%	3	10	3	5	2																								
		124	8,984	116.5	77	2,750	31%	4	33	3	5	2																								
		125	9,157	58.12	158	250	3%	5	21	5	5	2																								
	Tonko Limba	126	12,641	130.96	97	3,500	28%	3	29	4	6	3																								
		127	17,969	187.83	96	200	1%	2	40	3	4	1																								
		128	13,698	257.61	53	4,237	31%	2	38	4	6	3																								
	Bramaia	129	10,571	438.3	24	1,200	11%	2	34	12	5	1																								
		131	11,540	179.08	64	8,000	69%	9	59	2	5	3																								
		132	10,366	99.83	104	10,000	96%	5	28	8	5	3																								
	Gbinleh Dixon	133	9,354	305.98	31	2,800	30%	5	42	3	5	2																								
		134	9,675	77.53	125	8,000	83%	4	26	4	4	1																								
		135	11,457	111.86	102	10,000	87%	4	37	7	3	1																								
	Samu	136	13,139	116.86	112	5,000	38%	6	32	4	4	2																								
		137	8,144	92.29	88	3,200	39%	3	26	4	5	3																								
		138	17,171	114.39	150	5,750	33%	2	19	12	5	1																								
		139	10,239	93.89	109	12,000	117%	2	18	5	5	2																								
	Mambolo	140	12,713	66.9	190	300	2%	3	17	7	5	0																								
		141	12,444	109.1	114	2,400	19%	3	35	5	5	3																								
		142	10,889	32.52	335	5,750	53%	2	10	8	4	1																								
		143	13,199	86.82	152	2,500	19%	3	18	5	4	0																								

*NA: Data which is not collected in this time.

Slash in cells: There is no data. Survey had not been implemented by District.

(1) Port Loko District

• General Information of EVD emergency

Port Loko, as a main business hub of the country, was severely affected by movement restrictions during the peak of the Ebola outbreak. The Port Loko farming community was heavily affected by the Ebola crisis. The district has suffered a high number of Ebola deaths and also has the second highest number of survivors (496 registered survivors as of Sept 2015), after the Western Area Urban district. Despite the end of human transmission of Ebola in the country, survivors continue to experience health complications and experience challenges obtaining health care services and psychosocial support.

Table 3-9: EVD cased and death

Chiefdom	Case	Death
BKM	76	26
Buya Romende	182	25
Dibia	30	12
Kaffu Bullom	291	110
Lokomasama	148	45
Marampa	253	66
Maforki	170	75
Koya	207	64
Masimera	88	27
Sanda Magbolonthor	8	3
TMS	32	16
Total	1485	469

(February, 2016 by DHMT)

The Emergency Food Security Assessment 2015 report shows that over 52% of the District's residents are moderate to severely food insecure, while 40% are marginally food insecure. 92% of the District's residents are facing some form of food insecurity. The report projected that the 2015 total rice production will be lower compared to 2014, as farmers were unable to work in their fields due to movement restrictions and fear of contracting Ebola.

- Crop production is the most vital livelihood source for the majority of the population, but this source of livelihood was the most adversely affected during the EVD outbreak. The Coping Strategy Index (CSI) has significantly increased from 6% in 2010 to 13% in 2015, which implies that people have reduced meal portions and/or eat less of their preferred foods. Food purchase accounts for 61% of household expenditure, which reduces the purchasing power of people. This compromises both the quality and quantity of other essential necessities, such as Health, Education, and Family Welfare.

• Livelihood and Economy

Production of food crops, such as rice, cassava and sweet potato, are the main livelihood sources for over 80% of the population. Small scale mining also takes place. The city of Port Loko is a major trade center in the Northern Province. The areas around Port Loko are known for bauxite and iron mining. The London Mining Company⁶, which operates iron-ore mining in Lunsar and Marampa, is a major employer in the area. The global demand for bauxite and iron-ore slowed down recently, and this coupled with falling prices in the international market, has negatively impacted the employment sector in the mining industry.

To a lesser extent, some people are engaged in cash crop production, such as coffee and cocoa³. During 2013-14, the London Mining Company, jointly with the Cotton Tree Foundation, Sierra Leone, implemented a USD 115,000 agricultural project supporting the youth groups of Marampa and

⁶ London Mining Company and other mining company has stopped their operation in 2015.

Mafroki chiefdoms. Hiring labor and exchange workers are seasonal activities during the plantation and harvesting season from which the farming communities generate income.

Due to EVD outbreak, in 2014 that income was lost as the number of hired labor and exchange workers during the season was reduced by 29% compared to 2013. The Wealth Index (WI) indicates that 26% of the district population falls into the poorest quintile, while 33% fall under a medium poor rating. Port Loko has the second highest portion of households (59%) in the two poorest quintiles.

- **Education**

There are 687 schools in the district, of which 39 are pre-primary, 512 are primary, 111 are junior secondary, and 25 are senior secondary schools⁷. Port Loko has the second highest number of schools in the country after Freetown City. The MEST recorded an increase of 30 schools (17 pre-primary, 6 junior and 7 senior high schools) in 2012-13 session compared to that of 2011-12. The majority (63%) of the schools are missionary, community or private schools, with the remaining 27% government schools. The net primary enrollment rate is 57.5%. Educational attainment is higher among boys compared to girls in all three school levels. The average teacher-student ratio for the district is 1:47. The overall literacy rate is 32%. The Port Loko Teacher's College is one of the oldest and best known colleges in Sierra Leone.

- **Health**

The Port Loko Government Hospital and Lungi Government Hospital are the two main health facilities in the district. These hospitals have 5 doctors, 6 midwives, 37 nurses and 8 technicians. On average, one health facility serves 477,611 people, and the population per hospital is 151,249. 65% of children aged between 12-23 months have completed a full course of vaccination against the most common diseases (BCG, DPT, Polio and Measles), while 5% of children of the same age group did not have any vaccinations at all.

During the Ebola response, a number of organizations, such as CDC, IMC, IRC, GOAL, Marie Stopes, Plan International, Partners in Health, OXFAM, UNFPA, WHO, UNICEF, WFP, IFRC, Christian Aid, Restless Development and the District Health Management Team (DHMT) were actively involved in the response, surveillance, contract tracing, quarantine, managing the treatment centers (Ebola Treatment Centers) etc.

- **Water and Sanitation (WASH)**

The Sierra Leone Demographic and Household Survey 2013 indicated that 44% of households did not have hand washing (water, soap or cleansing agents) facilities within the household, while only 11% have the full range of hand washing facilities at the household level. During the Ebola outbreak, a nationwide campaign for hand washing (with soap, chlorinated water, hand sanitizer or combination) was launched. The MEST school census 2013 indicated that 54% of schools do not have water sources in the compound, only 6% of the schools have pipe borne water supplies, 30% of schools have boreholes, and the remaining 64% of schools relied on water from wells, streams, and other sources. Only 68% of the schools have toilet facilities in the compound with the conditions and cleanliness widely varying by school.

A number of organizations (UN and NGOs) are working in the WASH sector namely UNICEF, CAWeC, GEKO-SL, DIP, GOAL, OXFAM, Plan International, World Hope, Health Education Department, Ministry of Health and Sanitation (MOHS), ISLAG/CHRISTAG and SMAC.⁸

⁷ the Ministry of Education Science and Technology's (MEST) school census in 2013

⁸

Table 3-10: Prepared Recovery plan (sector) and Annual Work Plan for the Post EVD activities in Port Loko

Sector	Post Ebola Recovery Plan	Consistency of Annual Work plan (AWP)	Related document
Health	Formulated Phase I, II Recovery Plan	No duplication with AWP	Standard of Health Facilities from the Ministry
Education	Formulated Needs list	Some activity are included in the AWP	Standard of Facilities from the Ministry
Social Welfare	Followed National Plan	Included in AWP	
Agriculture	Followed National Plan	Included in AWP	Standard of Facilities from the Ministry
WATSAN	Followed National Plan	Included in AWP	Standard of Facilities from the Ministry (UNICEF)

Table 3-11: BASIC DATA of PORT LOKO DISTRICT

District	Chiefdom	Ward	General Information											EVD Direct Impact																																										
			Population (2004)	Ward Area (km ²)	Population density	Plot P1 Beneficially	Percentage of Beneficially (%)	Number of Sections	Number of Villages	Number of English literate in WC (/12)	Number of Woman member in WC (/5)	Number of Woman member in PMC (/7)	Vulnerable Person	Primary School	Secondary School	No. of Students	No. of Teachers	No. of PHU	No. of Market	No. of ABC	No. of Community Well	EVD Case	Death of EVD	Survivors	Orphans	Widows	School needed to rehabilitate	Overcrowded School	Dropouts of Students	Disgraced PHU	Trage to be permanent	Dismissed Market	Dismissed ABC	Dismissed Community																						
Port Loko	Buya Romende	176	14,858	218.23	68	4,200	28%	8	115	10	5	2		37	5	NA	NA	8	NA	1	126	182	25	98	128		4	7	NA	4	NA	NA	0	32																						
		177	15,251	216.14	71	27,000	177%	4	68	8	5	3																																												
		179	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA																																												
	Sanda Magbolontor	180	16,297	567.87	29	2,600	16%	14	114	9	5	4		27	3	NA	NA	5	NA	1	31	8	3	8	28		3	13	NA	4	NA	NA	0	20																						
		199	11,911	213.42	56	228	2%	5	63	6	4	1																																												
		200	11,868	216.88	55	8,000	67%	4	32	3	5	1																																												
	Masimera	201	11,692	245.44	48	10,000	86%	4	94	11	6	2		50	2	NA	NA	9	NA	1	82	88	27	27	233		4	5	NA	6	NA	NA	0	16																						
		181	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA																							NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
		182	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA																							NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	BKM	183	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA	37	4	NA	NA	10	NA	1	75	76	26	16		546	5	16	NA	6	NA	NA	0	9																					
		178	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
		184	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Dibia	185	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA	19	2	NA	NA	6	NA	1	48	30	12	8		141	3	20	NA	4	NA	NA	0	4																					
		186	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
		187	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Kaffiu Bullom	188	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA	47	10	NA	NA	9	NA	1	312	291	110	114		232	5	6	NA	5	NA	NA	0	47																					
		189	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
		190	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		191	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Lokomasama	192	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA	70	5	NA	NA	17	NA	2	254	148	45	64		166	6	6	NA	7	NA	NA	0	35																					
		193	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		172	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		173	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Marampa	174	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA	38	6	NA	NA	6	NA	1	204	253	66	144		211	4	13	NA	1	NA	NA	0	8																					
		168	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		169	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		170	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Maforki	171	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA	59	7	NA	NA	13	NA	1	420	170	75	90		262	5	8	NA	1	NA	NA	0	55																					
		174	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		194	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		195	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Koya	196	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA	88	10	NA	NA	16	NA	1	341	207	64	149		120	5	7	NA	6	NA	NA	0	25																					
		197	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		198	16,955	230.83	73	8,000	47%	3	79	6	5	2																																												
		175	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA																						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	TMS	178	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA	24	3	NA	NA	4	NA	2	120	32	16	17		137	5	9	NA	2	NA	NA	0	18																					

*NA: Data which is not collected in this time.

Slash in cells: There is no data. Survey had not been implemented by District.

3.5.4 Community Level Survey

(1) Schedule of survey

Survey at community is implemented as following schedule;

(1) Planning and Questionnaire (8-9, Feb., 2016)	: To discuss with person in charge in CP to prepare the schedule and Questionnaire : To arrange the first survey
(2) The First survey (10-19, Feb., 2016)	: To conduct survey, in the Kambia, 1 ward per Chiefdom (in total 7) and In Port Loko, 11wards in 5 chiefdom
(3) Organization of Data and analysis (20-25, Feb., 2016)	: To organize the data and analyze the result, to coordinate the sectors, To consider conduction of additional survey
(4) Analysis of Data (in the beginning of March)	: To organize the data
(5) Formulation of District Development Plan (draft) (In the end of March)	: To organize the result of survey and formulate the District development plan (draft) for post EVD

1) Contents of questionnaire of the first survey

- * Influence of patient of Ebola, basic data of Ebola in the community
- * Current problem, reason and needs, change of needs pre and post Ebola
- * Structure of ward, section and chiefdom in the Ebola period
- * Situation of infrastructure in the ward

2) Schedule of survey (Focus Group Discussion (FGD) with community)

Table 3-12: Schedule of Survey, Kambia

	WARD	Chiefdom	Attendance	Facilitator KDC
10-Feb 2016	127	Masumbara	Ward Committee	DCA
	125	Tonkolimba	Ward Committee	
17-Feb 2016	140	Samu	Ward Committee	DCA M&E
	134	Gleh Dixon	Paramount Chief Ward Committee	
18-Feb 2016	142	Mambolo	Paramount Chief Ward Committee	M&E
	130	Magbema	Paramount Representative Ward Committee	
23-Feb 2016	131	Bassia, Bramaia	Ward Committee	Valuator

* One chiefdom (Bramaia) remains to be conducted the survey.

Table 3-13: Schedule of Survey, Port Loko

	WARD	Chieftdom	Attendance	Facilitator PLDC
12-Feb 2016	201	Masimera	Ward Committee, Chief (Section, Village), Community Leaders	RDO, ESO, & HR
13-Feb 2016	176	Buya Romende	Ward Committee, Chief (section, village), Leaders	RDO & IEC
	180	Sanda Mamboroton	Ward Committee, Chief (section, village), Leaders	HR, ESO, & Gender Officer
15-Feb 2016	178	Dibia	Ward Committee, Chief (section, village), Leaders	HR, ESO, & Gender Officer
	199	Masimera	Ward Committee, Chief (paramount representative, section, village), Leaders	RDO & IEC
16-Feb 2016	179	Dibia	Ward Committee, Chief (section, village), Leaders	HR, Gender Officer, & ESO
	177	Buya Romende	Ward Committee, Chief (Section, village), Leaders	RDO & IEC
	198	Koya	Ward Committee, Chief Female- 5./ Male- 7	ESO, IEC
17-Feb 2016	175	TMS	Ward Committee, Chief (paramount, section, village), Leaders	HRO & Gender
18-Feb 2016	200	Massimera	Ward Committee, Chief (paramount representative, section, village), Leaders	RDO, HR & ESO

(2) Summary of result of survey

According to the information of DHMT, people of infected by EVD is 1,485 in Port Loko (0.33% of total population of the District) and 259 in the Kambia (0.10% of total population in the District). Toll of death by EVD is 469 and 187, respectively. Port Loko is the second most affected district in this country. Percentage of the direct affected people is not so high that in the survey direct affection was not explained.

However, community explained that residents in the community got in to the mess by the EVD. Reasons to expand the EVD mentioned the residents are;

- No information on the EVD
- No believing of the EVD itself
- Improper broadcasting the information on “ EVD is incurable disease” in the air by Ministry of Health
- Incorrect information that “health center inject the EVD” based on the experience of the No return of the patient delivered by an ambulance (even the body)

During the EVD, people were so afraid to touch even their marital partner and children that their mentality also was affected.

• Situation in the current and during EVD

Summary of the issues in the EVD and the present of the community according to the survey result by sectors are as follows;

Table 3-14: Issues in the EVD and post EVD by sector

Issus during the EVD	Present Issues in the Community
<p>Health sector</p> <ul style="list-style-type: none"> ➤ People avoided to see PHU due to the fear of diagnosis on EVD (decrease of consultation rate) ➤ Nurses in the PHU were so afraid of bleeding in the bearing that pregnant women were not treated properly, which caused to death. ➤ Medical officers were so afraid of contagion that no proper treatment to patient was not done. ➤ Insufficient ambulance, no access to the rural area cased delay in deliver of patient. 	<ul style="list-style-type: none"> ➤ Consultation rate has been decreasing compared to pre-EVD due to lack of income, distrust of PHU etc)
<p>Private sector</p> <p>Almost people avoided to go out of their community due to restriction of movement, fear of infection, suspicion of infection at check point. This caused business activity such as agriculture, trading etc had been dropped. Affected activities were as follows;</p> <ul style="list-style-type: none"> ➤ Income generation (Agriculture, livestock, fishery, trading etc): Lack of food and income ➤ Close of market: Loss of selling the products, purchase of materials for the activity etc. ➤ No circulation of the food at the market: insufficient of food, inequity of assistant ➤ Because of starvation, consumption and selling of seed for planting and livestock 	<ul style="list-style-type: none"> ➤ Farmers don't have agricultural materials and enough financial resources, such as seed, seedling and tools ➤ Some local bank hasn't resumed their business. No loan is available. ➤ Some market hasn't re-opened.
<p>Education sector</p> <ul style="list-style-type: none"> ➤ During the EVD, all schools were closed and students lost the opportunity to take the education. ➤ Young women who lost the opportunity of education became pregnant because of lot of time not to do with boy friend etc. ➤ Lot of teachers went back to their hometown. 	<p>Almost all school has been re-opening.</p> <ul style="list-style-type: none"> ➤ Dropout rate has been increased due to lack of income, pregnancy of girls ➤ Teachers hasn't returned: lack of teachers ➤ Curriculum has been changed to catch up the delay during the close of school.
<p>Others</p> <p>Since all social activity was restricted during the EVD, maintenance to road, schools could not be implemented.</p>	<ul style="list-style-type: none"> ➤ Condition of Infrastructure decreased and maintenance activity is difficult to resume. ➤ Vulnerable people without assistant increase. ➤ Some conflict and discrimination to orphan and survivors are observed.

(3) Main impact of EVD (backward sectors)

According to the survey at the community level, almost all community indicated most affected two areas and high needs to be measured.

➤ Livelihood

- Agriculture (no farming activities under a curfew, no seeds for resumption of agricultural activities since they had been consumed as food during epidemic of EVD)
- Business (no initial cost for resumption of business activities)

➤ Education

- Higher dropout rate (parents (especially mothers) cannot afford to pay school fees because of loss of income source)
- Overflow of teachers (some teachers has not returned back to the
- Teenage pregnancy

Community needs

The almost all informants answered that the ranking of the needs has not been changed between before and after EVD experiences, but the situation of the community has became worse by EVD, especially in the above sectors, and therefore agriculture has high priority. While there are also many informants mentioned that basic/ social infrastructure improvement (road, health, education water, etc.) should has higher priority than agriculture, which individuals can keep going on for).

Attached for more information are samples of the field survey.

Table 3-15: Summary of the field survey

(1) Kambia District

General Information	Major Impact of Ebola	Change of Needs/ Challenge and Priority Needs
<p>WARD 127</p> <p>Population: 17,969</p> <p>Population Density: 96/km² (2004)</p>	<p>Deaths by Ebola in WARD : 17 (Information from DHMT: 16 in Chiefdom)</p> <p>Ebola Survivors in WARD : 5</p> <p><u>Major impact of Ebola: Livelihood.</u></p> <ul style="list-style-type: none"> • Agriculture/ business activities had been abandoned under curfew and people couldn't harvest. People have no seeds to restart cultivation since they consumed the seeds for food. 	<p>Change of Needs: No change.</p> <p>Challenge/ Priority Needs</p> <p><u>1. Road rehabilitation</u> (Improvement of accessibilities to the market and health facilities), <u>2. Construction of Community Center</u>, <u>3. Completion of secondary school</u>, <u>4. Agriculture</u> (Construction of agricultural store, Rehabilitation of drying floor, etc.), <u>5. Health</u> (construction of staff quarter etc.)</p>
<p>WARD 125</p> <p>Population: 9,157</p> <p>Population Density: 158/km² (2004)</p>	<p>Deaths by Ebola in WARD : 4 (Information from DHMT: 12 in Chiefdom)</p> <p>Ebola Survivors in WARD : 2</p> <p><u>Biggest Impact of Ebola: Livelihood & Education</u></p> <ul style="list-style-type: none"> • Agricultural activity had been abandoned and people cannot secure the seeds. In addition, people have less money with their hands than before Ebola. • There had been no community activities such as rehabilitation/ maintenance of road and school facilities during the Ebola epidemic under a curfew. • The situation on school dropout is getting worse (increasing in teenage pregnancy, women cannot afford to pay school fees) 	<p>Change of Needs: No change.</p> <p>Challenge/ Priority Needs</p> <p><u>1. Agriculture</u> (Agriculture is the key for food security and income generation, and money is essential for social activities), <u>2. Access to Safe drinking water</u>, <u>3. Road rehabilitation and maintenance</u> (to improve the accessibility to market/ health facilities and reduce transportation cost)</p>
<p>Remarks:</p> <ul style="list-style-type: none"> • It is reported that many women has left the village because they cannot afford to refund the loan (micro finance support) in WARD 140. • There are also the needs on Micro Finance, WASH (water, toilet etc.), Energy, Training in skills. 		
<p>WARD 140</p> <p>Population: 12,713</p> <p>Population Density:</p>	<p>Deaths by Ebola in WARD : 3 (Information from DHMT: 17 in Chiefdom)</p>	<p>Change of Needs: No change.</p> <p>Challenge/ Priority Needs</p> <p><u>1. Water Rehabilitation</u> (construct or rehabilitate good road network),</p>

General Information	Major Impact of Ebola	Change of Needs/ Challenge and Priority Needs
96/km ² (2004)	<p>Ebola Survivors in WARD : 13</p> <p><u>Major impact of Ebola: Livelihood & Education.</u></p> <ul style="list-style-type: none"> • EVD severely impacted on livelihood activities of residents • No schooling for their children for almost a year • High incidence of teenage pregnancies 	<p>2.Energy facility(purchase generators or buy no cable providedImproved water and toilet facilities will drastically reduce the incidence of water borned and hygiene), 3.Health(foster safe child bearing among pregnant women)</p>
<p>WARD 134</p> <p>Population: 9,675</p> <p>Population Density: 125/km² (2004)</p>	<p>Deaths by Ebola in WARD : 2</p> <p>(Information from DHMT: 8 in Chiefdom)</p> <p>Ebola Survivors in WARD : 0</p> <p><u>Major impact of Ebola: Health & Economic hardship.</u></p> <ul style="list-style-type: none"> • Several death of the mothers delivering because of fear going to PHUs by EVD • Farming activities ceased thus causing economic hardship on every household. • No rehabilitation and maintenance activities on feeder roads by VDC 	<p>Change of Needs: No change.</p> <p>Challenge/ Priority Needs</p> <p><u>1. Road Rehabilitation</u> (construct or rehabilitate good road network), 2.WASH facility(Improved water and toilet facilities will drastically reduce the incidence of water borned and hygiene), 3.Health(improve PHUs Phus with fewer drugs, less equipment and admission space and trained health personel), 4. Additional class rooms construction and rehabilitation.</p>
<p>WARD 142</p> <p>Population:10,889</p> <p>Population Density: 335/km² (2004)</p>	<p>Deaths by Ebola in WARD : 7</p> <p>(Information from DHMT: 25 in Chiefdom)</p> <p>Ebola Survivors in WARD : 1</p> <p><u>Major impact of Ebola: Education & Agriculture.</u></p> <ul style="list-style-type: none"> • Limited movements/social activities • Dropout of schools/teenage pregnancies, teenage mothers. • No food in the market etc. 	<p>Change of Needs: No change.</p> <p>Challenge/ Priority Needs</p> <p><u>1. WASH</u> (improve public facilities for drinking and hygienic toilet), 2.Health(improve health facilities), 3.Education(construct and rehabilitate school& class room).</p>
<p>WARD 130</p> <p>Population:</p> <p>Population Density:</p>	<p>Deaths by Ebola in WARD : 19</p> <p>(Information from DHMT: 101 in Chiefdom)</p> <p>Ebola Survivors in WARD : 1</p>	<p>Change of Needs: No change.</p> <p>Challenge/ Priority Needs</p> <p><u>1. ROAD</u> (improve to contact other community and market etc)</p>

General Information	Major Impact of Ebola	Change of Needs/ Challenge and Priority Needs
96/km ² (2004)	<u>Major impact of Ebola: Food security & Education.</u> <ul style="list-style-type: none"> • Food shortage (hunger), No food in the market etc. • No schooling for over a year(teenage pregnancy/teenage mother/drop outs become high) • Dropout of schools/teenage pregnancies, teenage mothers. 	2.Health (improve health facilities and built new one or rehabilitation) 3. Education (construct and rehabilitate school& class room).
WARD 131 Population:11,540 Population Density: 64/km ² (2004)	Deaths by Ebola in WARD : 6 (Information from DHMT: 8 in Chiefdom) Ebola Survivors in WARD : 3 <u>Major impact of Ebola: Education & Economic situation.</u> <ul style="list-style-type: none"> • Education was absence for almost a year. • Trade fare was not observed by traders and farmers for quite a while thus worsening economic situation of the residents in the entire Ward • There were no enough farming seeds for cultivation. 	Change of Needs: No change. Challenge/ Priority Needs <u>1. Accommodations</u> (construction of schools & class rooms) 2. Inadequate PHUs with less equipment cannot meet population demand for safe reproductive health issues 3. PHUs, schools and communities suffer from lack of pure safe drinking water etc. 4.Schools and communities suffer from lack of pure safe drinking water etc.

(2) Port-Loko District

General Information	Major Impact of Ebola	Change of Needs/ Challenge and Needs
WARD 201 Population: 11,692 Population Density: 48/km ² (2004)	Deaths by Ebola in WARD: 42 (Information from DHMT: 27 in Chiefdom) Ebola Survivors in WARD : 26 <u>Sectors affected by Ebola seriously are Livelihood and Vulnerable Individuals</u> <ul style="list-style-type: none"> • No seed for restarting agricultural activities because farmers had abandoned to go out (no cultivation, no harvest) and consumed the seeds as the food. No initial cost for restarting small business activities. • The houses (including furniture) of EVD victims were destroyed. 	Change of needs Additional support is required especially for the vulnerable individuals such as Ebola orphans without care taker, elderly persons who lost the relatives or neighbors). No other change on the needs between before and after Ebola epidemic. Challenge/ Needs <u>Road Rehabilitation</u> (Improving accessibility to the school/ health facilities, increase in flow of traders, etc), <u>Access to safe drinking water</u> , <u>Support for orphans and teenagers' mothers by Ebola</u> ,

General Information	Major Impact of Ebola	Change of Needs/ Challenge and Needs
	<ul style="list-style-type: none"> The patients had not been transported timely because of poor road network and therefore Ebola had spread. 	<u>Agriculture</u>
<p>WARD 176</p> <p>Population: 14,858</p> <p>Population Density: 68/km² (2004)</p>	<p>Deaths by Ebola in WARD: 68</p> <p>(Information from DHMT: 25 in Chiefdom)</p> <p>Ebola Survivors in WARD : 32</p> <p><u>Biggest Impact by Ebola: Livelihood falling and Health & Sanitation</u></p> <ul style="list-style-type: none"> Impact on agricultural or any other business activities. Poor agricultural production and no seeds or fertilizer. No safe drinking water and prevalence of water born diseases 	<p>Change of needs</p> <p>There are some changes (No detailed information)</p> <p>Challenges/ Needs</p> <p><u>Agriculture</u> (Enhance food self-sufficiency and income status of farmers), <u>Water/ Wash</u> (Need to bore water wells, rehabilitation of well pump, maintenance of well), <u>Roads/ Infrastructure</u> (rehabilitation of roads, need more tools)</p>
<p>WARD 180</p> <p>Population: 16,297</p> <p>Population Density: 29/km² (2004)</p>	<p>Deaths by Ebola in WARD: 8</p> <p>(Information from DHMT: 3 in Chiefdom)</p> <p>Ebola Survivors in WARD : 7</p> <p><u>Biggest Impact by Ebola: Agriculture& Education</u></p> <ul style="list-style-type: none"> Agriculture/ business activities had been abandoned under curfew and people suffered from hunger. People have no seeds and money to restart activities for earning a livelihood. Lack of teachers (some had left during the Ebola period). 	<p>Change of needs</p> <p>Agricultural activities are very challenging rather than before Ebola.</p> <p>Others have not been changed.</p> <p>Challenges/ Needs</p> <p><u>Road Rehabilitation</u> (1. To increase income by reducing transportation fee and increasing flow of traders, 2. To improve accessibility for development partners to the village, 3. To promote teachers and nurses' settlement), <u>Access to safe drinking water</u>, <u>Construction/ Rehabilitation of Primary/ Secondary School/ Health facilities</u></p>
<p>WARD 178</p> <p>Population: NA</p> <p>Population Density: NA</p>	<p>Deaths by Ebola in WARD: 16</p> <p>(Information from DHMT: 16 in Chiefdom)</p> <p>Ebola Survivors in WARD : NA</p> <p><u>Biggest Impact by Ebola: Economic situation</u></p> <ul style="list-style-type: none"> Impact on agricultural or any other business activities. People could not go from one place to another place because of transference restriction. 	<p>Change of needs</p> <p>People have been in place even before the Ebola, though it made the situation become worsen.</p> <p>Challenges/ Needs</p> <p><u>Health</u> (construct health facilities), <u>Education</u> (rehabilitate primary or secondary school), <u>Road rehabilitation</u> (rehabilitate road and get access to other villages in the Ward)</p>

General Information	Major Impact of Ebola	Change of Needs/ Challenge and Needs
<p>WARD 199</p> <p>Population: 11,911</p> <p>Population Density: 56/km² (2004)</p>	<p>Deaths by Ebola in WARD: 27 (Information from DHMT: 27 in Chiefdom)</p> <p>Ebola Survivors in WARD : 36</p> <p><u>Biggest Impact by Ebola: Livelihood falling and Health & Sanitation</u></p> <ul style="list-style-type: none"> • Impact on agricultural or any other business activities. Poor agricultural production and no seeds or fertilizer. • No safe drinking water and prevalence of water born diseases 	<p>Change of needs</p> <p>There are some changes (No detailed information)</p> <p>Challenges/ Needs</p> <p><u>Agriculture</u> (Enhance food self-sufficiency and income status of farmers), <u>Water/ Wash</u> (Need to bore water wells, maintenance of well), <u>Roads/ Infrastructure</u> (rehabilitation of roads, need more tools)</p>
<p>WARD 179</p> <p>Population: NA</p> <p>Population Density: NA</p>	<p>Deaths by Ebola in WARD: 12 (Information from DHMT: 25 in Chiefdom)</p> <p><u>Biggest Impact by Ebola: Education & Agriculture</u></p> <p>Ebola Survivors in WARD : NA</p> <ul style="list-style-type: none"> • People could not go to school, and there was no Agricultural activities & business. Restriction of movement from one Town to another. • Blockage 	<p>Change of needs</p> <p>There have not been changed.</p> <p>Challenges/ Needs</p> <p><u>Education</u> (To rehabilitate school and construct secondary school), <u>Agriculture</u> (To develop livelihood) , <u>Access to safe drinking water, Construction/ Rehabilitation of Primary/ Secondary School/ Health facilities</u></p>
<p>WARD 177</p> <p>Population: 15,251</p> <p>Population Density: 71/km² (2004)</p>	<p>Deaths by Ebola in WARD: 25 (Information from DHMT: 25 in Chiefdom)</p> <p>Ebola Survivors in WARD : 42</p> <p><u>Biggest Impact by Ebola: Livelihood falling and Health & Sanitation</u></p> <ul style="list-style-type: none"> • Impact on agricultural or any other business activities. Poor agricultural production and no seeds or fertilizer. • No safe drinking water and prevalence of water born diseases 	<p>Change of needs</p> <p>There are some changes (No detailed information)</p> <p>Challenges/ Needs</p> <p><u>Agriculture</u> (Enhance food self-sufficiency and income status of farmers), <u>Water/ Wash</u> (Need to bore water wells, rehabilitation of well, maintenance of well), <u>Roads/ Infrastructure</u> (rehabilitation of roads, need more tools)</p>
<p>WARD 198</p> <p>Population: 16,955</p> <p>Population Density: 73/km² (2004)</p>	<p>Deaths by Ebola in WARD: 72 (Information from DHMT: 64 in Chiefdom)</p> <p>Ebola Survivors in WARD : 48</p>	<p>Change of needs</p> <p>There are some changes (No detailed information)</p> <p>Challenges/ Needs</p> <p><u>Agriculture</u> (Enhance food self-sufficiency and income status of</p>

General Information	Major Impact of Ebola	Change of Needs/ Challenge and Needs
	<p><u>Biggest Impact by Ebola: Livelihood falling and Health & Sanitation</u></p> <ul style="list-style-type: none"> Impact on agricultural or any other business activities. Poor agricultural production and no seeds or fertilizer. No safe drinking water and prevalence of water born diseases 	<p>farmers), <u>Water/ Wash</u> (Need to bore water wells, rehabilitation of well pump, maintenance of well), <u>Roads/ Infrastructure</u> (rehabilitation of roads, need more tools)</p>
<p>WARD 175</p> <p>Population: NA</p> <p>Population Density: NA</p>	<p>Deaths by Ebola in WARD: 71 (Information from DHMT: 16 in Chiefdom)</p> <p>Ebola Survivors in WARD : 7</p> <p><u>Biggest Impact by Ebola: Economic situation</u></p> <ul style="list-style-type: none"> Impact on agricultural or any other business activities. People did not go to their farm because of Ebola. 	<p>Change of needs</p> <p>People have been in place even before the Ebola, though it made the situation become worsen.</p> <p>Challenges/ Needs</p> <p><u>WASH</u> (improve public facilities for safe drinking and hygienic toilets), <u>Health</u> (improve access to PHUs), <u>Education</u> (construct primary or secondary school)</p>
<p>WARD 200</p> <p>Population: 11,868</p> <p>Population Density: 55/km² (2004)</p>	<p>Deaths by Ebola in WARD: 27 (Information from DHMT: 27 in Chiefdom)</p> <p>Ebola Survivors in WARD : 65</p> <p><u>Biggest Impact by Ebola: Livelihood falling and Health & Sanitation</u></p> <ul style="list-style-type: none"> Impact on agricultural or any other business activities. Poor agricultural production and no seeds or fertilizer. No safe drinking water and prevalence of water born diseases 	<p>Change of needs</p> <p>There are some changes (No detailed information)</p> <p>Challenges/ Needs</p> <p><u>Agriculture</u> (Enhance food self-sufficiency and income status of farmers), <u>Water/ Wash</u> (Need to bore water wells, rehabilitation of well, maintenance of well), <u>Roads/ Infrastructure</u> (rehabilitation of roads, need more tools)</p>

3.6 Current Problem, Cause and Solution

After the survey, District Council analyzed the community level problem, cause and its solution. After organizing the table for them, concerned MDAs had confirmed the table from the technical point of views. Results of the analysis are as follows;

• Kambia District Council Development Unit: the problem(s) Analysis

SECTOR	PROBLEM	CAUSES	SOLUTION
WASH	<ol style="list-style-type: none"> Inadequate wash facilities Over crowded 	<ul style="list-style-type: none"> Poor construction work Lack of O&M strategy by community 	<ul style="list-style-type: none"> Construction of additional water points Effective monitoring and supervision by both DC& communities

SECTOR	PROBLEM	CAUSES	SOLUTION
	<p>beneficially to break easily (High population density)</p> <p>3. Dry up during dry season</p> <p>4. <u>Water charge was not collected during the EVD (Corruption of System?)</u></p>	<ul style="list-style-type: none"> - Inadequate budget on WASH - Lack of spare parts and stores within the community - Inadequate knowledge by the community to do O&M - Poor sensitization on WASH facility - Few intervention by partners to WASH - Own source revenue is too low as DC - Poor accessibility to the communities especially remote communities - Poor technological skills/capacity knowledge of contractor - Topography sandy soil etc. 	<ul style="list-style-type: none"> - Clear specifications, BOQs, schedule by DC, partners and contractors - Establishment of water management committee(WMC) - Supply of the tools ,trainings for WMC - Sensitization even during planning - Training on capacity - Development of bylaws on operation of facility - More allocations for WASH - Effective collaboration among partners - Mobilization on own source revenue by the council - Maintenance of feeder road - Safety materials of boats such as life jacket to access river line communities - Sensitization for the construction of WASH facilities to contractors - DC technical staff such as DHMT, WATSAN members to be involved. - Involvement of geological experts in WASH activities - Spare parts store to be constructed - Spare parts should be sold with minimal price - Spare parts should handed over to management committee - Identification of qualified spare parts - Community meeting for sensitization on WASH facilities - Development of jingle for radio on WASH

SECTOR	PROBLEM	CAUSES	SOLUTION
			<ul style="list-style-type: none"> - Radio discussions and street campaign - More intervention by partner
Education	<ol style="list-style-type: none"> 1. Above pupil teacher ratio 1:45 per class. 2. Overcrowding in schools 3. Inadequate teaching and learning materials 4. Teenage pregnancies 5. Unapproved schools and unqualified/ unapproved /untrained teachers. 6. <u>EVD more girls drop out of school due to getting money from OKADA boys</u> 7. <u>Less interest in going back to school</u> 	<ul style="list-style-type: none"> - Limited number of schools - Inadequate budget - Lack of interventions by partners - Inadequate accommodation for teachers - Poor road network/non access to river line communities - Parents poverty status - Long distances to schools - Lack of willingness to be educated - Prioritization on Education by parents is low - Cultural traditional barriers - Lack of education on preventing pregnancies as past Family Life Education taught in schools dropped from the curriculum - Lack of budget - Lot of bureaucracies - Non permanent structures in ,most communities - Non approval of teachers 	<ul style="list-style-type: none"> - Construction / rehabilitation of more schools - More funding allocation to the education Ministry - More partners on education - More accommodation to be provided by DC/partners - Reviewing policy - Construction of new schools and roads - Livelihood support to parents in the form of grants/seeds - Bylaws of education ratified - Involvement of parents - Sensitization of parents - Sensitization of students - Counseling of students - Sensitization of community members on importance of education - Education for girl child - Involvement of community leaders/elderly persons - Family planning outlets in schools - Minimized bureaucracies in schools to be established.
Private sector: Agriculture	<ol style="list-style-type: none"> 1. Low production 2. Low income of farmers (Livestock, Crops etc) 3. <u>No farming activities</u> 	<ul style="list-style-type: none"> - Lack of modern agricultural techniques - Lack of agricultural equipments - Inadequate budget from central government and not timely disbursement 	<ul style="list-style-type: none"> - Training of farmers on modern agricultural techniques - Monitoring of farmers application level - More extension workers to be recruited, trained and deployed to communities

SECTOR	PROBLEM	CAUSES	SOLUTION
	<p><u>in another village due to restrictive movement</u></p> <p>4. <u>Lack of seed/seedlings (late seeds during EVD)</u></p> <p>5. <u>Seed loan scheme was not operated during EVD</u></p>	<ul style="list-style-type: none"> - Poor road network - <u>No selling their production to market during EVD (Market closed)</u> - No storage facilities in markets/community leading to perishable produce - <u>Inadequate pest control (no treatment during EVD).</u> - No intensive care system - No sensitization on livestock management 	<ul style="list-style-type: none"> - Provision of fertilizers - Provision of farm tools - Supply seeds and seedlings to the farmers timely - More budget allocation to support farmers(timely budget and money transfer) - Rehabilitation /maintenance of feeder roads - Training of communities on minor maintenance of roads - Food for work for road for road rehabilitation - Construction of storage for seeds and equipment - Supply of pest control vaccines and insecticides - Training of communities on using those insecticides/pesticides - Supply of live stock.
Health	<p>1. Infant mortality is high</p> <p>2. No timely supply of drugs</p> <p>3. Maternal deaths</p> <p>4. Low birth and death registration</p> <p>5. Enforcement of the medical codes/ethics</p> <p>6. Over crowded health facilities</p> <p>7. <u>Nobody wanted to deliver in health facilities during EVD (a few case in the</u></p>	<ul style="list-style-type: none"> - Inadequate trained staff to handle issues - Community negligence to visit health facilities - Lack of accessibility to health facilities - Inadequate community sensitization - Inadequate delivery kits - Inadequate trained staff to handle deliver case (MCH Aide not well trained) - Inadequate sensitization - Late distribution of registration forms - No adequate income to go to facilities (Poverty) - Attitude of medical staff 	<ul style="list-style-type: none"> - More recruitment of trained staff - Construction of staff quarter - Massive sensitization campaign on the importance of health facility - Rehabilitation/maintenance of feeder roads - Improve the boat system - Provision of ambulances - Provision of mobile phones to health staff - network poles - Construction of mobile network poles - Construction /rehabilitation of more health facilities - Provision of more admission beds in the PHUs wards

SECTOR	PROBLEM	CAUSES	SOLUTION
	<u>post EVD)</u>		<ul style="list-style-type: none"> - Provision of standard design - Provision of delivery kits regularly - More training for TBAs - Sensitization on birth and death registration - Early and regular distribution of registration form for health facilities.
Social Welfare	1. Teenage pregnancy 2. Early marriage 3. Many divorces 4. Street Children 5. Gender based violence (GBV) <u>6. Single mother/father increased by EVD and Orphans</u> <u>7. No schooling during EVD</u>	<ul style="list-style-type: none"> - Lack of funds - Poverty - Group influence - Lack of Family Life Education teaching in the curriculum - Materialism - Income level of husband - Family neglect - Conflict among parents - Lack of responsibilities - Unfaithfulness - Cheating each other - Right to chieftaincy - Cultural barriers - Illiteracy 	<ul style="list-style-type: none"> - More funding from government - Livelihood support to parents - Sensitization on advantage and disadvantage on group influence - FLE to be reintroduced in the curriculum - Sensitization on contentment to parents and girls - Livelihood support to husband - More sensitization on GBV - Enforcement of policy on GBV - More counseling by elderly/traditional persons - Livelihood support to single parents - Support to EVD orphans - Sensitization on parents responsibilities - Sensitization on early marriage - Sensitization

• **Port Loko District Council Development Unit: the problem(s) Analysis**

Problem	Causes	Solution
Low economical activities	<ul style="list-style-type: none"> - No agricultural activities / business during EVD - No seed / money for resumption of activities - Lose of livestock - Poor road network to the market - Absence of micro credit - Lacking skills training - Pest infection - Low soil fertility 	<ul style="list-style-type: none"> - Distribution of inadequate farm input(fertilizer, seeds, farming tool) - Improving agricultural / business skill - Training on skill of breeding - Re-stocking of livestock - Feeder road rehabilitation / maintenance *RMFA(Road Maintenance Fund Administration) - Resumption of micro credit opportunities with training - Establish skill center - Supply pesticide - Supply fertilizer
High student drop-out rate	<ul style="list-style-type: none"> - No money to pay for school fee - Many teenage pregnancy: 10,000 during EVD - Early marriage - FGM - Rape/sexual abuse against school girls - Shortage of trained& qualified teachers by EVD - Long distance to school - Overcrowded class - Inadequate sitting accommodation 	<ul style="list-style-type: none"> - Introduction of free-education scheme(p/s,s/s) - Income generation support for women *SS - Advocacy and establishing bylaw on early marriage & FGM - Alternative livelihood support for “sowie” - Parental care to be intensified *SS - Identification of suitable training centers for pregnant girls - Recruitment of additional trained and qualified teachers by government - Suitable training for the teachers - Rehabilitation / maintenance of road to school - New school building nearer to communities(3miles to school) - Proper accommodation facilities for teachers

Problem	Causes	Solution
		<ul style="list-style-type: none"> - Remote allowance to be provided, attachment - Fabrication of furniture for proper sitting accommodation - Construction of new classroom - Provision of additional TLM - Fabrication of furniture
Cholera outbreak and death	<ul style="list-style-type: none"> - No access to safe drinking water (no water point, long distance to water point, fetching water from stream etc.) - No good medical facilities nearby - Lack of medical manpower - Long distance to medical facilities - Poor education on prevention methods - Poor hygiene practices - Lack of latrine 	<ul style="list-style-type: none"> - Construction/ rehabilitation of borehole/ hand pump - Chlorination of water regularly - Provision of spare parts of pump - Making of bylaw to ensure maintenance of broken borehole/ hand pump - Medical facilities to be rehabilitated with stocking of drugs - Recruitment of trained and qualified health workers - Staff quarters to be constructed - Construction of medical facilities close to the community - Road rehabilitation to medical facilities - Step-up community awareness program (CLTS program) - Construction of latrines - Promote hygiene education in school
Dramatic increase no. of orphans, elderly persons and disables without care	<ul style="list-style-type: none"> - Lost parents, relatives, ad neighbors by EVD - Low support from other sources - Relatives/ caretaker are also in bad economic condition by EVD - Low NGO's support - NGO's corruption 	<ul style="list-style-type: none"> - Adoption of those vulnerable individuals by interested individuals/ NGOs - Extended family system to be encouraged - Advocating for more outside support - Livelihood to be improved - Step-up coordination& monitoring system with NGOs

Problem	Causes	Solution
	<ul style="list-style-type: none"> - Lack of disables' confidence (no awareness of their own potential) 	<ul style="list-style-type: none"> - Harmonization of strategic plan/ action plan of partners - Provision of skill training center to disables
Low maximization of community potentials	<ul style="list-style-type: none"> - Low literacy - Inadequate adult literacy programs - Less awareness for raising programs - Negative mindset - Cultural barrier - Lack of good leadership at community level - Over reliance to EVD 	<ul style="list-style-type: none"> - Encouraging all children to go to school - Establishment of adult literacy program - Undertaking community animation program - Visiting other communities to learn best practices towards self-reliance - Training of leaders to acquire good leadership skills - Information sharing with improved communities on best practice
Increasing STDs (HIV/AIDS)	<ul style="list-style-type: none"> - Ignorance - People don't want to be aware of status on HIV & AIDS - Carelessness - Lack of found - Inadequate education on protected sex - Use of condom is not wide spread - Religious believe 	<ul style="list-style-type: none"> - Step-up awareness raising campaign - Formulating Policy to force people to disclose their health condition (But Human Right) - Increases founding - Introduction of Sex education in school - Step-up education on the use of condom to protect infection from STDs
Low women participation in decision making	<ul style="list-style-type: none"> - Cultural barriers - Lack of finance (low economic status) - Fear of intimidation - Low educational background - Lack of support from husband/ other institution/ organization 	<ul style="list-style-type: none"> - Continuous sensitization with communities/ stake holders (women, men, traditional leaders, etc.) - Livelihood support for women (campaign for election etc.) - Training on leadership skill for women

3.7 Proposed Activity

3.7.1 Solution in sector and Proposed Activity

After the discussion and organization of the problem and solution, proposed activities were discussed among the concerned MDAs.

(1)Kambia District

Sector	Solution	Proposed Activities	Detail
Health	<ul style="list-style-type: none"> - More recruitment of trained staff - Massive sensitization campaign on the importance of health facility - Provision of ambulances - Provision of more admission beds in the PHUs wards - Provision of delivery kits regularly - More training for TBAs - Sensitization on birth and death registration 	<p>(1) Soft Approach</p> <p>1) Training</p> <ul style="list-style-type: none"> - Training of health personnel and remaining staff on IMNCA and data management - Capacity building support to health staff (local and overseas training) - Support to mass sensitization campaigns on critical health issues 	<p><u>(a) Conduct IPC training for</u></p> <p>a) Target number</p> <ul style="list-style-type: none"> - 120 hospital staff and 80 staff in EVD facilities, 20 participants and 5 facilitators, 204 Primary government HCWs, 10 Clinical leader <p>b) Details</p> <ul style="list-style-type: none"> - 70 hospital staff, 136 PHUs staff, 9 nine days (divided into three(3) groups of 45), Three (3) Facilitators, - IPC supervises monthly - Honorarium for Supervisors (5) <p><u>(b) Training of on IDSR</u></p> <p>a) Target number</p> <ul style="list-style-type: none"> - 10 port health staff (3 days), 100 health staff, 20 DHMT staff (5 days) <p><u>(c) Conduct community training for CHWs</u></p> <p>a) Target Number</p> <ul style="list-style-type: none"> i) 888 CHWs, ii) 75 HCWs <p>b) Details</p> <ul style="list-style-type: none"> i) Event based surveillance (8 sessions) ii) on the use of decision making tools for family

Sector	Solution	Proposed Activities	Detail
			<p>planning counseling</p> <p><u>(d) Training of on HIV Counseling, testing and treatment/refer</u></p> <p>a) Target Number</p> <ul style="list-style-type: none"> - 20 Hospital staff and 68 PHUs staff same as IPC <p>b) Details</p> <ul style="list-style-type: none"> - HIV Counseling, testing and treatment/refer sensitization, radio discussion <p><u>(e) Refresher training on malaria case management</u></p> <p>a) Target Number</p> <ul style="list-style-type: none"> - 204 PHU staff, 90 hospital staff <p>b) Details</p> <ul style="list-style-type: none"> - Malaria case management <p><u>(f) Training on essential Newborn and Emergence Obstetric Care</u></p> <p>a) Target Number</p> <ul style="list-style-type: none"> - 150 Staff <p><u>(g) Training/refresher training of on community screening and referral</u></p> <p>a) Target Number</p> <ul style="list-style-type: none"> - 1634 mother support groups <p><u>(h) Support the MCH Aide training school in the district</u></p> <p>Sixty five (65) students and ten (10) students with</p>

Sector	Solution	Proposed Activities	Detail
		<p>2) Provision</p> <ul style="list-style-type: none"> - Provision of printers and computers (Laptop and desk top) - Provision of mobile communication and subscription on airtime - Provision of delivery kits (136) and other basic equipment like sterilizers(40), stoves(68) etc - Provision of solar electrification at 68 PHUs, one(1) hospital and one(1) DHMT district Hospital level 	<p>incentives and facilities such as stationeries, maintenances, school furniture</p> <p><u>(i) Conduct survivor Care Needs Assessment Survey</u></p> <p>- Assessment Survey- Procurement of drugs for survivors.</p> <p><u>(j) Provide free medication to all Ebola survivors in the district</u></p>
	<ul style="list-style-type: none"> - Construction /rehabilitation of more health facilities - Rehabilitation/maintenance of feeder roads - Construction of mobile network poles - Construction of staff quarter 	<p>(2) Hard Approach</p> <p>a) Rehabilitation of health facilities/structures</p> <p>b) Establishment of 1 Adolescent Centre and provision of Milk Formula</p> <p><u>c) Rehabilitation/maintenance of feeder roads: Cross Cutting issue</u></p>	<p><u>(a) 5 to 10 BEMONC construction</u></p> <p>a) Barmoi Munu, Kamasasa, Mapotolon, Mambolo and Kukuna</p> <p>b) Reason: Upgrade the health services at the community</p> <p><u>(b) Construct triage and isolation unit in 13 CHCs and one referral Hospital</u></p> <p>a) Location, b) Target number, c) Detail,</p> <p>d) Reason: Upgrade the health services at the community</p> <p><u>(c) Construction/rehabilitation of Water Facilities,</u></p>

Sector	Solution	Proposed Activities	Detail
			<p><u>Incinerator and latrines and showers including drainage and laundry in 5 CHPs and Eight (8) MCHP</u></p> <p>a) CHP: Kasoria, Konta, Tombo Wallah, Masunthu, Dibia, Numea</p> <p>MCHP: Gbaln Thalan, Fodaya, Rokel, Barakuya, Koya, Sorobolomia, Modia</p> <p>b) Reason: Upgrade the health services at the community</p> <p><u>(d) Maintenance of 45 solar refrigerators in PHUs</u></p> <p>a) Location, b) Target number, c) Detail,</p> <p>d) Reason: Upgrade the health services at the community</p> <p><u>(e) Construction of staff quarters (15 PHUs, 12 Hospital, 15 DHMT)</u></p>
	<ul style="list-style-type: none"> - Form for health facilities. - Provision of mobile phones to health staff - Provision of standard design - Improve the boat system - Early and regular distribution of registration 	<p>(3) Administrative</p> <ul style="list-style-type: none"> - Strengthening nutrition coordination meeting - Fuel support to running of Hospital and Ambulance Service - Support (honorarium) to in charges meeting and supportive supervision of health facilities 	
Social Welfare	<ul style="list-style-type: none"> - More funding from government - Livelihood support to parents - Sensitization on advantage and disadvantage on group influence - FLE to be reintroduced in the curriculum - Sensitization on contentment to parents 	<p>(1) Soft Approach</p> <p>1) Support to vulnerable people:</p> <p>a) Support to community awareness raising in schools and town meetings</p> <p>b) Provision of livelihood support to affected Homes (female headed households and those</p>	<p>a) Procure and distribute assistive packages to disabled EVD affected target groups at household level in all chiefdoms</p>

Sector	Solution	Proposed Activities	Detail
	<p>and girls</p> <ul style="list-style-type: none"> - Livelihood support to husband - More sensitization on GBV - Enforcement of policy on GBV - More counseling by elderly/traditional persons - Livelihood support to single parents - Support to EVD orphans - Sensitization on parents responsibilities - Sensitization on early marriage - Sensitization 	<p>managed by foster parents)</p> <ul style="list-style-type: none"> c) Support to data collection and management d) Consolidated support to policy dissemination at chiefdom level (sensitization) e) Welfare support to EVD orphans 	
Private sector (agriculture)	<ul style="list-style-type: none"> - Training of farmers on modern agricultural techniques - Monitoring of farmers application level - Provision of fertilizers - Provision of farm tools - Supply seeds and seedlings to the farmers timely - Training of communities on minor maintenance of roads - Supply of pest control vaccines and insecticides - Training of communities on using those insecticides/pesticides - Supply of livestock. 	<p>(1) Soft Approach</p> <p>1) Training</p> <ul style="list-style-type: none"> a) Farmers and extension officers in modern agric technique and improved technique b) Pest control <p>2) Input support</p> <ul style="list-style-type: none"> c) Input support to farmers in the form of soft loans Pesticides and insecticides d) Provision of livestock vaccines/veterinary drugs and support to local poultry farmers, livestock restocking and provision of equipment for livestock officers 	<ul style="list-style-type: none"> a) 120 female farmers empowered with the knowledge and advocacy skill against gender base violence, EVD stigmatisation awareness and property inheritance a) 36 field staff to undergo refreshers training a) 35 youth affected by EVD and 10 field technicians on the efficient use of IVS c) 420 ebola affected farmers supported in the cultivation of 420 Ha of cassava c) Thirty Five (31) FBOs' selected and organized in the most affected EVD communities five (3) in each of the seven (7) Chiefdom c) 81.6Mt. of seed rice loan recovered and redistributed to other rice farmers d) Vaccination of 800 Cattles,1000 Sheeps,1000 Goats,400 Dogs and poultry

Sector	Solution	Proposed Activities	Detail
			d) 500 Cattles, 500 Sheep, 500 Goats and Poultry treated
	<ul style="list-style-type: none"> - Construction of storage for seeds and equipment - Food for work for road for road rehabilitation - Rehabilitation /maintenance of feeder roads 	<p>(2) Hard Approach</p> <p>e) <u>Rehabilitation / Maintenance of feeder roads linking farm gates to market centers Cross Cutting Issues</u></p> <p>f) Construction of storage facilities for seeds and processing centers</p> <p>g) Rehabilitation of Inland Valley Swamp(IVS)</p>	<p>g) 10Ha of IVS to be developed</p> <p>g) 20ha of IVS to be rehabilitated</p>
	<ul style="list-style-type: none"> - More budget allocation to support farmers(timely budget and money transfer) - More extension workers to be recruited, trained and deployed to communities 	<p>(3) Administrative</p> <p>h) Support to intensification of monitoring system by extension officers to meet farmers in the field</p>	
Education	<ul style="list-style-type: none"> - Livelihood support to parents in the form of grants/seeds - Sensitization of students - Counseling of students - Sensitization of community members on importance of education - Education for girl child - Involvement of community leaders/elderly persons - Family planning outlets in schools 	<p>(1)Soft Approach</p> <p>1) Training/Sensitization</p> <p>a) Support to comprehensive community sensitization and training of local authorities on education programs and other related issues</p> <p>b) Sensitization on Family planning, importance of education to Students and Parents</p> <p>c) Counseling to Students and Parents</p> <p>2) Provision</p> <p>d) Provision of livelihood supports (micro credit) to parents of girl child</p> <p>e) Support to education policy dissemination at chiefdom level</p>	<p>c) Training of 30 guidance counsellors on girl-child mentoring</p>

Sector	Solution	Proposed Activities	Detail
	<ul style="list-style-type: none"> - More accommodation to be provided by DC/partners - Construction / rehabilitation of more schools - Construction of new schools and roads 	(2) Hard Approach f) Construction of additional structures g) Reconstruction and rehabilitation of schools h) Provision of school furniture in newly constructed and poorly furnished schools i) Provision of WASH in schools	g) Rehabilitation of 3 class rooms at Ahmadiyya Primary School Mahera g) Rehabilitation of 2 KDEC primary schools (Kambia Town & Kayako) i) 12 schools constructed by WVI
	<ul style="list-style-type: none"> - Minimized bureaucracies in schools to be established. - Bylaws of education ratified - Involvement of parents - Sensitization of parents - Reviewing policy - More funding allocation to the education Ministry - More partners on education 	(3)Administrative j) Provision of additional funding to the education Sector	
Water	<ul style="list-style-type: none"> - Establishment of water management committee (WMC) - Supply of the tools ,trainings for WMC - Sensitization even during planning - Training on capacity - Monitoring: Safety materials of boats such as life jacket to access river line communities - Sensitization for the construction of WASH facilities to contractors - Spare parts store to be constructed 	(1) Soft Approach 1) Sensitization/Training a) Training on water management (spare parts management etc.) to DC and WATSAN b) Training on Sensitization to Community for maintenance c) Training on monitoring to Contractors d) Establishment of effective monitoring system in the community and DC (WATSAN) 2) Provision	a) 46 pump mechanics b) 60 women hygiene promoters in water points rehabilitated c) DC, WATSAN, Community

Sector	Solution	Proposed Activities	Detail
	<ul style="list-style-type: none"> - Spare parts should be sold with minimal price - Spare parts should handed over to management committee - Identification of qualified spare parts - Community meeting for sensitization on WASH facilities 	e) Provision of Spare parts	
	<ul style="list-style-type: none"> - Construction of additional water points - <u>Maintenance of feeder road: Cross Cutting Issue</u> 	f) Construction of Water Well at the community g) <u>Rehabilitation of Feeder Road</u>	f) New 26 hand dug wells f) Rehabilitation of 2 water wells in Magbema and Mambolo f) Replacement of fifteen (15) hand pump in seven (7) chiefdoms of the district
	<ul style="list-style-type: none"> - Effective monitoring and supervision by both DC& communities - Clear specifications, BOQs, schedule by DC, partners and contractors - Development of bylaws on operation of facility - More allocations for WASH - Effective collaboration among partners - Mobilization on own source revenue by the council - DC technical staff such as DHMT, WATSAN members to be involved. - Involvement of geological experts in WASH activities - Development of jingle for radio on 	h) Information sharing among DC, WATSAN, DHMT and concerned organization	

Sector	Solution	Proposed Activities	Detail
	<p>WASH</p> <ul style="list-style-type: none"> - Radio discussions and street campaign - More intervention by partners 		

(2) Port Loko District

Sector	Solution	Proposed Activities	Detail
Health	- Medical facilities to be rehabilitated / constructed and stock drugs close to the communities	<ul style="list-style-type: none"> ➤ 10 Health facilities to be constructed ➤ 16 Health facilities to be rehabilitated 	<ul style="list-style-type: none"> - MCHP- 7,CHC- 1 - Proposed facility-2 - MCHP-7,CHC-3,CHP-6
	- Recruitment of trained and qualified health workers	➤ 61 trained staff needed for the 26 selected health facilities. 30 staff are on salary & 31 not on salary	- NOTE: solicits NGO support
	- Staff quarters to be constructed	➤ 13staff quarters needs to be constructed	- MCHP-8,CHP-3, ⁹
	<ul style="list-style-type: none"> - Construction of latrines Step-up community awareness program (CLTS program including construction of latrine) - Formulating Policy to force people to disclose their health condition on HIV (But Human Right) 	➤ CLTS should be established within the communities in which the 26 health facilities are selected	- Slab to be constructed using iron rods and cement. Be made movable from one place to another to allow reuse.
Education	- Establish skill training centers	➤ Construction of 4 skills training centers in:Maforiki, Lokomassama, Debia and Koya Chiefdoms, to be located at the headquarter towns(1 in each Chiefdom)	<ul style="list-style-type: none"> ➤ 4 centers ➤ Skills: tailoring and carpentry, compute ➤ Masiaka and Petifu Junction- Koya and Lokomassama Chiefdoms respectively
	- Establishment of adult literacy	➤ Establish 2 teaching and learning centers for adults	

⁹ Note: The quarter at Melekuray not mentioned, even though it is an expressed need of the community

Sector	Solution	Proposed Activities	Detail
	program	<ul style="list-style-type: none"> -Identify learners -Identify trained and qualified teachers for recruitment by the Ministry of Education -Identify trained and qualified teachers for teaching adults -Purchase of teaching and learning material 	
	- Establish hearing-impaired school for disable children	<ul style="list-style-type: none"> ➤ Construct a school for disabled persons -Provision of teaching and learning materials and furniture, -Identify qualified teachers 	➤ Lunsu Town Marampa chiefdom
	- Introduction of free-education scheme(p/s, s/s)	(Recommendation) Establish a free education scheme	
	- Identification of suitable training centers for pregnant girls	<ul style="list-style-type: none"> ➤ Establish teaching and learning centers in the chiefdom identified. - Provision of teaching and learning materials for all the centers for learners and teachers - Identify teachers for all the centers - Provide incentives for teachers - Conduct sensitization for the program in all the chiefdom. - Monitoring and supervision of the program 	➤ Kaff Bullon, Maforki,Koya, Lokomasama, Marampa (Critical area by Ebola)
	- Recruitment of additional trained and qualified teachers by government	➤ (Recommendation to Ministry) Recruit an additional trained and qualified teachers by government	➤ All the chiefdom(11)
	- Re-fresh training for teachers	<ul style="list-style-type: none"> ➤ Re-fresh training for teachers - Identify teachers to be trained - Provision of training materials 	➤ All the chiefdom(11)

Sector	Solution	Proposed Activities	Detail
		<ul style="list-style-type: none"> - Identify facilitators (lecturers) - Providing breakfast, lunch, transportation and lodging for participants - Incentive for facilitator 	
	<ul style="list-style-type: none"> - Provide new school building nearer to communities within 3miles radius 	<ul style="list-style-type: none"> ➤ Provide new school building nearer to communities within 3miles radius - Identify the towns or villages where the school is needed in all the chiefdom identified above - Identify contractors for the construction work. 	<ul style="list-style-type: none"> ➤ Lower Maforki, Koya, Lokomasama, Kaff Bullom, Buya Romende, Dibia, BKM, Sanda Magboloto
	<ul style="list-style-type: none"> - Construction of new classroom - Fabrication of furniture for proper sitting accommodation - Provision of proper accommodation facilities for teachers - Remote allowance to be provided to teachers - Provision of additional TLM - Introduction of Sex education in school - Promotion of health/hygiene education in school 	<ul style="list-style-type: none"> ➤ Expand the number of classrooms - Identify schools that are overcrowded in the chiefdoms named above. - Number of classrooms would be based on the school population. - Teacher pupil ratio? Primary=1 teacher ratio: 45 pupils Secondary=1 teacher ratio: 35 pupils - Fabrication of furniture for the new classrooms - Provision of additional TLM (Teaching and learning materials) - Recruitment of additional trained and qualified teachers 	<ul style="list-style-type: none"> ➤ Maforki, Kaffu Bullim, Marampa, Koya(Masiaka)
Private Sector	<ul style="list-style-type: none"> - More training on skill of agriculture extension activities 	<ul style="list-style-type: none"> ➤ Implementation of agricultural extension training programme - Identify and appraise possible lapses in extension deliveries - Identify facilitators (internal and external), materials 	<ul style="list-style-type: none"> ➤ Targeting farmers and agriculture extension staff members ➤ Note: indicate no. of trainings

Sector	Solution	Proposed Activities	Detail
		<p>and venue for training</p> <ul style="list-style-type: none"> ➤ Identification of enterprise (crops, livestock, value addition, marketing, etc.) - Identify facilitators, materials and venue for transfer of skills to target beneficiaries. - “Provision of start-up kits out” - Link beneficiaries to business outlets 	
	- Distribution of adequate farm input (fertilizer, seeds, farming tool, pesticides)	<ul style="list-style-type: none"> ➤ Conduct farmer needs assessment to determine the type of input to be delivered ➤ Conduct trainings on effective ways of handling farm inputs and suitable storage facilities and conditions 	➤ Chiefdoms most in need; Mafoki,BKM,Masimera,Sandar magborlonthor,TMS,Marampa,Buyo romende,Koya,Lokomasama
	- Improving livelihood (agriculture / business/ cash transfer) skill	<ul style="list-style-type: none"> ➤ Conduct trainings workshops /seminars and study trips - Trainings in basic book keeping and nutritional skills, value addition, food processing etc 	
	- Re-stocking of livestock and training on livestock breeding	<ul style="list-style-type: none"> ➤ Breeding of improved qualities of livestock for restocking ➤ Train beneficiaries on livestock management 	➤ Targets- 1639 livestock in six Chiefdoms: Koya, Masimera, Maforki, TMS, BKM, Debia, L-massama, S.magbolontor
	- Rehabilitation and maintenance of feeder roads to the market/ agricultural potential area	<ul style="list-style-type: none"> ➤ Feasibility study to determine the distance in Km and extent of damage to be rehabilitated ➤ Community sensitization on their role in project implementation ➤ Road selection processes, conduct bidding activities ➤ Supervision of road works 	
	- Step-up coordination and monitoring with NGOs	<ul style="list-style-type: none"> ➤ Conduct monthly sector meetings for all NGOs and projects operating in agriculture ➤ Conduct joint monitoring of activities for effective and 	

Sector	Solution	Proposed Activities	Detail
		efficient service delivery	
	- Visiting other communities to learn best practices towards self-reliance	<ul style="list-style-type: none"> ➤ Identify communities with best practices for possible replication ➤ Prepare lessons learnt from visit and develop an action plan 	
Private Sector (trade)	<ul style="list-style-type: none"> - Create micro credit opportunities with training - Establishment of small stock business enterprise 		
Social Protection	- Establish skill training center for marginalized groups	<ul style="list-style-type: none"> ➤ Identification and registration of mostly marginalized groups by chiefdom - Formulation of criteria for the selection of would be beneficiaries. - Verification and training needs assessment of the groups - Construction of training centers at chiefdom level. - Procurement of training kits and hiring of trainers. - Training and support beneficiaries with starting up kits. - Monitoring and follow up on the development of the groups on their acquired skills 	<ul style="list-style-type: none"> ➤ Location: all 11 chiefdoms in PLD ➤ Target number: at least 25 beneficiaries per chiefdom at a time ➤ Contents: Training should be based on the needs assessment of the groups, and the common trade of the communities ➤ Reasons: This will reduce rural-urban migration, and will save time and income for the community people
	- Advocacy and establishing bylaw on early marriage & FGM	<ul style="list-style-type: none"> ➤ Printing and distribution of the Child Right Act (CRA) to community stakeholders at ward level. ➤ Conduct workshops for community stakeholders on the dangers on the dangers of early child marriage and Female Genital Mutilation (FGM) ➤ Organize Focus Group discussion (FGD) with community stakeholders to dialogue on the way 	<ul style="list-style-type: none"> ➤ Location: The entire PLD ➤ Target number: 12,000 ➤ Contents: Awareness raising on the effects of early marriage and FGM in the communities ➤ Reasons: To stop or minimize the rate of

Sector	Solution	Proposed Activities	Detail
		<p>forward on the establishment of the enforcement of bylaws in their communities.</p> <ul style="list-style-type: none"> ➤ Weekly radio discussion programmes on teenage pregnancy and FGM ➤ School to school sensitization programmes on teenage pregnancy and FGM ➤ Conduct workshops for teenage girls on teenage pregnancy and FGM at chiefdom level (50 participants per chiefdom) ➤ Organize workshops for teenage boys on teenage pregnancy at chiefdom level(50 participants per chiefdom) ➤ Conduct a joint workshop of 25 teenage girls and 25 teenage boys from each chiefdom 	<p>traditional harmful practices in the community. Reduce untimely deaths amongst teenagers, especially girls</p>
	- Alternative livelihood support for “sowie”	<ul style="list-style-type: none"> ➤ Identification and registration of active sowie groups by chiefdom ➤ Engagement of sowie leaders on a dialogue forum to identify sustainable alternative support ➤ Provision of alternative support of their choice ➤ Monitoring and follow up on their new engagement for sustainability 	<ul style="list-style-type: none"> ➤ Location: All chiefdom in PLD ➤ Target number: 1,000 ➤ Reasons: Stop/minimize FGM. Improve living standard for sowie
	- Effective implementation of three gender act and child right act	<ul style="list-style-type: none"> ➤ Popularise the gender act to every ward ➤ Make available copies to all partners ➤ Weekly radio discussions ➤ Dialogue with community stakeholders at chiefdom level ➤ Work with partners especially health, FSU and chiefs 	<ul style="list-style-type: none"> ➤ Location: Every ward in PLD ➤ Target number: 12,000 ➤ Reason: Lack of awareness, ineffective policy, ineffective judiciaries system

Sector	Solution	Proposed Activities	Detail
		<ul style="list-style-type: none"> ➤ Awareness raising for women and girls and all ladies ➤ Establishment a safe home for victims at all violence against women ➤ Support to the Ministry to address gender negative issues 	
	<ul style="list-style-type: none"> - Parental are for children to be intensified - - Radio sensitization in local language on importance of intensive care by parents to protect children - - Training workshop for parents to care for children to be intensified *SS 	<ul style="list-style-type: none"> ➤ Popularise the CRA ➤ Create and enforce bylaws on careless parent ➤ Provide financial support to widow teenage mother and foster parent. The MSWGCA provide skills training for vulnerable parents ➤ Monitoring of homes of way word children ➤ Support to vulnerable children(school, health food and clothing) ➤ Monitoring of children in school ➤ Radio discussion in local dialects with jingles ➤ Training for parents on child care in every chiefdoms 	<ul style="list-style-type: none"> ➤ Location: 11 chiefdom head quarter towns ➤ Target number: Over 12,000 parents and 20,000children ➤ Reason: Lack of awareness, low income, unwanted pregnancy, lack of law enforcement
	<ul style="list-style-type: none"> - Care and support for OVCs, elderly persons and disables • 	<ul style="list-style-type: none"> ➤ Community sensitization through radio dialogues etc ➤ Quarterly incentives to the needy ➤ Skill training for OVCs & disable ➤ Advocate for medical support for disables, elderly and OVCs ➤ Safe home for vulnerable, OVCs elderly and disables 	<ul style="list-style-type: none"> ➤ Location: 11 chiefdoms in PLD ➤ Target number: 3,000 people ➤ Reason: improve care from family members, low income, lack of medical support
	<ul style="list-style-type: none"> - Extended family system to be encouraged for vulnerable individuals 	<ul style="list-style-type: none"> ➤ Popularizes the CRA ➤ Training/financial support to vulnerable extended families ➤ Monitoring of homes of vulnerable/beneficiaries at 	<ul style="list-style-type: none"> ➤ Location: 11 chiefdoms in PLD ➤ Target number: 5,000 parents ➤ Reason: lack of awareness, low income, individual attitude

Sector	Solution	Proposed Activities	Detail
		facilities ➤ Educational, school etc support to child beneficiaries	
	- Livelihood to be improved	➤ Educational, financial, health and clothing support to the needy ➤ Community sensitization ➤ Advocacy with other partners ➤ Monitoring and evaluation	➤ Location: 11 chiefdoms headquarter towns ➤ Target number: 5,000 parents ➤ Reason: lot medical problems, low income, low or no basic facilities
	- Step-up coordination and monitoring with NGOs on issues related to social protection	➤ Intensify PSS meetings on monthly bases ➤ Do more collaboration with NGOs ➤ Ensure NGOs activities are register with MSWGCA ➤ Provide refreshment for meeting weekly ➤ Partner to provide weekly updates and work plan to MSWGCA ➤ NGOs to inform MSWGCA on their sub contractors ➤ NGOs to provide mobility for MSWGCA for coordination and collaboration	➤ Location: all protection partners in PLD ➤ Reason: ineffective coordination partners work in isolation, duplication of resources to donors
	- To improve on sensitization on the need for more women participation in decision making processes	➤ Meeting and governance ➤ Radio discussion ➤ Workshop on good governance ➤ Jingles	➤ Location: all chiefdoms in PLD ➤ Target number: 12,000 people ➤ Reason: lack of knowledge, Marginalization, religion and traditional barriers
	- Provision of skill training center to disables	➤ Indentify register and verify disable groups and individual ➤ Need assessment for disable different skill training ➤ Provides for data skill for disable	➤ Location: all over the district ➤ Target number: 1,500 of different disability ➤ Reason: Most disables are unskilled, Limited resources from government, low income generation, marginalization by the

Sector	Solution	Proposed Activities	Detail
		<ul style="list-style-type: none"> ➤ Monitoring of activities of disable ➤ Training on governance for women leadership training for women ➤ Financial support to women in governance ➤ Radio discussion 	society
	- Increases funding for awareness raising on harmful traditional practices against girl child	<ul style="list-style-type: none"> ➤ More allocation from government, NGOs etc ➤ Advocacy meetings with stakeholders ➤ Chiefs to levy fines on perpetrators ➤ Radio discussion ➤ Drama and jingles ➤ Focus group discussion 	<ul style="list-style-type: none"> ➤ Location: all over the district ➤ Target number: 1,200 ➤ Reason: inadequate knowledge about the dangerous of FGM, risk in child bearing, exposure to sexually transmitted infection
	- Continuous sensitization with communities/ stake holders (women, men, traditional leaders, etc.) on women empowerment/ participation of women on decision making	<ul style="list-style-type: none"> ➤ Community sensitization ➤ Dialogue on governance for women leadership training for women ➤ Training on governance for women leadership training for women ➤ Financial support to women in governance ➤ Workshop for women on leadership training 	<ul style="list-style-type: none"> ➤ Location: 5 chiefdoms; Maforki,kaffu bullom, Lokomasama, TMS and BKM ➤ Target number: 500(100×5 chiefdoms) ➤ Reason: Increase the awareness on women's participation on discussion making, break religious and traditional ties, to overcome inferiority complex
	- Step-up livelihood support for women	<ul style="list-style-type: none"> ➤ Skill training for women ➤ Provide data skill for women ➤ Financial support for women ➤ Monitoring on women activities 	
	- More trainings on strategic leadership role of women	<ul style="list-style-type: none"> ➤ Development modules on leadership 	
	- Training on leadership skill for women		

Sector	Solution	Proposed Activities	Detail
Water	- Rehabilitation/ Construction of borehole	<ul style="list-style-type: none"> ➤ “Construction/rehabilitation of water point and water Directorate office - Procurement and supply of some logistics for joint monitoring/supervision(vehicle, motor bike.GPS device, fuel and lubricant, dewatering machine, mold etc) - Installation of solar at the water Directorate office. 	
	- Treatment of water		
	- Training and provision of spare parts of pump	<ul style="list-style-type: none"> ➤ “Establishment of WASH facilities spare parts shop at the Water Directorate office” - Identification of the various WSH facilities installed in the district - Procurement and storage of space parts 	
	- Maintenance for broken boreholes/ hand pumps		
	- Develop community bylaws on the effective use and maintenance of boreholes/ hand pumps	<ul style="list-style-type: none"> ➤ “Community members’ capacity building for sustainability of WASH facilities with gender sensitivity at chiefdom, section and community level” - Identification of community members for the formation/establishment of Water point Management Committees (WPMC) - Training of Water Directorate staff on international standard of M & E system and community members on minor maintenance on WASH facilities. - Formulation of bye-laws - Procurement and supply of water treatment chemicals 	
Energy	- Provision of renewable energy (solar light)		
Cross	- Step-up education on the use of		

Sector	Solution	Proposed Activities	Detail
cutting issues	condom to protect infection from STDs		
DC issues	<ul style="list-style-type: none"> - Feeder road rehabilitation / maintenance to school/ medical facilities - *RMFA (Road Maintenance Fund Administration) - Step-up coordination& monitoring system with NGOs - Harmonization of strategic plan/ action plan of partners - Undertaking community animation program - Visiting other communities to learn best practices towards self-reliance - Training of leaders to acquire good leadership skills - Information sharing with improved communities on best practice - Step-up awareness raising campaign - Step-up information education and communication through radio 	<ul style="list-style-type: none"> ➤ Developing an on-going dialogue between community members ➤ Creating or strengthening community organizations (Committees etc.) ➤ Creating an environment in which individuals can empower themselves to address their own and their community's needs ➤ Promoting community members 'participation ➤ Working in partnership with community members ➤ Identifying and supporting the creative potential of communities to develop a variety of strategies and approaches ➤ Assisting in linking communities with external resources ➤ Committing enough time to work with communities, or with a partner who works with them 	

3.8 Criteria for selection of the proposed activity

(1) Pattern I: Selection method by Sector - Project

Step 1: Prioritizing the Sector/Project by grading according to the below criteria

- Consistency of the Performance Contract
- Relation to 10-24 EVD recovery plan
- Consistency with District Development Plan (DDP)
- Consistency with Annual Work Plan (AWP)
- Consistency with Performance Contract
- Number of Intervention by NGO/Agencies
- Public Purposes “People-Oriented Approach”
 - Were the needs/projects considered as rational for public purpose in terms of the expected numbers of the beneficiaries?
 - Is it sure that the proposed project does not limit the beneficiaries in terms of the age, gender, religion, political orientation and ethnicity?
 - High priority by community (Needs assessment)

Step 2: Screening the project by below criteria

- Availability of Budget
- Concept of funding agency/ objective of the project (donors/NGOs)
- Operation and Maintenance (O&M) Capacity
- Plausibility of Works’ completion by Due Date

Step 3: Formulating the Project/Program according to the result of prioritization

(2) Pattern II: Selection method by Sector priority

Step 1: Setting the Vision/ Sector Priority by Local Council

Step 2: Allocating budget/number of project by Sector

Step 3: Selecting the Area/Project in the sector

District	Sector	Criteria
KDC	Health	<ul style="list-style-type: none"> ➤ Level of dilapidation of health structure/facility ➤ Use of community houses as health facilities ➤ Availability of land space/readiness to donate land ➤ Vulnerability of community/health facility ➤ Level of staff capacity development
	Education	<ul style="list-style-type: none"> ➤ Level of dilapidated school facility/structure ➤ Distance to the nearest educational facility/structure ➤ School population density
	Agriculture	<ul style="list-style-type: none"> ➤ Level of Vulnerability of community ➤ Agro potential of the area ➤ Needs Assessment Report by Council
	Social Protection	<ul style="list-style-type: none"> ➤ Level of vulnerability ➤ Communities seriously/severely affected by EVD outbreak ➤ High prevalence of children orphaned by Ebola
PLDC	Health	<ul style="list-style-type: none"> ➤ Level of dilapidated medical facility/structure ➤ Distance to the nearest medical facility/structure

District	Sector	Criteria
		➤ Population density
	Education	➤ Level of school dropout rate ➤ Level of illiteracy rate ➤ Level of No. of school, technical and vocational center ➤ Level of disable persons rate ➤ Level of girls enter school rate ➤ Level of teenage pregnancy girls ratio ➤ Population density(cause overcrowding)
	Agriculture	➤ Accessibility to market and farm gate ➤ Food Security (Early warning system of food and Nutrition security) ➤ Comparative adequate crop production and livestock ➤ Access to FSA (Financial Services Association) ➤ History of Loan Payment ➤ Willingness to involve in Agricultural activities ➤ Labor availability within the communities ➤ Developed or Rehabilitate IVS (In Valley Swamps) / Low Land
	Social Protection	➤ Level of Vulnerability ➤ Reduce the dependency syndrome amongst vulnerable groups in the communities or not ➤ Commitment ➤ Population Density ➤ Level of Literacy
	Water	➤ Must be gender sensitive ➤ Must engulf / inculcate the Community Project Cycle(CPC) with keen attention to community felt needs and sustainability

Step 4: Screening the project by below criteria

- Consistency of DDP
- Availability of Budget
- Concept of funding agency/ objective of the project (donors/NGOs)
- Operation and Maintenance (O&M) Capacity
- Plausibility of Works' completion by Due Date

Step 5: Formulating the Project/Program according to the result of prioritization

(3)Pattern III: Selection method by Area

Step 1: Prioritizing the Area by below criteria

- Level of dilapidation of public structure/facility
- Lack of public facilities
- Vulnerability of community
- Communities seriously/severely affected by EVD outbreak
- High rate of children orphaned/Widow by Ebola

Step 2: Selecting the project from District Development Plan

Step 3: Screening the project by below criteria

- Availability of Budget
- Concept of funding agency/ objective of the project (donors/NGOs)
- Operation and Maintenance (O&M) Capacity
- Plausibility of Works' completion by Due Date

3.9 Capacity of Counterpart

3.9.1 Degree of Capacity Development of District Councils

(1) Current Capacity of CP and issues

In order to evaluate the project outcome and consider the sustainability of the activity even after the project, Current capacity of CP and level of the capacity enable to do should be clarified. Following items are considered to set up the level.

- a) Capacity in what? – Important Points
- b) CD for whom? - Below
- c) To what extent?
- d) To enable to do what?

Table 3-16: Current Capacity of C/P in District Development Plan (Addendum)

Points	Current Capacity	Capacity to be achieved (Draft)	Issues
<u>[Management/ Implementation structure]</u> a) Project Management - Allocate the task to person in charge - Collaboration with Donors and MDAs b) Management of Process	a) Project manager is appointed by the Project for implementation b) DPO, DCA, MEO and RDO etc manages the schedule and activity c) DPO, DCA, MEO and RDO etc arrange the activity	a) Roles and tasks shall be organized at the every step by every project. Project manager shall be appointed for effective project management. b) Project Manager mainly shall manage the progress of the Project.	*CA/DCA held the meeting for select the project team, however sometimes it is not officially approved. *CP s are transferred often, which affect the system of DC (no continuity)
<u>[Plan]</u> a) Procedure of the draw draft District Development Plan as addendum b) Methods for survey, analysis and preparation of development plan	a) The Local Government Act,2004, District Development Handbook,2014, DDP,AWP, PC b) PCM, District Development Handbook,2014	a) CDCD Project and DC shall modify Handbook according to the own experience. b) Method of Prioritization shall be applied for District Ebola Recovery Plan using the Proposed Activities List and Criteria. b) Based on the Prioritization, District Post Ebola Recovery Plan shall be formulated	* DC officers understood the importance of the Proposed Activities List and criteria for making of the development plan, however, MDAs involvement should be needed for the improvement of the Proposed Activities List.

Points	Current Capacity	Capacity to be achieved (Draft)	Issues
<u>[Implementation]</u> a) Survey b) Analysis c) Preparation of development Plan	a)-1. Report preparation and information flow (sharing information among DC) are improved. a)-2. Collaboration in DC and CDCD is improved and strengthened a)-3 Site Visit are implemented by CDCD. b) To organize the result of survey to be classified as problem, Causes and Solutions c) -1.To share the result of analysis with DC and MDS. C-2.To collect data as justification. C-3.To formulate proposed activities and set up draft criteria.	a) Implementation Structure shall be clarified mentioning task and role and its responsibility. b) Officers in charge shall share the information among the team. c) Implementation (Design) shall be conducted properly and effectively.	* Officers in charge are sometimes busy with other project, which affect the project progress.

(2) Structure in the CP for the activity

Based on the activity and lessons learnt in the CDCD Project, structure CP for formulation of DDP is suggested as shown below.

Table 3-17: Management Structure in (Draft) District Development Plan (Addendum) in District Council

Tasks	Present Condition	Structure on Sustainability (Draft)
Overseer	-	*Administration Section PL: DCA KB: DCA - To be informed all the process by project manager and make final decision
Project Management	PL:DPO with RDO KD:DPO with MEO	*Development Department PL:DPO with MEO Supported by RDO as a facilitator KB:DPO with MEO - To manage whole process of the project
Plan	* Whole the process is managed by DPO and person for the work is assigned every time.	*Development Department PL: DPO and MEO Supported by RDO as a facilitator KB: DPO and MEO - To collect and organize the data with MDA staff and make strategy in the District -To cooperate with Post Ebola Recovery Team

Tasks	Present Condition	Structure on Sustainability (Draft)
Implementation	* Whole the process is managed by DPO and person for the work is assigned every time.	* Development Department PL: DPO and MEO KB: DPO and MEO - To manage the rehabilitation and periodic maintenance work -To cooperate with MDAs,NaCSA and NGOs
Monitoring	* Whole the process is managed by PM and person for the work is assigned every time.	*Development Department PL: RDO, DPO and MEO KB: DPO and MEO - To manage the activity of routine maintenance

(3) Capacity Development of the CPs on the (Draft) District Development Plan (Addendum) Rehabilitation and Maintenance of the Feeder Road

Evaluation on capacity and attitude of the CP on District Development Plan (Post Ebola Recovery Plan) as of March 2016 as an organization not individual is mentioned in the table below. This is organized by the Japanese Experts and National Staff and evaluated how CP (District Council and relevant MDAs not officers themselves) organized and performed the activity.

Table 3-18: Evaluation on the Capacity and Attitude on Implementation

	Port Loko District Council	Kambia District Council
Management of schedule	B: They have intention to follow the schedule; however, they are too busy to do with their routine work.	B: They have intention to follow the schedule, however, they are too busy to do with other project and seminars, etc.
Site Survey	A: No problem They are also good facilitator on the site.	A: No problem They are also good facilitator on the site.
Analysis and formulation development plan	B: They often need advice for analysis, but they can formulate the plan and coordinate with MDAs.	B: They often need to advice to carry out, but they can formulate the plan and coordinate with MDS.
Documentation	B: It is not easy for them to do.	A: They make minutes momentarily.
Information sharing	A: They make an effort. For example, they hold a meeting with MDAs	B: They try to do, but it is better to find a way to devise work.
Mind	A: They have morals and motivation	A: They have morals and motivation

[Degree of Evaluation] A: To be able to work alone, B: To be able to work with some help, C: To be difficult to work alone (- is attached in case to be inferior a little)

3.10 Lessons Learned

3.10.1 Views on C/Ps

The role and responsible of the District Council are stipulated in the regulation, however, only the limited number of people such as RDO and DPO would recognize it well. The Attitude toward work is depending on each individual but it is necessary to discuss the meaning of their work, their capacity, and motivation with the C/Ps in the future.

The following 3 issues are necessary to work. The first is that C/Ps cannot control their schedule because of their being busy to cope with meetings, seminars and developing partners. It is vital for them to avoid getting out of hand their situation. The second is meeting should be start on time and be punctual to conduct meetings, and third is to build a good relationship with stakeholders.

In PLDC, we supported RDO, DPO, MEO and Gender Officer who were appointed by CA. We must

consider how empower to DPO with leadership, how motivate to MEO and Gender officer from now on.

In KDC, we worked together with DCA, DPO, and MEO who were appointed by CA. The research and analysis stage was conducted by mainly DCA and MEO, and then adjustment stage with MDA was carried out by mainly DPO and MEO. They know their role and duty very well; however they are put in a difficult situation because of their weak positions and small budget. It is important to start from familiar challenges such as taking a record of social research and meetings, improvement of data management and to grasp NGO's activities.

(1) Record and Documentation

Summarize the results of social research at community is really important as well known. However, C/Ps are only researching on the field, and they tend not to make a minute and exchange their opinion. If you have done a survey, record should have made on the same day, because the human being is easy to forget. It is better for us to input not only what you got on the site but also our impression. That information will be very useful resource to reflect the policy, making a development plan, a manual and so on. Moreover, it is essential for C/Ps to make it a custom more than anything. If they can accustom themselves to record keeping, it does not become hard task itself. Meeting record is no less than survey documentation.

(2) Data Management

Although DC and we try to gather statistical data in each sector, problems are observed in the way to collect, organize and manage the data.

- It is necessary to examine the way of thinking and dissemination of the basic concepts of data collection such as its purposes and the kinds of data collected.
- It is observed that the data is subdivided into many categories and each category has a person in charge of it. Because of the absence of a supervisor to manage all the categorized data, the inefficiency of processing data are happened, which results to insufficient use of the data.
- There was a case that a computer was stolen so that the saved data in the computer was lost. It is necessary to disseminate a measure against data missing by saving data in some kinds of storage.
- The health sector in the District Council has already requested trainings about data management. It is recommended to provide consultations and trainings for the principle of statistic information.

(3) Partner situation and relationship: Donor and NGOs

After a review of past activities, a number of donors have reached a turning point of the activity such as DFID to change the NGO of the implementing agency. Pease Corp Volunteers is going to restart their activities in Sierra Leone. We can say a sign of the transition to the development phase from the reconstruction period. It can be said the same thing NGO.

Almost all NGOs were involved in WASH activities etc., in communities. However, most of them restart their activities again from the beginning or hand over their activities to other NGOs in this March. Because it is the time of transition to the new term defined by The Post Ebola Recovery Strategy. Due to the transition period, when our team requested the NGOs annual reports at the time, they replied that they were still producing it.

We have organized the information about NGOs by region; PLDC and KDC. There are some NGOs that have assigned a coordinator in charge of both districts and, other NGOs which have not obtained activity funds even though they decided to continue their aid activities in communities. And there would be some cases of their withdrawal due to the eradication of Ebola diseases. As the results, the numbers of NGOs working in the place would be reduced. As for the kinds of NGOs' aid activities, WASH is still important for the rehabilitation of communities and the continuation of WASH activities is desirable. In fact, taking an increase in the number of patients of not only Ebola disease but also HIV/AIDS into consideration, taking countermeasures to control major infectious diseases is essential in this country.

The improvement in living standards is high necessity in this country, which would result into the increase in supports specifically contributing to IGA such as agriculture and microfinance. For example, the NGO which is said to have succeeded in microfinance in Bangladesh assigned staffs in both PLD and KD, and have started their activity such as identification of fund donors and selection of financing beneficiaries.

A large number of NGOs came to Sierra Leone and started their aid activities when the number of Ebola patients increased rapidly but the situation of their activities were not grasped by the District Government. The DPO of the District Council is the responsible for organizing the information and grasping the situation about NGOs. DPO has explained some difficulties such as the following;

- 1) It was difficult for the District Council to organize the information about NGOs, because the function of the Government paralyzed due to the outbreak of Ebola diseases. Although the Government would like to concentrate on gathering and organizing the information about NGOs soon after the official declaration of the end of the outbreak, the changes in the organization and activities of NGOs have started to happen.
- 2) Originally, NGOs shall notify the District Council when they start to work in the District. However, most of them did not do the District Council but applied and contracted to the related ministries at the central level and the information did not reach from the ministries to the District Council.
- 3) As a problem raised before the outbreak of Ebola diseases, there have been many cases that Local NGOs approved and funded by the District Council go missing without doing any aid activities. According to the RDO in PLDC that have experiences to investigate the registered Local NGOs, the councilor said in the interview “the NGOs had disappeared before I knew it”. Despite understanding the necessity of the investigation and countermeasures against the problem, the members of the District Council insist that they are not able to easily go to the sites to confirm the problem due to the lack of fuel.

DC, especially DPO is expected to be able to manage NGOs and have in good partnership with them. When DC carries out activities hereafter, NGO is one of the important partners.

3.10.2 Concerning issue

It is important to proceed with future activities to recognize the cultural negative aspects of Ebola Disease and Survivors. Recovery from Ebola is gratifying, however there was a kind of against climate.

It was said that the discriminations against Ebola survivors happened such as not sitting the same table, not playing, not eating with them and, forbidding them to use the same boreholes with healthy people.¹⁰ The incidence of these discriminations is confirmed by UNICEF’s research¹¹.

The Ministry of Health (MOH) and NGOs such as Red Cross and GOAL are calling out to the people for the avoidance of such discriminations against the Ebola survivors and implementing grass roots assistances to the survivors who lost their jobs. These all efforts have achieved success and it is said that the discrimination decrease gradually. Besides, at the beginning of the time when the problem of the discrimination became tangible, the State House announced through radio and TV that at least 500,000 SLL (500 USD) would be fined and sentenced to six months' imprisonment for the discrimination. It was heard that the president’s speech especially insisting on harmonizing Ebola Survivors into the society as it was before” was catchy. More importantly, when Ebola survivors come back to their communities, the staffs of MOH are accompanied with them and explained the details of the treatment and that there is no risk of infection from them to the people.

Concerning Ebola orphans, although it is said that many relatives receive Ebola orphans as one of their family members, there are certain numbers of people who suspects orphan’s infection of Ebola diseases. The problem is the case to receive relief goods and support funds by making a bad use of children. There are many cases that children do not have their birth-certificates and identification cards thus, it is difficult

¹⁰ <http://allafrica.com/stories/201410311502.html>

¹¹ http://www.unicef.org/media/media_76295.html

for MOH and AID agencies to judge who says the truth which, become an obstacle for MOH and the agencies to implement their aid activities. In addition, there was opinion to establish more the orphanage for Ebola orphans, but this conduct isolate the orphans that tends to be discrimination of the subject. Therefore some says that is better to take care of them by community or relatives.

DEOC organizes and gives counseling Ebola survivors every Tuesday. Almost all communities understand Ebola diseases but there is a possibility that a small number of people do not understand it so DEOC is saying to continue the counseling. Also, NGOs are saying to follow the survivors after they come back to their communities.

As described above, all we need is to respect Ebola considerations. Beside, through Ebola epidemic, it is necessary to recognize to lose confidence between the government and people. This comes from delayed initial response system of government and incorrect information to be announced. However, more seriously, people had not trust the Governments¹² for long time.

From these things, DC must take initiatives to promote activities that contribute to construct trust between people and the government. And we believe that C/Ps can do it.

¹² The Council on Foreign Relations of USA pointed out that the Sierra Leone nations tend not to comply the Sierra Leone Governments. The Council announced that "The civil war, exploitation by the Governments and terrorism have been prolonged and fear, poverty and suspicion caused by the civil war so on are the causes them not to comply the Governments",

Chapter 4 Responsibility at the Central Level

4.1 Role of the Central Level in the Rural Development

4.1.1 Tasks of MLGRD

Under the Devolution Policy, MLGRD should monitor the activity of the Local Councils in the planning, budgeting and implementation. Actual tasks in the rural development at the central level to be envisaged are as follows;

- Monitoring to Local Council (Budget, Activity, Human resource etc)
- Capacity building to Local Council in rural development
- Enacting of Policy and law etc of Rural Development
- Coordination of donor's activity
- Formulation of AWP in the MLGRD

Detailed activity plan of the MLGRD is attached in the table in the next page.

4.1.2 Structure of MLGRD

In order to be effective this tasks, structure should be organized in the MLGRD and resources should be prepared in the Ministries. Below figure indicates are current monitoring and reporting structure from the bottom to top.

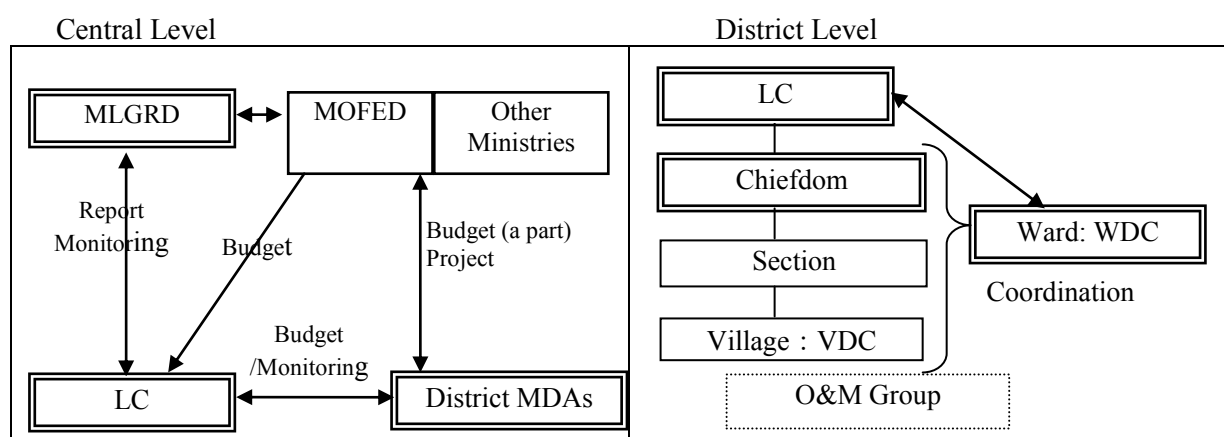


Figure 4-1: Reporting structure at the central and district level

However, due to the lack of resources in the budget, officers and logistics, no any effective activities have been implemented. Trough this CDCD project, capacity of the MLGRD will be improved in the rural development.

Table 4-1: Activity plan in the MLGRD

No	OBJECTIVES	ACTIVITIES	DELIVERABLES	RESPONSIBLE PERSON
1.	To ensure that Govt. policy and standard requirements are observed in the implementation of development projects.	<ul style="list-style-type: none"> • Implementation of projects in line with requirements of line Ministries. • Inspection and monitoring of works carried out by Council, NGOs and beneficiaries. 	<ul style="list-style-type: none"> • Number of community meetings on the implementation of projects. • Minutes of meetings • Number of projects implemented. • Written reports forwarded to MLG&RD. • Quality development services delivered to the people 	MLGRD monitoring team RD Directorate take the lead.
2.	To enable the MLG&RD make informed decisions pertaining to Councils' progress in achieving their annual work plans and efficient use of allocated resources.	<ul style="list-style-type: none"> • Project supervision and monitoring by MLG&RD. • Written reports forwarded to the MLG&RD. • Remedial measures from MLG&RD 	<ul style="list-style-type: none"> • Number of projects completed according to work schedule • Number of Projects implemented according to stated objectives and standard requirements (diagrams, specifications, etc) 	MLGRD Monitoring team
3	Ensure proper coordination among key devt. Stakeholders at Chiefdom level.	<ul style="list-style-type: none"> • Meetings with Chiefdom authorities to promote co-ordination. • Minutes of meetings with chiefdom authorities. • Formulation of sub-committees for the promotion of chiefdom co-ordination. • Written reports about the co-ordination process. 	<ul style="list-style-type: none"> • Number of meetings with Chiefdom Councils, Section Chiefs, Youths, women leaders, sector reps. etc on community dev. Issues • Minutes of same meetings available. • Availability of reports for the MLG&RD 	
4.	Participation of ward residents in dev. Planning sessions.	<ul style="list-style-type: none"> • Collaboration with Council in facilitating Village and Ward development planning • Number of planning sessions with WDCs and minutes • Number and lists of prioritised projects by WDCs. 	<ul style="list-style-type: none"> • Number of available Village and Ward development plans. • Available budget estimates in village and ward development plans. • Prioritised projects for implementation at village and ward levels. 	RURAL DEVT. OFFICERS (RDO S)
5.	To ensure community initiatives for action and sustainable development	<ul style="list-style-type: none"> • Engage Ward Development Committees on grass root institution building for the promotion of community-driven development 	<ul style="list-style-type: none"> • Number of properly constituted and operational Ward Committees, Chiefdom Councils and VDCs 	

		<ul style="list-style-type: none"> • List of community animation activities • Identifying & supporting the creative potentials of communities towards self-reliance, etc. 	<ul style="list-style-type: none"> • Ward Comm., VDCs engaged in self-help development projects • Available ward and village and ward development plans. 	
6.	To ensure the full participation of women and other marginalized groups in the decision making processes at local level	<ul style="list-style-type: none"> • Collaborate with Council (SWGC sector) in the empowerment of women and youths in rural areas 	<ul style="list-style-type: none"> • Equitable representation of women and other marginalized groups for leadership positions in grass-root dev. Organizations 	
7.	To facilitate and promote Capacity Development for Comprehensive District Development (CDCD) Project	<ul style="list-style-type: none"> • Capacity building sessions at council and community levels. • Use of Rural and District Development Handbooks to promote CDCD 	<ul style="list-style-type: none"> • Number of Capacity Building sessions • Available Capacity building sessions reports • Meetings to discuss capacity building reports and agree remedial measures 	
8	Draft National Rural Development Coordination Policy Developed and presented to MLG&RD authorities through PPT.	<ul style="list-style-type: none"> • Meetings with MLGRD officials to discuss draft Policy. • NRDCP refined by discussions during presentation of first draft. • Final validation meeting with stake holders and presentation to Cabinet for approval 	<ul style="list-style-type: none"> • National Rural Development Coordination policy approved by cabinet and ready for implementation. 	Ag. Dir.R D
9	To ensure that CDCD legacy on the use of the District and Rural Development Hand Books is sustained.	<ul style="list-style-type: none"> • Dissemination of reviewed District and Rural Development Hand Books to all Local Councils and other stakeholders. • Follow up meetings. • Use of Handbooks monitored and reported. • Local councils demonstrate compliance with set standards in rural and district handbooks 		MLGRD monitoring team. (Ag.Dir RD)
10	Ensure public awareness on approved Rural Development coordination Policy for Sierra Leone.	<ul style="list-style-type: none"> • NRDCP launched • Radio and TV discussions. • Community sensitisation meetings about NRDCP. • Outreach to youth and women organisations. 	<ul style="list-style-type: none"> • NRDCP popularized. • Copies of approved NRDCP circularised amongst partners in Rural Development after Cabinet approval. 	MLGRD Ag Dir. RD

4.2 Activity of MLGRD in the CDCD Project

4.2.1 Responsibility at the central level in the CDCD Project

MLGRD has an important role to disseminate the district/rural development model formulated using those handbooks in the CDCD project, which monitors the progress of the activity and decides the concept of the project.

During the next two years of CDCD project, MLGRD shall be expected to fulfill below tasks based on the devolution function and

- Collection of lessons learnt in rural development, revision of district/rural development model/ handbook
- Dissemination of model and capacity building of Local Council
- Organization of information and data to revise Local Government Act
- Enacting the rural development coordination policy

4.2.2 Confirmation on implementation structure in the CDCD Project

Activity Plan in the CDCD Project is evaluated and approved in the Joint Coordination Committee (JCC) to be held annually, by which MLGRD is chaired. District Level's Activity is evaluated and discussed in the Steering Committee (SC) to be held once a half year, which Chairman of DC chairs. MLGRD shall attend as observers. Detailed is shown in the Annex 1.

Schedule (draft) of committee is as follows;

Table 4-2: Schedule of committee and activity plan

	Central	District
March, 2016	JCC: Discussion and Approval of Activity in two years	SC: Approval of District Post Ebola Recovery Plan (Draft)
June		Formulation of Pilot Project Plan the first year
July	Forum (+ JCC)	
Oct. - Nov.		(a) Implementation of PP (b) Plan for the second year Post Ebola Plan (in the DDP etc) (c) SC
Dec.	Approval of AWP	
May, 2017		Evaluation of the first year activity
June	JCC: Discussion and Evaluation of First Year Activity and Approval of second year activity plan	(a) SC (b) Formulation of PP the second year
Oct. – Nov.		(a) Implementation of PP (b) Formulation of DDP (c) SC
Dec.	Approval of AWP	
May, 2018	JCC: Discussion and Evaluation of the All Activity	(a) Evaluation of the activity (b) SC

(1) Decision of the target area

According to the Record of Discussion (R/D) signed by both Minister of MLGRD and JICA headquarter, target area of the Project includes Kambia District, Port Loko District and District in the Northern Region. In the first year, Kambia and Port Loko Districts will be selected as an area for the Pilot Project to be implemented. In the second year, based on the lessons learnt of the first year, the project shall be implemented in the other northern region. This issue will be discussed with MLGRD.

The first Year: Formulation of District Post Ebola Recovery Plan at Kambia and Port Loko and implementation of PP at the each chiefdom (18 areas)

The second year: District Post Ebola Recovery Plan in the DDP/ AWP are formulated and implementation PPs in the northern region (PLDC and KDC may be facilitator in the other DC's implementation).

In the implementation of the second year, MLGRD decides the target area and approves dispatch of the KDC and PLDC as facilitator to other DCs. KDC and PLDC decide the person in charge of this activity.

MLGRD explains this progress in the forum. After this, MLGRD and Officer of KDC/PLDC come to target district to explain details for better implementation. In the process, Officers in KDC/PLDC monitor their activity and give advises. Japanese also monitors for the payment to PPs.

ANNEX

ANNEX 1: Contact List

Organization		Name	Position
Governmental organization	DecSec	Jonathan Kpakiwa	Capacity Building Manager
		Alhassan Joseph Kanu	Director
	MoDCON	Mustapha M.A.Zayat	Managing Director
	MEST	Alhajie M.F. Kamara	District Supervisor
		Yusuf A. Kamara	Deputy Director
		Alimany Kamara	WASH in school supervisor
		Brima T. Koroma	Schools Supervisor
	MoFED	Dr. Sheka Bangura	Central Planning Monitoring & Evaluation
	MAFFS	Umaru M. Sankoh	District Agriculture Officer
		Mohamed C. Marrah	Agric. Engineering Officer
		Jinnah Bockrie	Agric- Officer
		Sullay G. Khanu	Irrigation Officer
		Dr. Ben Vas Nyamadi	Chief Executive
	MoHS	Dr. Tom Sesay	District Medical Officer
		Rechar Gborie	District Social Mobilization Coordinator
		Abbas T. Koroma	WASH Manager
		Sannoh Mohamed	
		Mary K. Koroma	Nutritionist
	MLRGD	Dr. Foday Sesay	District Medical Officer
	MSWGCA	Hon Hadiru Kalokoh	Deputy Minister
		Foday Tarawallie	Social Worker
		Naomi	Social Service Officer
		Foday Bangura	District Social Protection Officer
	MSWGCA, PL	Moses J. Massaquoi	MEO
	State House	Foday Santigie BANGURA	Social Service Officer
		Joseph Michael Komeh	Programme Officer
UN organization	FAO	Jean-Louis COUTURE	Consultant International
	OCHA UN office	Yuka Takao	Humanitarian Affairs Officer
	UNAIDS	Aki YOSHINO	Programme Officer
	UNDP	Aamir A. Araain	Chief Technical Adviser
		Yuichiro Sakai	Program Officer
		Takashi Matsuoka	Biometric Expert
	UNFPA	Mirai Maruo	Programme Analyst, Gender Human Rights
	WFP	Miyuki Yamashita	Programme Officer
		Naoe Yakiya	Deputy Director
		Kaz Fujiwara	Programme Officer, Purchase for progress
	WHO	Bullwadda Daniel K.	IPC District Coordinator
		Dr. Collins Owili	Field Coordinator
Embassy	Embassy of Japan in Ghana	First Secretary	Yukari Hara
		Kaoru YOSHIMURA	Ambassador Extraordinary and Plenipotentiary
		Anna SHIMPO	Project Coordinator
		Etsuko Ito	Coordinator for Economic Cooperation
		Masa IIDA	First Secretary
	Embassy of the Kingdom of Netherlands	Kim Voogt	Political Affairs and Public Diplomacy
International organization	Adam Smith International	Will Tillett	Wash Facility Manager
		St John Day	Technical Adviser
	CARE	Rose G. Kamara	Accountability Monitor
	Delegation of the European Union to Lebanon (EU)	Abel Piqueras Candela	Attache Programme Manager Education/Social Sectors
		Marcello Mori	Minister counsellor Head of section-sustainable development
		Elena Ascitti	Attachee Relief & Recovery
	Edward Davies and Associates	Sam Leigh	CEO
	European Union	Ibrahim	Project Officer
		Massimiliano Mangia	Head of office, Directorate General for Humanitarian aid and Civil Protection
		Ibrahim	Project Officer

Organization		Name	Position
	GOAL	Alana Bellew	Area Coordinator
		Jenipher Onyango	Area Programme Coordinator
		Alana Bellew	Area Coordinator
	OXFAM	John Rutaro	Country Funding Coordinator
	Plan International	Fatmata Kamara	Administrative Officer
	World Vision	Foday A.Mansaray	Programme Manager
		Joseph Musa	District Coordinator
	ABC - Development	Alimamy Lawal Kamara	District Coordinator
	ACF	Arthur Amollo	District Coordinator
		Osman Bakarr	Deputy WASH Project Manager
	Aspen medical international	Elaine Sey	Business Dev.&Community Relations Manager
	BIOEC	Christophe CHESNEAU	Wxpert biomass-energie & production forestiere
	CAWeC	Abdul Bobson Sankoh	Director
	CHF Lebanon	Talal Hajj Dib	WASH Coordinator - Mount Lebanon
		Bassel Abd El-Rahim	Contracting & Reporting Officer
	Council for Development & Reconstruction	Amal Warfa Karaki	Head of social & economic planning unit
		Dr. Wafaa Charafeddine	Funding division director
		Nabil A. El Jisr	President
	Crown Agents	Fadi Barakat	Project Manager Japanese Grant Aid Projects
	DEOC	Wesen Konteh	Incident Manager
	DHMT-Kambia	Dr.Osman Kakay	Medical Supretendent
	e-Health AFRICA	Andrew BANGALIE	CDC District Coordinator
	Ghana Irrigation Development Authority	Dr.Ben Vas Nyamadi	Chief Executive
	Ghana Irrigation Development Authority	Damien Atta Amoatin	Director Planning Monitoring&Evaluation dept
	Health for All Coalition	Abdulai A. Bangura	District Coordinator
	Heidelbergcement	Hanns-PeterMayer	Area Director
	idea	Yvonne Aki-Sawyerr Obe	Director
	IOM	William Michael JT	Supervisor
	IS International Consulting Services	Gaiva Paul Lavaly	Managing Director
	Mano River Union	B.Orando Yanquoi	Program Officer
Other (Health-related local organization, Public cooperation, Consulting company, Construction company etc)	Masimera Chiefdom	PC Bai Simera Haonkla	Paramount chief
	NaCSA	John Paul Ngebeh	Senior Director of Programme
		Soriba Yansaneh	District Coordinator
	NIMO	E.N.Assamany	Chairman
	Ousman&Sons Construction and Design	Ousman Bangura	General Manager
	Post Ebola Recovery Team	Ernest Y. Conteh	District Facilitator
	RMFA	Richmond S.Sesay	Director of Planing,Programme,M&E
	SLIS	Alpha I.Turay	Project Coordinator
	SLRA	David K.Fonnie	Director of Feeder Road Department
		A.A Kamara	Deputy Director General
		Sorie F.Kanu	Public Relation Assistant
		Sahr Ernest Gbembo	Director of Maintenance
		A.A Kamara	Deputy Director General
		Mark.A Jusu	Dierector of Feeder Road
	SLSAVA	Abdulai M. Sillah	Field Coordinator
	Water Directorate	Patrick A. Ngauja	WASH Mapping Officer
		Sallieu Bundu	District WASH Engineer
	WATSAN - MOWR	Augustine Amara	WASH Engineer
	YACHIYO ENGINEERING CO.,LTD	Noboru MATSUMURA	Executive Advisor, Electric Power System Section, Electric Power System and Plant Department International Division