

Annex 1. Terms of Reference

Besides the original ToR, some additional comments were made by Gart van't Hul, Amani M'Bale and Ahmed Ag Aboubacrine, during the briefing in Freewtown on 16 November 2007.

Terms of Reference for the End of project evaluation of the Northern Province Rehabilitation and Development Initiative (NPRDI)

Introduction

The Northern Province Rehabilitation and Development Initiative (NPRDI)

CARE Sierra Leone (CARE SL) has been implementing integrated interventions under NPRDI, in partnership with CARE Nederland and Mankind's Activities for Development Accreditation Movement (MADAM), local non-governmental organization. The project is being implemented in Nieni, Diang, Follosaba Dembellia and Kasunko Chiefdoms in Koinadugu District and Paki Masabong and Sella Limba Chiefdoms in Bombali District, Northern Province, Sierra Leone. Although the project had an approved start date of May 19th 2004, the implementation in the field started from October 2004. For this reason the project activities could not be completed by May 18, 2007 as planned. A four month No-Cost-Extension was sought and granted to allow for completion of activities. The new project end date is September 18, 2007. Incorporated in the design of the NPRDI is a midterm and final evaluations to be undertaken by external consultants upon approval by the EC. A mid term review was carried out by an external consultant in May 2006. This review made recommendations that helped to reorient implementation to enhance impact. CARE Sierra Leone is seeking to engage the services of a consultant to conduct an end of NPRDI project evaluation and make recommendations for future CARE Sierra Leone interventions. This is in the fulfilment CARE's requirement that every project must have a final internal or external summary assessment and report that documents what was achieved and provide lessons learned for follow on projects.

Project goal and key results

General Objective: Sierra Leone will achieve economic recovery, sustainable social and economic development, and peace and justice

Specific Objective: Improved access to water and sanitation facilities and sustained livelihood of returnees and local communities in Bombali and Koinadugu districts

Key results;

- Improved access to clean potable water, sanitation facilities and better health/hygiene behaviours for 110-targeted communities. (An additional 200-300 communities will benefit from catchments oriented health education programmes).
- Improved knowledge on HIV & AIDS prevention opportunities for 125,000 sexually active persons in targeted chiefdoms.
- 13,800 rural food insecure households in Koinadugu and Bombali districts have improved supply and access to food (this number assumes 4,600 direct beneficiaries and another 9,200 households within the targeted communities' catchments area).
- 110-targeted local community-based institutions will have adapted more representative decision-making processes as well as established improved mechanisms to interact with government support service institutions (an additional 200-300 communities will benefit from catchments oriented rights awareness activities).



Implementation Progress:

NPRDI aimed to achieve the objectives as set in the log frame of the project proposal.

A monitoring plan and necessary data collection tool was developed to aid measurement of the impact of the activities on the intended beneficiaries.

Good progress has been made in all the four project areas; Food security, water and sanitation, health and governance. ***Detailed progress report will be provided at the beginning of the evaluation exercise.***

Challenges Encountered:

The NPRDI has faced a number of implementation challenges:

- Late start of actual implementation.
- *Limitation of community participation*
- *Presence of hard bed rocks in the ground which made well excavation difficult.*
- *Poor road network:*
- *Limited equipment and logistical capacity.*
- *Diversion of materials to other uses*
- *Cultural and religious beliefs hindering progress on HIV and AIDS campaigns*
- *Logistical limitations of government institutions*
- Limited vendor capacity to supply quality goods.
- Reluctance of people to embrace their responsibilities in relation to human rights.

The Review

The **objective** of the end of project evaluation is to evaluate the project achievements in relation to its contractual obligations to the donor.

The review will assess whether set targets and anticipated results have been achieved. The evaluation will consider the levels of efficiency, effectiveness, impact on target beneficiaries and sustainability prospects of the interventions. The evaluation will assess the project performance in relation to CARE's vision, the Unifying Framework, and our programming principles. Likewise the evaluation will work to assess achievements against activities undertaken, set targets and objectives as described in the detailed project. The assessment will also test the relationship between project progress towards results and NPRDI's contribution to the Millennium Development Goals. The study will finally assess the challenges encountered and how these trends and factors may influence success of other CARE projects. Drawing on findings, the evaluation will make recommendations for orientation of future projects. The evaluation will include an analysis of the degree of contributions towards Country Office strategic plans.

The evaluation will specifically look at:

Efficiency:

Following the project's logical framework assess activities that have been undertaken in order to achieve the results and draw observations as to whether the means applied are consistent with the proposal and that they efficiently transform into results. The analysis will include the work plans, the financial management, the monitoring systems applied, the approach and methodology of intervention, including community contribution and participation to gauge the level of local ownership.

Effectiveness:

Assess whether project results contributed to the achievement of the project stated objectives.

Sustainability:

Taking in consideration the principal sustainability factors (Policy support measures, economic and financial viability, Socio-cultural aspect - gender issues, appropriate technology, environmental



protection, institutional and management capacity) the evaluators will assess the sustainability prospects of the project.

Impact: The review should assess prospects for desired impacts.

Proposed review methodologies

Secondary data review: It is proposed that the consultant reviews key project documents as an input to the midterm review including the following:

- Final NPRDI proposal, budget and logical framework (approved).
- Project detailed implementation plans.
- Project baseline survey.
- Project mid-term review.
- The project's M&E plan and tools developed with project staff.
- Project interim reports, including the financial reports.
- CARE-SL's Long Range Strategic Document for the period ending 2006 and for the period 2007 to 2011.

Interviews:

This should include interviews with NPRDI staff as well as extensive interviews and focus group discussions (includes use of other PRA tools) with local traditional leaders, council and community representatives working directly with the project and in two selected neighbouring chiefdoms to compare development/growth rate. Interviews will also need to be conducted with relevant government line ministries, with whom the project has collaborated.

Debrief Meeting:

In addition to the interviews it is proposed that the consultant holds a debriefing session with key project staff, representatives from MAFFS, MOHS, MADAM as well as local officials (chiefs, counsellors). The purpose of the meeting will be to discuss the key findings and observations from the data review and interviews. The meeting will aim to gather information on the project delivery methods, progress made to date and effects on targeted communities and how implementation approaches could be improved to enhance sustainability of impact across the four key result areas.

Evaluation output

The review output will be a detailed report outlining whether set targets and anticipated results have been achieved. The report will show the levels of efficiency, effectiveness, impact on target beneficiaries and sustainability prospects of the interventions. The report will indicate the project performance in relation to CARE's vision, mission, programming principles and the Unifying Framework against activities undertaken, set targets and objectives as described in the detailed project. For each conclusion there should be a corresponding operational recommendation.

(A draft report should be submitted within one week of field work completion.)

Location: Makeni and Kabala with travel to operational chiefdoms in Bombali and Koinadugu Districts.

Time Frame: The total time frame of this consultancy period will be from August 6, 2007 to August 20, 2007.

Costs: CARE SL will arrange or meet local of travel (road) costs and guesthouse accommodation between Freetown, Makeni and Kabala. In addition to this provision, the consultant will be entitled to usual per-diem per the CARE SL policy, where applicable. A consultancy fee will also be agreed, to be calculated in US\$, for each day of the consultancy.



Qualifications:

- Strong experience in monitoring and evaluation of development projects (at least 3 prior evaluations)
- Community Development Specialist, with at least 10 years experience in development work, preferably in West Africa.
- Well versed in Community Empowerment programmes
- Experience in post conflict assistance programmes, human rights, gender, governance and HIV & AIDS programming, speciality in both rural water and sanitation infrastructure.
- Development or rural/social development in agriculture/livelihood security.

Additional comments on the ToR during the briefing, 16 November*Evaluation of efficiency*

With respect to the 'financial aspects' mentioned in the ToR:

- Don't go into a lot of detail. Try to give an example of comparing costs with benefits, similar to the example that was given in the ProFARM evaluation, comparing project costs with farmer benefits in terms of additional harvest.
- If possible, compare the costs of certain aspects of our CARE project with the cost of the same aspect of another project. E.g. ACF implemented a similar LRRD project in the same district.

Multi-sector approach

The NPRDI project was very ambitious project with a wide approach and many project components. Try to find out whether such a multi-sector project works well, whether it was effective. Was CARE staff able to manage such a complex project? Should we limit ourselves to fewer sectors in one project? Obviously, a subject as 'governance' should always be combined with something concrete that you want to apply the improved governance to (e.g. only water and sanitation, combined with improved local governance).

Partnerships

CARE will work more through partnerships in the future. Partnerships can involve collaboration, capacity building, planning, etc. Try to find out how partnerships have been in the NPRDI project: have they been mutually beneficial?

Recommendations for CARE strategy

Don't limit this evaluation to a simple compliance checklist of the NPRDI project only. Think of CARE-wide recommendations that will help other, ongoing and future projects.

Focus on objectives and sustainability

Where the mid-term review made many recommendations about the activities, this final evaluation should focus more on the achievement of objectives (outcome and impact) and on the sustainability: are people and community organisations set-up by the project still continuing?

Recommendations for ProFARM

During the NPRDI evaluation, think about recommendations for the food security activities in the ProFARM project, which will continue until March 2008.

(Capacity building of the M&E Officer is not a priority – according to his interest, explain more about M&E)



Annex 2. Detailed Methods

Annex 2-1. Complete evaluation

A complete final evaluation normally involves the following five aspects: effectiveness, impact, efficiency, relevance and sustainability.

Evaluating effectiveness is defined as the contribution of project outputs towards the higher-level specific objectives. In the NPRDI project, I interpreted the following four specific objectives: 1) improved access to water and sanitation, and increased hygiene behaviour; 2) increased HIV/AIDS awareness and prevention; 3) improved food security; and 4) improved local governance.

Evaluating impact looks at changes at the overall objective level, beyond the project direct beneficiaries. In the NPRDI project, I focused on: 1) the contribution to the Millennium Development Goals, 2) the spread of effects to other communities; 3) the impact of the effects that were achieved.

Evaluating the efficiency includes a comparison of costs with output, outcome or impact. In the last case this is also called a cost-effectiveness analysis. This enables to compare e.g. the costs of different project activities resulting in the same type of output, or comparing different projects resulting in the same type of outcome or impact. In our example of a cost-effectiveness calculation, we estimated the value of reduced sickness, in terms of productive days. This can be compared with the project costs for water, sanitation and hygiene. This comparison gives an idea about how many years it would take before farmer benefits will outweigh the project costs – the so-called ‘payback period’.

Evaluating the relevance includes the comparison of outcome or impact with the needs and priorities of beneficiaries, with the country policy and with the donor policy as laid down in the CARE strategic paper.

Evaluating sustainability assesses whether benefits continue after external project support has stopped. Different aspects of sustainability are distinguished:

- Technology: Are beneficiaries capable of using the chosen technology after outside support has ceased?
- Economic and financial benefits: will in the long run the benefits continue to be higher than the costs, which will now have to be entirely borne by the target group itself?
- Socio-cultural: have measures been taken to ensure ongoing participation of all members of target group?
- Environment: Is continuation of environmental protection guaranteed?
- Policy support: Does the country policy allow for continuation?
- Institutional: have measures been taken during project to ensure future functioning of organisations?

Effectiveness and intended impact need to be evaluated before unintended impact, efficiency, relevance and sustainability can be evaluated. Evaluating effectiveness and intended impact requires that changes can be attributed to the project.



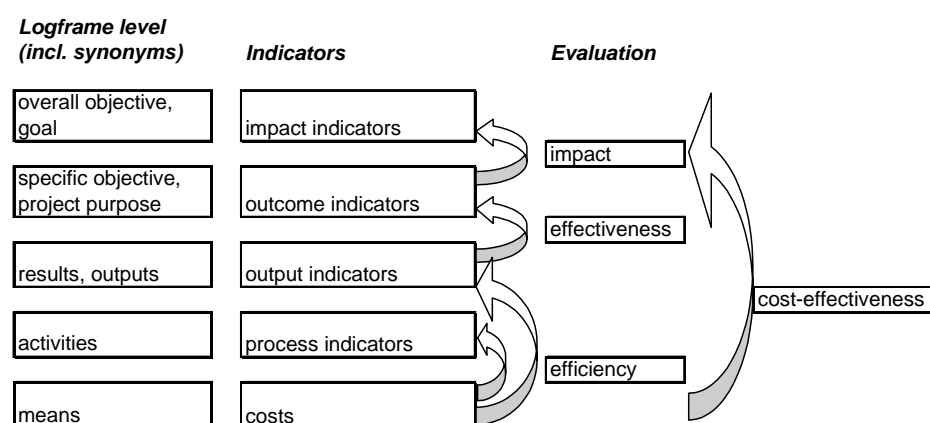


Figure2. The relation between the logframe, indicators and different evaluation aspects

The relation between the objectives at different levels of the logframe, the related indicators and the different aspects of evaluation is presented in the Figure 2 above. Sustainability and relevance are not specifically attached to one level in the logframe. The RFS logframe is presented as Annex 2-2.



Annex 2-2. Logframe NPRDI, including substitute and additional indicators, and internal monitoring results.

	Intervention Logic	Original OVI in logframe	Additional (a) and substitute (s) OVI in baseline and monitoring reports	Baseline (Bombali district)	Mid term (Bombali and Koinadougou)	Final (Bombali and Koinadougou)
Overall Objectives	Sierra Leone will achieve economic recovery, sustainable social and economic development, and peace and justice	<ul style="list-style-type: none"> - Progress is made towards achieving the Millennium Development Goals - Phasing out of ECHO without funding 'gap' - Social, economic, and development indicators of the I-PRSP 				
Specific Objective	Improved access to water and sanitation facilities and sustained livelihood of returnees and local communities in Bombali and Koinadugu districts	<ul style="list-style-type: none"> - % of people practicing hygiene - Incidence of diarrhea - % of youths that can identify how HIV/AIDS is transmitted and/or prevented - % of farmer families marketing foodstuffs and other goods - % of population participating in community decision-making structures 				
Result 1	110 targeted communities in Koinadugu and Bombali districts have access to clean potable water and sanitation facilities and are practicing improved health/hygiene behaviours by the end of year 3 (an additional 180-270 catchment communities will benefit from health education programmes)	<ul style="list-style-type: none"> - % of targeted communities in Koinadugu and Bombali districts that have access to clean potable water - % of targeted communities in Koinadugu and Bombali districts that have sanitation facilities - % of people in Koinadugu and Bombali districts that are practicing improved health/hygiene behaviours 	<ul style="list-style-type: none"> (s) % hh with access to clean water (tap or protected well) (s) % hh with (ventilated or not) improved pit latrine (a) % people always washing hands before eating (a) % people sometimes washing hands before eating (a) % hh store water in bucket with cover (a) % hh storing water on raised platform (a) % hh disposing baby stool into latrine (a) % hh cleaning latrine (a) % hh with hand washing container (a) % hh with mug or scoop for drinking water 	<ul style="list-style-type: none"> 35% 16% 3% 35% 49% 34% 55% 2% 4% 5% 	<ul style="list-style-type: none"> 36% 57% 57% 97% 56% 	<ul style="list-style-type: none"> 70% 85% 43% 39% 35% 95% 22% 86% 57%

(s) substitute indicator; (a) additional indicator.

	Intervention Logic	Original OVI in logframe	Additional (a) and substitute (s) OVI in baseline and monitoring reports	Baseline (Bombali district)	Mid term (Bombali and Koinadougou)	Final (Bombali and Koinadougou)
Result 2	125,000 sexually-active adults in Koinadugu and Bombali districts have improved knowledge and confidence to prevent the spread of HIV/AIDS by the end of year 3	- % of target population in Koinadugu and Bombali districts that can identify 3 ways to protect themselves from HIV/AIDS		27%	56%	44%
			(a) % p mentioning faithfull	78%	84%	71%
			(a) % p mentioning condoms	70%	86%	79%
		- % of target population in Koinadugu and Bombali districts that feel confident employing these methods to protect themselves from HIV/AIDS	(a) % p menstioning not sharing razors, needles	40%	56%	52%
			(a) % p mentnioning abstinence	32%	44%	42%
			(a) % p having heard about aids	95%	95%	95%
			(s) % p ever used condom	12%	11%	12%



	Intervention Logic	Original OVI in logframe	Additional (a) and substitute (s) OVI in baseline and monitoring reports	Baseline (Bombali district)	Mid term (Bombali and Koinadougou)	Final (Bombali and Koinadougou)
Result 3	12,100 (3900 direct and 8200 indirect) rural food insecure households in Koinadugu and Bombali districts have improved supply and access to food by the end of year 3	- % of rural food insecure households in Koinadugu and Bombali districts that have improved food supply	(s) % of all hh that have planted crops [in a specific combination, unclear formula]	48%		40%
			(a) % hh planted upland rice last 12 months			
			(a) % hh who planted (last 12 m) upland rice	56%	59%	
			(a) % hh who planted (last 12 m) lowland rice	65%	75%	
			(a) % hh who planted (last 12 m) g'nuts	34%	42%	
		- % of rural food insecure households in Koinadugu and Bombali districts that have improved access to food	(a) % hh who planted (last 12 m) cassava	65%	59%	
			(a) % hh who planted (last 12 m) sw potato	22%	31%	
			(s) % of all hh that harvested crops [in a combination, unclear formula]	49%		95%
			(a) upland rice production (kg/hh*)	142		70
			(a) lowland rice production (kg/hh)	157		119
			(a) total rice production (kg/hh)	299	294	189
			(a) groundnut production (kg/hh)	48	44	8
			(a) cassava production (kg/hh)	318		160
			(a) sweet potato production (kg/hh)	77		40
		- % of rural food insecure households in Koinadugu and Bombali districts that have improved access to markets to sell their food	(s) % of all households selling crops	9%		20%
			(a) upland rice sale (kg / hh)	3		
			(a) lowland rice sale (kg / hh)	11		
			(a) groundnut sale (kg / hh)	16		
			(a) cassava sale (kg / hh)	183		
			(a) sw potato sale (kg / hh)	173		

* Average food production per hh takes into account the % hh producing that crop (50% hh growing each 120 kg rice means avg 60 kg rice per hh)
Food production data from hh survey is very unreliable; they show a decrease, very low yields, while in discussions farmers indicate prod has increased.
Farmers may have understated food production because they were afraid of having to pay back seed loan, and to stress they still need more assistance.

	Intervention Logic	Original OVI in logframe	Additional (a) and substitute (s) OVI in baseline and monitoring reports	Baseline (Bombali district)	Mid term (Bombali and Koinadougou)	Final (Bombali and Koinadougou)
Result 4	Using rights-oriented development approaches to support peace, rights, justice and good governance, 110 targeted local community-based institutions will have adapted more representative decision-making processes as well as established improved mechanisms to interact with government support service institutions by the end of year 3 (an additional 180-270 catchment communities will benefit from rights-oriented programmes)	<p>- # of formal linkages established between the government and village-level organisations in Koinadugu and Bombali districts</p> <p>- # of informal consultations made between the government and village-level organisations in Koinadugu and Bombali districts on peace, rights, and justice issues</p> <p>- % of people within targeted communities in Koinadugu and Bombali districts that feel they have a voice on issues related to peace, rights, justice, and governance</p> <p>- # of village-level peace, rights, and justice groups formed</p>	<p>(s) % people aware of link VDC - WDC</p> <p>(a) % people aware of VDC</p> <p>(a) % people aware of WDC</p> <p>(s) % people discussed peace and right issues at PRD</p> <p>(a) % people attended PRD</p> <p>(s) % people feel they have a voice in issues related to peace, rights, justice and governance.</p> <p>(s) % people say right issues are discussed in PRD</p> <p>(s) % p member of any group, (including traditional working groups), (also discussing peace and right issues)</p> <p>(s) % p say their group discusses peace and right issues</p> <p>(s) % p say their group meets with VDC</p> <p>(a) % p in CHC</p> <p>(a) % p in FFS</p>	<p>32%</p> <p>94%</p> <p>65%</p> <p>3%</p> <p>5%</p> <p>93%</p> <p>98%</p> <p>85%</p> <p>33%</p> <p>19%</p> <p>7%</p> <p>28%</p>	<p>65%</p> <p>99%</p> <p>70%</p> <p>77%</p> <p>99%</p> <p>96%</p> <p>89%</p>	<p>**</p> <p>***</p> <p>12%</p> <p>42%</p>
economic status indicators			<p>% hh possess bicycle</p> <p>% hh possess radio</p>	<p>7%</p> <p>28%</p>		<p>12%</p> <p>42%</p>

** Info R4 still to be analysed and reported by M&E O.

*** I don't consider traditional groups here as project achievement, FB



Annex 2-3. List of villages and subjects covered per village

List of villages

Nr. District	Chieftdom	village	Date	comment
1 Bombali	Paki Masabong	Mabando	18-10-07	
2 Bombali	Paki Masabong	Masaybana	18-10-07	
3 Bombali	Paki Masabong	Thoron	19-10-07	Stepping Stone, with Nicolette
4 Bombali	Paki Masabong	Makuna	19-10-08	Non-project village; UNICEF School
5 Bombali	Paki Masabong	Maforay Potho	19-10-09	
6 Koinadugu	Follosaba Dembelia	Koromasilaya	20-10-07	also other CARE projects: CSP, LINKS
7 Koinadugu	Follosaba Dembelia	Musaia	20-10-07	low participation in project
8 Koinadugu	Kasonko	Kagbasaia	21-10-07	
9 Koinadugu	Kasonko	Kafogo	21-10-07	short meeting

School where we discussed with pupils the Sisi Aminata method:

Mayawlaw village; Teacher: Mr Cissé; Koran School.

19-10-07 with Nicolette van Duursen

Subjects covered per village

	1	2	3	4	5	6	7	8	9
General changes	x	x	x	x	x	x	x	x	
Wat/San and hygiene	x				x	x	x		
HIV/AIDS		x	x	x		x			
Food Security	x	x		x		x			x
Nutrition	x					x	x	x	
Participation in decisions				x				x	
Link comm. - govt.	x			x				x	
Multi sector approach						x			



Annex 2-4. Persons and partners discussed with

List of people from partners and other stakeholders

Mohammed Comteh, Director; Umaro Kamara, MADAM Field Agent Development		Makeni	17-10-07
Henry Kargbo, District Director Agriculture	MAFS	Makeni	18-10-07
Dennis Paul, District Director of Agriculture	MAFS	Kabala	22-10-07
Dr Samuel J Smith, District Medical Officer	MoHS	Makeni	17-10-07
Dr Samuel AS Kargbo, District Medical Officer	MoHS	Kabala	22-10-07
PC Mansa Paki Kabombor II	Paramount Chief	Paki Masabong chiefdom	18-10-07
Michael B Koroma	Ward Councillor	Kabala District Council	21-10-07

List of CARE staff and others at restitution discussion in Kabala, 24 Oct 2007

Sam Juana	M&E Officer	CARE
Michael S Turay	Mobiliser	CARE
Yakuba A Kalley	Secretary (C-FFS)	Community
Alfred S Kargho	LINKS Supervisor	CARE
Juliet Tucker	Partner Advisor YFSCS	CARE
AS Jarawalie	Training Officer	MAFS
Frederick Yambe	M&E Officer LINKS	CARE
Bockarie Sesay	M&E Officer	CARE
Hassan Kamara	District Supervisor	MOHS
Atiti Stella Agnes	PM NPRDI / LINKS	CARE
Maurice Kallon	APM LEAD	CARE
Michael B Koroma	Ward Councillor KDC	KDC
Lovel Joe Sisay	Youth Development Officer	CARE
Sheku T Davowa	VSI	CARE
Samuel Kamara	Youth Development Officer	CARE
Mohamed Aminata Kalokoh	Community Mobiliser	CARE
Alhassan Bangeri	M&E Assistant LEAD	CARE
Edward Vandy Sefoi	Mobiliser	CARE

List of CARE staff at the restitution meeting in Freetown, 8 Nov 2007

Amani M'Bale Poveda	Youth and livelihoods Coordinator
Ahmed Ag Aboubacrine	D, M&E Coordinator
Garth van't Hul	Deputy Country Director
Yuki Suehiro	Health and HIV/AIDS Coordinator
Finbarr Sweeney	PM LEAD
Alpha Nabie	Programme Quality and Compliance Officer
Balla Sidibe Moussa	Chief of Party HAPP
Josephine Kainessie	Senior M&E Officer

Subjects covered per partner

	MADAM	MoHS	MAFS	WC, PC	CARE
Wat/San and hygiene	x	x		x	x
HIV/AIDS	x	x	x		x
Food Security, nutrition	x	x	x	x	x
Governance	x			x	x
Partnerships	x	x	x		x
Multi sector approach	x	x			x



Annex 2-5. Focus Group Discussion Guide

Introduction persons

Objective of this evaluation:

Care has implemented the NPRDI project that has just ended. We want to evaluate this project: see what went well and what went wrong, and what could be done better if somewhere else a new project would start. Your opinion is very valuable to CARE to do a better job in the future.

Method

This evaluation involves some household interviews and group discussions.

We are not focussing on activities – these have already been monitored by CARE staff – but we focus now on what change these activities have brought to your lives: the lives of men, women and youth. We also like your opinion about the sustainability of the benefits, and the replicability, and your recommendations for future projects in other locations.

In some cases, we like to discuss with all together, and in other cases we may discuss with e.g. youth separately or with women separately.

Impact indicators according to villagers

1. What change to your lives have you experienced during the last 3 years in this location?
2. Besides the effects planned by the project, there may also be unplanned or unexpected effects. Were there any unexpected effects?
3. Besides positive effects, there may also be negative effects. Were there any negative effects?

Specific questions, following project objectives

Water and sanitation

4. How has the drinking water availability changed the last 3 years?
5. What has contributed most to this change?
6. What is still limiting the drinking water availability?
7. In the coming years, without project support, do you foresee problems? [technical, economic, socio cultural, environmental,
8. Assume that a future project has very limited budget to target many other villages, what would you recommend?
9. How has sanitation changed the last 3 years?
10. What has contributed most to this change?
11. What is still limiting sanitation?
12. In the coming years, without project support, do you foresee problems?
13. Assume that a future project has very limited budget to target many other villages, what would you recommend?

Hygiene behaviour

14. How has hygiene behaviour changed the last 3 years?
15. What has contributed most to this change?
16. What is still limiting hygiene behaviour?



17. In the coming years, without project support, do you foresee problems?
18. Assume that a future project has very limited budget to target many other villages, what would you recommend?

Knowledge about HIV / AIDS prevention opportunities

19. How has knowledge about HIV AIDS changed the last 3 years?
20. What has contributed most to this change? [ask about tools]
21. What is still limiting knowledge about HIV / AIDS prevention?
22. In the coming years, without project support, do you foresee problems?
23. Assume that a future project has very limited budget to target many other villages, what would you recommend?

Use of HIV prevention measures

24. Has the use of prevention measures (delay or reduce sexual relations, protection) changed the last 3 years?
25. What has contributed most to this change? [ask about availability: where sales?]
26. What is still limiting prevention measures?
27. In the coming years, without project support, do you foresee problems?
28. Assume that a future project has very limited budget to target many other villages, what would you recommend?

Food supply and access

29. How has food availability changed the last 3 years?
30. How have sales of crops changed the last 3 years?
31. What has contributed most to this change? [production, access]
32. What is still limiting food availability?
33. In the coming years, without project support, do you foresee problems?
34. Assume that a future project has very limited budget to target many other villages, what would you recommend?

Nutrition

35. Has the diet changed the last 3 years (vegetables)?
36. What has contributed most to this change? [training, seed, groups]
37. What is still limiting a healthy nutrition (vegetables)
38. In the coming years, without project support, do you foresee problems?
39. Assume that a future project has very limited budget to target many other villages, what would you recommend?

Representative decision making;

40. Has women and youth participation in community discussions and decisions changed the last 3 years?
41. Can you give examples of decisions that women and youth have been involved in?
42. What has caused that change in participation?
43. [accountability] When CARE came with support, e.g. seed or training, were all people sufficiently informed and involved? (was it clear to all?)
44. For future projects elsewhere, what would you recommend to increase participation (by women / youth) in community decisions?



Interaction with government services

45. Has the interaction with government services changed the last 3 years? (MAFS, MOHS, ward councillors, district councillors)?
46. Can you give an example of an interaction?
47. What has changed (improved) the interaction?
48. What is still limiting the interaction?
49. In the future, which government organisation would you like to interact with?
50. For future projects, what would you recommend to increase interaction between communities and government organisations?

Spread of useful practices to other communities

51. Some of the improvements may also be useful for other, non-project villages. Do you know whether there is a change in practices in non-project villages?

Relevance

52. We have discussed the support that CARE has given, especially water, sanitation, hygiene, protection against HIV, and governance. What are the issues that you consider perhaps even more important, which were not taken care of by CARE? Are there subjects that are less important and could be left out?

Synergy

53. The project has different activities: water, sanitation, hygiene, protection against HIV, and governance. Is one activity helping another component, or are they separate components

Environmental sustainability

54. Are there any positive or negative effects of the project on the environment (forest, agricultural land, water)?
55. Any comment or questions from you?



Annex 2-6. Guide for Discussions with Partners

Objective of this evaluation:

Care has implemented the PRDI project that is coming to an end. We want to evaluate this project: see what went well and what went wrong, and what could be done better if CARE would start project activities elsewhere.

Method

This evaluation involves focus group discussions with men, women and youth in villages. Besides, we want to discuss with a few key organisations that collaborated in this project: MAFS, MOHS, MADAM, a paramount chief and a ward councillor.

In this discussion, we will look at the specific project objectives (O), at CARE's programming principles (P), as well as some general aspects of final evaluation (E).

Access to clean drinking water and sanitation facilities, and practicing improved health / hygiene behaviour. (O1)

1. What are, according to you, the underlying causes for the poor water and sanitation situation in Sierra Leone?
2. To what extent has the project tackled these underlying causes?
3. How do you assess the sustainability of the project achievements?
4. What could have been done better?

Improved knowledge HIV / AIDS and prevention opportunities. (O2)

5. What are, according to you, the underlying causes for the low awareness of HIV AIDS and low protection in Sierra Leone?
6. To what extent has the project tackled these underlying causes?
7. How do you assess the sustainability of the project achievements?
8. What could have been done better?

Food security (production and access) (O3)

9. What are, according to you, the underlying causes for the low food security in Sierra Leone?
10. To what extent has the project tackled these underlying causes?
11. How do you assess the sustainability of the project achievements?
12. What could have been done better?

(governance, split in 2)

Inclusive community-level decision-making (O4a+P)

13. What are, according to you, the underlying causes for the low participation of women and youth in community level decision making in Sierra Leone?
14. To what extent has the project tackled these underlying causes?
15. How do you assess the sustainability of the project achievements?
16. What could have been done better?

Interaction with government institutions – social sustainability (O4b+P)



17. What are, according to you, the underlying causes for the poor interaction between communities and government service providing institutions (MAFS, MOHS, Ward councillors, district) in Sierra Leone?
18. To what extent has the project tackled these underlying causes?
19. How do you assess the sustainability of the project achievements?
20. What could have been done better?

Environmental sustainability (P+E)

21. Considering the environment, has the project contributed to environmental sustainability?
22. What could have been done better?

Partnering and collaboration - Institutional sustainability (P+E)

23. Did the project share sufficient power and responsibilities with partners?
24. More specifically: Do you think your organisation has been sufficiently involved in this project?
25. Have measures been taken during project to ensure future functioning of organisations?
26. What recommendations would you make for future CARE projects?

Policy sustainability (E) – relevance for SL national policy

27. Policy support: Does the country policy allow for continuation? Are the project objectives still priorities?

Promoting accountability and responsibility (P)

28. Did the project have a system in place to be held accountable to beneficiaries?
29. What could have been done better?
30. Did the project promote the responsibilities of policy makers?
31. What could have been done better?
32. Have policy makers taken up more responsibilities to serve marginalised groups, because of the project?

Relevance

33. Relevance for beneficiaries (E)
34. Did this project address the priorities of the beneficiaries?
35. What could have been done more?

Approach

This project is ambitious and complex in the sense that it combines different objectives (water and sanitation, HIV awareness and protection, food security, local governance).

36. Where there too many components? If so, what would you transfer to a separate project?
37. Where there other components that should have been added?
38. Was there a synergy between the components (more effective or efficient by doing together)?



Annex 3 Detailed results

Annex 3-1 Detailed results overview

The presentation of the detailed results are organised as follows:

- Changes over the last 3 years: general, unexpected and negative changes, spontaneously mentioned by villagers.
- Water, sanitation and hygiene
 - Project villages and non-project village
 - MADAM
 - Ministry of Health and Sanitation (MoHS)
 - Ward Councillor and Paramount Chief
 - CARE staff
- HIV / AIDS awareness and prevention
 - Project villages and non-project village
 - MADAM
 - Ministry of Health and Sanitation (MoHS)
 - Ministry of Agriculture and Food Security
 - CARE staff
- Food security
 - Project villages and non-project village
 - MADAM
 - Ministry of Health and Sanitation (MoHS)
 - Ministry of Agriculture and Food Security
 - Ward Councillor and Paramount Chief
 - CARE staff
- Governance
 - Project villages and non-project village
 - MADAM
 - Ward Councillor and Paramount Chief
 - CARE staff
- Partnerships
 - MADAM
 - Ministry of Health and Sanitation (MoHS)
 - Ministry of Agriculture and Food Security
 - CARE staff
- Multi-sector approach
 - Project villages
 - Ministry of Health and Sanitation (MoHS)
 - CARE staff
- Other issues
 - Questions to me (related to priorities and relevance) – Project villages
 - Accountability – MAFS
 - Decentralisation – MAFS
 - Other recommendations – Paramount Chief
 - Approach, general – CARE Staff



Annex 3-2 Detailed results: General changes in the villages

Project villages - Spontaneously named changes over the last 3 years

			Project villages						
1 General Changes			v1	v2	v3	v5	v6	v7	v8 v9
General outcome	Reduced illness.		1		1		1	1	1
	Less diarrhea (and cholera).					1		1	1
	Since well, no more diarrhea outbreak.			1					
	Less malaria since mosquito nets (CSP CARE project)					1	1	1	1
	Reduced sickness of children.			1	1		1		
	Less malnourished children, because of fewer diseases.								1
	Less snake bites because the grass is removed in village						1		
	Poverty has reduced / income has improved			1	1		1		
	Improved income, community paid for operation of sick person						1		
Wat/SAN	Water	Safe water from well	1	1	1	1	1	1	1
	Latrines	Latrines	1	1	1	1	1	1	1
		Even children now use toilets		1					
	Hyg train	Cleaning environment (compound, town), less flies and mosquitos		1	1			1	1
		Community Health Clubs		1			1		
		Training in hygiene			1				1
		Training how to store water						1	1
	Food	Hygiene: cover food to avoid flies and diseases					1		
	Child care	Training in child care			1			1	
		Awareness exclusive breast feeding for 6 months					1	1	
		Now babies are taken to clinic for vaccination (polio, measles)						1	
	Monitor	House to house disease monitoring					1		
		Disease monitor: now sick people go quicker to hospital							1
		Monitor baby growth (weighing)						1	
	Practices	Before the village was dirty; now clean			1				
		Clothes drying on clotheslines, less skin diseases			1		1	1	1
		More hygiene				1			
		Wash leaves before cooking							1
		Use plate racks					1	1	1
		Hand washing with soap					1		
	Other	Village Development Committee helped							1
		Received medicines (CSP)						1	
		Well maintenance committee (VLOM)					1		
HIV/AIDS	Activity	Stepping stone			1		1		
		HIV knowledge passed on from facilitator to village					1		
		SS will guide to less (HIV) risky life style					1		
	Knowledge	Before, they did not know about HIV.			1				
		They know it is transferred by blood.			1				
		Now they know how to prevent it.			1				
		Husband and wife need to trust each other			1				
		Don't use needles and razors for 2 people			1				
	Condoms	Condoms for sale through drug peddlers			1				
		HIV awareness / they now use condoms					1		



Spontaneously named changes over the last 3 years

			Project villages							
1 General Changes			v1	v2	v3	v5	v6	v7	v8	v9
Farming	Practices	Compost pit with fences, less dirt					1	1		
		Nutrition garden (women gardens)			1					
	Inputs	Drying floor, cleaner rice		1	1	1	1	1	1	
		Additional drying floor (had one already)	1							
		Seed rice			1		1	1	1	
		Groundnuts			1		1	1	1	
		Cassava (improved var)					1	1		
		Vegetables					1			
		Agric tools, also used for road						1		
		Wheel barrow							1	
		Bicycle (for FFS facilitator)					1			
	Training	Farmer Field School		1	1		1			
		CARE recommended: transplanting rice, is more productive						1		
		Better timing of all farm practices					1			
		Improved farming			1					
	Effect	Less pre and post harvest losses (chase birds, better storage)					1		1	
		Before, sowing half a bushel would harvest only 2 bags; now more						1		
		Production has increased					1	1		
	In village	More peace and unity in village by working together since CARE project			1		1			
		Before, working individually			1					
		Now, no more conflicts with other communities			1					
		Now, women are also involved in decision making and take initiative					1			
	Link	Linkage community - NaCSA for community centre					1			
Other										
		Village Saving and Loan groups function very well					1			
		Vulnerable farmer groups set up VSL groups					1			
		Literacy courses					1			
		Road rehabilitated with FFW (DRP CARE project)					1			
2 Unexpected changes										
		Training in maintenance of well and pump	1							
		Training in farming methods	1							
		Yield improvements	1							
		Gari processing machine (came after revision project plan)		1	1		1			
		Rice milling machines (came after revision project plan)			1		1	1	1	
		Bicycles			1					
		Hunting nets			1			1		
		Prizes won on agricultural show					1			



Spontaneously named changes over the last 3 years

		Project villages							
		v1	v2	v3	v5	v6	v7	v8	v9
3 Negative changes (or criticism)									
Wat/SAN	Digging well, hit rock; repaired another well			1					
	They would like a second well			1					
	Other care project ended before finishing latrines.					1			
	The NPRDI came and started new latrines, in stead of finishing the first ones								
	They would like more latrines			1					
	Many latrines were not completed, because 3 hh sharing one toilet could not agree; villagers did not do their part, so CARE did not finsih. 1 hh benefits more; 2 hh don't want to provide labour.						1		
	Some latrines were finished, with involvment of mamy queen.							1	
	Well was not completed. Community dug, but did not provide sand and stones, so CARE, who provided cement and pump, did not send technician to install; internal problem in village; confusing approaches different projects. Local materials are easy to provide. Pumps was eventually used for school pump.							1	
	Three wells (installed by CARE 'Water Shed') in neighbouring villages collapsed. Block lining, poor design; NPRDI design is better, but not good							1	
HIV/AIDS	Condoms encourages youth for early sex						1		
Farming	Bicycles for contact farmers only given in some communities	1							
	Jalousy from non-FFS members initially not accessing gari machine			1					

Non-project village: General changes (village 4)

Changes over last 3 years? (spontaneoulsy mentioned)

School, well and toilet built by Unicef

Well can be used by whole community after school hours

Toilet is only for school children (adults use traditional latrine)

Less diarrhea and cholera



Annex 3-3 Detailed results: Water Sanitation and Hygiene

Project villages - Water, Sanitation and Hygiene	Project villages							
	v1	v2	v3	v5	v6	v7	v8	v9
4. How has drinking water availability changed?								
Before: dirty water from stream	1							
Now: safe water from well	1		1	1				
Before: stagnant water, mosquitos	1							
Now: filled-up / drained stagnant puddles, less mosquitos	1							
6. What still limits drinking water availability?								
Want additional well	1							
Last year well dried up in March, not deep enough	1							
7. Do you foresee problems after the project closes?								
Pump may break down (eg after 5-10 yrs)	1							
Pump parts may be too expensive for them	1			1				
They have a trained maintenance group				1	1			
They have tools but no spare parts				1				
They don't know where they can find spare parts				1				
They would ask PC or council, or other, or CARE (don't know)				1				
They are able to collect money for spare part after a meeting, agree on contribution; or ask after harvest each to sell some; money for spare part				1	1			
8. What would you recommend future projects, in other villages?								
Spare parts given at end of project	1			1				
Same Package as CARE gave here; type of well is fine				1				
Use concrete lining well; not block / brick lining							1	
Use think iron rods, 12 mm, not 6 mm.							1	
Combine well pump with pouly, in case pump breaks down							1	
9. How has sanitation changed?								
Now people are healthier	1			1				
10. What has contributed most to this change?								
Tought how to clean environment (toilets, houses, compound, all)	1			1				
Mosquito nnets				1				
11. What is still limiting sanitation?								
First design hand washing facilities don't work well.	1							
Plastic cattle works better	1							
More nets				1				
Drinking containers, cups				1				
Add some cement to ventilation pipe latrine				1				
12. Do you foresee problems after the project stops?								
After project stops, they will not be as ill as before				1				
13. What would you recommend future projects, in other villages?								
They suggested different design toilet, with seat next to pit, not on top.	1							
Pvc pipe. With water flushing. Seen in other community.								
Mosqiuto nets				1				
Health education								
Toilets								
Same package as CARE has given				1				

Non-project village: Water, Sanitation and Hygiene

Changes over last 3 years? (spontaneoulsy mentioned, but refers to wat san, repeated here)

- School, well and toilet built by Unicef
- well can be used by whole community after school hours
- toilet is only for school children (adults use traditional latrine)
- Less diarrhea and cholera



MOHS - Water and Sanitation

	Kab.	Mak.
1. Underlying causes?		
1 Access to safe drinking water is still low; access to tap water <10%		1
Poor planning, e.g. dam built to provide water for Freetown did not anticipate growth of Freetown		1
Poor timing of water well digging by some projects (don't dig deep enough).		1
3. Sustainability?		
Some projects forget the maintenance part: training, toolkit and spare parts		1
Unicef did well to set up, with MOHS, spare parts stores at district level, sell at cost recovery prices.		1
4. What can be done better? Recommendations?		
Dig wells end of dry season, March		1
See unicef initiative spare part district stores		1
Combine well, training, tools and spare parts		1

MOHS - Hygiene

	Kab.	Mak.
1. Underlying causes?		
Somehow hand washing is not a habit in Sierra Leone, unlike in some French-speaking countries, some muslim countries, and Ghana		1
E.g in Ghana, every restaurant has a hand washing facility. Ghana had a successful hand washing programme years ago.		1
2. Has project tackled underlying causes?		
NGO have often short duration projects / less emphasis, little effect on hand washing behaviour		1
4. What could be done better? Recommendations?		
NGO should put more emphasis on hand washing and hygiene.		1
Teach children in school hygiene, adopt easier than older people.		1

MADAM - Water, Sanitation and hygiene

3. Sustainability?	
Wat / san activities are sustainable. Village maintenance team is trained (VLOM) during 5 days, and they have a toolkit.	
Local technicians were paid by the project; they live in the communities.	
Communities made by-laws to accumulate money in case they need to by spare parts, e.g. fines if you enter well space with (dirty) shoes.	



Ward Councillor - Water Sanitation

CARE has constructed good wells; EU constructed wells of poor design in the past
Well body programme has reduced illnesses

CARE Staff - Water

Location	NPRDI involved women for site selection well (OK). In one example, the chief wanted the well to be installed in his compound (not OK).
Design	Brick lined wells can collapse and can not be deepened. Concrete lining in wells, more durable, possible to deepen later on. The concrete lined well was estimated much more expensive and only a little more durable, and therefore less cost-effective However, when planning the project, the drying up of wells and the need to deepen wells were not considered.
Maintenance	Too often, years after projects close, wells are abandoned because the pump breaks down, in spite of a trained village maintenance team. There is need for a village-level fundraising system, to pay spare parts. It is not easy to have a functional village-level fund: how to raise money, how to safekeep it, how to manage it. Village can raise money with community by-laws; contributions from only those who use the well (often only part of village) Consider wells that are cheaper to maintain, e.g. rope pump, as recommended in the Mid-Term evaluation. The choice for the more expensive Kardia pump was SL Government policy that CARE followed

CARE Staff - Sanitation

Alternative design of latrine (proposed by village 1) will not work

CARE Staff - Hygiene

MoHS	Train especially women in hygiene, they are most involved. The risk is that after the project, the link between the community health volunteers and PHU (MoHS) breaks. Involve MoHS from the start of the project (even in the design), in training and monitoring the community health volunteers; make MoHS feel it is their project. Discuss with MoHS and with communities how the participation of community health volunteers can be sustained after the project closes.
Sustainability	Train more (more than 1-2) health volunteers / disease monitors (or even Stepping Stone Facilitators) per village. A too short and superficial training does not give the community volunteer the confidence he needs. A longer (or several short) training of volunteers (in any subject) will motivate the volunteer to continue the work. Disease monitoring was done well only a few months after training. So no long time series available.
Monitoring	Should cough be monitored, if this is not affected by the project activities? A good indicator would be 'patients being transferred to the clinic by health volunteer'.



Annex 3-4 Detailed results: HIV / AIDS

Project villages - HIV/AIDS Awareness and protection

A. Village 2, Women only. (plus V 6) Following parts of questionnaire

	v1	v2 ¹	v3	v5	v6	v7	v8	v9
19. How has knowledge changed?								
Training has also helped husbands to prevent HIV		1						
Risky behaviour of man is reduced, due to training		1						
20. What has contributed to this change?								
Project taught prevention		1						
Workshops		1						
Trained women told others in village		1						
Condoms are for sale in a neighbouring village								
24. Has the use of prevention measures changed?								
Condoms are used now		1						
25. What has contributed most to this change?								
Condoms are available through CHC members		1						
Condoms are available at health centres		1						
26. What is still limiting prevention?								
The CHC members have run out of condoms		1						
Condoms are not available in this village		1						
Language and culture barrier with some other communities						1		
27. Do you foresee problems when the project stops?								
Need for more condoms		1						
Continue prevention messages		1						
Especially youth is at high risk: more contacts, more partners		1						
CHC will not continue, was for a defined number of training sessions		1						
Request: CARE to link them with other service providers		1						
[CARE can link this village to social condom marketing project]		1						
28. Recommendations for future projects, in other villages?								
Ask someone knowledgeable from this village to explain in new village		1						
SS facilitator already rolls out SS in other community						1		
Peer-education is best: same language and same culture						1		
Training in mobilisation skills to get people on board						1		

*Women only



Project village - Sisi Aminata and Stepping Stones

Nicolette lead detailed and open discussion, (not with ferko's guidelines)

Sisi aminata, in Mayawlaw village

Teacher Sisay, has been trained, and has worked with pupils, since 2005

Sisi Aminata method was used with mixed groups of about 15 pupils, of 10-12 years old

(Pupils respond to questions Nicolette)

How did they use Sisi?

Sisi aminata is about 'papa mama business' (sex) and about reducing bad seexual acts

They read one (out of 60) cards with a question to sisi aminata (2 years for 60 questions)

Then they discuss what advice they would give

The teachers walks around, listens but does not intervene.

Then pupils read the printed advice by Sisi

what they remember from questions and their own discussions, the most favourite

Boyfriend (or husband) of elder sister wants to go to bed with you, a younger girl. What

Q to Sisi do you do?

discussion They would rather leave the house than to have sex with her brother in law

A from Sisi Discuss / inform elders

Q to Sisi Can I get HIV if I eat, sleep, live or sit together with someone with HIV?

Q to Sisi A pregant girls claims me and another boyfriend have made her pregnant, what to do?

Answer Stay faithfull, take responsibility, do DNA test after delivery

How has Sisi helped you in real life?

Now they know how to prevent HIV

Now they know the implications of sex

Now there are fewer teenage pregnancies at this school than before

Most girls now avoid sex

Example opf preventions?

Avoid sharing razor blades and needles

What do they recognise in real life?

They know about a pregnant girl, blaiming / claiming 2 boyfriends

Do you talk to others about the discussions about Sisi s questions?

Yes, with other pupils, also with parents, e.g. stick to one partner to avoid taht you don't know who you are pregant of, and void other problems

what questions they would like to ask Sisi

Pupils have also written their own questions to Sisi, deposited anonymously in a letter box, which were collected by an expert (Mrs Friedman, Freetown)

Q from pupil What is thhe effect of anti conception pils?

A from pupil Anticonception

Has bad side effects, stop taking those

Use condom instead, is safer than pils

Q from pupil Many young girls are out on the street, why? What should I do?

A from pupil lack of respopnsibility

e.g. young mother, leave child with grand parents, go out streat

Better go to school and learn to take care of yourself

Avoid street life, avoid pregnancy.

[After discussion with pupils:]

Nicolette suggested: it would be nice if children could send in their own, real questions somewhere.

Recommendation for a follow-up project dealing with HIV?

(F: perhaps even on the radio, by phone, perhaps live? This way, also children not in school are reached)



Project village - Stepping stones discussion with women, in Thoron village

[This first part is copied from 1-3, general intro, of village 3]

What have been the changes the last 3 years?

Before, they did not know about HIV.

They know it is transferred by blood.

Now they know how to prevent it.

Husband and wife need to trust each other

Condoms for sale through drug peddlers

Don't use needles and razors for 2 people

[Below is the later discussion, mainly through young woman facilitator]

There is no Krio for 'Stepping Stone'

How did it work?

4 facilitators (ym, yw, om, ow)

every Saturday they met, for 4 months, 16 sessions

She already started rolling out stepping stone in another community

Most interesting session?

1. What is needed during delivery; attended should wear gloves, and if blade is needed, use new blade

2. Children abstain, or use condoms

3. Avoid stigma, don't discriminate sick people

4. Dry clothes on cloth lines (confusion with CHC)

5. How to store drinking water, use mug (CHC)

6. Child care (CHC)

7. Sex with many partners creates a circle of sick people.

8. How to encourage children for good sexual behaviour.

9. Exercise with rope and hands, to work together

Did you see a change, effect?

Yes, now you use your own razor and needle, own knife

Now, we know how to stay together, live respectful in unity.

How did SS change, affect women?

Now less conflicts between husband and wife

E.g. she advised her husband not to be involved with other women

Her little girls play less with boys now. [I estimate 4 years old]

How did SS change, affect men?

Initially here husband was not part of SS group. She explained him, and he later joined the SS group.

Now, men beat women much less than before; before men beat wives for minor things.

Now women look better.

How does SS reduce poverty?

Now they know to prevent HIV, they will not get ill easily, and will spend less money in hospitals

Can you use a condom - does your husband agree?

Younger woman says she can; older woman says she is not involved in this

Where can you get condoms?

Nearby, larger village; not in this village

Who buys condoms, man or women?

Both women and men buy

What do you recommend CARE for other villages?

These trained women facilitators can train other villages

Apply the same SS method elsewhere.

Children should also be educated in HIV, etc.

What would you tell in other villages?

That they will benefit [from CARE / Stepping Stone method] and get a better health

(Nicolette: the already trained peer facilitators could do this in other villages too)



Project village - Stepping stones discussion with men, in Thoron village

How did it work?

In second meeting they formed 4 groups

Different stories

One about a rich man with many girlfriends, who later has many illnesses, that turns out to be AIDS

Community does not neglect the man, but treats the sick man with respect

Exercise: blind-folded man has to step from stone to stone to cross a river.

Imagine that there is a crocodile in the river (HIV)

First without guidance, then with 'left - right' indications from others, and last guided by a helping hand.

Lesson: How should a naive man deal with AIDS. Only with help you can avoid HIV.

Stones are advice.

They don't know whether there are HIV positive persons in this village.

What is risky; is there no risk in this village?

Before, there was more risky behaviour, but now risk is reduced.

(One young man explains) Before he had more partners, but now he sticks to one.

Did SS also change the life of women?

Yes, equally.

Before, one needle was used for several patients; now a new needle is used for each patient.

Now: if you have several partners, you use a condom.

Condoms are available for free with CARE staff, and for sale in neighbouring village

Was SS appreciated when it started?

Initially, people were afraid, but after splitting in 4 groups, it was OK.

Risk is already reduced; what to do to reduce risk even further?

Testing on HIV

Where can they be tested?

In Makeni.

Are you afraid to be tested?

They are not afraid to be tested; they want to be tested.

Why don't they get tested?

Because of transport costs.

What would you do if you knew you are HIV positive?

The person will need encouragement from the doctor and the community

The problem is confidentiality: who should you tell?

This was discussed in SS. Advice was to tell a good friend.

What could happen if you tell?

That everybody will know, Stigma, neglect by community

What if a wife turns out to be positive?

Use a condom; no reason for divorce

What do you recommend, e.g. adaptations, for use in other villages?

No adaptations, same approach SS.

Replication in other communities of this section

SS can not take place during Ramadan

[Question from Village:]

When CARE leaves, who will support us, the facilitators, with training, refresher course?

Besides CARE, who could help you?

Any NGO, but not the government.

(Government never focused on SS)

For the ongoing replication, they need an additional manual.

Request for rain coat

Request for certificates, for facilitators

Non-project village: HIV / AIDS awareness and protection

Change over the last years in discussing HIV in this village?

The health center taught this community to discuss this; there is no objection; we discuss

Condoms availability?

Not in this village, but in health center, 1 mile from here



MADAM - HIV/AIDS

6. Has project tackled underlying causes?

MADAM identified sale agents for social marketing condoms; later, field agents were asked to sell condoms

Condom use in traditional and religious communities requires sensitisation; sales alone is not enough. Awareness has increased but is still low.

8. What could be done better? Recommendations for future projects?

Stepping Stone to be applied on larger scale.

SS can be replicated by local facilitators (they do that already)

Foresee incentives for facilitators.

Engage MOHS more, especially at the lower PHU level: they should feel it is their duty.

Combine awareness with sales

MoHS - HIV/AIDS

5. What are the underlying causes for low awareness and low protection against HIV/AIDS?	Kab.	Mak.
The current strategy: awareness (abstain, faithfull, protection) and condom supply has insufficient effect	1	
People don't abstain; people are not faithfull, and condom use is still low.	1	
Families need the money that their douchters bring home in the morning (prostitution in town, in Kabala)	1	
This district (Kabala) has the highest HIV rate.	1	
The government HIV/AIDS project was taken away from MOHS to MoDevelopment: not the right people. (4 years ago)	1	
Government ran the HIV/AIDS project through chiefs, who don't know about it.	1	
Now they started to involve MoHS again, in Freetown; but at district level, MOHS is still not well involved.	1	
It is not clear to what extent HIV-risky behaviour has changed.	1	
6. Has project tackled underlying causes?		
CARE, as other NGO, work in line with government policy, OK (same message)		1
People are indeed buying condoms via health facilities - social marketing.		1
Different approaches for HIV awareness are justified, because different communities and different groups have different culture and habits (eg christian, muslim, youth, elders.)		1
7. Sustainability?		1
The sale of condoms via NGO field staff is not sustainable; transfer this task to small shops		1
8. What could be done better? Recommendations?		
HIV problem needs a different approach. A thorough evaluation is needed. Then the Govt should set a policy, make a plan, and ask others (donors / NGO) to help	1	
The problem is larger and is strongly related to poverty. During the war, refugee women were exploited, in return for shelter or food; that habit remained.	1	
CARE has a social marketing approach, while the government supplies codoms for free.	1	
Approaches should be harmonised		
Social marketing needs upscaling.		1
Use public mainstream, work through MOHS, with MoU, empower and support govt.		1
Make use of the new, polyvalent 'volunteer community health workers', between the villages and MOHS.		1
Train at least 4-5 volunteers per village, because some trained people may leave the village.		1
Organise annual refresher courses, including training new volunteers if old one has left.		1



MAFS HIV/AIDS awareness and protection

5. Underlying causes?

HIV is not perceived a risk in rural areas.

HIV is perceived a risk in towns, and town men prefer to get a woman from the rural area, is safer.

Kab. Mak.

1

1

CARE Staff - HIV/AIDS

Strategy	<p>People are already aware. No need for more awareness campaigns</p> <p>Interventions should target behavioural change</p> <p>One chieftdom has a by-law to change behaviour: not only pregnant girl but also responsible boy has to leave school for one year; boy has to pay fine.</p> <p>Continue CARE approach: Sisi for children and Stepping Stone for adults.</p> <p>Continue to work through peer groups: works well.</p> <p>Expand the focus from HIV/AIDS to the wider group of Sexually Transmitted Diseases. Many STD are more visible than AIDS (in SL). Focus in Europe also shifted to STD.</p> <p>Include video shows of AIDS patients, as evidence of AIDS, because very few Sierra Leonean have seen AIDS yet.</p> <p>Include homeless youth in towns as target group for HIV / AIDS projects.</p> <p>For HIV / AIDS, CARE should target towns, especially young prostitutes and the poverty that drives them into prostitution.</p>
Sustainability	<p>The stepping stone facilitators may need some incentive / motivation to continue after the project (and possibly sensitise in other villages)</p> <p>An incentive for health monitors or stepping stones facilitators could be a material incentive (e.g. rain coat, bicycle)</p> <p>Train also the Traditional Birth Attendants, through the PHU (MoHS), who are already in contact with these TBA.</p> <p>(general about continuation of volunteers) Discuss with community about continuation of volunteers; possibly the same way communities support (unpaid) teachers: by parents and children working on teacher's fields.</p> <p>Income generating activities are needed to continue un-paid off farm activities.</p> <p>If a village forms CBO, CBO can seek funds of assistance from ministry or donors.</p>
MoHS	<p>Let the MoHS supervise the health / stepping stone volunteers.</p> <p>Involve PHU Nurses in education at school.</p> <p>The improvement in the relation between (CARE project) volunteer disease monitor and the (MoHS) PHU is an important lesson learnt.</p>
Children	<p>Target children also outside school: outside school they are at risk (not only at school); many children don't attend school</p> <p>Consider relationship parents - children</p> <p>Target children both after school, as well as children who don't go to school.</p>
Condoms	<p>CARE is more in favour of social marketing of condoms than free distribution, done currently by SL government.</p>
Data	<p>Can the NPRDI evaluation comment on the Sisi and Stepping Stone methods, piloted in NPRDI?</p> <p>Use the results of national HIV prevalence survey (2005) as reference in this NPRDI evaluation report. It has also info about condom use.</p> <p>Use the SAY endline evaluation report as reference about awareness and protection; this survey also included some NPRDI villages.</p>



Annex 3-5 Detailed results: Food Security

Project villages - Food security

	Project villages								
	v1	v2	v3	v5	v6	v7	v8	v9	
29. How has food availability changed?									
Food prod has increased	1	1							1
Still most people have insufficient food									1
Now there is more rice			1						1
Now there is enough seed available (CARE)	1								
Now more rice in IVS	1								
Now more different crops, (supplementing rice), e.g. groundnuts			1						1
30. How have crop sales changed?									
Crop sales have increased, more income			1						
31. What has contributed most to increased production (and sales?)									
Group work has contributed most to food prod.	1								
Supply seed and cuttings			1						
Most important for men was seed rice									1
Most important for women was groundnut seed									1
Collective seedbank, is still functional	1								
Training of farmers, who then train others (FFS)									1
Learnd through CFFS / MAFS agent			1						
Training in better weeding									1
Training: don't wash rice seed before platning									1
Training in row planting, better than random planting, and easier to weed			1						
Training in incorporating weeds and residues, higher yield			1						
Crop rotation in swamp, eg rice - groundnuts			1						
Make compost from weeds and grass for vegetable garden			1						
32. What is still limiting food production?									
Poor soils	1								
Too little fertiliser; only few farmers apply	1	1							
They need fertilisers that are adapted to their soils			1						
Tractor needed	1								
Due to small conflicts (absentism from collective work), no more group work this year,	1								
Iron toxicity is problem in IVS			1						
Insect pests (grass cutter)			1						1
Store for harvest	1		1	1	1				1
More hunting nets						1			1
More training in farming							1		
Big problem between the agricultural Limba population and the cattle herding Fulla: damage to crops									1
33. Do you forese problems after the project stops?									
No, FFS will continue		1				1			
FFS is open to new members		1							
CFFS member is already training contact farmers in neighbouring village		1							
FFS faclitator with bicycle already helps other communities							1		
CFFS is proposed by MAFS agent for FAO support		1							
Other farmers can form new FFS group, trained by old FFS							1		
'Seed rollout committee' manages seed bank, functions within village; possibly later also to other villages [less enthusiastic]							1		



Project villages - Food security

	Project villages								
	v1	v2	v3	v5	v6	v7	v8	v9	
<hr/>									
34. Recommendations for new project in other villages?									
Trained and experienced farmers in CARE villages offer to train farmers in new villages		1				1			
Assist with transport for farmer to farmer training							1		
Neighbouring villages are already interested							1		
Gari processing machine			1					1	
They want (and recommend for other villages) cash crops: oil palm, cacao, coffee, pieon pea									
Fishponds (seen nearby, project of other NGO)			1						
Make drying floor surface more smooth					1				
Encourage group work							1		
Agric. Fairs / shows. They intend to organise one every 2-3 yrs themselves; support?							1		
Row-planting			1						
<hr/>									
35. Has the diet changed?									
Yes, diet has changed: more diverse			1						
More cassava			1						
More vegetables			1						
36. What has contributed to this change?									
Training in nutrition			1						
New vegetable gardens			1					1	
38. Do you foresee problems after the project stops?									
Women nutrition farming group will continue, provides income						1			
Women nutrition group stopped, because first seed did not germinate well.							1		
Women vegetable garden stopped, because cattle destroyed everything								1	
39. Recommendations for new project in other villages?									
Encourage other villages to establish vegetable gardens		1						1	
Project village members can explain other villages		1							
Test seed before distribution								1	
Supply fertiliser							1		
Choose species adapted to the village / soil							1		
Supply watering cans							1		
Supply pesticides							1		
To be united, work together								1	
Ask WC to protect village and crops against cattle								1	
<hr/>									
Non project village - (mixed group) (village 4)									
Changes in food production?									
Rice production reduced because fallow vegetation is thinner (slash and burn)									
Cassava prouction is stable [is a less demanding crop]									
Before, FAO supplied fertiliser; not anymore									
Harvest losses by rodents									
What is needed to increase food productionn?									
Fertiliser									
Swamp development									
Use buli land [is heavy soil]									
Have you seen new practices in neighbouring CARE village? Are people copying?									
They have seen vegetable growing on ridges in care village; one woman is copying									
Theyv did not discuss new practices with care village; just saw it.									



MADAM - Food Security

11. Sustainability?

Sustainability of Satellite FFS is good; they will continue.

S-FFS will be replicated by contact farmers, who are given a bicycle, in cluster villages

Good that MAFS was involved; they can continue

Seed bank managed by farming group; will continue

MoHS - Food Security

12. What could be done better? Recommendations for future projects?

Kab. Mak.

Farmers have problems with cattle eating their crops and vegetables. Cattle will remain a problem in Koinadugu. Encourage farmers to plant tree crops. 1

Ward Councillor - Food security

FFS, workshops in agriculture, seedbanks, agric fairs: work well

PRD allow communities to express their grievances, even ask about tax

The PC has improved his way of treating people.

Schoolfees are paid from rice harvest

Milling machines has relieved women from some work

Road network is still poor



Ministry of Agriculture and Food Security - Food Security

	Kab.	Mak.
9. Underlying causes for low food security in Sierra Leone?		
Too small areas cultivated	1	
Low income, farmers cannot even pay fuel for government tractors	1	
Late planting, drought later in season, low yield	1	
IVS potential underutilised		1
Understanding about farming is low		1
Farmers don't take message from extension agent	1	
Extension agent has little to offer (seed, tools)	1	
MAFS extension system is poor by lack of transport and lack of training in new innovations		1
Link between Ag Research - extension - farmers is poor, but is being improved.		1
10. Did the NPRD project tackle the underlying causes well?		
CARE tackled underlying causes well	1	
CARE is one of the leading agencies supporting FS		1
In Neni chiefdom, where CARE is working, rice production is higher and prices are half of prices at Kabala	1	
Area under cultivation is increasing	1	
Now SL is at 69% rice self sufficiency; >100% self sufficient for cassava and sw potato	1	
In some villages, drying floors are installed and not used; sometimes inappropriate interventions are taken following a blanket approach [NGO's in general; not necessarily CARE]		1
Some villages have tractor but don't need it; only used as transport [is govt. support]		1
11. How do you assess sustainability of project achievements?		
Sustainability of FFS method is good	1	
FFS approach is good: self reliant, farmers solve their problems themselves.		1
FFS facilitators (voluntary farmers) receive bicycle, replicate message.		1
MAFS will continue with FFS, organise them in ABU; FAO/UNDP FFS programme is long duration	1	
Field agent wants CARE CFFS to be taken care of by FAO / MAFS; has put in request.		1
12. What could have been done better? Recommendations for future projects?		
Involve MAFS extension workers in the planning and needs assessment, for more relevant and realistic plan per village		1
Avoid blanket approach - avoid inappropriate actions		1
Avoid inappropriate messages, e.g. he doubts drip irrigation, foresees problems		1
Needs a wide approach, not only focussing on food production (sick farmer can't work)		1
Information needs to be accompanied by e.g. seed or hardware		1
Continue (don't change) FFS / ABU approach; this is now Govt policy	1	1
Involve researchers in FFS approach		1
Involve FFS facilitators in future work.		1
Train MAFS in new innovations		1
Equip MAFS extension agents with motorbike [F: ownership scheme?]		1
Problem is low govt salaries. MAFS has lost 10 staff to NGO, 4 to CARE; leaves MAFS understaffed	1	
Some NGO work with oxen: seems successful; before the war oxen were used for ploughing	1	
Government has chosen tractors and power tillers	1	
Shift from subsistence to commercial farming		1
Include a livestock component with small ruminants, but be careful not to transport animals because of diseases; multiply within village and involve veterinary service	1	
Include aquaculture	1	
Emphasis on cassava processing machines	1	
Could CARE spread to other chiefdoms?	1	
21. Environmental sustainability?		
He is not aware of environmental negative effects of NPRDI		1



CARE Staff - Food security

Prefer spending more project money on food security than on HIV awareness campaigns

Inputs	<p>Farmers ask for expensive chemical fertiliser, but we should also work on organic fertiliser.</p> <p>'BOFA', organic fertiliser made from palm kernel, is not very appreciated by farmers; no quick results.</p> <p>Farmers don't know the advantages of forming an association. Encourage farmers to form associations, which can get assistance from the ministry, e.g. fertilisers.</p> <p>Be careful with pesticides - harms the environment</p> <p>Consider Integrated Pest Management: small amounts of pesticides and other measures.</p> <p>MAFS: for cash crops, involve MAFS to provide chemicals. CARE does not have to provide chemicals.</p> <p>In several other projects, seed banks don't work well.</p>
FFS	<p>CARE provided bicycles only to the most active FFS facilitators (voluntary farmers); about 60 out of 500.</p> <p>CARE cannot provide bicycles to all contact farmers of FFS.</p> <p>Encourage farmers to try out new practices on small part of their field.</p> <p>From an FFS evaluation: In other countries, communal fields for FFS often don't work.</p> <p>From an FFS evaluation: FFS tends to reach only the elite, land-owning farmers.</p> <p>FFS are not effective: farmers don't copy what they do in the communal FFS fields into their individual fields.</p> <p>Involve agricultural research to show farmers something new that farmers can choose from in their FFS experiments.</p> <p>Show farmers innovations but leave the agenda open: farmers should choose what they want to try; not CARE.</p> <p>Line planting of rice, done in many FFS, was a CARE-driven subject, not a subject farmers chose.</p>
MAFS	<p>MAFS would like to involve MAFS extension agents and Block Supervisors in NGO activities</p> <p>MAFS agent training should be done by MAFS; not by NGO.</p> <p>Organise cross visits, for farmers and (few) staff, to sites where there is really something new: outside chieftdom, or even outside the country</p> <p>Organise visits to agricultural research institutions.</p> <p>Does the MAFS extension agent really do so little, outside the INGO projects, in SL? In cash-crop oriented countries like Morocco, MAFS staff are very involved.</p>
Practices	<p>Some farmers prefer row planting of rice: less seedlings needed and higher harvest; others prefer random planting: less labour.</p> <p>Even in random planting one can make improvements, e.g. optimising plant spacing.</p> <p>Consider mechanisation, think beyond simple hand tools; with hand tools production will remain low; consider animal traction.</p> <p>About row planting: production per ha may be more but production per man-day labour is less. Evaluate 'improved practices' also in terms of production per man-day.</p> <p>Consider swamp development and rehabilitation.</p>
Processing	<p>Consider storage for harvested products.</p> <p>Ward Councillor: Reduce pre- and post harvest losses, with drying at household level, on tarpolins</p> <p>Consider cold storage for vegetables [probably a non-starter: do feasibility study first].</p> <p>Look into processing: cassava grating (gari), rice milling, fruit canning, palm oil presses.</p>
Cattle	<p>Cattle problem between Fulla and Limba farmers. CARE to discuss with District and PC; bring conflicting communities together.</p> <p>In Koinadugu district the cattle problem is worst. In Bombali the problem is less: here all cattle are brought to a ranche during the rainy season, where cattle are fed (cut and carry).</p>



CARE Staff - Food security

- Diversification** Encourage vegetable growing by targeting and organising women in groups.
Tree crops may be a problem because of land tenure issues in some districts. Normally, only land-owning families can plant trees. Tree planting is considered as caliming the land ownership.
- Mechanisation** There are not many animals available for ox-ploughing, and only few farmers have experience with this. If at all, focus ox-ploughing effort on farmers with experience and animals.
Even farmers organised in associations have hardly access to tractors. Tractors are hardly seen ploughing, and are mainly used as transport mean. Even power tillers are used with a trailor.
- Marketing** The road network, including the access to markets, is needed to improve food production.

Traders buy products too cheap from farmers directly after harvest: how can we avoid this?
Revolving fund for farmers.
Improved agric business training (NPRDI started this, superficial), including price info.
Provide farmers with transport means. (others:) but transport means should not be provided by CARE.
- Roads** Roads are more limiting than transport. The CARE project LINKS provided transport means, but these are hardly used because of poor road network.
Food for Work is a risky way of improving roads; CARE has experienced this in the past.

Often, the repairs done on the road (manually) were damaged again after one rain; needed to be done every 6 months (Experience CARE DRP project, without involving SLRA (govt road authority).
Manual road repair should be a community initiative, not a (CARE) project initiative.
FFW CARE assistance to road rehabilitation was often limited and work was often not completed.
For rehabilitation of feeder roads, the Government should be involved with grading machines, and not NGO with ineffective manual work.
- Monitoring** CARE needs better data about food production. The HH survey data are not reliable. One option is to measure the field sizes, wich is more under farmer control (outcome) than the actual production that is affected by weather etc.
Food production in the FFS fields is monitored, but in individual farmer fields it is not.
Is there a differece in food production increase between Bombali and Koinodugu? CRS found an increase in Koinadugu.
Farmers understate their production, because they are afraid the project is asking seed back again (seedbank) or to stress that they are still in need. Household survey yield data are therefore not reliable



Annex 3-6 Detailed results: Governance

Project villages - Governance

	Project villages							
	v1	v2	v3	v5	v6	v7	v8	v9
40. Has participation of women and youth in village-level decisions changed?								
Since project, anyone can participate in meetings	1							
Women and youth are now involved in decisions; before not							1	
In general, before, only elders decided; decision sometimes not favourable for youth							1	
Initially, no peace; since FFS: peace and unity in village.		1						
They set up VDC with chairman and chairlady, rules and regulations							1	
41. Examples of decisions where W and Y are now involved in?								
E.g. decision on what fines need to be paid when absent from collective work							1	
E.g. decision to work every Friday repairing road							1	
However, women would like to be more involved in decision which children go to school; now husband decides alone							1	
44. Recommendations for new projects in other villages?								
This village can explain new village about unity and working together							1	
45. Has interaction with government services changed?								
Villagers discuss also with chiefs and ward councillors	1							
Since C-FFS, relation with MAFS		1						
Working together have also brought linkage with NaCSA for the construction of a community centre					1			
Project has linked community with MoHS; they have a dispensary / nursery							1	
No change in contact with MAFS; don't know the extension agent							1	
They have always had a good relation with WC, from this area, lives nearby, frequent contacts							1	
46. Example of an interaction between community and other structure?								
Example: conflict between 2 sections, resolved in Peace and Right Days	1							
They discussed cattle damage with Ward Councillor								
They discussed with WC dilemma of sending children to school and children help in field to chase animals away							1	
They discussed with WC problem of poor roads							1	
They hope WC supports with cattle conflict, road and ploughing machines							1	
47. What has contributed to this improved interaction?								
Peace and Right Days	1							
Even PRD has not resolved problem Fulla - Limba							1	
Awareness that women want their 50% share (rights)							1	
Awareness that women should not sit at the back in meetings							1	
48. What is still limiting interaction?								
WC does not link village to other service providers; should do so							1	
WC wants to help community but does not have the power							1	
49. Which government structure would you like to interact more with?								
Ward councillor	1							
They want to form association, to seek support from NGO and other services, through MAFS		1						
50. Recommendations for future projects?								
When new project starts, meet with project, community, councillor	1							



Non project village - Governance (V4, mixed group)

Who would they contact for assistance in development, for e.g. a school or health center?

This village had a plan for a health center and approached the Ward Councillor, who did not respond (vi)
Not yet tried to contact others.

What would help a better relation with WC?

They plan to meet the Paramount Chief.

They can ask CARE

Who is easiest to get in contact with?

MAFS extension agent (Kamara, involved in CARE project, active; spread!)

How could we facilitate links between communities and government / NGO services?

Organise youth in groups, work together.

(They have more hope in work within the community, than in outside assistance)

Non-project village - Governance (V4, only youth)

Do youth participate in village level decision making?

Yes, for example: decided together where to build Unicef school. All involved in work

Example of decision where you are not involved in, but would like to be involved in?

(Yong Man) No example

(Yong Woman) She would like to be involved in conflict resolution

Compare decision making with 3 years ago?

Same level of participation; they participated 3 years ago as well

MADAM - Governance

14. Has project tackled underlying causes of low participation in decision making?

CARE made effort (but not enough) in setting up village committees, promoting inclusive decision making, and defining roles and responsibilities

15 and 19. Sustainability?

Doubts about sustainability of governance activities. This received less emphasis. Governance coordinator (CARE) arrived only 3 months before end project

Training for VDC, and training at chiefdom level, came late.

18. Has project tackled underlying causes of poor linkages between community and government?

Little effort was made to improved governance above village level; linking villages with higher-level structure

PRD were a very good effort, but community members are still afraid to ask questions.

20. What could have been done better?

Link communities with: WC, PC, Ministries, chiefdom leders, members of parliament.

Paramount Chief - Governance

Participation

Before: important messages were only given to few, not to all community members. Now: meeting participants inform whole village about meeting.

Before, youth were not considered, which was one cause for the war. Now youth are involved at different levels.

Example: youth and women leaders are also member of the village welfare committee, together with village headman. they decide about eg cleaning roads, or general village development.

Before, many youth left villages. Now, because of training and peace in villages, youth are motivated to stay in villages; some even return to village.

Now more discussion about development

PC Recommends: Best is to assure a good link between youth and elders.

Link

Interaction community - PC has increased

Before: complaints via section chief to PC to judge, no possibility to revise judgement. Now: one can take PC judgement to higher court for revision judgement.

It is difficult to link communities with organisations, because each organisation has its own approach. Linking can be improved by community awareness of their rights; training of communities; general education facilities.



Ward Councillor - Governance

Participation

Women are more involved: there is a woman court member, and a women community representative
Effect is that decisions are now more correctly taken, with less grumbling
In case of conflict, W and M discuss before bringing it to PC. Fewer fines levied by PC
Many Queens play important role in villages
Men now beat Women less frequently.
Women are more aware of benefits of sending children to school
Better relation within family: husband, wife, children.

Link

Problems with PC.
PC were not happy with re-introduction of WC - PC would lose power.
WC is link between village and PC, through ward community members.
WC is in contact with district council
Political problem. This WC was member of APC, while DC and PC were SLPP; so before the elections, he was hardly heard.

Example of a problem of poor collaboration between community, WC, PC, DC and Court:

Cattle problem is a tribal problem, but above all a PC problem
Fulla obtained land through PC, without PC consulting the Town Chiefs
So Fulla claim land that Limba are cultivating
If there are conflicts, Fulla, relatively rich, will bribe PC with a cow as gift.
If cattle damage crops, Fulla may pay fine to PC, but do not compensate farmers
If angry Limba hurt a molesting cow, Limba have to pay high fines or go in prison
One whole village was imprisoned because of damaging one cow.
A complaining farmer was beaten up - intimidation
There are laws, eg cattle should stay at distance from crops, but no follow up.
Council does not resolve the cattle problem either

Several people have fled villages because of the cattle problem and because of high fines by PC
Nobody can correct PC
The decision maker in the court is also a Fulla.

Recommendations for improved linking

If a group of neighbouring communities organise a CBO, registered, they can seek assistance.
Farmer groups of different villages can join in one CBO
CBO will meet WC, then see PC.
WDC can forward CBO request to district council or to other organisations / donors
Example: 4 villages formed one CBO (farmer association) and manage one grating machine; the WC is CBO advisor.
WC wants mobility to visit and monitor communities, e.g. monitor use of processing machines
If the road would be better, community members would come more often to chiefdom headquarters and could participate more in decisions.



CARE Staff - Governance

- Within village Youth are still insufficiently involved in the decision-making; they are mainly involved in implementation.
The CARE governance coordinator arrived only 3 months before end of the NPRDI project
- Linking Has 'governance' improved because of some NPRDI activities (wat/san, hiv, food) or because of some stand-alone governance activities?
Village Development Committees should be strengthened and linked to service providers.
- Different NGOs could make arrangements: e.g. after one NOG puls out, another could continue in the same communities.
WC do not need CARE support with mobility; WC were able to move during campaigning without support as well.
WC are political figures and may politicise CARE project
(WC:) No, after elections, WC supports whole community, not only one party.
CARE prefers to work through CBO, which are more neutral than WC; they could receive transport means.
Some projects have been handed over to the WC, which was a problem.



Annex 3-7 Detailed results: Partnerships

MADAM - Partnership

23. Did project share sufficient power and responsibilities with partners?

Initially the partnership between CARE and MADAM was not clear.

The first year MADAM was not involved.

The CARE PM did not understand how to involve partners, but after 1 year this was clarified

CARE NL (Nok) came along helped to clarify.

Still some improvements to be made in partnership

The involvement of MADAM is not very visible, eg on signposts at villages, on certificates, etc.

Villages think it is only CARE who implements the project - a disappointment for MADAM

Last month MADAM asked the CARE PM (Stella) to mention MADAM on the CFFS certificates of training given by MADAM

23 (modified) What are the advantages of partnership?

Both local and international organisation benefit:

Local organisation will continue after 3 year project stops, perhaps not in same communities, but in other projects

Local organisations know the local situation (terrain, culture, traditions), so they more easily work with beneficiaries

Local organisations can implement cheaper than CARE; field staff salaries are lower than CARE salaries

Local organisation benefits from international network of INGO: MADAM is now known by EU and other donors

CARE has experience in project management, which helps the fieldwork by MADAM

MADAM agents have learnt a lot from CARE

26. What recommendations would you make for future CARE projects?

CARE's way of partnering should be more transparent and pragmatic, should be built on trust

CARE should be willing to work with local partners on an equal level: in planning, in decision making

Partners should hold each other accountable in both ways, not only CARE controlling books of MADAM
Partners should be involved in design and planning.

CARE should also recognise the contribution MADAM made (social security costs field staff, motorbike)

Include advocacy and lobbying activities: government made aware of NGO complementing govt work, not govt working for INGO; MoU roles and responsibilities

CARE should involve government more, in a way that Govt feels responsible.



MoHS - Partnerships

23. Advantages partnerships?	Kab.	Mak.
NGO and government should complete (complement), not compete	1	
NGO fill gaps in government activities	1	
Because of help by NGO, this district is more successful. Approaches are tested here; other districts learn. E.g. low cost maternal mortality methods are tested in this district	1	
MOHS staff are trained by NGO projects	1	
Collaboration with PHU is important. PHU have 'birth waiting houses' for mothers from far away. At PHU mothers now also get health education and HIV testing. There is an 'opt out' not to test, but almost 100% of mothers at PHU are now tested	1	
23. Partnership with CARE?		
Partnership MoHS and CARE is good now.	1	
CARE complemented MOHS efforts and supported national campaigns		1
CARE participated in monthly coordination meetings for NGO in health (Health Sectoral Meetings), and in 'Maternal and Newborn Health Working Group'	1	1
Initially CARE diseases monitors and PHU were not collaborating	1	
Later CARE's disease monitors informed PHU, OK. PHU staff now oversee disease monitors	1	
CARE raised awareness that pregnant women go to PHU for delivery: very good	1	
26. Recommendations for future CARE projects?		
CARE can also support lower level PHU.		1
Involve PHU staff in project monitoring		1
CARE can support MOHS with transport		1

MAFS - Partnerships

23 (modified) What are the benefits of partnership [CARE - MAFS] ?	Kab.	Mak.
To complement each other	1	
Government structure continues when INGO leaves	1	
Government has additional field capacity	1	
MAFS has too few resources, some staff are idle because of lack of transport. NGO can provide transport.	1	
INGO have money, can do more, more effect		1
CARE - MAFS partnership was capacity building	1	
Where CARE works, communities take more easily contact with MAFS	1	
CARE made use of MAFS store (collaboration)	1	
Cordial relationship between CARE and MAFS		1
26. What recommendations for future projects?		
Involve ministry at the planning stage, as partner		1
Avoid confusing messages from different sources in the field		1
He would like MAFS to receive motorbikes for field agents	1	
He would like a higher top-up salary for field agents (currently 50,000 p month)	1	
He heard CARE will involve local NGO more. He is worried about that. CBO capacity is weak; should have an attestation from MAFS; don't entrust them a too large package.		1
Avoid conflicts of interest at field level when implementing project through CBO.		1
Clarify the roles and responsibilities of CBO		1
CBO should work in line with govt policy, eg FFS and ABU approach		1
Let CBO, INGO and MAFS plan together.		1



CARE Staff - Partnerships

General	<p>The project duration of 3 years (typical EU project period) is too short to identify partners and develop good partnerships.</p> <p>E.g. in the LEAD project, one year has gone and no partnership have been formulated yet.</p> <p>It is better if partners were identified during the project design, not after a detailed project plan has been approved.</p> <p>Project planning should be done together with partners (e.g. MAFS, including lower level agents who will be involved), specifying all roles and support.</p> <p>Some NGOs plan projects poorly by not involving the ministry.</p> <p>An important question to keep in mind is: how can partners continue after the project stops?</p> <p>Distinguish the different types of partnerships and choose what partnership is desired.</p> <p>The type of partnership mostly used by CARE seems more of subcontracting, which will have very little impact on increased sustainability.</p> <p>CARE is donor-committed. CARE will have to train partners in complying to CARE in a same way as CARE has to comply to donor.</p>
NGO	<p>There is a lack of clear policy about the relation between I-NGO and MAFS (partnerships).</p> <p>Who should play what role?</p> <p>Partnerships grow over different projects: MADAM was involved in NPRDI and is now partner in LEAD.</p> <p>During the design, CARE had one partner, MADAM, in mind, but MADAM was not involved in design.</p>
MAFS	<p>It is not clear why NGO should top-up salaries of ministry staff.</p> <p>(MAFS) Salaries in government are very low. An alternative for top-up salaries is allowances per day worked 'for' CARE.</p> <p>Top up salaries for Ministry staff creates a conflict of interest.</p> <p>At the central level, between NGO and ministries, the agreement is clear: MAFS identified the gaps where NGO could work (with FFS).</p> <p>At the central level, there can be a clear agreements between NGO and CARE, but at the lower level this is not always known or understood.</p> <p>However, at the local level the MAFS extension agent feels like he is doing an additional job for CARE, not for MAFS.</p> <p>CARE often discusses the project plan at the district level, but does not involve the lower level MAFS staff.</p> <p>In some cases, the CARE PM did not involve MAFS extension agent in the planning.</p> <p>A MoU was developed by CARE, specifying what was expected from MAFS.</p> <p>Other CARE projects have different ways of motivating MAFS staff, e.g. Profarm pays higher top-up salaries to set up tree nurseries. Needs a harmonise approaches.</p> <p>There is a risk that MAFS (or any other partner) poses escalating demands: first a motorbike, then also fuel, and then even sitting allowances.</p> <p>One volunteer contact farmer recommends: with a CARE motorbike, I will continue more than a MAFS agent with a motorbike.</p>



Annex 3-8 Detailed results: Multi-sector projects

Project villages - Multi sector approach

	Project villages								
	v1	v2	v3	v5	v6	v7	v8	v9	
53. Does one project component help the other, or could they better be implemented as separate projects?									
You need all the project components. When you remove one, the other will be less effective. (if you remove one out of 3 stones, the pot will not stay)						1		1	
However, do first a village-level needs assessment. Not al may be needed						1			
Hygiene training and toilet and well need to go together						1			
HIV training and condom availability need to go together						1			

MoHS - Multi Sector approach

36. Where there too many components?	Kab.	Mak.
Multipurpose approach is justified; community needs are multiple.		1
Do needs assessment first, in each village		1
38. Synergy?		
The VSL scheme are also used to pay medical care / emergencies [indeed I found one example in one CARE village]		1
(Extra) Recommendations?		
Hardware components always need a training component and a governance component		1
Combine activities with a short term benefit with activities with a long term benefit		1
INGO should empower public sector and local NGO		1
General education is important		1

MAFS Multi-sector approach

36. Were there too many project components?	Kab.	Mak.
Better to combine different sectors in one project, than to have several separate sectoral projects in the same village: will confuse people.		1
MAFS also has a basket of options for communities, from which some activities are chosen.		1
38. Example of synergy?		
Healthy farmers are more productive; well fed farmers are healthier		1



CARE Staff - Multi-sectoral approach

Multipurpose project is more demanding from care staff: need to know about all subjects.

NPRDI project was over-ambitious: too many activities.

NPRDI was confusing farmers: too many committees, even though often the same people took part in them.

In spite of MoU with village (about contribution project vs contribution community), confusion continues.

CARE field staff can handle a multi-sector project as long as the number of communities is not too large: the number per agent may need to be reduced.

A multi-sector project may thus require a larger number of field agents.

It is more efficient if one single project works in several sectors (in the same communities), than if several sector projects work in the same communities.

Most CARE staff prefer to have polyvalent field agents, knowing about all sectors. This requires more training of field agents.

Some CARE staff prefer to have specialist field agents (as CRS works), requiring several field agents to visit the same communities (logistically less efficient).

A compromise is that one field agent asks help from another field agent who is more knowledgeable in certain subjects.



Annex 3-9 Detailed results: Other issues

Project villages - Questions to me (often requests, indicating needs felt)

	Project villages							
	v1	v2	v3	v5	v6	v7	v8	v9
Is farmer allowed to plant project / seedbank seed outside community? [yes]	1							
Tractors? [farmers need to be organised in associations, to request tractor assistance from government]	1							
Women requested more income generating activities		1						
Micro enterprise development				1				1
School (building)			1					
Clinic			1		1			
Community center				1				
Market building								
What can they do with the unfinished well (pit)?						1		
Grass for tatching is less available, want iron roof [look into protecting, planting perennial grass]							1	
Who will help with problems in the future after CARE leaves?				1				
What can they do with certificates? [care: of other project comes in]								1
Don't want CARE to leave						1	1	
Will care leave or continue?								1
Can CARE expand to other communities, that are not as well off?					1			

MAFS Accountability

28. Was project accountable to beneficiaries?	Kab.	Mak.
CARE explained well all activities and approaches to MAFS, was transparant	1	
NPRDI was transparent: they always informed MAFS about deliveries and services provided		1

MAFS Decentralisation

What is the effect of decentralisation?	Kab.	Mak.
Decentralisation: funds from MAFS Freetown to MAFS District level. MAFS district director can now much easier access funds for fuel etc. He bought 1 computer and 4 bikes.	1	

Paramount Chief: other recommendations

He would like CARE to expand to the about 50% of the villages in this chiefdom that CARE has not worked with yet.

Main needs; roads, schools, clinics

CARE Staff - Approach, general

No more banket approach: some interventions were not very relevant in some villages
Needs-assessment should determine different choice of interventions for different villages.

Revised, more appropriate, tailor made project approach needs a discussion between CARE and donor (eg EU)

Procurement is too slow. CARE policy: only in bulk. Revise procurement policy. Example: Gari machines, recommended after mid term eval, are only now supplied (late). Training still needs to be given, after project has closed.

Many farmers still have the attitude of a relief approach: expecting free inputs.

Chiefs still want to get project benefits for themselves.

Chiefdom headquarters expect more benefits, and can have political problems hindering CARE activities.

Farmers are used to individual work. Communal project work was often difficult to organise.

Confusion of different approaches by different projects: e.g. NaCSA paid labour for communal structures.

