

**Final Evaluation  
Northern Province Rehabilitation and  
Development Initiative (NPRDI)  
CARE Sierra Leone**

***Evaluation and Recommendations***

***- Draft-***

**Commissioner: CARE Sierra Leone**

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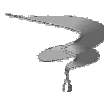
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# Abbreviations

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ABU	Agricultural Business Unit
CBO	Community Based Organisation
CSP	Child Survival Project (another CARE project)
DMO	District Medical Officer
FGD	Focus Group Discussion
FFS	Farmer Field Schools
FFW	Food for Work
HH	Household
I-NGO	International Non Governmental Organisation
IVS	Inland Valley Swamps
MADAM	Mankind's Activities for Development Accreditation Movement
MAFS	Ministry of Agriculture and Food Security
MAF&FS	Ministry of Agriculture, Forestry and Food Security
MDG	Millennium Development Goals
MoHS	Ministry of Health and Sanitation
NaCSA	National Commission for Social Action
NPRDI	Northern Province Rehabilitation and Development Initiative
PC	Paramount Chief
SLRA	Sierra Leonean Road Authority
VDC	Village Development Committee
WC	Ward Councillor



# Preface

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It was a pleasure to work on this final evaluation of the NPRDI project. I hope that some of the findings will contribute to other, ongoing and future CARE projects with similar project components: Water, sanitation and hygiene; HIV/AIDS awareness and prevention; Food security; Governance; and the 2 cross cutting issues Partnerships and Multi-sector approach. I thank in particular the community members for the enthusiastic discussions about sometimes sensitive subjects. I thank Sam Juana, M&E Officer; Samuel Kamara, Youth Development Officer; Michael S Turay, Mobiliser; and Issa Kanu, the driver for the well-organised field work. I also thank Nicolette van Duursen for her help during the village discussions on HIV/AIDS. Other CARE staff I would like to thank are Stella Agnes Atiti, Project Manager; Ahmed Ag Aboubacrine, DM&E Coordinator; Amani M'Bale, Youth and Livelihoods Coordinator; and Garth Van't Hul, Assistant Country Director; and the other CARE staff that contributed to the discussions in the field and during the restitutions in Kabala and Freetown.

The EU is acknowledged for the financial support of the NPRDI project in general and for this evaluation in particular.

## *Guide to the reader*

I followed the outline as recommended in the CARE Evaluation Policy<sup>1</sup>, which means that in the first main text you will find a very brief introduction with the objectives of this review, followed immediately by the principle findings. This allows the reader to get to the conclusions and recommendations quickly without having to go through the detailed methodology and detailed results. Because the reader may be interested in only one or a few of the NPRDI project components, the principle findings are organised according to these 4 project components: 1) Water, sanitation and hygiene; 2) HIV/AIDS awareness and prevention; 3) Food security; and 4) Governance; followed by 2 cross cutting issues: Partnerships and Multi-sector approach. In the Annexes, the original terms of reference, the detailed methodology and the detailed results are presented. Again, the detailed results are organised following the 4 project components and 2 cross-cutting issues. The detailed results allow the interested reader to (among other things) follow in a transparent way how the project beneficiaries and project partners have indeed contributed to the conclusions in the primary findings. In addition, the reader may want to draw his or her own conclusions.

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<sup>1</sup> CI Evaluation Policy (050428)

# Executive summary

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The CARE project 'Northern Province Rehabilitation and Development Initiative' (NPRDI) supported community members in improving water, sanitation and hygiene; HIV/AIDS awareness and prevention; food security, and local governance. The project worked in 115 communities in Bombali and Koinadugu districts in Sierra Leone, from March 2004 to August 2007.

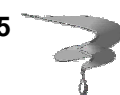
The objectives were to evaluate project achievements and to formulate lessons learned and recommendations for other, ongoing and future projects. Focus group discussions were held in 8 project villages and 1 non-project village. Discussions were held with staff from MADAM - a partner NGO, the Ministry of Health and Sanitation (MoHS), the Ministry of Agriculture and Food Security (MAFS), one Paramount Chief and one Ward Councillor, and CARE staff.

The water, sanitation and hygiene component was very effective. Villagers spontaneously mentioned the reduction in diseases, which is confirmed by the internal monitoring. Strong points are the training of the village maintenance committee and equipment with tools. Weak points are well design that does not allow deepening, and the access to spare parts. Recommendations include: installing concrete-lined wells; link up with MoHS-UNICEF spare part shops; and securing the link between community health monitors and MoHS staff.

The HIV/AIDS awareness and prevention component was effective in raising awareness, although condom use is still low. Husband-wife relations seem improved, and men seem to reduce risky behaviour. Two peer-group methods: 'Stepping Stones' for adults and 'Sisi Aminata' for school children, piloted by NPRDI, were much appreciated. Recommendations include: to evaluate the effectiveness of approaches in Sierra Leone and set a new policy – CARE could assist with this; widen the scope from HIV/AIDS to sexually transmitted diseases and poverty reduction; and target high-risk groups: youth and prostitutes in towns.

The food security component was effective in improving production and income, although this could not be confirmed by internal monitoring, lacking reliable data. Strong points are the improvement of seed availability and the training through farmer field schools. Weak points are that this has not brought innovative practices that really increase production. Recommendations include: expose farmers to new, innovative practices by cross visits to research stations and successful farmers; look into mechanisation including ox-ploughing; support farmers with processing, storage, marketing and businesses; and improve monitoring.

The governance component was effective in improving participation in village-level decision making, in creating linkages with government institutions involved in project activities (MoHS and MAFS), but was not very effective in creating linkages with other institutions and organisations (Ward and District Councillors, Paramount Chief, other organisations). Recommendations include: more emphasis on creating linkages with decentralised and



traditional government and other service providers, and assisting the formation of community based organisations.

Partnerships between CARE and government organisations or local NGOs are seen as an opportunity to be more effective and to assure continuation after the project stops. Partnerships have been effective, especially in the health activities (MoHS) and farmer field schools (MAFS). However, there is a lack of a clear understanding of what is expected: is the partner working for CARE or is CARE supporting a government programme? Recommendations include: develop a partnership policy between NGO and government, and involve partners in the project design and planning.

The multi-sector approach is appreciated by beneficiaries and partners. It is considered more efficient that one project implements various activities than that several projects work in the same villagers. However, CARE staff judged that the NPRDI project had too many components and confused the beneficiaries with too many committees. Recommendations include: to continue with multi-sector projects, to reduce the number of villagers per staff, to train staff more, and to do a more thorough needs assessment, avoiding a blanket approach.





# Introduction

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## CARE Sierra Leone

The Country Office's long range mission statement is to: address the root causes of poverty and suffering through capacity building, advocacy and partnership in order that vulnerable, disadvantaged and marginalized people are empowered to participate effectively in achieving livelihood security and realizing their right to live with dignity.

CARE Sierra Leone has been implementing a wide array of development interventions in Sierra Leone over the past decades focusing primarily on food security, building and road infrastructure, water and sanitation and preventive health care. During the civil war, interventions were mainly relief oriented. Since the official end of the war in 2002, CARE Sierra Leone has successfully transitioned its programmers from a relief oriented to a developmental focus.

What this means for current projects and especially for new projects is that the project approaches gradually move away from free distribution of food, seed or other inputs and move towards strategies that can be continued and replicated on a larger scale after project closure. These more sustainable strategies may include e.g. setting up revolving fund schemes and collaborating with national institutions as project partners.

## The NPRDI Project

The project 'Northern Province Rehabilitation and Development Initiative' (NPRDI) fits in framework of the EU-funded programme 'Linking Relief, Rehabilitation and Development'. The NPRDI project aimed at supporting 120 communities in Bombali and Koinadugu districts with:

- 1) Access to clean drinking water and sanitation facilities, and improved hygiene behaviour.
- 2) Improved HIV/AIDS awareness and increased use of preventive measures.
- 3) Increased food security and access to markets.
- 4) More representative decision-making and better interaction with government institutions.

The NPRDI Logical Framework with the original indicators, the substitute and additional indicators, and the results from the internal monitoring, are presented as Annex 2-2 under 'Detailed Methods'.

## The Objectives of this Evaluation

These objectives include the main elements of the Terms of Reference and the outcome of the discussion with Gart Van't Hul, Ahmed Ag Aboubacrine and Amani M'Bale during the briefing in Freetown before starting the evaluation (for details, see Annex 1).

Evaluate for the four project components:

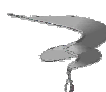
- 1) Water, sanitation and hygiene,
- 2) HIV/AIDS awareness and prevention,
- 3) Food security,
- 4) Local governance,

the following aspects:

- a) Evaluate project achievements:
  - i) Effectiveness: the achievement of the specific objectives
  - ii) Impact: an indication of project contribution to overall objectives
  - iii) Sustainability: will benefits continue after project closure
  - iv) Efficiency: where possible, e.g. for some parts of the project, an attempt to compare farmers benefits with project costs (cost-effectiveness).
  - v) Relevance: are project achievements in line with priorities of beneficiaries, government policy and CARE programming principles.
- b) Formulate lessons learned and recommendations for projects with similar objectives (similar project components).

Besides, evaluate the two cross-cutting issues:

- 5) Partnerships
  - a) How have partnerships worked in NPRDI
  - b) Lessons learned and recommendations for future projects
- 6) Multi-sector approach:
  - a) How effective was the NPRDI (synergies)
  - b) Lessons learned and recommendations for future projects



# Principal findings

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Following the objectives of this evaluation presented in the introduction, the principle findings are listed below. However, before going presenting the evaluation of each project component, the general changes over the last 3 years, spontaneously-mentioned in the villagers, are presented first.

## 0. General changes over the last 3 years

We asked people about the changes to the villagers' lives over the last 3 years, to find out what has been the most important (or impressive) for them, before asking specifically about the achievements of project achievements. People in the project villages often mention specific project activities or 'visible' physical structures, but, more interestingly, they also mention the effects (outcome or impact) of these project results. Below, a distinction is made between the effects and the results. The number of villages where a certain comment was made is presented in brackets.

### *Effect: reduced diseases*

The most frequently mentioned effects were related to the 'water, sanitation and hygiene' project component: reduced illness (5), reduced diarrhoea and cholera (4), reduced sickness among children (4).

Another effect frequently mentioned was 'less malaria because of impregnated mosquito nets' (4), which is not the effect of the NPRDI project but of another CARE project (Child Survival Project), operating in the some of the same communities.

### *Effect: increased food availability*

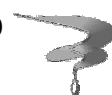
The effects of the 'food security' project component mentioned are: reduced pre- and post harvest losses (2) and increased production (2).

### *Effect: improved income*

One effect of improved food production and crop sales is that income has improved (3). In one case, this has even enabled a community to pay for an operation of one of its members: an interesting example of the interaction between food production, income and health.

### *Results: water, sanitation and hygiene*

From the 'visible' project results, the water, sanitation and hygiene results are mentioned most often: safe water from wells (8), latrines (8), a cleaner environment (4). Underlying, supporting activities that were most frequently mentioned were: drying clothes on cloth lines (4) and dish racks (3), to avoid diseases; and training in hygiene (2), water storage (2), child care (2) and breastfeeding (2).



### *Results: food security*

The food security results that were most frequently mentioned are: the drying floor for cleaner rice (7), rice seed (4), groundnut seed (4) seed, cassava cuttings (2), farmer field schools (3), and compost pits (2).

### *Effect and results of HIV/AIDS Awareness and prevention*

Only in a incidental cases, villagers mention spontaneously an effect of the HIV/AIDS awareness and prevention (more awareness and use of condoms). This is understandable: it is a sensitive subject to discuss in a group, even when women and men were asked separately.

### *Effect of local governance*

People mention that there is more unity and peace in the project villages since the CARE activities have started (2).

### *Unexpected effects*

Unexpected effects and results were the distribution of rice milling machines (4), *gari* processing machines (3), and hunting nets (2). These inputs were not in the original project plan, but were included following recommendations from the mid-term review.

### *Negative effects and criticism on the project*

There were hardly any direct negative effects over the last 3 years, except that in one village older men mentioned that the availability of condoms had encouraged early sex.

There were a few disappointments or criticisms on the project.

- In one case, a previous CARE project had started constructing latrines but did not finish them. When NPRDI came in, they started with new latrines, while they could have finished the old ones.
- In another case (in a very large village, chiefdom headquarter), the community was not well prepared, or not capable, to do the collective work proposed by CARE. The idea to share an improved latrine with 3 households, located in one compound but constructed by all 3 households, gave motivation problems. This community also had problems to provide the local materials for the construction of the well, partly because of the poor social cohesion in the village, and partly because of the presence of other projects where local materials or labour were paid. Eventually, the CARE pump was installed on an UNICEF well, and the CARE half-dug well remained unused.
- Apparently, a previous CARE project (Water Shed) had installed wells of which several have already collapsed. I understood that these were a poorer design than the one used in NPRDI.
- There is some jealousy: from community members who don't have access to the *gari* processing machines that the project provided (The Farmer Field School (FFS) claimed this); and from some FFS facilitators that did not receive a bicycle (only the most active facilitators got one).

From these spontaneously mentioned effects, it is clear that the water, sanitation and hygiene results has had most effect and impact in improving the lives of the villagers. Food security results are mentioned second, while governance and HIV/AIDS issues were hardly mentioned.



# 1. Water, sanitation and hygiene

## a) Project achievements

### Effectiveness

According to the people in the villages, the water, sanitation and hygiene results are very effective: disease incidence (especially diarrhoea and cholera) has reduced (5) due to safer water from the new well (4); malaria incidence has reduced from general cleaning in the village and avoiding puddles of stagnant water (1), and mosquito nets (4) (although these were given by a different CARE project: CSP).

Sanitation and hygiene have also improved people's health (2), mainly through a cleaner environment and toilets (2). The Ward Councillor confirmed these effects.

Some villagers mentioned water availability is still limited. In one village the well CARE had installed dried up at the end of a long dry season in March.

Some villagers mentioned that the first design of the hand washing container did not work well; the plastic kettle worked better.

The internal monitoring (baseline and end of project survey), shows that access to safe drinking water and improved toilets have increased, and that people behave more hygienically (Table 1).

Table 1. Change in access to water and sanitation, and in hygiene (internal monitoring)

	baseline	end
% hh with access to clean water (tap or protected well)	35%	70%
% hh with (ventilated or not) improved pit latrine	16%	85%
% people always washing hands before eating	3%	43%
% people sometimes washing hands before eating	35%	39%
% hh storing water on raised platform	34%	35%
% hh disposing baby stool into latrine	55%	95%
% hh cleaning latrine	2%	22%
% hh with hand washing container	4%	86%
% hh with mug or scoop for drinking water	5%	57%

The effectiveness in reducing diseases is confirmed by the results of the internal project monitoring. The percentage of households with a child suffering from diarrhoea in the last 2 had reduced (Table 2).

Table 2. Reduction in diseases according to internal project monitoring (3 year period)

% HH with sick child last 2 weeks	baseline	end project	reduction
Diarrhoea	39%	28%	28%
Cough	40%	30%	25%

The effectiveness in reducing diseases is also confirmed by the monitoring done by the voluntary community health monitors. From the time they receive training, they monitor the number of disease incidences every month. The percentage of people suffering from a range of diseases has decreased over the period of 4 months after training (Table 3). However, after a some months, the monitoring is gradually done less consistently, so not too much value can be given to these results.

Table 3. Reduction in diseases according to volunteer disease monitoring (4 month period)

% of total population sick, in one month	Aug.	Nov.	reduction
Malaria	7.7%	3.7%	52%
Diarrhoea	3.0%	1.9%	37%
Skin disease	4.3%	1.7%	60%
Acute Respiratory Infections	6.5%	3.6%	45%
Worms	6.9%	3.3%	52%
Infected wounds	3.0%	1.5%	50%

In the non-NPRDI village, by coincidence, UNICEF had installed a school with a well and latrines. The well can also be used by the villagers after school hours; the latrines are exclusively for the students. A comparison of 'with and without' project could thus not be made. Villagers confirm the effectiveness of safe water in reducing diseases: since they have the well, there is less diarrhoea and cholera.

According to MoHS, hand washing before eating is somehow still not a habit in Sierra Leone, even restaurants often lack hand washing facilities. A 3-year project may be too short to change such behaviour. Apparently, a long-term campaign has successfully improved the hand-washing habit in Ghana.

## Impact

I consider here one aspect of impact: the contribution to the overall objectives, in particular the Millennium Development Goals (MDG). The water, sanitation and hygiene results contribute in to MDG 4: they effectively contribute to reduce child mortality.

## Sustainability

We distinguish different aspects of sustainability, of which the following are relevant:

### *Technical sustainability*

This type of well is more durable than the type of well other projects have installed in the past, of which several have collapsed (Village, WC). On the other hand, these brick-lined wells cannot be deepened when they dry up (CARE). A village committee is trained in the maintenance of the well and pump and received a tool kit, but no spare parts. Besides, the project paid local technicians who (still) live in the communities. The hygiene practices are technically not at all difficult to continue. MoHS complained that NGOs in general have



sometimes made the mistake to dig wells not deep enough and not in the right time of the year (should be done in March April).

### *Economic sustainability*

The main problem with the economic sustainability is the costs for the spare parts of the pump. Most villagers expect problems to pay major spare parts once the pump breaks down: they don't know where they can get spare parts, and if parts are expensive they may not be able to pay. In some villages they expect that they can collect the money within the community for spare parts. MoHS sees possibilities for village-level funds to raise money from community by-laws, e.g. fines to be paid when entering well location with dirty shoes. CARE staff noticed that after project closure several wells have been abandoned: pumps break down and villagers are unable to pay or access spare parts.

### *Political sustainability*

CARE chose this durable and expensive type of pump (Kardia) because it was one of the types approved by the Ministry (MoHS). This increases the chances to find spare parts available. Indeed, MoHS, together with UNICEF, is setting up district-level stores where spare parts will be sold at a cost recovery price.

### *Institutional sustainability*

Although village maintenance committees are installed, they are not yet linked to the government structure (under MoHS) that is responsible for wells and that could help with spare parts.

Very good is the link between the volunteer community health monitors and the Peripheral Health Unit (PHU, under MoHS) staff, which was created during the project period. Question is whether the community health monitors will continue their work and will continue to inform the PHU in cases of diseases.

## **Efficiency**

Although this evaluation did not look at efficiency in a systematic way, I present here a couple of issues.

The first issue is the design of the water well. At the time the project started, the well with brick lining was much cheaper and only a little less durable, and seemed therefore more cost-effective than the well with concrete lining. However, these considerations did not take into account that the brick-lined wells cannot be deepened, which may be needed if the water table goes down. In one village, the well had dried up after a relatively long dry season, in March 2007. Given the climate change, we should anticipate more erratic rainfall and more pronounced dry periods. The possibility to deepen a well becomes more important so the brick-lined well may turn out less cost-effective than the concrete-lined well.

The second issue is a comparison of the project costs made for water, sanitation and hygiene, with the benefits in terms of reduced sickness. This very simplified exercise is far from complete and is based on many disputable assumptions, but can still serve as an interesting example of how such an efficiency calculation is done. The NPRDI budget for water,



sanitation and hygiene was about €1,000,000. The internal monitoring shows a reduction of several diseases during the first 4 months after the training started. We focus on the 3 diseases diarrhoea, malaria and acute respiratory infections. We assume that one case of illness results in 3 non-productive days. We further assume that the reduction in 3 years is similar to the reduction found in the first 4 months after training. We also assume that the disease cases in one month are representative for the diseases cases in all months of the year. The comparison of project costs with benefits of reduced sickness would look as follows (Table 4).

Table 4. Simplified comparison of project cost and benefits of disease reduction.

NPRDI budget for water, sanitation and hygiene (3 years):	1,000,000			
Total target population in the project area:	38,000			
	cases in one month			
	before	after	days unproductive	productive man-
Disease	project	project	per case	days saved per year
Diarrhoea	3.0%	1.9%	3	15,048
Malaria	7.7%	3.7%	3	54,720
Acute Respiratory Infections	6.5%	3.6%	3	39,672
Total productive man-days saved per year:	109,440			
Costs of saving one man-day sickness (Euro per man-day healthy):	9			
Assume an average opportunity cost (Euro per man-day):	1			
The pay back period would be (years):	9			

This means that after 9 years, the additional beneficiaries' income (or productivity) from reduced sickness equals the project investments in water, sanitation and hygiene.

Many things have been left out in this very simplified comparison: some people may become more seriously ill (longer than 3 days); a few people may even die; child growth may be retarded as a result from a combination of sickness and malnourishment, which has longer-lasting effects. Nevertheless, this example shows that benefits can be compared with costs.

## Relevance

Relevance is assessed by comparing the outcome with the priorities of the beneficiaries, the national policy, and the donor policy. There is no doubt that safe drinking water, sanitation and hygiene is relevant. The communities appreciate it more than other project components; the MoHS is in favour of it, and it fits well in the CARE strategic direction 2: 'Households health status sustainably improved in collaboration with the government and other partners'.

## b) Lessons learned and recommendations

### For projects with similar objectives

#### Lessons learned

Strong points of the water activities are the training of the village committee and equipment with tools (MoHS). Weak points are well design that does not allow deepening, and the access to spare parts (CARE, Villages, MoHS).





Strong point of the sanitation and hygiene activities is the link between volunteer disease monitors and the MoHS staff at the PHU (MoHS, CARE). Weak point is how to ensure continuation of this relationship with PHU (CARE).

*Recommendations for drinking water:*

- Install concrete-lined wells instead of brick-lined wells: they are more expensive but can be deepened when they dry up (Villages and CARE).
- Dig wells deep enough at the end of the dry season (MoHS).
- Add a pulley to the well, in case the pump breaks (Village).
- Look into cheaper pump types, e.g. the rope pump: they are less durable but easier and cheaper to repair (CARE). I suggest that CARE discusses this with MoHS first.
- Villagers recommended to have spare parts available at the village level, but it seems more efficient to link up with the MoHS – UNICEF initiative to have spare parts available at the district level (MoHS).
- Foresee income generating activities and community by-laws to raise money for a village-level fund to pay spare parts (CARE).
- I recommend to evaluate, in villages where CARE has installed wells, whether wells and pumps are still functional and whether villagers are able to access and pay spare parts.

*Recommendations for hygiene and health:*

- Assure that the important link between volunteer community health monitors and the PHU staff continues, by involving MoHS in the design and the start of the project, and by discussing the continuation with the community and MoHS.
- MoHS should feel it is their project.
- Communities should think of how they can motivate their volunteers.
- More volunteers should be trained in each village and they should receive a longer training (CARE).
- Teach hygiene in school (MoHS).



## 2. HIV/AIDS awareness and prevention

### a) Project achievements

#### Effectiveness

Not all NPRDI villages received the same level of support related to HIV/AIDS awareness and prevention. Out of the total of 115 project villages, in 12 villages the intensive ‘Stepping Stone’ method was piloted. Besides, 25 teachers of primary and secondary schools were trained in the ‘Sisi Aminata’ method, targeting school children. In other villages, the activities had a wider focus on health in general, including HIV/AIDS (awareness, training, Community Health Clubs). We noticed a very big difference in these different villages: children who had worked with Sisi Aminata and adults who had worked with Stepping Stones discussed much easier the topic HIV/AIDS than the adults in villages where these methods had not been used.

#### General health and HIV/AIDS activities

In one village, where no Stepping Stone or Sisi Aminata was used, women explained that the training had changed the behaviour of men: they behave less risky now. Women explained that condoms, available through the (NPRDI-initiated) Community Health Clubs (CHC), and at health centres, are used now more than before. However, women complained that the CHC had run out of condoms and explained that condoms were not available in this village. During the discussions in villages, the messages related to ‘HIV/AIDS’ were often confused with the messages about ‘water, sanitation and hygiene’, partially because both subjects were discussed in the CHC. I consider this confusion not as a problem; it may make it even easier to discuss HIV/AIDS this way.

#### *Stepping stones method*

The Stepping Stone method targets adults in 4 separate peer groups (young women, young men, older women, older men). Each group has a peer facilitator, trained by the project, who organises 16 weekly sessions about sexuality in a broader context, HIV/AIDS, and about community support to HIV positive people or AIDS patients.

In a village where the ‘Stepping Stones’ method was used, women said they now discuss HIV/AIDS and how to prevent it, and they now use condoms more than before. They also realise that the community needs to support people with HIV/AIDS, even though they don’t know anyone (yet) with HIV.

Both men and women in a ‘Stepping Stones village’ said that men now behave less risky and have fewer contacts with other women. Both men and women buy condoms. They consider that risk has now reduced. Besides, people now avoid using razors or needles for different people.



Men in a 'Stepping Stone Village' suggested that the HIV risk could be reduced further by knowing whether they were HIV positive. None of them had done a test yet, mainly because of the cost to go to a clinic. Although they said they were not afraid to get tested, they were worried about the confidentiality: who could they tell if they turned out to be HIV-positive. According to men, if a wife would turn out HIV-positive, this would not be a reason for divorce, one would just need to use condoms from then on.

### *Sisi Aminata method*

In the Sisi Aminata method, school children discuss questions that are prepared by 'virtual' children and are addressed to Sisi Aminana. In weekly sessions, pupils first discuss the question and answers themselves, before the answer from 'Sisi Aminata' is read out. The discussions are supervised by a trained teacher.

In one primary school, where the Sisi Aminata method was used with a group of 15 pupils of 10-12 years old since 2005, we discussed with the pupils. They explained in detail what questions about sexuality in general and about HIV/AIDS in particular they had discussed. Pupils recognised these questions or stories in real life. They now know the implications of sex and how to prevent HIV/AIDS. Pupils say that now girls avoid sex and that there are fewer pregnancies on school than before (primary school!). Pupils do discuss these issues with other pupils and even with their parents. Interestingly, pupils were eager to formulate their own questions to 'Sisi Aminata', and to discuss these as well.

In a non-project village, people said that they discuss HIV/AIDS now more than before, due to the (government) campaign through the health centre. They have no objection to discuss this. Condoms were not available in the village, but in a health centre, 1 mile from the village.

According to project partner MADAM, HIV awareness is still low and requires still more sensitisation. Condom use is still low because of the cultural and religious traditions. According to MAFS, HIV/AIDS is not yet perceived a risk in the rural areas, but it is in towns.

According to the District Medical Officer (DMO) of Kabala, the current strategy of raising awareness and making condoms available is not effective. We preach to abstain, be faithful and to use condoms, but people don't abstain, are not faithful, and condom use is still low. It is not clear to what extent the HIV-risky behaviour has changed. Besides, the government gives condoms away for free while CARE promotes social marketing of condoms. Part of the problem with the government campaign is that it was taken away from MoHS and run through the chiefs – who don't know the subject, but it is now gradually coming back to MoHS. A major problem is prostitution in towns, of which an underlying problem is poverty. According to CARE staff, people are indeed already aware and no more awareness campaigns are needed.

The DMO of Makeni is more positive and sees that people actually buy condoms through the social marketing channels. Besides, different approaches are justified because different communities with different cultural or religious background require different approaches.

Internal monitoring shows that the knowledge about how to prevent HIV/AIDS has improved, but that condom use is still low (Table 4). Note that the respondents of these surveys are mainly household heads, while the project target group (for this indicator) was the youth.

Table 4. Changes in awareness of HIV/AIDS prevention, from internal monitoring.

	baseline	end
% people can identify 3 ways to protect	27%	44%
% people mentioning faithful	78%	71%
% people mentioning condoms	70%	79%
% people mentioning not sharing razors and needles	40%	52%
% people mentioning abstinence	32%	42%
% people having heard about aids	95%	95%
% people ever used condoms	12%	12%

As a comparison, in the National Population Based HIV Prevalence Survey of Sierra Leone (2005), they found that 71% of the population mentioned faithfulness and 59% mentioned condom use as a way to prevent HIV. So, already during the NPRDI baseline survey, awareness about prevention by condoms was higher than the national average. For condom use, the NPRDI surveys cannot be compared with National Survey, because the National Survey presents ‘the percentage people that used a condom last sexual contact’ (Bombali 4.0%; Koinadugu 4.3%), while the NPRDI survey presents ‘the percentage people that ever used condoms’ (12%).

Also as an additional comparison, the ‘End-line’ report of the CARE SAY project (Sexuality and Youth), presents interesting results about condom use among youth. According to this report, condom use (last sexual contact) has increased spectacularly, from 22% (baseline) to 41% (end of project). The SAY end-line survey also asked about condom use in some NPRDI villages where the Sisi Aminata activities were undertaken. In these NPRDI villages, condom use among youth had even increased to 75% (which seems too high to be true to me).

## Impact

I consider here three aspects of impact: the contribution to the overall objectives, in particular the Millennium Development Goals (MDG), the more general change of behaviour (beyond condom use), and the spread of effect beyond the targeted communities, e.g. in neighbouring communities.

### *MDGs*

This project component contributes to MDG 6: to combat HIV/AIDS. Women explained that if they get less ill, due to the awareness and prevention of HIV/AIDS, this will also reduce poverty (MDG 1).

### *Change in behaviour*

Several women have indicated that husband and wives have fewer conflicts now, and that men beat their wives less than before. Some communities have made their own by-laws where not only the pregnant girl but also the responsible boy has to leave school during the



pregnancy. The boy (or boy's parents) also has to pay a fine (CARE). These changes in husband-wife relations and in the responsibility for pregnancy will have an impact beyond the HIV risk.

#### *Spread to other villages*

The spread to other villages, by the Stepping Stones facilitator, was built in the project design and is already taking place on a modest scale. The Stepping Stones facilitators are ready to do more, if they receive a bit more support. Even in one village where Stepping Stones was not applied, women offered to explain the risk of HIV/AIDS in other, neighbouring villages, if a project would invite her to. There may be cultural and language barriers when facilitators from one village start facilitating in another village.

The Sisi Aminata work will probably stop, unless schools (or the Ministry) decide to continue with it and expand it to other schools.

### **Sustainability**

We distinguish different aspects of sustainability, of which the following are relevant here:

#### *Economic sustainability*

The social marketing approach, more sustainable than giving condoms for free, seems to work: some people do buy condoms. In some villages, where social marketing has not yet started, people had run out of condoms and asked where they could seek support after CARE leaves. CARE can link this community to another CARE project: HAPP, for social marketing of condoms (CARE). The sale of condoms through NGO field staff is not sustainable and should be delegated to small shops (MoHS).

#### *Institutional sustainability*

The Community Health Clubs were meant to work for a defined number of meetings, and stopped (CARE).

There is a good link between the (NPRDI-initiated) community health volunteers and the PHU staff of the MoHS (see sustainability 'water, sanitation, health'; CARE, MoHS).

However, it is not yet clear whether this valuable relation will continue after the project has stopped (CARE).

The Stepping Stones facilitators are meant to roll out voluntarily the method to neighbouring villagers, but it is not sure whether this will happen. These facilitators could be helped by a (not yet established) link with MoHS (CARE).

The continuation of the Sisi Aminata work depends on the Ministry of Education.

#### *Political sustainability*

Combating AIDS is a priority, also for the Sierra Leonean government. However, approaches need to be evaluated and harmonised. Social marketing and free condom distribution should not co-exist.



### *Socio-cultural sustainability*

Although I think that the awareness campaigns and the sales and use of condoms are socio-culturally acceptable, I am not sure whether the underlying socio-cultural causes are sufficiently targeted: the man-women relations, the lack of responsibility by young boys, the poverty that drives young women into prostitution, etc.

### **Efficiency**

I did not look at efficiency of this project component.

### **Relevance**

HIV/AIDS does not seem to be an important issue for most villagers. Many villagers don't know anyone with AIDS and don't know whether anyone in their village is HIV-positive. Compared to many other African countries, HIV prevalence is still low in Sierra Leone (1,5%), although some districts score higher (Koinadugu: 3%), urban areas score higher (2.1%), and people with tertiary education score higher (3.8%) (data from the National Population Based HIV Seroprevalence Survey, 2005). This explains that HIV / AIDS is not yet a big issue in villages, compared to many other diseases that villagers suffer more from (e.g. malaria, cholera).

Combating HIV/AIDS is an important part under CARE's Strategic Direction 2, and is important for the Sierra Leonean government.

## **b) Lessons learned and recommendations**

### **For projects with similar objectives**

#### *Lessons learnt*

Strong points are: the peer group method used in Stepping Stones and Sisi Aminata (Villages, CARE, MADAM); the wider sexuality framework in which HIV/AIDS is embedded (CARE); and the improved relation between the PHU staff (MoHS and community health monitors (Villages, CARE, MoHS).

Weak points are: the low relevance for villages (Villages); the choice of target group for combating HIV/AIDS (MoHS, CARE); the lack of an agreed-on strategy (MoHS); and the uncertainty about the effectiveness (MoHS, CARE).

#### *Recommendations*

Recommendations for the strategy and scope:

- The government should evaluate all HIV/AIDS strategies, set a new policy, make a new plan, and then ask donors and I-NGO to assist (MoHS). Although MoHS prefers that the government takes the lead in this, I assume that the assistance from CARE in discussing strategies will be very much appreciated. CARE now has a staff member, Nicolette van Duursen, who has the mandate to discuss with partners how to streamline HIV/AIDS interventions. I think she will be more than welcome at MoHS (starting with the DMO Kabala) to collaborate on this.



- Widen the scope from the HIV/AIDS to sexually transmitted diseases in general. STD are a more frequent problem and are more visible and relevant to villagers (CARE). In Europe, the approach has also widened from HIV to STD. Use videos of AIDS patients to have a more convincing message (CARE).
- Include poverty reduction activities, because poverty is an underlying cause of prostitution by young girls in towns (MoHS, CARE).
- Harmonise approaches: avoid that the government gives condoms for free while NGO sell them. If social marketing is chosen, this needs to be up-scaled (MoHS).
- Shift the emphasis from awareness campaigns (knowledge) to behavioural change (CARE).

#### Recommendations about the target group:

- Target the most risky groups, especially homeless youth and young prostitutes in towns, in HIV/AIDS projects.
- Women who participated in the Stepping Stone method recommended to target especially children and adolescents, who are most at risk.
- Target children also outside school: both children after school and children who don't go to school (CARE).

#### Recommendations about the methods:

- Engage MoHS more, especially the lower PHU level: they should feel it is their duty (MADAM, CARE, MoHS).
- Involve PHU nurses in HIV education in school (CARE).
- Involve the Traditional Birth Attendants, already in contact with MoHS (CARE).
- Continue to use the peer group approach, as used in Stepping Stones and in Sisi Aminata, on a larger scale (Villages, CARE, MADAM).
- Facilitate HIV testing (Villages).

#### Recommendations about the sustainability:

- Facilitate, possibly with incentives, the trained peer facilitators to apply the Stepping Stones method in other, neighbouring villages (Villages, MADAM, CARE).
- Discuss with communities and MoHS how to assure continuation of the volunteers after the project stops (CARE).
- Work with the new, polyvalent 'volunteer community health workers', who are trained by MoHS, and who are the interface between MoHS and communities (MoHS).
- Anticipate that some volunteers will leave by training sufficient volunteers (4-5) per village and organising refresher courses (MoHS).
- The NPRDI support to Sisi Aminata in the 25 schools can have a larger impact if CARE lobbies at the Ministry of Education for the inclusion of this method in the standard curriculum at schools.
- Pupils who worked with the Sisi Aminata method are quite eager to formulate their own questions, and discuss these. After the NPRDI project stops, it would be nice if these pupils could still send their questions in somewhere, or even that these questions would be discussed over the radio.





### 3. Food security

#### a) Project achievements

##### Effectiveness

According to villagers, food production has increased: there is now more rice, also in inland valley swamps; there are more different crops, and there is more seed available. This has also increased income. However, according to some, people still have insufficient food.

Production has increased due to: the supply of seed and cuttings (rice, cassava, groundnuts), group work, a seed bank, and the training in farmer field schools (FFS) in improved farm practices (row planting, seed treatment, weeding, rotations, compost making, incorporating residues and weeds).

The main limiting factor to food security is the lack of a store room (mentioned in 5 villages). Other limiting factors are the lack of (adapted) fertilisers (2), the lack of hunting nets (2), and problems between cattle herding people (Fulla) and sedentary agriculturalists (Limba) (2). Other (minor) limiting factors mentioned by villagers were: poor soils, lack of a tractor, iron toxicity in swamps, lack of training, insect pests.

The poor road network reduces the motivation to produce for the market (WC, CARE).

According to MAFS, food production is low because of the very small areas cultivated per person, although the area under cultivation is increasing. Farmer are even too poor to pay fuel for the tractors that can be provided by MAFS. The inland valley swamp potential is underutilised. According to the MAFS statistics, Sierra Leone is now for 69% self sufficient in rice and more than 100% self-sufficient in cassava and sweet potato. However, from the (not very reliable) surveys CARE has done in various projects, the production per household seems much lower than that.

According to MAFS, farmers' understanding of farming is still poor. Farmers don't take messages easily from MAFS extension agents, who in turn have often little to offer, especially in terms of seed and tools. The MAFS extension service is poor by lack of transport. There is a poor link between Agric Research and Extension, but this is being improved.

According to MAFS, CARE is effective in improving food security. In Neni chiefdom, where CARE works, the rice production has increased and as a consequence the rice price has fallen to half the prices paid in Kabala town.

Interestingly, in one village farmers said that the production was limited due to small conflicts. Group work on collective fields had stopped, but the village seed bank was still functional. Although they had decided to continue work individually, they acknowledged that group work was more productive and recommended future projects to continue with group work.





Farmers indicated that their diet has diversified: they now eat more cassava, groundnuts and vegetables. This is mainly due to the women's vegetable gardens and the training in nutrition.

The effectiveness of the various project or programme interventions is compromised by inappropriate actions. An example (but not an NPRDI activity) is that some villagers who don't need a tractor (land holding, type of soil) have now received a tractor (from the government) that is not used for ploughing, but is just used for transport (MAFS, CARE).

The internal monitoring (baseline and end-of-project) confirms that different crops are now grown by more farmers (Table 5). However, the comparison is not very good because the baseline was done in Bombali district only, while the end survey was done in both Bombali and Koinadugi districts.

Table 5. Percentage of farmers growing different crops.

	base	end
Upland rice	56%	59%
Lowland rice	65%	75%
Groundnuts	34%	42%
Cassava	65%	59%
Sweet potato	22%	31%

The internal monitoring data shows an apparent decline in food production. This is certainly not what happened in reality – farmers indicated that production has increased. The problem seems to be that farmers were afraid that they would have to pay back seed into a seed bank that subsequently would supply other villages. Besides, farmers seemed to stress that they still need more inputs. Therefore, farmers understated their production.

In a non-project village, people say that the rice yield has decreased because the fallow vegetation has become thinner (reduced soil fertility), while the cassava yield is stable (less demanding from soil fertility). Besides, FAO has stopped giving fertilisers. They also have harvest losses from rodents.

## Impact

I consider here one aspect of impact: the contribution to the overall objectives, in particular the Millennium Development Goals, and the spread of effect beyond the targeted communities, e.g. in neighbouring communities.

### MDGs

Villagers indicate that the increased food production has also increased their income, thus contributing to MDG 1: Eradicate poverty and hunger. Besides, the Ward Councillor mentioned that school fees are paid from improved rice production, and that milling machines have relieved women from some work.



### *Spread to other villages*

In theory, the seed banks were set up so they would eventually also support groups in other, neighbouring villages, but it seemed to me that farmers were not enthusiastic about this idea and saw this as something for the future.

One women in the non-project village has started copying the way women in a NPRDI village planted vegetables, on ridges. Farmers did not discuss, but had just seen the 'new' practices.

## **Sustainability**

We distinguish different aspects of sustainability, of which the following are relevant here:

### *Technical sustainability*

Most new farm practices are technically simple and can continue without project support. However, one women's vegetable group stopped because of the poor seed supplied by the project (poor germination, species not adapted to environment).

### *Economic sustainability*

Seed banks seem to work well within a farmer group, and farmers in the group (members of the Seed Rollout Committee) are also willing to support other farmer groups within the same village.

One women's group continues their vegetable garden and is able to pay new seed from the vegetable sales.

### *Socio-cultural sustainability*

It seems that farmers are not motivated to pay back seed into a seed bank that subsequently distributes seed to other villagers.

There is a problem between the sedentary crop farmers (Limba) and the nomadic cattle farmers (Fulla). Various conflicts have arisen and are not yet solved. One women's vegetable gardens have stopped because of frustrating and repeated damages by cattle (from Fulla).

### *Political sustainability*

The project FFS fit well in the MAFS policy of organising farmers in FFF and in ABU.

### *Institutional sustainability*

The way the FFS (Chiefdom-level FFS and Satellite FFS) are set up allows continuation. It is indeed expected that the FFS will continue (Farmers, MADAM, MAFS). MAFS Extension Agents are involved in the Chiefdom-level FFS. Some volunteer contact farmers (of Satellite FFS) are given a bicycle to organise FFS in neighbouring villagers. MAFS can continue the NPRDI-FFS and organise them in Agricultural Business Units (ABU). One MAFS Field Agent has proposed that one Chiefdom level FFS be supported by the MAFS-FAO programme, after NPRDI stops. However, others have doubts about the continuation: will the contact farmers be motivated to continue voluntarily the FFS support? Will the MAFS Extension Agent continue if the FAO does not take over the support? (CARE).

Some see the FFS as a self-reliant approach: they solve their problems themselves (MAFS). However, I doubt this: I don't think farmers are getting much further with their little experiments of row planting or frequent weeding – things they probably know already.



### *Environmental sustainability*

The environmental sustainability is not very clear. In general, any support in moving from upland farming (slash and burn) to swamp cultivation, or any support to tree crops, reduces land degradation. On the other hand, the quick expansion of cassava has certainly resulted in deforestation – villagers mention this, and this is even encouraged by the cassava processing machines.

### **Efficiency**

I had hoped to make a simple comparison of the farmer benefits, in terms of improved production, with the project costs. The data on food production are not reliable: farmers seem to understate their production, possibly because they were afraid to pay back seed loans and to stress that they were still in needs for inputs. Therefore, this efficiency calculation could not be made.

However, I can compare the impressions I had when discussing food security in the NPRDI villagers with the impressions I had when discussing food security in another CARE project: ProFARM. ProFARM had fewer project components, so the food security received more emphasis. However, the budget for the food security components are comparable: about €1 million.

My impression from the village group discussions is that ProFARM increased food production more than NPRDI. Internal monitoring of ProFARM confirms the increased production, while the unreliable internal monitoring production data of NPRDI do not. The two projects have a different approach to increase food production. Both projects made an effort in seed distribution and seed banks, and drying floors. NPRDI had put more emphasis on farmer field schools (115 versus 30 in ProFARM). ProFARM puts more emphasis on group work (4 groups per village), IVS development and rehabilitation, store rooms and processing equipment.

My impression is that the combination of group work, IVS development and rehabilitation, and seed distribution has contributed a lot to the food production increase in the ProFARM project.

### **Relevance**

Some of the NPRDI activities and results were not very relevant for all villages. NPRDI had a blanket approach, which resulted in some cases in the installation of drying floors that is not used because it was not a priority of a particular village – they may have preferred a store instead (MAFS, CARE).

The FFS approach fits in nicely in the MAFS policy and of organising farmers in FFS and Agricultural Business Units (ABU), a long term programme supported by FAO and UNDP.



The food security component contributes partly to the CARE Strategic Direction 2, although NPRDI's food security component does not specifically target youth.

## **b) Lessons learned and recommendations**

### **For projects with similar objectives**

#### *Lessons learnt*

Strong points are the set-up of village level seed banks and the use of farmer field schools, involving MAFS (Villages, CARE, MAFS, MADAM).

Weak points are that the farmer field schools have not yet contributed to very innovative farm practices that can make a real difference in food production, and that the effects on food production are poorly monitored (CARE).

#### *Recommendations*

##### *Recommendation about inputs*

- Farmers would like to receive fertilisers, watering cans, pesticides (Villages, non-project village, MAFS). For some cash crops, chemicals may be needed (MAFS).
- However, chemical fertilisers and pesticides are expensive, and may harm the environment. Therefore, look also at possibilities for organic fertiliser and integrated pest management (CARE).
- Review the way seed banks are set up. In several other projects, seed banks do not work well. It seems that if farmers have to pay back to their own group, it works. But if farmers feel they have to pay back to an 'outside' organisation, or to help farmers in other villages, the motivation to pay back the loan seems to decrease (CARE).

##### *Recommendations about mechanisation:*

- Consider mechanisation: tractors, power tillers, and ploughing oxen, because with manual cultivation production will remain low (MAFS, CARE).
- Although the government supports tractors and power tillers, some NGO seem successful with ploughing oxen. Investigate this (MAFS).
- Nowadays, most tractors and power tillers are used for transport – not for ploughing, so it may be worth looking into ox-ploughing as alternative. Concentrate on the few farmers who already have experience with ox-ploughing, especially in Koinadugu, who used to do this before the war (CARE). I would evaluate the results so far, including the feasibility and the sustainability, and then discuss with MAFS what to include in future food security projects.
- Farmers in the non-project village recommend cultivation of (heavy) *bulli* land.

##### *Recommendations about swamp development*

- Consider swamp development and rehabilitation. There is still a large potential (non-project village, MAFS, CARE).

##### *Recommendations about diversification:*



- Continue to support women with vegetable growing (CARE).
- Support farmers with diversification, e.g. in tree crops (MoHS). However, tree crops may create some land ownerships problems: tree planting by land users is often seen by the land owners as an offensive way of claiming land (CARE).
- Support the move from subsistence farming to commercial farming (MAFS).
- Include a livestock component, especially small ruminants, but be careful not to spread diseases from one to another community (MAFS, CARE).
- Another possibility is aquaculture, either in fishponds, or even in combination with irrigated rice.

#### Recommendations about storage and processing:

- Support store rooms (Villages, MAFS).
- Consider low cost store rooms, as German Agro Action (in a LRRD project) has supported. These store rooms, of a traditional design, requiring more maintenance but are much cheaper to install than the modern, durable type of storerooms CARE installs e.g. in the ProFARM project. Because they are so much cheaper, many more can be installed, which are then used individually rather than collectively.
- Consider different storage options (including cold storage, after feasibility study) (Ward Councillor).
- Support processing equipment: cassava graters, rice millers (Villages, MAFS).
- Consider also other processing possibilities: drying, conserving or canning fruit, palm oil presses (after feasibility studies) (CARE).
- Consider drying on tarpaulins at household level (WC).
- I wonder whether profitable processing machines should be give for free if the pay-back period is only a few months. Perhaps future projects should link up with credit facilities for such investments.

#### Recommendations about farmer field schools:

- Continue the FFS/ABU approach that is now government policy (MAFS).
- Involve agricultural research in the FFS (MAFS, CARE).
- Involve the trained contact farmers (or FFS facilitators) in future activities.
- Consider that FFS experiments do not necessarily need to take place on a communal field. It can also take place on a farmer's individual field. From evaluations of FFS in other African countries, and in FFS in Sierra Leone, we learned that what happens in the communal FFS field is often not copied in individual fields (CARE).
- Show farmers and staff some really new practices, e.g. at research stations or in cross visits to other areas where farmers are successful. Then, let farmers choose what to experiment with in their FFS. The experiments carried out so far, e.g. row planting, was first of all not very innovative and secondly often chosen by CARE and not by farmers.



#### Recommendation about organising farmers:

- Farmers do not always know the benefits of forming an association: the possibility to receive support from MAFS (fertiliser, tractor use), or from other organisations. Therefore, encourage and assist farmers to form associations (CARE, MAFS). On the other hand, even farmer associations have hardly access to tractors (CARE).
- MAFS wishes that CARE would spread their activities to other villages.

#### Recommendations for marketing:

- Avoid that farmers sell their produce after the harvest for a very low price, by giving farmers agric business training and price information (per product, in different periods, in different markets).
- Another possibility to avoid cheap sales after harvest is a revolving fund where farmers can borrow money from (CARE). I expect problems with the management of such a revolving fund, and I expect more benefits from diversification: providing income at different times of the year.
- Another possibility to avoid cheap sales after harvest is support with transport to sell at more interesting markets. However, most CARE staff agreed that CARE should not be providing transport means to farmers. In most cases, the roads are more limiting than the transport means (CARE).

#### Recommendations about roads:

- Roads need to be improved to help farmers with marketing and to move from subsistence to commercial farming.
- However, CARE's experiences with road rehabilitation (sometimes done with Food For Work) have not been very good.
- Therefore, mechanised road rehabilitation should be done by the government, through the responsible and well equipped road authority (SLRA), and not by CARE.
- Manual road rehabilitation, often little effective, can be done by communities, but should also not be organised or paid by CARE (CARE).

#### Recommendations related to conflicts with cattle herdsman

- People in one village desperately want help in resolving the conflict with cattle-herding Fulla (Villages, WC, MoHS). CARE has already made an effort by inviting the different parties to Peace and Right Days, but could play a more active role, visiting the different parties (Limba village, Fulla herdsman, Ward Councillor, Paramount Chief, District Council, Court) (CARE).

#### Recommendations about the environmental impact:

- The expansion of agriculture in general and of cassava fields in particular increases food production but also results in deforestation and land degradation. In future projects, accompanying measures are needed to reduce the negative environmental effects: e.g. more emphasis on swamp development and rehabilitation, tree crops and agroforestry systems, and village-level protection of patches of forest, in collaboration with MAF&FS.



*Recommendation about project monitoring of food production:*

The monitoring of food production, though a survey on recall without any physical observations of measurements, is inadequate (CARE). A food security project component, with a budget of about €1 million, needs a more reliable monitoring of food production with field observations, area measurements, and harvest weighing. This can all be done in a sub-sample of the sample where the baseline or end-of-project interviews are done. Below, I describe how agricultural production is monitored in Mali. The Malian government, very dependent on the cash crop cotton, has a great interest in knowing and anticipating cotton production, and monitors at the same time the production of other crops.

- From a village, make an inventory of all farm families (households), and through a survey ask about all their fields: the size, the crop this season, and the type of ownership. In Mali you typically had the family collective fields (80%), some individual fields of men (5%), and some individual fields of women (15%). In Sierra Leone I expect you need to include collective fields (FFS, women's group, mans group), family fields, men's individual fields and women's individual fields. For collective fields, indicate the number of household involved, to be able to calculate the production per household. These different types are very important because the choice of field (fertile, marginal) and the level of labour and other inputs vary enormously among these different field types.
- Rank the households in order of total land area that they cultivate.
- Decide how many households you want to visit to measure the fields. Then take a representative sample. E.g. if you want to sample 33%, you take every 3<sup>rd</sup> household on your ranked household list.
- For each household that you visit, measure the area of all fields, including all small individual women's fields, etc. Walk around each field, draw a sketch on paper, and count passes; or use a GPS.
- From the sample of households with measured fields, you can draw a sub-sample of households where you want to measure crop production. If this is e.g. 25%, take every 4th households on the ranked list.
- From each household where you want to measure yields, select 1 field per crop and per ownership / management type. So, for rice, you may have to include a collective field, a family field, an individual men's field and an individual women's field. In
- In each field, you mark out 2 small plots with sticks, 10 x 10 m. Not exactly on the border, and not only in the middle either (it has to be representative - do not select the best part of the field). Ask the farmer to wait with harvesting these 2 small plots until the field agent passes by. Make an agreement on the date of joint harvest.
- For crops that are harvested over a longer period (e.g. cassava), you could ask the farmer to count the number of bags he is harvesting, and weigh one bag.
- At harvest: The field agent and the farmer harvest together the 2 small plots together, and weigh the crop. I suppose that for rice, you weigh it again after drying and milling.





## 4. Local governance

### a) Project achievements

#### Effectiveness

We distinguish two aspects of improved local governance:

- Improved participation of women and youth in village-level decision making.
- Improved interaction between villages and government support institutions (e.g. MAFS, MoHS, WC, DC, PC).

The strategy of CARE to improve local governance is to combine a concrete activity (e.g. water and sanitation), with specific activities about governance (awareness, joint events).

#### *Improved participation in village-level decision-making*

Villagers say that since the project started, anyone can participate in meetings and women and youth are involved in decision making. Before, not everyone was involved and decisions were sometimes unfavourable for youth. Now people realise that youth should be involved and that women should not just sit in the back during meetings. Examples of decisions where women and youth are now involved in include: the decision what fines need to be paid when absent from collective work; the decision to work every Friday on repairing the road. An example of decisions that women are still not involved in, but would like to be involved in, is the decision of which children go to school (an issue especially in polygamous families). This is typically decided by the husband alone.

Due to the higher participation, decisions are taken with less grumbling (WC). Excluding youth was one of the causes of the war; now youth are more included (PC). For example, youth and women are part in the village welfare committee (PC, WC) and there is now a women court member (WC). Now, more conflicts are discussed in the village, so fewer conflicts are brought to the PC (WC).

MADAM confirms that the project activities, with new village committees, defining roles and responsibilities, has increased village-level participation. However, little has been done on specific governance issues because the CARE governance coordinator arrived only 3 months before the end of the project. E.g. the training for Village Development Committees came late (MADAM, CARE).

Youth are still insufficiently involved in decision-making, and mainly involved in communal work (CARE).

In a non-project village, they said that participation in village level decisions had not changed the last 3 years. They explained that youth and women were involved in the decision about where to build a UNICEF school. To me this shows that the a project activity is a good vehicle to trigger increased participation. Decisions that women are not (yet) involved in, but would like to be involved in, is the resolution of conflicts.





### *Improved interaction with government institutions*

Interactions with line ministry staff have improved. The PHU staff under MoHS have a good relation with the community health monitors. The FFS have established the relation with the MAFS extension agents, at least in the 6 out of 115 communities with a Chiefdom-FFS; in other communities the relation with MAFS is still poor or non-existent. These interaction goes beyond the project activities. Through the contact with MoHS, and sick people are quicker referred to the PHU staff, and one village now also has a dispensary / nursery. Farmers know to find the MAFS extension agent for other advice. One village explains that working together has brought the village in contact with NaCSA for the construction of a community centre.

Interactions with other communities have improved. One village had a conflict with a neighbouring village, which was resolved during a Peace and Right Day.

Interactions with decentralised government (WC and DC) have not really improved. In one example, the relation between communities and a ward councillor, who lived in the area, was already very good. Issues that communities have discussed with the WC include: the problem Limba had with Fulla about damages by cattle; the problem of keeping children from school because they need to chase away cattle, access to tractors, and the poor roads.

The Fulla-Limba problem is very serious and a good example of failing local governance. Fulla obtained land, that Limba are cultivating, through the PC without consulting town chiefs. Cattle from Fulla repeatedly damages crops and vegetable gardens of the Limba. The complaints by the Limba, often through the WC, are not taken seriously by the PC, the DC or the court. In contrast, the relatively rich Fulla seem very influential (giving cows) at the PC and DC level; the decision maker at the court is a Fulla. On the other hand, if frustrated Limba hurt a cow, un-proportionally severe punishments are given: high fines or imprisonment; once a whole village had been imprisoned. In spite of the WC discussing this issue with the PC or at the DC, and in spite of CARE discussing this subject during a Peace and Right Day, this problem is still not solved.

Interactions with the traditional authorities has somehow improved. According to a WC, who lives in the area and already had good contacts with the villages, the behaviour of the PC towards the people has improved. According to the PC, now all villagers are informed about chiefdom-level decisions. Before, one could not complain about a decision taken by a PC, but now one can go to the higher court for a revision of the judgement (PC). Peace and right days have been very useful to get villagers in contact with authorities (Villages, MADAM)

According to MADAM and CARE, too little effort has been made to link villages with other institutions. Training at chiefdom level came very late.

In a non-project village, the interaction with Ward Councillor was disappointing. They had put in a request for a health centre, but the WC did not respond.



## **Impact**

As impact I consider here the contribution to the MDGs, spread to other villages, and effects that go beyond the improved participation and linkages.

Improved governance does not contribute directly to a particular MDG, but supports other project components that do contribute to MDGs.

It is not clear to what extent the improved links of government organisations (e.g. MAFS, MoHS) with project villages also helps links with non-project villagers.

Since the project there is more peace and unity in the village (Villages). Now, fewer youth leave the villages and some even come back (PC). There is a better relation between husband, wife and children (WC). Women are more aware of the importance of sending children to school (WC). Men beat their wives less frequently now (WC).

## **Sustainability**

We distinguish different aspects of sustainability, of which the following are relevant here:

### *Socio-cultural sustainability*

Although participation in village-level decisions has increased in the project related decisions, it is not yet sure whether women and youth will also be more involved in other, non-project decisions. I do expect so, also considering the more thorough discussions on governance in two other CARE projects (ProFARM and RFS-RBA).

### *Institutional sustainability*

Communities are very motivated to maintain linkages with other organisations. They will most likely continue to interact with MAFS extension agents and MoHS PHU staff. However, they are not prepared to create new linkages with other service providers.

The linkages with the decentralised government, especially with the WC and DC, have not sufficiently been built during the project. Most villagers don't feel sure yet to contact them. For villages, the WC are in principle a close person to contact. However, in practice there are big differences between WC. Many don't live in the area, but live in larger towns and are not even known in the villages. Some (I would say a minority) do live in the area and are already in good contact with the villagers. The good examples I have seen were not the result of the NPRDI project.

## **Efficiency**

No attempt was made to calculate efficiency here. I think that the 'CARE approach', linking concrete activities (wat/san, food security) with improved governance activities, is successful, and I would not focus on governance as a stand alone activities.



## Relevance

Improved participation in village-level decision-making and improved interaction with other (government) service providers is seen as relevant by the villages. Often villages ask where they can seek support after CARE leaves, showing both the relevance and the weakness of these linkages.

Improved participation and linkages are relevant for both the government and for CARE. The Sierra Leone government is in a process of decentralisation; CARE supports this process. Improved governance contributes to CARE's strategic direction 1 '... enhance rights and social integration of vulnerable youth', and strategic direction 3: '... promote and practice responsive and transparent governance...'.

## b) Lessons learned and recommendations

### Lessons learned

Strong point is the combination of governance aspects with concrete activities (water, sanitation and hygiene; food security), which has resulted in improved participation and linkages with MAFS and MoHS. Weak point is the lack of effort to improve the link with Ward Councillors, District Councillors, and other service providers.

### Recommendations

#### *Improving participation in village-level decision-making*

Assure a good link between youth and elders, especially in village-level decisions (PC).

#### *Improving interactions between villages and government (and other) institutions*

- Continue the Peace and Right Days as a mean to link communities with other stakeholders and local government (WC).
- WC should help villages to link up with other service providers (Villages)
- More effort is needed to create linkages between communities and WC, PC, line ministries, chiefdom leaders and even members of parliament (MADAM).
- People need to be trained about their rights, through general education, so they know where they can seek support (PC).
- Different organisations need to have a harmonised approach, so communities can easier request for support (PC).
- Assist groups to form an association or community based organisation that can seek support easier (Villages, WC). The WC can forward the CBO request further (WC).
- If a new project starts, meet with villagers, project staff, and WC and DC (Villages).
- To assure a continuing support to villages, NGOs (and line ministries) could make arrangements that once one NGO stops, another organisation continues in the same villages, working with the already trained community members (CARE).



## 5. Partnerships

CARE aims to implement projects more through partnerships. The different partners, other stakeholders and CARE staff were asked what they expect from partnerships, how they perceived the existing partnerships, and what they recommend for future partnerships.

### a) How have partnerships worked in NPRDI

CARE and partner organisations see the following benefits of partnerships:

- A partnership between an International NGO and a local organisation (Local NGO or government organisation) should be such that both parties benefit. They should complete each other (not compete with each other) (MADAM, MoHS, MAFS).
- Partnerships increase sustainability. Some local organisations will continue after the project stops (MADAM, MAFS). Other local organisations can continue in other communities in new projects (institutional capacity building) (MADAM).
- Local organisations know the terrain better than the I-NGO and can work easier with the beneficiaries (MADAM).
- Government has more field capacity (MAFS)
- Local organisations work cheaper than I-NGO (lower field staff salaries) (MADAM).
- Local organisation benefit from the international network of I-NGO. E.g. MADAM is now known by the EU and other donors (MADAM).
- I-NGO have more experience in project management (MADAM).
- I-NGO fills gaps in government programme (MoHS)
- I-NGO can pilot new initiatives in an intensive way (MoHS)
- Government has little budget; I-NGO can support government, e.g. with transport.
- Local organisations learn from I-NGO (MADAM, MoHS).

There are many positive and few negative experiences with the partnerships in NPRDI:

- The partnership between CARE and MADAM was initially not very clear, but this was clarified after the first year. However, the involvement of MADAM is still not well acknowledged, e.g. hardly visible on signposts or on training certificates (MADAM).
- CARE participated well in monthly sector meetings (MoHS), which improved the collaboration with MoHS (MoHS).
- The link between NPRDI and MoHS staff at PHU level improved during the project and was very beneficial (MoHS).
- NPRDI complemented in national campaigns (MoHS).
- Where CARE has worked, people take contact with MAFS more easily (MAFS).
- NPRDI used MAFS store facility (MAFS)
- In some partnerships, CARE worked mainly through subcontracting, which has no beneficial effect on sustainability (CARE).
- Partnerships grow slowly during different subsequent projects. For example, MADAM is now involved in a second project with CARE, although they were again not involved in the project design (CARE).



- A short project duration of 3 years is insufficient to establish good partnerships (CARE).
- Although at the central government level, the agreement with I-NGO can be clear, at the field level, government field staff still feel they do additional work for the I-NGO.
- As long as the partnership is not clear, here is a risk of the government posing escalating demands: motorbike, fuel, top-up salaries, sitting allowances...

## **b) Lessons learned and recommendations for future projects**

### *Lessons learnt*

Strong points are the involvement of MoHS and MAFS agents in the NPRDI activities. Weak points are the low involvement of partners in project design and planning, and the lack of a clear policy on partnerships.

### *Recommendations for future partnerships in terms of project design:*

- Distinguish different types of partnerships and decide which one is desired (CARE).
- Develop a clear policy on partnerships, with government and different I-NGOs, of how I-NGO and government organisations should work together (CARE).
- CARE should include more advocacy work; the government should feel that the NGOs support the government programme – not the other way round (MADAM, CARE).
- Involve partners in the project design and planning (MADAM), to assure that the real needs are taken into account on a village by village basis and to avoid a blanket approach (MAFS), and to make the local partner feel responsible (CARE).
- The partnership should be based more on trust and be more equal. This includes that decision making should be done jointly, and that partners be held accountable both ways (MADAM).
- The contribution by each partner should be acknowledged (MADAM).
- Be careful with partnerships with CBO. Some CBO are inexperienced. CBO should have an attestation from the government (MAFS).
- CBO should work in line with government policy (MAFS).
- Involve government, I-NGO and CBO jointly in project planning, and clarify roles and responsibilities (MAFS).

### *Recommendations for future partnerships, in terms of support from I-NGO:*

- Involve more government staff in I-NGO activities (MAFS).
- Support government staff, e.g. with transport (MAFS, MoHS).
- MAFS would like top-up salaries from I-NGO for field staff. CARE does not support this: the programme should be seen as government responsibility.
- Harmonise approaches to avoid confusing messages in the field (MAFS)
- I-NGO are donor-committed. If partners are to be treated equally, the I-NGO will need to train local partners in compliance issues (CARE).



## 6. Multi-sector approach

CARE sees benefits in having several sectors combined in one project. For example, governance should preferably be combined with a hardware component. However, CARE wonders whether NPRDI, working in many sectors, has been effective. Perhaps it was confusing the beneficiaries or demanding too much from staff. Perhaps the project would have been more effective if it was limited to fewer sectors. This was discussed with partners, villagers and CARE staff.

### a) How effective was the NPRDI

Villagers and partners seem more positive about the multi-sector approach than CARE staff:

- A multi project approach is justified, because the community needs are also multiple (Villages, MoHS).
- Some project components influence other components: sick farmers don't produce much, while well fed farmers are healthier (MAFS).
- There is a synergy: if you take out one component, the other components become less effective. Examples are that HIV/AIDS awareness and condom availability should be combined, and that hygiene training and latrines should be combined (Villages).
- Income from farming and the village savings and loan scheme are also used to pay medical expenses (Villages, MoHS).
- Hardware components always require also a training and a governance component (CARE, MoHS).
- NPRDI was over ambitious and had too many activities (CARE).
- NPRDI confused people with all the different committees. In practice, the same people were active in different committees (CARE).

### b) Lessons learned and recommendations for future projects

#### *Lessons learned*

The strong point was that the multi-sector approach as such was much appreciated by beneficiaries and partners. The weak points was that the number of activities and different committees was too large, which confused villagers and demanded a lot from CARE staff.

#### *Recommendations*

- Multi-sector projects are still recommended (Villages, MoHS). However, a good needs assessment should be done first, to avoid activities that are not relevant in that particular village (Villages, MoHS).
- It is better to have one project implementing several sectors in one community than to have separate projects working in the same communities. This avoids confusion and is logistically more efficient (MAFS, CARE).
- A multi-sector project is feasible with a smaller number of villagers per field agent (CARE).
- Multi-sector projects are more demanding from field staff: they should receive sufficient training to know about all subjects (CARE).



- Most CARE staff supports the current CARE organisation with polyvalent field agents. A few CARE staff think that specialised field staff is more effective (as CRS is working), even though logistically this may be less efficient. A compromise is to have polyvalent field agents with different background, so incidentally, one agent can ask support from another agent for a particular subject.