



Final Report: Evaluation of DEC Ebola Response Program Phase 1 and 2

Submitted by: Hindowa Batilo Momoh-Lead Consultant; Dr. Fallah Lamin and Mr. Ibrahim Samai-Associate Consultants



November 2016

DEC Emergency Response Program Implemented by CAFOD, Caritas, Street Child and Trocaire in Sierra Leone

Table of Content

<u>LIST OF ACRONYMS</u>	3
<u>EXECUTIVE SUMMARY</u>	4
<u>CHAPTER ONE</u>	7
<u>1.0 INTRODUCTION</u>	7
<u>1.2 PURPOSE OF THE EVALUATION</u>	8
<u>1.3 METHODOLOGY</u>	8
<u>1.4 METHODS AND PROCESS</u>	9
<u>1.5 LIMITATION TO THE EVALUATION:</u>	11
<u>CHAPTER 2: ASSESSMENT OF PROGRAM PERFORMANCE</u>	12
<u>2.1 EFFECTIVENESS:</u>	12
<u>2.2 EFFICIENCY</u>	27
<u>CHAPTER THREE</u>	29
<u>3.1 RELEVANCE AND APPROPRIATE</u>	29
<u>3.2 METHODOLOGY & APPROACH</u>	30
<u>3.3 COHERENCE</u>	32
<u>3.4 ACCOUNTABILITY</u>	34
<u>3.5 IMPACT: PHASE 1 & 2</u>	35
<u>3.6 SUSTAINABILITY:</u>	37
<u>3.7 CAFOD ADDED VALUE:</u>	38
<u>3.8 LESSONS LEARNED</u>	40
<u>CHAPTER FOUR: CONCLUSION AND RECOMMENDATIONS</u>	42
<u>4.1 CONCLUSION</u>	42
<u>4.2 RECOMMENDATIONS</u>	43
<u>ANNEXES</u>	44
<u>ANNEX I: EVALUATION CRITERIA</u>	48
<u>ANNEX 2. DATA COLLECTION TOOLS/GUIDE</u>	50
<u>ANNEX 3 LIST OF PEOPLE INTERVIEWED</u>	58

List of Acronyms

AJLC	Access to Justice Law Center
CDC	Center for Disease Control
CEC	Cation Exchange Capacities,
CAFOD	Catholic Agency for Overseas Development
COH	Channel of Hope
DEC	Disasters Emergency Committee
EVD	Ebola Virus Disease
FAO	Food and Agricultural Organisation
FBL	Faith Based Leaders
FGD	Focus Group Discussion
GoSL	Government of Sierra Leone
GDP	Gross Domestic Product
IRC	International Rescue Committee
IMF	International Monetary Fund
KADDRO	Kambia District Development and Relief Organization
MoHS	Ministry of Health and Sanitation
MAFFS	Ministry of Agriculture, Forestry and Food Security
MDG	Millennium Development Goals
NGO's	Non-Government Organizations
OVC	Orphans and Vulnerable Children
PSS	Psycho-Social Support
SLDHS	Sierra Leone Demographic and Health Survey
SSL	Statistics Sierra Leone
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
VAW	Violence Against Women
WHO	World Health Organization

Executive Summary

INTRODUCTION:

The Ebola virus, which struck Sierra Leone in 2014, caught the country unprepared to resist and prevent the spread of the dreadful disease. The disease killed many people, dislocating families and decimating large swath of communities in Sierra Leone. In October 2014, CAFOD, with funding from the DEC, partnered with Caritas and Trocaire (Phase 1 and 2) and Street Child in Phase 2 to intervene to help curb the speed with which the disease was consuming Sierra Leone.

Objective of the Evaluation:

The purpose of the evaluation was to: assess the extent to which the programme objectives were achieved; facilitate and distil self-analysis of overarching lessons learned; proffer recommendations that will influence future interventions of CAFOD and its partners in Sierra Leone as well as other countries; and serve as a guide for future humanitarian strategy.

Methodology:

The consultants adopted the quantitative and qualitative methodologies to collect and analyze data. As such, the consultants carried out document reviews, conducted stakeholder interviews and focus group discussion that constituted the qualitative method. Survey questionnaires were developed to target faith based leaders, community leaders and beneficiaries, which constituted the quantitative method. A total of 150 questionnaires were administered to Faith Based leaders, beneficiaries and community leaders in communities in the districts; while about 60 Directors, Managers and Field Officers were interviewed during the evaluation period.

Key Findings:

Relevance: The evaluation team found that the methodology adopted by CAFOD and partners to engage faith leaders in creating awareness during sermons in Churches and “Kutubas” in Mosques about the dreadful nature of the Ebola virus, cutting the chain of transmission, reducing the tensions between communities and burial teams, and planning and working with community structures were very relevant and appropriate in changing the behavior to end the disease.

Effectiveness: The intervention has been very effective because it facilitated the identification and training of 1443 (60% female and 40% male) faith leaders in Ebola prevention messaging. The evaluation also established that 14,430 Focus Group Discussions (FDGs) organizations reached 216,450 audiences in the Kenema and Kailahun districts, and 710 places of worship supplied with disinfection kits. The evaluation noted that 684 persons received food and non-food packages and reached 114 quarantined households. 100 farming groups were formed into 10 groups, 10 per group of which 60% were women and 40% men in each district. 50 business groups were also established and shared into 5 groups with 10 members per group of which 60% were women and 40% men. In Kenema district, 75 adolescent girls are now accessing skills training and 225 beneficiaries were identified and registered. The consulting team established that a total of 1510 people received psycho-social support in the three districts and Street Child succeeded in reunifying 444 children with family members, which exceeded the 350 target figure.

At the same time, Street Child provided educational materials and support to a total of 1600 children in Kenema and Kailahun districts, which exceeded the target figure.

Generally, the study established that in Kenema 95% of the respondents' experienced livelihood and food security support while 5% said they did not. In Kailahun district, 70% agreed that they received livelihood and food security support while 30% did not. In Kambia district, 95% of the respondents noted that the program provided livelihood support while 5% said no. The same figure goes for psycho-social support provided by the project in the three districts.

Efficiency: The Evaluation found that the program was efficiently carried out in terms of provision of funds to implement both Phase 1 and Phase 2. There was also an efficient utilization of funds generally and therefore, resources spent on program activities were justifiable.

Sustainability: The evaluation established that the trainings such as awareness creation to prevent and control Ebola, new farming techniques and the utilization of organic manure for livelihood empowerment, access to small funds to undertake businesses and the provision of skills training for adolescent girls not to mention provision of school materials for children in schools to name a few, have the potential for multiplier effect in the long term. Hand-washing and personal hygiene, which were preached and emphasized in Churches and Mosques by faith leaders have continued in the post-Ebola era. This has the potential to continue in the longer term.

Impact: Livelihood support to farmers through the provision of seedlings, fertilizers and training in new farming techniques and linking people with the Ministry of Agriculture have yielded dividend that has the potential to provide sustenance to the people.

Provision of small grants and seed monies to women's groups who are now engaged in very successful businesses have prospects to grow beyond what they initially received.

The DEC intervention impacted on the communities under review. First, the intervention prevented more deaths to take place in the communities because of disruption of the chain of transmission by faith leaders and community influencers. Second, it reinforced harmony and synergy among Christians and Muslims who collaborated to prevent and control the Ebola disease in their respective communities. Third, capacity-building of beneficiary groups in communities have enhanced setting up of local structures as an exit strategy to ensure phasing out in an orderly manner.

Lessons Learned: A key lesson learned in combating the Ebola virus was the adoption of an integrated approach, an approach from Trociare that can be replicated by other IPs. The program adopted a holistic approach or response wherein communities take the lead to address the different needs of the people affected by Ebola at the same time.

Similarly strengthening livelihoods opportunities, food availability and ensuring dietary diversity of vulnerable girls, men, women including older women and men affected by Ebola (i.e. as carers or directly) will contribute to the reduction of their vulnerability. Their immune system benefits from improved diets

as a result of agronomic training and planting of different crops and improving skills and knowledge of pest control.

The evaluation reveals that when women are provided with resources, skills and knowledge, they will stop being dependent on men; their social status will markedly improve and they will be in a better position to cater for the needs of their family (food, clothing and schooling for children) and household. The empowered women's group established during the period under review has demonstrated creativity in terms of doing business and cultivating farms to grow food items for sustenance.

Recommendations: CAFOD and its partner organizations should continue the coordination, harmonization and cross-fertilization of ideas which have resulted in building of relationship and understanding among partner organizations. This had served as the platform for sharing useful information, knowledge and skills on project planning, implementation and monitoring. Open communication between CAFOD and partners on project activities and the monitoring of the project has the potential to foster accountability and transparency in programmatic activities much required for development results.

The evaluation recommends that CAFOD and partners continue to utilize the structures established (FBL, CWCs, Women's Groups) in the communities during program implementation. The advantage is that these structures are very familiar with CAFOD principles and values and are in a better position to deliver on future related programs

There is need for the recruitment of an M&E Specialist/Officer charged with the responsibility of undertaking periodic and regular on-the-spot check on program activities and sites in the field. The evaluation found that the aspect of monitoring was weak and the burden was all on the Emergency Program Manager at CAFOD who has other responsibilities to carry out. This led to monitoring challenges and addressing emerging issues from the field late.

Future programs should continue to ensure that women are meaningfully included and empowered them with the necessary tools, skills and financial wherewithal to ensure that their socio-economic status is elevated. This is crucial for ensuring women empowerment, a flagship in modern development discourse.

Future programming should further emphasize on agricultural productivity, agro-business, skills trainings, which are the mainstay of vulnerable people in rural communities.

Chapter One

1.0 INTRODUCTION

The recent outbreak that culminated in an upsurge in West Africa, (first cases notified in March 2014), is the largest and most complex Ebola outbreak since the Ebola virus was first discovered in 1976. There have been more cases and deaths in this outbreak than all others combined. The first case of Ebola was reported in Sierra Leone in May 2014. By early May 2015, the Centre for Disease Control reported that nearly 4,000 people in the country had died from a total of more than 12,500 suspected or confirmed cases.¹ The raw statistics tell only part of the story, however. The impact of the disease was not just on those who contracted it, but on the whole country. As well as fear of becoming infected, this wider effect was brought about by the steps taken by the Government to tackle the spread of Ebola. The authorities declared a public health emergency in July 2014 and instituted a strict set of measures including the suspension of markets, movement restrictions, schools were closed and a 7 pm curfew.

Furthermore, school certificate examinations were cancelled and postponed indefinitely, causing most of the pupils to return to their villages. The promotional examinations for certain schools were not conducted and therefore most pupils never knew their stand for the following academic year. Before the Ebola outbreak, just 74% of children attended primary school in Sierra Leone.² The impact of prolonged school closures in a region with some of the lowest education indicators in the world is dire and the outbreak has negative consequences on the availability of teachers, the safety of school premises, vulnerability of girls and women and, in the longer term, the ability of affected countries to accelerate economic and social development. In addition, schools in all regions of the country have limited access to safe water prior to the crisis, a critical factor given the key role of hand-washing in preventing transmission. The EVD outbreak curtailed educational services. Teachers were trained to support house to house campaigns to raise awareness about how Ebola can spread and be prevented. Approximately, 7,000 teachers were been trained as social mobilizers and were leading prevention activities.³

The implications on educational outcomes are not yet clear. The related economic losses borne by the national budget were high as wages to teachers still needed to be paid and facilities maintained. Even worse may be future productivity losses, reflecting the lower education of those who do not return to school, which will also require heavy additional investment in an attempt to bring educational outcomes back to pre - outbreak levels. Sierra Leone had a very strong educational base, dating as far back as the colonial era; particularly between the periods 1951 to 1961. However, this changed due to bad governance and gradual neglect during the post –independence period and exacerbated by the rebel carnage (1991-2001).⁴

¹ Government of Sierra Leone Ebola Response Center, 2014

² Child Info, 2014

³ GOSL 2014

⁴ The Truth and Reconciliation Commission Report of 2002 is very clear about the root causes of the country's civil war one of which was the total neglect in the delivery of basic social services (education for instance) in the country

In response to the Ebola Virus Disease in Sierra Leone, CAFOD and its local partners (Caritas and Trocaire) started an emergency response intervention in October 2014 while Street Child came on board in May 2015. With the support of DFID, in Kambia District CAFOD and partners have been working tirelessly to provide Safe and Dignified Burials of dead people. Several vehicles were involved in responding to the crisis, therefore CAFOD and partner received funding to coordinate the vehicles, (Fleet Management) response to ensure quick availability of vehicles/ambulances to respond to community health needs.⁵

Although there is a dire need to contain the Ebola virus, CAFOD and partners also started a project aimed to build the resilience of vulnerable groups through improved protection and livelihood activities funded by Disasters Emergency Committee (DEC). The project is being implemented in Kambia, Kailahun and Kenema districts by CAFOD's partners mentioned above. To assess the progress of project implementation and evaluate attainment of intended outcome CAFOD and partner collected baseline study to serve as benchmark for comparison at the end of the project.

1.2 Purpose of the Evaluation

Generally, the evaluation exercise covered DEC Phase I and Phase II with the objective to fulfill the requirement of accountability to the DEC and to the public that contributed to the DEC appeal.

Specifically, the purpose of the evaluation was to:

- assess the extent to which the programme objectives were achieved;
- facilitate and distil self-analysis of overarching lessons learned;
- proffer recommendations that will influence future interventions of CAFOD and its partners in Sierra Leone as well as other countries; and
- serve as a guide for future humanitarian strategy.

1.3 Methodology

To ensure an effective assessment was completed, the consulting team employed an evaluation design that used a mix of assessment tools and methods. A combination of both quantitative and qualitative data collection and analysis were used. The methodology presented here was guided by the Terms of Reference (ToRs) for the evaluation. To a large extent, the consultants employed an eclectic approach that was all-encompassing and participatory. The evaluation process was also sensitive to gender participation and considerations, and strived to be evidence-based to ensure that the evaluation was not only sound and objective but also the project impact was recorded, sustainability determined and lessons learned were distilled.

Further, the consultants employed established approaches, particularly the theory of change that is normally used to assess progress toward achievement of results. Therefore, the consultants used the intervention logic analysis to consolidate DEC's phase 1 and 2 contribution in a single framework that links rationale to strategy, programmes and results. Using the set of Evaluation Questions provided in the TOR, the Consultants have presented evidence of DEC phase 1 and phase 2 contributions to the Ebola crisis in

⁵ CAFOD Ebola Response Report of 2014

Sierra Leone and have identified what has helped or hindered the intervention to achieve results. This approach involved assessing the standard OECD-DAC criteria of relevance, efficiency, effectiveness, impact and sustainability. The intention was to provide recommendations that could be used to strengthen and inform similar future activities/programs as well as to identify best practices.

1.4 Methods and Process

The consultants employed following methods to complete the evaluation process:

- ✓ Document review and evaluation design
- ✓ Meetings with relevant stakeholders and interviews with key informants
- ✓ Focus Group Discussions with Implementing Partners and other CSOs
- ✓ Administration of 150 questionnaires (50 questionnaires in each district) that targeted beneficiaries and Faith Based Leaders
- ✓ Field observations and visits to communities and project sites
- ✓ Analysis, reflection and report writing

a) Document review - Preparation of the Evaluation

The consulting team reviewed relevant project documents that were provided by CAFOD and Implementing Partners in the Field Offices in Kenema, Kambia and Kailahun. These are primary data that were useful for unearthing why the project was designed and its design processes, people involved in the design, why the target population and locations were chosen, the processes of engaging the implementing partners, the methodologies employed in carrying out the intervention and many others. Some of the documents reviewed include but were not limited to:

- ✓ CAFOD DEC Phase I and 2 Plans
- ✓ Phase 1 and 2 Reports: Narratives
- ✓ Phase 1 and 2 Reports: Financial
- ✓ DEC Form 4 Risk Register Reports
- ✓ DEC 4 Agency Appeal Risk Reports
- ✓ Final Baseline Report of 2015
- ✓ DEC Project Document
- ✓ DEC Partner Monitoring Reports, phase 1 and 2
- ✓ DEC Partner Coordination Meetings Reports, phase 1 and 2
- ✓ DEC Partner Meetings Minutes, phase 1 and 2
- ✓ Sierra Leone Trip Report
- ✓ Kambia Visit Report
- ✓ Final Presentation of Findings Feedback Meeting DEC SL
- ✓ Audit Reports
- ✓ Partner Field Visits Reports
- ✓ Other Quarterly and annual reports

b) Meetings with relevant stakeholders and interviews with key informants

The consultants collected data from all key stakeholder categories using proposed tools in the annexes. The key stakeholders being targeted included: CAFOD staff, Implementing Partners at national and district levels, Faith-based leaders in communities, community influencers, CSOs and beneficiaries that have participated in and or benefited from the implementation of the project. The consulting team made every effort to cover adequate representative categories of all stakeholders. The selection of these key respondents was

purposely based on their contributions and roles in the DEC Ebola intervention project implementation.

The field phase was prefaced with a debriefing with CAFOD management in Freetown. On the basis of these discussions, the consultants finalized the Inception Report, the list of key informants and the tools to be used.

- *Preliminary Assessment*: The initial stages of the field mission involved systematically compiling information on the status of project implementation in the three districts and the various processes involved including the methodologies used in carrying out project implementation;
- *Individual Meetings* were held with a wide and representative set of stakeholders to collect information in relation to the Evaluation Criteria. Semi-structured interview tools were used with open-ended questions to ascertain evidence-based evaluation responses. The intention was to maximize input from Implementing Partners, faith-based leaders, beneficiaries and community influencers.
- *Interview Guide*: The in-person interviews were guided by a standard set of questions that collected information to address the core Evaluation Criteria and Questions established for the methodology. This Interview Guide provided the consistency for triangulation of interview responses. It allowed for flexibility to capture other issues or nuances that may not have been identified in the interview questions
- Outcomes of the interviews compared with the assessment data generated through the document review and observations from the *Focus Group Discussions*

c) Focus group discussions

Focus Group Discussions were carried out in a number of stakeholders with similar interests can be gathered together, for example faith based leaders or CSOs implementing projects in the districts. The advantage of focus groups is that opinions and views can be elicited among a group of people, whereby the dynamics of the group can be utilized for sparking off balanced discussion, and ultimately generating new ideas and/or stimulating reflection from different angles. Focus groups were utilized to gather factual data, to reflect on qualitative issues, and also to create a platform for brainstorming innovative ideas and solutions to identify problems.

d) Field observations and administering of survey questionnaire

Selected locations (agreed with the field offices in Kenema, Kailahun and Kambia) in the districts were visited and survey questionnaires were administered by enumerators to targeted individuals and groups with the view to particularly establish and determine support provided to individual family households disaggregated by gender, number of children who benefitted from the project, number of children going to school, the general impact of the support provided by the DEC, lessons learned and the sustainability of the project when support ends. The extent and location of these visits were determined during the Inception Phase. Site visits provided in-depth evaluation of measurable results, and the implementation issues that have affected progress. The survey questionnaires were coded and were analyzed using the SPSS.

e) Analysis, reflection and report writing

The consulting team analyzed and reflected on the information gathered (using the SPSS for data analysis), analyzing data from stakeholders and FGDs that culminated in the completion of the first Draft Evaluation Report was submitted for review and comments from client. For the review and adjustment of the Draft Report, the consulting team remained available for the full period of the consultancy, and prepared the Final Evaluation Report following feedback and input from CAFOD and Implementing Partners.

1.5 Limitation to the Evaluation:

The conditions of road networks due to heavy rain in the districts under review were deplorable, and, as a result consultants, could not access some of the communities the project was implemented. The time frame for the evaluation was inadequate to undertake the study. It would have been better if the time had been extended to two months. Another critical limitation was the uncompromising nature of Trocaire to provide relevant information to consultants agreed on during the validation workshop. This negatively affected the speedy and timely completion of the study.

Chapter 2: Assessment of Program Performance

2.1 EFFECTIVENESS:

This section, as stated in the TOR, sets out to assess the extent to which CAFOD/Partners project goals and sectoral outcomes have been achieved and are likely to be achieved. What worked and what did not work? What factors influenced the achievement and/or non-achievement of the outcomes.

Findings and evidence from Document Reviews and stakeholder interviews:

Outcome 1: 1,884 male and female faith leaders and community influencers are trained across three districts over six months

Outputs: 1,884 male/female faith leaders, approx. 60% Muslim and 40% Christian, and community influencers are trained in Ebola prevention messaging.

Indicators: # of faith leaders regularly providing Ebola prevention messaging in religious services/to faith groups

Activities and achievements:

- In Kenema and Kailahun districts, Caritas trained 1443 faith based Leaders and community influencers in 30 chiefdoms;
- 1443 (60% Muslims and 40% Christians) faith based leaders and community influencers empowered to organize FGDs in faith houses and communities;

Challenges:

- ✚ High expectations from the people that Caritas will continue to engage them in the post-Ebola period;
- ✚ People in fear of converging together due to the ongoing State of Emergency;
- ✚ Delay by burial teams to bury the dead and take the sick to hospitals remain a big challenge

Outcome 2: 376,800 individuals in three districts change behaviours to disrupt the cycle of transmission at community level to improve knowledge, attitudes and practice on Ebola transmission, prevention and control.

Outputs: Communities at risk in three districts are sensitized on Ebola prevention and stigma

Indicator: Percentage of community members have comprehensive knowledge (accurately rejects at least three misconceptions and identifies three means of prevention) about Ebola.

Activities and Achievements:

- ✚ Training of FBs (60% Muslims and 40% Christians) conducted;
- ✚ 14,430 FGDs were organized reaching 216,450 audiences in the two districts;
- ✚ Inclusion of COH Ebola messages in sermons and Kutubas in churches and mosques to change behavior in the quest to disrupt the chain of transmission;

- ✚ Communities were sensitized not to bury the dead; instead to call the burial team who are trained in the job;
- ✚ “Neighbor Watch” for strangers was practiced in all districts to weed out suspected sick strangers;
- ✚ Strict adherence to the emergency regulations;

Faith based leaders scaled up the awareness among families and community members created more knowledge about Ebola

Outcome 3: 942 places of worship are equipped to deal with risks of infection through the provision of disinfection kits across the three districts

Output: Kits installed and faith leaders trained in proper usage

Indicator: No. of places of worship with disinfection kits in place

Activities and Achievements: In the three districts, the total of 883 places of workshop has received disinfection Kits.

Challenges: There were no noted challenges

Outcome 4: Women, adolescent girls, children and men of 600 quarantined households in Kambia, Port Loko and Bombali districts have access to complementary food and non-food items

Outputs; 600 quarantined households receive complementary food packages

Indicators: No. of non-food packages distributed to quarantined and vulnerable Ebola affected households

Activities and achievements:

- 114 quarantined households (684 persons) have received quarantined household packages in the report period.
- The food packages increased in size during this time to include water to support members of families transported by ambulances to health centres for treatment
- Household profile and entry surveys have been carried out with all households who have entered quarantine.
- Exit surveys, which assess satisfaction, have been held with all households who have exited quarantine and received all items to date and continued.

Challenges: No noted challenges

Phase 2:

Outcome1: 1,325 vulnerable Ebola affected individuals (focus on women and girls) demonstrate improved livelihoods and food security by end of month 15.

Outputs: 925 vulnerable household members have improved knowledge and skills in applying agronomic activities to improve crop production and nutrition.

Indicators: No. of groups practicing improved agronomic methods on their plots.

Number of households equipped with appropriate livelihood kits

Activities and achievements:

- 100 farming groups formed into 10 groups, (10 members per group of which 60 were women and 40 men all were either survivors, widows, caregivers or orphaned children);
- 50 business groups formed into five groups (10 members per group of same gender)
- 75 adolescent girls accessed skills training
- A total of 225 beneficiaries were identified and registered

Outcome 2: By month 12 at least 2,250 vulnerable persons affected by EVD demonstrate improved wellbeing as a result of psychosocial support provided across 2 districts

Outputs: 1. Improved access to 24 hour psycho social support for vulnerable persons affected by EVD
2. Community-based psycho social services established in target communities.
3. 30 communities demonstrate improved inclusion and integration of women and girls facing pregnancy as a result of EVD.

Indicators: The number of calls received per month; Number of persons utilizing psycho-social services.

Activities and achievements:

- Trocaire established a call center and which 575 people contacted
- Caritas established a psycho social counseling support center to ensure access of services/facilities for vulnerable EVD persons and 70 were registered
- 1510 people were reached for PSS support
- Community psycho social services for groups were provided to 440 persons affected by EVD in Kambia district
- Caritas Kenema reported 900 persons who received PSS counseling services
- Caritas Kenema trained 30 community counselors in 10 communities to provide PSS services
- 429 community counseling clients were referred to partner staff and local government services
- All demonstrated improved wellbeing
- Trocaire reported that community groups for pregnant teenage girls supported 150 girls;
- Caritas Kenema group counseling accessed 10 communities and were able to reach 220 in those communities

Outcome 2: At least 350 vulnerable children are reunited with family members by month 15 as a result of improved protection services being provided across two districts (Street Child)

Outputs: Child Welfare Committees provide improved child protection services to extremely vulnerable children

Indicators: Number of unaccompanied / separated children placed in suitable long-term care arrangements

Activities and achievements:

- A total of 444 children were placed/reunified with their family members
- Caritas established 17 groups of CWCs, each group comprised of 25 people
- Kailahun district 8 CWCs groups of 25 people each established
- 444 children were reunited with their families, which exceeded the targeted 350

Outcome 3: At least 1,200 girls and boys return to school and their education is resumed by month 6, as a result of providing basic school support/equipment and materials in two districts

Outputs: extremely vulnerable children are enrolled back into the education system

Indicator: Number of extremely vulnerable children attending school on regular basis

Activities and achievements:

- 782 children in November 2015, (432 in Kailahun and 350 in Kenema) had received education material support which included uniforms, exercise books, school bags, etc
- 818 children (448 in Kenema and 370 in Kailahun) benefited from this support when school reopened early in January in 2016 bringing the total number supported to 1600

Analyses of evidence from key Interviews and document review

Phase 1

Faith leaders were trained and in turn trained other groups in the field thereby increasing the number of people who were sensitized and educated on the Ebola virus. Capacity building of faith leaders, influential leaders and the communities through training programs were conducted by program partners and line Ministries. Training facilities helped create understanding among the target people and communities and effectively dealt with the disease thereby decreasing the transmission rate. Hand washing introduced in mosques and churches helped in the fight against the disease. Faith leaders were able to convince their congregations that Ebola was real and that it was curable.

Faith leaders supervised routine washing of hands as a means of protection and prevention before and after service. Communities taught to stop nursing the sick at home but to report such cases to health facilities which helped in cutting transmission chain in households and communities in the districts under review.

Phase 2

The recovery stage of the intervention was about how to mitigate the impact created by the virus. The damage control was done through support provided to the agricultural sector, setting up of the Village Savings Schemes, establishment of women's groups and corporations, and the creation of social capital to assist the survivors. Phase 2 also dealt with gender based violence (GBV), getting children back to school, helping people to craft a future, helping women accessing loans from Community Banks, assisting women's groups to register with local councils particularly in Kambia District, providing support and income to women organizations to drive up their self-esteem lost during the Ebola.

Qualitative data established that the most debilitating effect of EVD was on household income security and livelihoods. Most people in the rural areas depend largely on agriculture including production of crops and livestock such as poultry and goats, and some form of petty trading for livelihoods.

The project brought a unique opportunity wherein farmers were provided with seedlings to revitalize the agricultural sector. As the main source of livelihood in rural communities, the project also provided training and skills in new farming techniques, for instance, crop rotation, use of fertilizers, planting techniques and many others.

The evaluation established that the CAFOD/Partner program goals and sectoral outcomes have been effective in alleviating the deepening poverty and want in the hard hit areas in Kenema, Kailahun and Kambia districts.

Discussion of analysis on livelihood and improved food security

Interview with beneficiaries indicates that the reason for this significant improvement in both the yield and food security was as a result of leveraging on the expertise of the Ministry of Agriculture and implementing partners who were available to provide training for the beneficiaries in agricultural practices. Farmers were trained in improved farming techniques in order to maximize their yield, sell the surplus and use the proceeds for other needs.

Another reason for the positive result on the interviews with beneficiaries was that seedlings were provided on time and planted within the planting season. The implementing partners had included the beneficiaries in deciding on the type of seeds that should be provided, so that the wrong type of seeds was not provided to the wrong beneficiary. This also helped in improving the yield and, by extension, ensured food security.

The success of the program was achieved through the dedication and commitment of project staff, Faith Based Leaders (FBL) community influencers and the youths who were all key factors in the achievement.

Psychosocial Support

Street Child, Caritas, and Trocaire (through local implementing partners KADDRO and Access to Justice Law Centre-(AJLC) were the implementing partners that provided psychosocial support through training administered to the FBL and counselors. The trainings assisted the FBL and counselors in giving psychosocial support to individuals affected by EVD and in also meeting the challenges associated in

dealing with emotionally distressed individuals. It also assisted them (FBL and counselors) in coping with such challenges and still offered the needed assistance. Most (about 60%) of them (FBL and counselors) said that the training had not only been used for Ebola survivors and their families (intended result) but also for non-Ebola related cases like domestic abuse and deaths otherwise caused by other illnesses (unintended result).

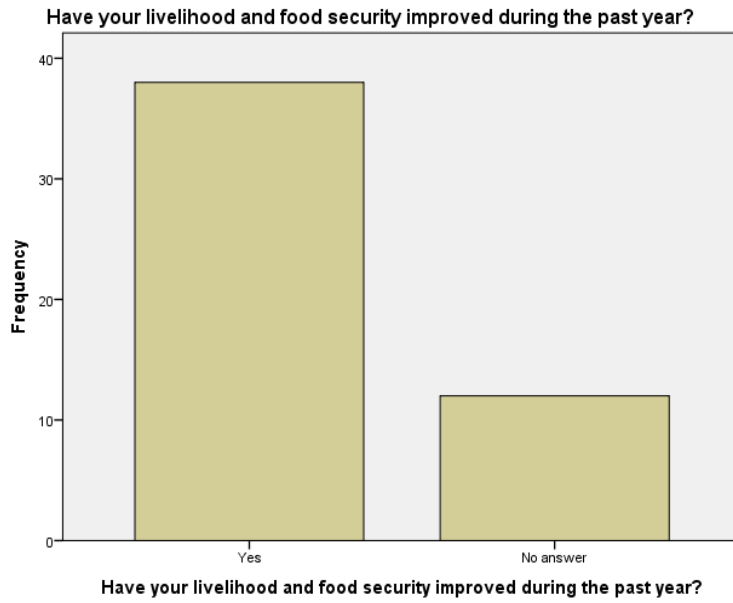
The beneficiaries interviewed recognized that the psychosocial support to them did help them cope with the loss and that all was not lost. Most of those interviewed (about 60%) admitted that they were at first reluctant in accepting the service from FBL and counselors thinking that they should rather be given out monies that they had collected from implementing partners on their behalf. However, when they realized that was not the case they accepted the support provided to them.

Child Welfare Committees (CWCs) provided improved child protection services to extremely vulnerable children in the Kenema and Kailahun districts. The target from the DEC phase 2 was to identify 350 unaccompanied children and reunite them with their family. Both Street Child and Caritas Kenema involved community stakeholders and Ministry of Social Welfare in the implementation. The total number of children reunited with family members rose to 444. This indicates the overall effectiveness of CWCs. There were extra funding provided from the DEC as the number increased from 350 to 444.

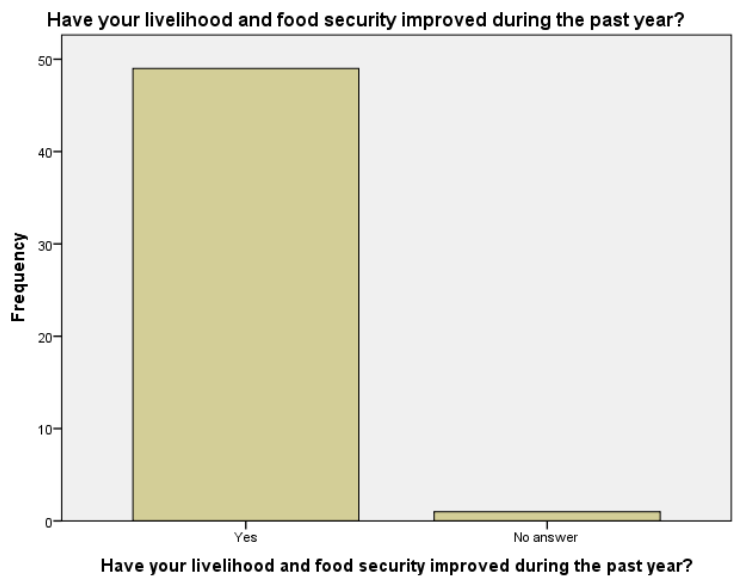
Findings and evidence from the Survey questionnaires

Quantitative data available from the rapid baseline survey conducted by CAFOD and partners in 2015 revealed that that 83.1% of those interviewed reported that they are engaged in agricultural activities for their livelihood, especially Kambia district 49% are farmers, while 28.5% and 23% provide services and petty trading respectively. Furthermore, the rapid baseline survey showed that the peoples' livelihood has dropped of about 97% especially in Kailahun and Kenema districts and Kambia because of effect of EVD on agricultural production.⁶

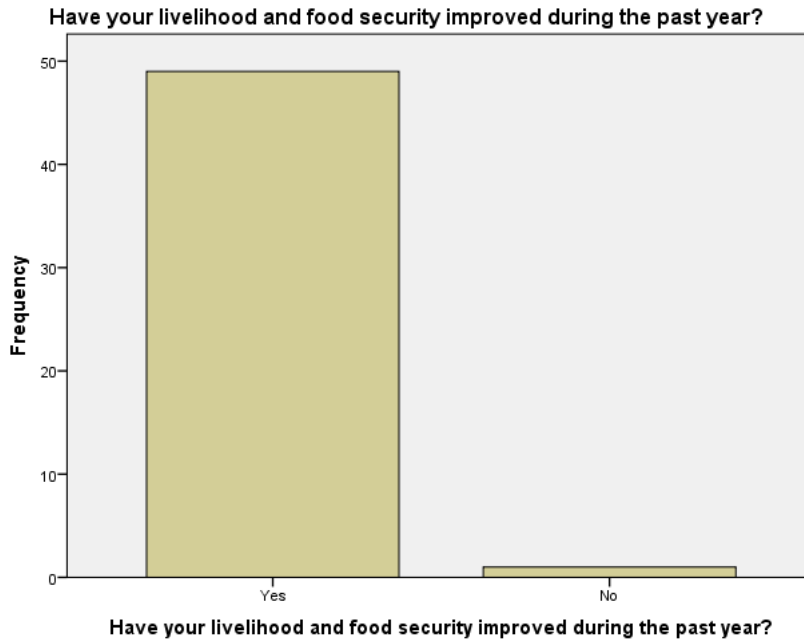
⁶ See the Consolidated Rapid Baseline Report for all DEC Partners for details



Kailahun District (Figure 1)



Kambia District (Figure 2)



Kenema District (Figure 3)

From figure 1 above, which relates to the livelihood and food security in the Kailahun District, it can be deduced that about 70% of the respondents had experienced improved food security whilst 30% did not experience food security since the program was implemented.

In Kambia District as indicated in Fig 2, it indicates that food security increased significantly by about 95% and about 5% did not experience an improved food security

Kenema district as shown Fig 3 indicates about 95% improved food security and a 5% lack of improvement in food security.

Discussion of analysis on livelihood and improved food security

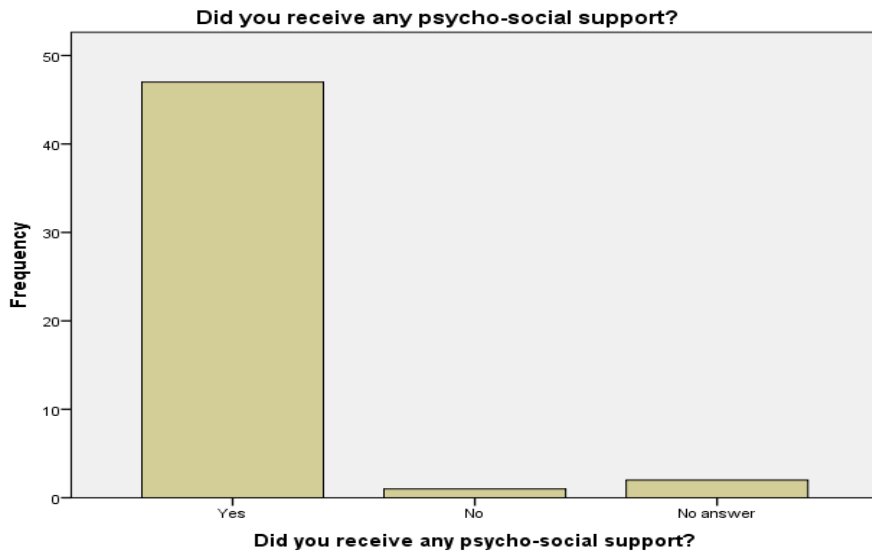
Interview with these respondents indicates that the reason for this significant improvement in both the yield and food security was as a result of leveraging on the expertise of the Ministry of Agriculture and implementing partners who were available to provide training for the beneficiaries in agricultural practices. Farmers were trained in improved farming techniques in order to maximize their yield, sell the surplus and use the proceeds for other needs.

Another reason for the positive result as seen in the graphs was that seedlings were provided on time and planted within the planting season. The implementing partners had included the beneficiaries in deciding on the type of seeds that should be provided, so that the wrong type of seeds was not provided to the wrong beneficiary. This also helped in improving the yield and, by extension, ensured food security.

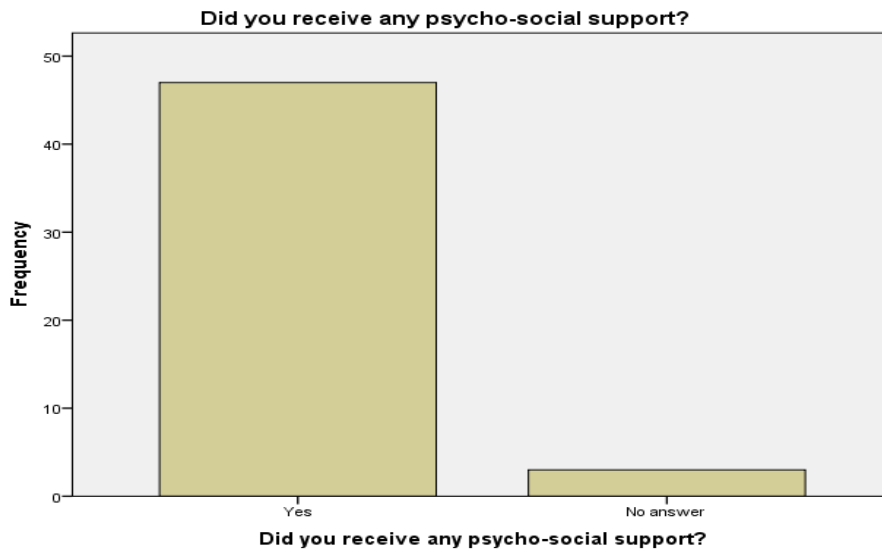
The success of the program was achieved through the dedication and commitment of project staff, FBL, community influencers and the youths who were all key factors in the achievement.

On the other hand, the graphs show a slight drop in the yield and food security in all three districts for some farmers due to heavy rains in some chiefdoms and pest disturbances. This was especially the case in Kailahun district

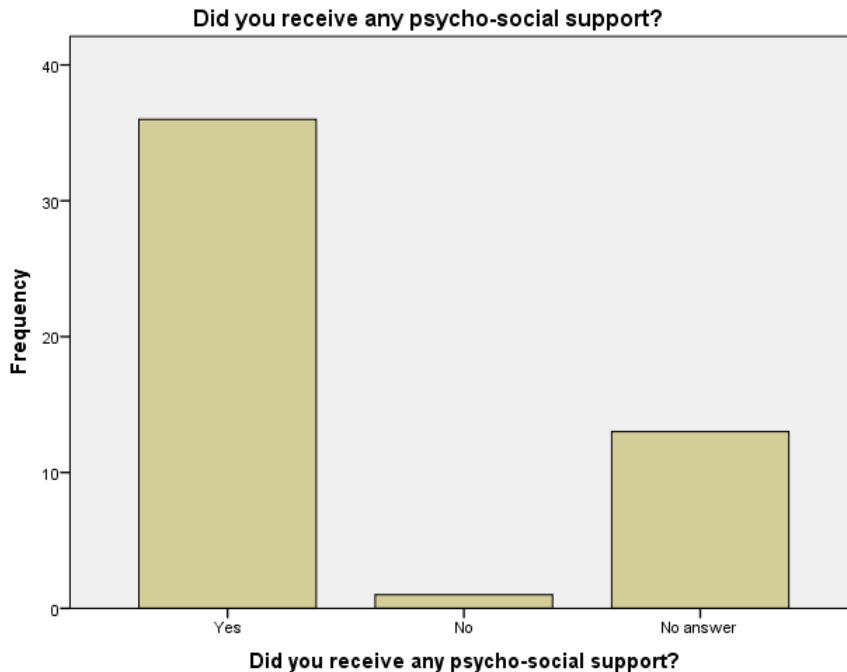
Kenema (Figure 4)



Kambia (Figure 5)



Kailahun (Figure 6)



The analysis indicates that beneficiaries in the Kenema district received psychosocial support during the implementation of DEC phase 2, about 5% did not receive any psychosocial support from the program and about 10% did not respond to the question on psychosocial support received.

Kambia district indicates that about 90% had received psychosocial support from DEC phase 2 and about 10% had not given any response to the question

In Kailahun district, the analysis establishes that about 70% indicates they received psycho social support from DEC Phase 2, about 5% did not receive any form of psychosocial support and 25% did not respond to this question

Discussion of Psychosocial Support

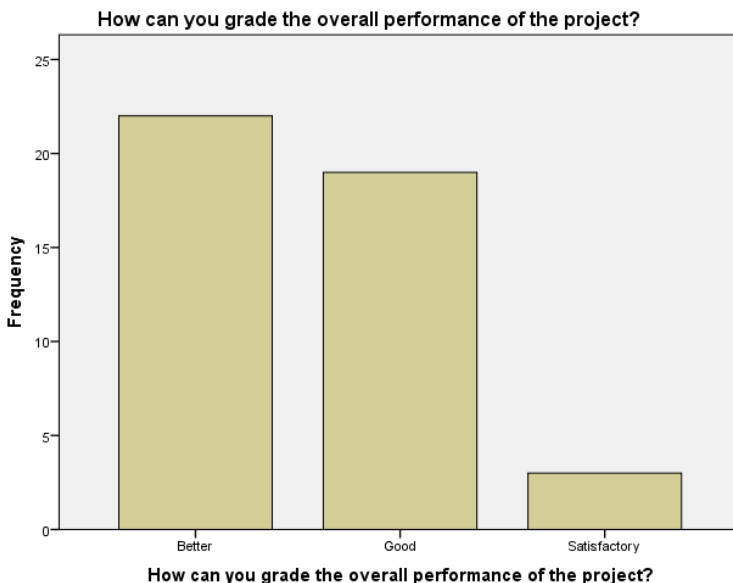
Trocaire, Street Child and Caritas, were the implementing partners that provided psychosocial support through training administered to the FBL and counselors. These stakeholders were highly instrumental in assisting emotionally distressed individuals who lost loved ones to EVD. The trainings assisted the FBL and counselors in giving psychosocial support to individuals affected by EVD and in also meeting the challenges associated in dealing with highly distressed individuals. For instance, some FBL in both Kambia and Kailahun had stated that beneficiaries in these two districts were initially reluctant to accept psychosocial support from FBL as they (beneficiaries) were under the impression that FBL were paid for such services and they were just talking too much and not helping them with monies collected from implementing partners. The training assisted them (FBL and counselors) in coping with such challenges and still offer the needed assistance. Most (about 60%) of them (FBL and counselors) said that the training has not only been used for Ebola survivors and their families (intended result) but also for non-Ebola related cases like domestic abuse and deaths otherwise caused by other illnesses (unintended result).

The beneficiaries interviewed recognized that the psychosocial support to them did help them cope with the loss and that all was not lost. Most of those interviewed (about 60%) admitted that they were at first reluctant in accepting the service from FBL and counselors thinking that they should rather be given out monies that they have collected from implementing partners on their behalf. However, when they realised that was not the case they accepted the support provided to them. Mr. Momoh Bangura (Kagboto Village, Kambia District) said that “he lost 4 of his sons including one who was the breadwinner to him (Mr. Momoh Bangura) and the entire family and that he was only able to cope due to the psychosocial support provided through the FBL”. He added that “using people from their community who knows them well and their problem was the best way to provide such support” he concluded. A FBL, Kadiatu I. Kamara (Malambay Village, Kambia District) said that “ even though it was a huge challenge to speak to ones who had lost a loved one to Ebola, but I enjoyed the experience of assisting my ‘own people’ in coping with their losses who eventually came to appreciate the psychosocial services provided by me and others”

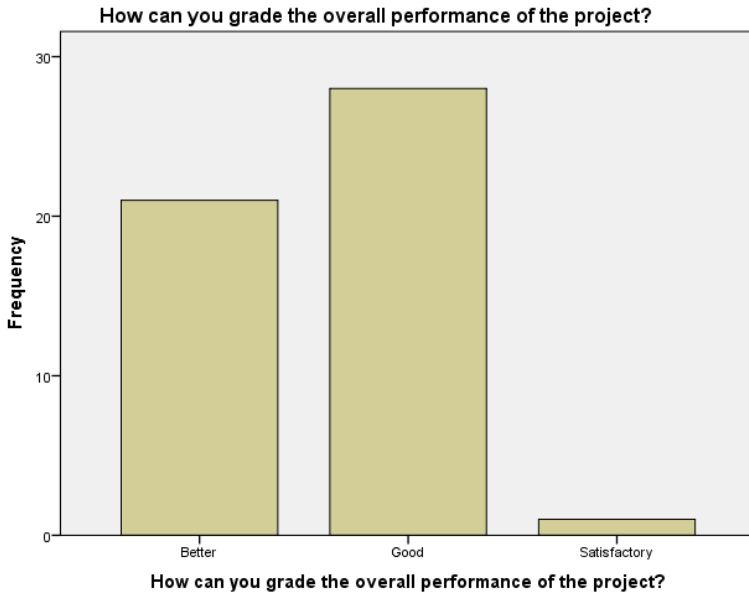
The interviews indicate that about 20% either said “no” or “no answer” especially in the Kailahun district. The reason is that most of those who gave such answer did not need such support as they had not lost a loved one to Ebola and, therefore, were not entitled to the support.

Overall Performance of the project

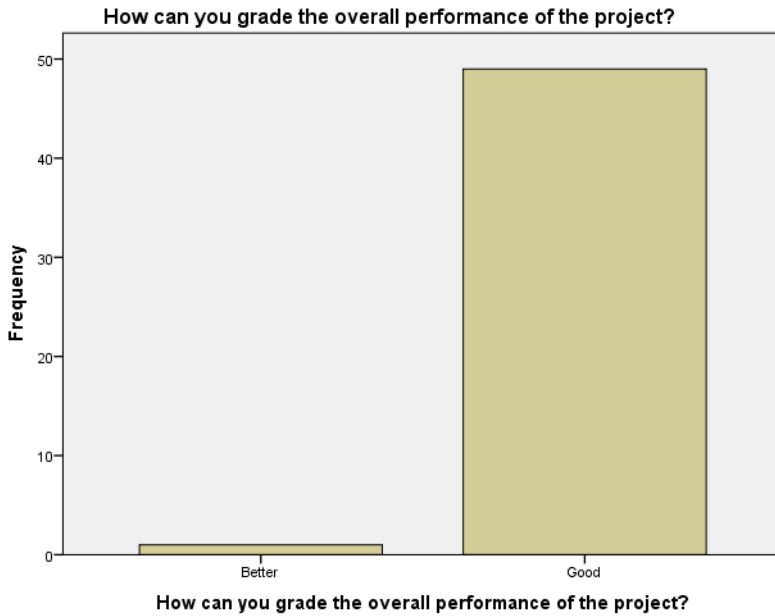
Kailahun District (Figure 7)



Kambia District (Figure 8)



Kenema District (Fig 9)



The analysis above indicate that the overall performance of both phases of the programme were either good or better. In Kailahun, most of the respondents said it was better and over 80% said it was either good or better.

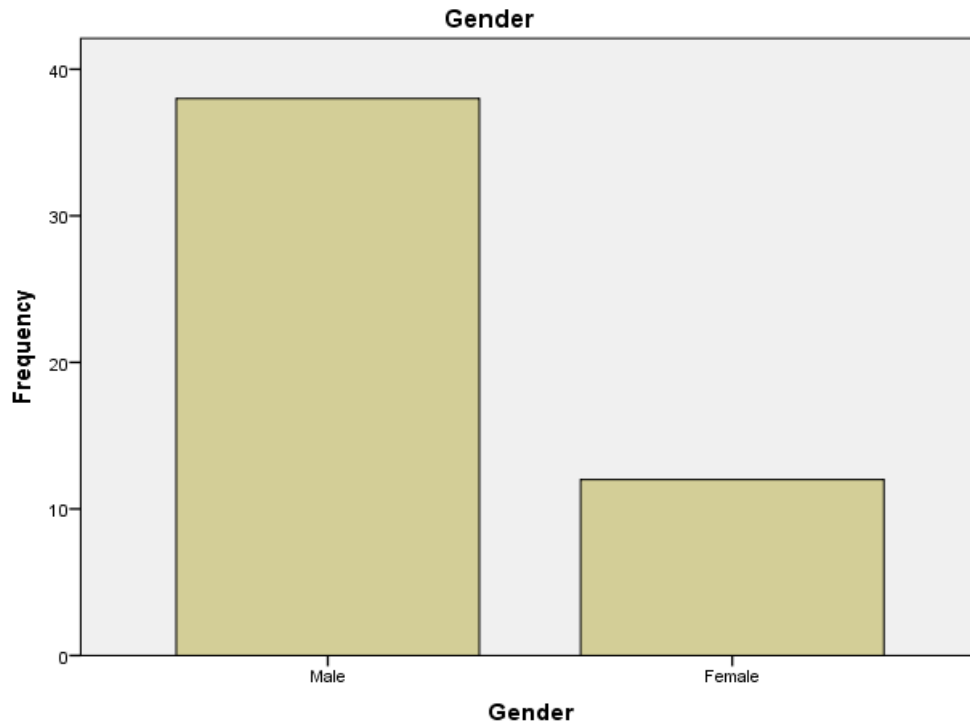
In Kambia, the majority (about 90%) of those interviewed indicates that the implementation of the project was either good or better and about 10% indicates it was satisfactory.

In Kenema the analysis indicates that overall performance of the project was either good or better. About 90% indicate it was good whilst about 10% indicates it was better implemented.

Discussion of overall performance of the project DEC phase 1 & 2

One of the reasons why the majority (about 90%) of respondents suggest the implementation was either good or better (which also indicate that the program outcome and outputs were largely achieved) is that the stakeholders were consulted and involved fully in the implementation of the project in all three districts (Kailahun, Kenema and Kambia). The methods used to create Ebola awareness, the training provided to FBL, community influencers and counselors were very effective, had a catalytic effect and did the most good. The strategy used to get the food aid, non-food aid, livelihood and psychosocial support proved to be invaluable and lifesaving. Almost everyone interviewed agreed that the intervention was timely, apt and *apropos*. Another reason for the overall success was that there was effective accountability and transparency to ensure the provision got to the targeted vulnerable individuals in the community and there was also a system for feedback. Systems and procedures for delivery of emergency items were established at the three district headquarters to ensure accountability and transparency on the part of field officers. In other words, implementers were accountable to the beneficiaries. The stakeholders understood that they owned the project and implementers ensured that they felt so.

The few (about 10%) indicating satisfactory success was about the project not been either extended beyond its lifespan or to families who were not directly affected by EVD. These people felt that the project should have included other vulnerable individuals in their communities though not directly hit by Ebola virus. This was especially the case for children returning to school after the outbreak and only kids who had lost a family member or were quarantined during the outbreak were provided with school materials.



Gender participants in Kailahun District

Figure (11)

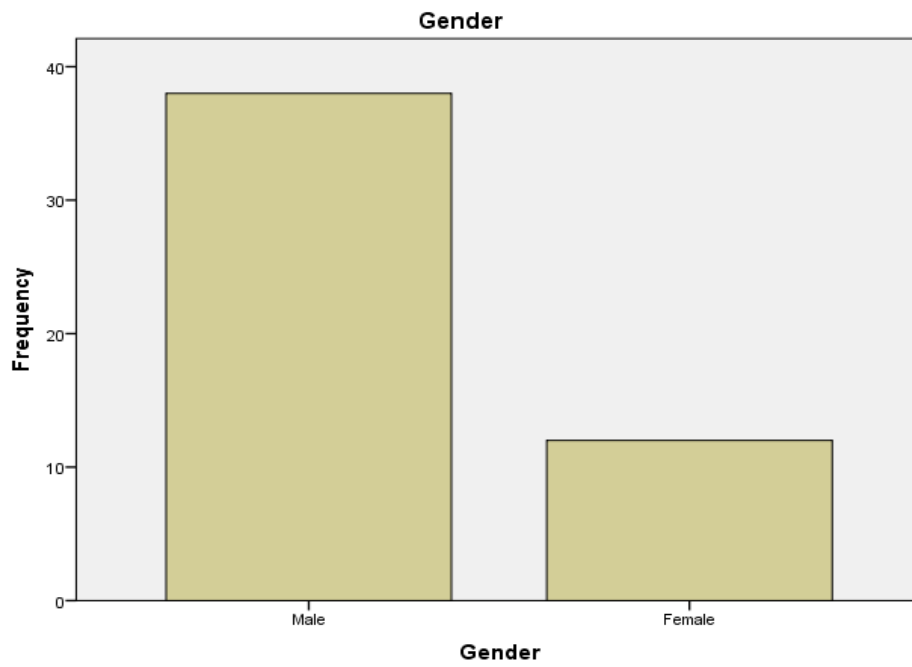
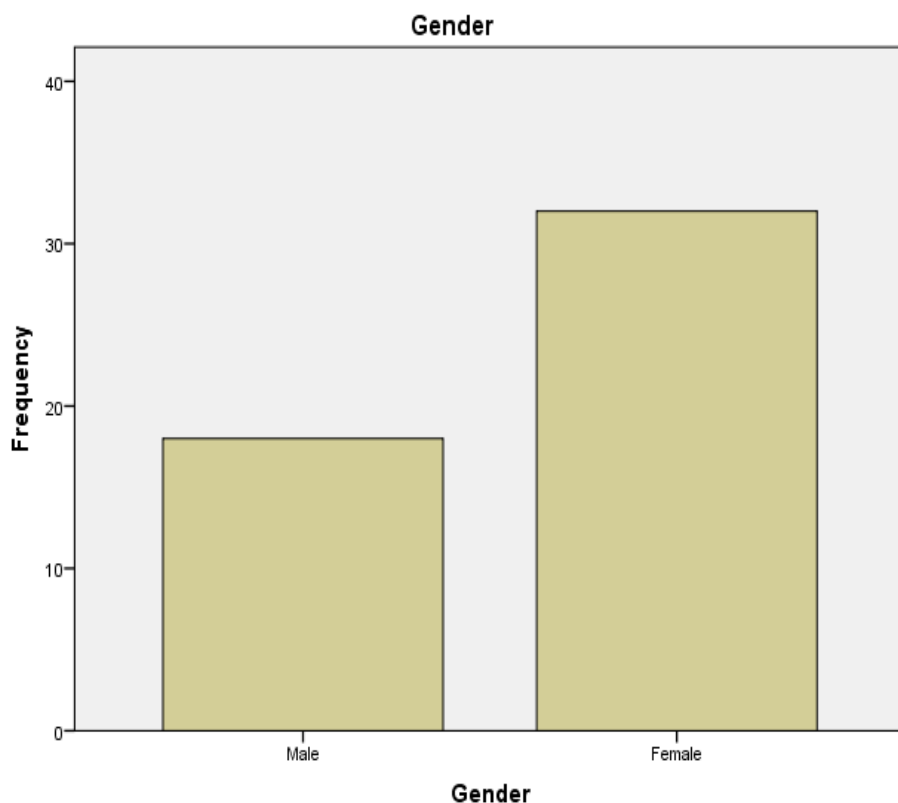


Figure -12



Gender participation in the program

Gender participation is always quintessential in any development enterprise and in emergency situations because women and other vulnerable groups such as children suffer most. Therefore, their participation and voice need to be factored into any development trajectory. Such an analysis lends credence to the understanding of social relations between males and females at all levels of society.

Figure 10 of the SPSS computer generated result indicate that about 75% of participants were males and only about 25% females. Result from Kambia District present 70% male participation and about 30% were females. The situation was slightly different in Kenema where 65% of the participants were females and 35 males.

This is a clear manifestation that issues surrounding gender imbalances and insensitivities manifested themselves in the program administered areas in Kailahun and Kambia Districts. Kenema District performed very well as the SPSS computer generated result indicates.

As a community led approach, the methodology adopted helped provide hope to the people who had lost confidence in every state system such as the health care workers, burial teams and the police. Faith leaders provide psycho-social support to the people particularly in communities where the rate of death was astronomically high. Provision was also given to the people in quarantined homes: food, teaching of

hope, psycho-social support and other forms of support were provided by faith leaders. This helped saved many lives because the intervention of faith leaders, community influencers and the youths through the simple messages of washing your hands after using toilet, before you touch any food items, before breast feeding your baby and wash your breast nipples before you suckle your baby, and properly dispose all feces of the baby. Faith leaders and influential community leaders were strategically positioned to provide practical needs to the people which helped reassured their lives.

2.2 EFFICIENCY

It must be noted from the outset that this evaluation is not an audit on how monies were expended. This chapter is concerned with how program resources have been converted into results, and whether the same results could have been achieved with fewer resources.

Partner institutions used the available financial resources provided by CAFOD to undertake the various activities in communities in the three districts. Some of the activities included but were not limited to payment of allowances and transport cost to faith based leaders, financial support to women's organizations for capacity building; training costs and many others.

Financial availability to communities increased commitment of both the faith leaders and the community people in the fight against the disease. That is, the availability of traveling allowances and transportation cost was a catalyst to stakeholders to be committed to taking the Ebola message to the people. It facilitated their movements from one community to another to talk to their congregation on the significance of, for instance, breaking the chain of transmission, washing of hands, and cooperating with health workers to give loved ones safe burial. The evaluation found an efficient utilization of funds in incentivizing stakeholders to perform their duties.

There was an efficient implementation of the project in communities in the three districts under review. Implementing partners were seen on top of the situation as they effectively and efficiently put together their project officers, equipped them with logistical support (bikes and funds) and took the messages to the communities in a timely manner. This helped reduce the spread of the disease and, by implication, the number of victims and deaths.

The evaluation team found that the program was cost effective and materials that were supplied were utilized according to plan. The implementing organizations were able to utilize the available resources to provide training to faith leaders and community stakeholders. For instance, 1433 faith leaders and community influencers were trained to achieve the desired result of ending Ebola. Project was efficient in the sense that communities were taught to shift to organic fertilizers and introduced composts that proved not only as cost effective but also at no cost at all. Resources were utilized as planned. However, the evaluation noted that the same result would not have been achieved with fewer resources because the accompanying problems Ebola caused were huge, and in some cases, insurmountable, to contain and combat with fewer resources.

In a large measure, resources were not adequate because EVD was an epidemic and the disease was a national disaster. More resources were needed to reach to as many people as possible, and to heal the

wounds of the people. The intervention was narrowed to few communities because of scarce resources. More resources would have been required considering the damaging effect EVD had caused nationally.

Chapter Three

3.1 Relevance and Appropriate

When the Ebola virus struck Sierra Leone in 2014, most, if not all, of the communities affected were caught unprepared to resist and prevent the spread of the dreadful disease. The country's health care system was in total shambles; knowledge about the disease was critically absent; there were not enough health care workers to cater for the population threatened and or affected by the disease; medical equipment and health care facilities such as ambulances, clinical gloves, syringes were in short supply; while the general governance system in terms of functional systems, procedures and policies were markedly absent. As a result, the disease killed people en masse; dislocated families; orphaning children and widowing women; decimation of society and every means of livelihood were curtailed and impoverishment became the order of the day; prostitution increased as young girls resorted to it for survival; people in quarantined homes had little or no means of survival; mistrust for health care workers and government officials prevailed among the general population; schools were closed down thus bringing education to a standstill. In short, Sierra Leone was in dire straits.

It was in this grim atmosphere of bleakness and uncertainty that the DEC Ebola Response Phase 1 was implemented by CAFOD and its partner organizations in communities in Kambia, Kenema and Kailahun districts. The intervention was therefore timely, apt and most opportune given the above description of the prevailing situation in the country. The Phase 1 intervention provided foodstuff to quarantined homes (people were quarantined for twenty one days) feeding people whose movement were restricted by government policies. This disrupted farming activities as most of the communities hardest hit are agrarian in nature and people depend on agriculture to eke a living. The distribution of food and other essentials helped people to adhere to stay home and to observe government's restrictive policies thereby helping to prevent the spread of the disease.

Phase 1

CAFOD became the main agency that the DEC used to coordinate the Ebola Response in Sierra Leone. CAFOD on the other hand, collaborated and worked with national organizations (Caritas, Trocaire and Street Child) in the three districts (Kailahun, Kambia and Kenema) under review to fight Ebola. In a large measure, national organizations were selected because they better understand the local context and socio-economic dynamics of the communities where they operate. The organizations are engaged in these communities, are familiar with major stakeholders and, therefore, served as better foot soldiers that could navigate communities and teach preventive methods to stem the spread of the disease. It was therefore relevant and appropriate for CAFOD to have engaged these local institutions who identified the Faith Based Leaders and Influential Community members who are highly respected in the communities to lead in the fight against Ebola.

The Faith Leaders provided hope by reaching out to their congregation and communities through sermons in churches and Kutubas in the Mosques. The Channel of Hope methodology employed became the main

vehicle through which messages of prevention, abstinence, “no-touch-philosophy”, and many others became relevant in the control and prevention of the spread of Ebola in targeted communities. The Faith Leaders moved from their conservative closets into domains they had never ventured educating people, preaching preventive methods through evangelization, engaging in social mobilization and bringing hope to communities who have lost everything to the dreadful virus.

“The faith-based leaders occupy a special place in our society. Identifying
And engaging them to lead the fight against Ebola was not only timely
But also it was appropriate” (Chief Amara Lungay of Vaahun in the Kenema
District noted)

The program was also relevant in that the agency of the Faith Based Leaders in the overall scheme of the intervention provided psycho-social counseling to people devastated by the disease including orphans, widows, the bereaved and other community members. Faith based leaders and influential community mobilizers were at hand to provide counseling to people in quarantined homes, people who lost loved ones and those whose lost livelihood and dignity. Seen as spirit mediums by the community, the faith based leaders were instrumental and effective in saving lives through those interventions.

Phase 2

The intervention concentrated on improving the livelihood of women, most of whom are widows and single parents. Women’s groups have been established in the three districts with the view to financially empower them engage in small businesses. In most communities, 5 groups of ten women each were formed. The program provided Two Million Leones to each group. These funds have been used by the women to undertake small scale business in selling charcoal, vegetable, cosmetics and other products. The program has succeeded in bringing women to plan and work together, has provided livelihood to their children and families, provided school fees for kids and have help top restore respect to women in society. These women’s groups can now boast of opening accounts in Community Banks available in their communities and undertaking Osusu.

3.2 METHODOLOGY & APPROACH

Phase 1

CAFOD and its implementing partners had used the ‘Channels of Hope’ (COH) to reach communities with Ebola awareness, prevention and control messages to eradicate EVD in their communities. This was partly because religious leaders have a strong influence in their communities as they are highly respected, perceived as spirit mediums and communities rely on them for spiritual salvation especially when everything else is lost and therefore their mindset would most likely be the same mindset of most of people in the community. These faith based leaders (channels of hope) were also very instrumental in providing psychosocial support to Ebola affected households.

The implementation of DEC 1& 2 had provided very effective training for the FBL to protect themselves and their communities and to also provide psychosocial support to victims of EVD. These trainings assisted the FBL is disseminating messages of hope to their communities, EVD awareness, prevention and control

through sermons, preaching and other engagements. The community led approach helped to restore confidence in the people who had lost all confidence in the state systems vis-à-vis the community health facilities, burial teams and the police. This awareness messages, prevention and control of EVD was also considered effective through the FBL as the mindset of the majority of people in the communities covered by this project was that only God could put an end to the outbreak not knowing that they had significant role to play in both prevention and control. The inclusion of FBL was instrumental in changing that mindset and assisting communities to understand that before God could help, they had a personal responsibility in the prevention and control of the disease.

Interviews and focus group discussions with stakeholders indicated that the approach and method adopted by the program worked well in all communities covered by this project. One beneficiary, Kadiatu I. Kamara- Malambay Village in the Kambia had this to say “the FBL were most ideal people they used as methodology to reach us. It helped to quell down the spread of the disease to a greater extent”.

The involvement of FBL helped in saving many lives because people adhered to the restrictive rules provided through the FBL. The provision of EVD prevention and control kits (buckets, bleach, soap, hand sanitizers etc) were also essential in controlling the spread of the disease. Mr. Ibrahim S. Kamara, a teacher, pastor and counselor (Malambay village Kambia district) explained, “he placed the bucket provided with bleach water and attending the church must wash their hands before entering and going out of the church”. Communities led by the FBL placed bleach waters in front of the churches, mosques, entrance to the communities and homes so that all must wash their hands at all times. FBL and the chiefs made sure that community people adhered to prevention control measures such as handshaking, avoiding body contacts, not touching even a loved one who was either sick or dead. Though there were some challenges in getting communities to stick to these rules as gathered during the interviews, it greatly assisted in mitigating the spread and control EVD.

Despite all of these efforts, some homes were quarantined for either there was a suspected case of Ebola or a family member infected with the virus, in either case inhabitants of the house were quarantined and prevented from associating with the rest of the community. There were many homes quarantined in the three districts. For example, one of the hardest hit Ebola district was Kambia district and the disease lasted much longer. DEC 1 phase of the implementation made it possible to provide food and non-food items to all quarantined households in the communities covered by the project. FBL and community heads (chiefs) were again instrumental in getting the food and non-food aid to affected households. They were required to be present when food and non-food aids were distributed amongst the targeted individuals.

Phase 2

During and after the outbreak, FBL and community counselors were trained in providing psychosocial support to Ebola affected households in their communities. This training was necessary because FBL didn't have the ability to effectively and patiently deal with a traumatized survivor of EVD who could otherwise be hurt further. The use of FBL and counselors in their communities again proved to be an effective method and approach due to the fact that they were known and highly respected in their communities.

The FBL also knew survivors well; their family composition, the extent the EVD had affected the household (psychosocially, economically etc) and needs of the households.

Interviews with some survivors and other stakeholders showed that the DEC phase 1 & 2 were really effective and successful in not only providing physically for Ebola affected households and individuals but in also providing psychosocial support for survivors of EVD. Two counselors (one of them the chief) in the kambia district from Hamdalai village said “the training assisted them in meeting the challenges of dealing with a traumatized Ebola survivor who lost loved ones in their community”. The training for FBL had continued to be useful to date in communities even for non-Ebola related issues. The skills acquired through the training are still been used to provide support for people who lost their loved ones to death other than Ebola, domestic violence and other issues that may cause distress to members of their communities.

Memunatu A. Kamara (Rowollon Village), community counselor explained how psycho-social support helped her:

“The psychosocial support training has helped me in
providing support to vulnerable women in our community
who suffer from domestic violence and other forms of abuses”

One of the concerns was that the FBL training came in a little bit late when the Ebola had already stricken some communities badly like the Kambia and Kenema Districts and recommends that such training be administered before or immediately an issue of this nature arise in the future.

3.3 COHERENCE

Phase 1

During the implementation of DEC phase 1, the implementing partners had collaborated with the FBL and community heads (chiefs) to effectively reach Ebola affected households with awareness messages on prevention and control of the virus, distributing food and non-food aid. This approach led to a greater success in ensuring that the targeted individuals and groups were cared for adequately.

Phase 1 was designed to help prevent the spread of the EVD and to [provide support to people affected by the disease, survivors and other people in quarantined households. It was therefore an emergency phase that laid the foundation for phase 2 that emphasized recovery.

Phase 2

The successful implementation of this first phase of this project led to the design of the second phase which focused on recovery activities. There was logical progression of the implementation from phase 1 to 2 which focused on providing livelihood and psychosocial support to Ebola survivors and their families – emergency to recovery. FBL and community heads (chiefs) who interfaced with Ebola affected and quarantined households were again considered very instrumental by the implementing partners in providing livelihood support to these families. This proved to be one of the most beneficial approaches for the following reasons:

- ✓ FBL and counselors had served as the link between the implementing agencies and the vulnerable individuals during the outbreak and are therefore in a better position to provide psychosocial services;
- ✓ There was logical progression of training of FBL and counselors during the emergency and recovery, which actually gave rise to beneficiaries maximizing livelihood and psychosocial support provided. Every FBL (100%) interviewed during the evaluation confirmed a logical progression between the two phases;
- ✓ There is also a logical progression of FBL and counselor's knowledge of Ebola related issues and that of recovery;
- ✓ It assisted the implementing partners with opportunities to build and improve on the experiences of phase 1.⁷

The livelihood and psychosocial services provided by the implementing partners assisted in building broken lives due to EVD. There were livelihood support provided to Ebola affected and quarantined households during the emergency but results achieved were not significant. For instance, in the Kambia district, the implementing partners had hired labour to work on the farms of quarantined households but because those hired had their own farms, there was very limited commitment on their part. Crop failures due to torrential rain fall and pests in some places had also impacted negatively on the success of phase 1 which makes phase 2 a necessity if those vulnerable households were to benefit significantly.

In the Kambia district which was hardest hit by EVD; orphans, widows and other survivors needed to be reunited with any surviving family member, foster parents and in some cases families impoverished due to effects of EVD needed to get their kids back to school, all of these individuals needed a recovery package to get them going. This also makes DEC phase 2 a necessity to compliment phase 1. In one village in the Kambia district a child was reunited with a surviving family member and six (6) in Kailahun district as a result of DEC phase 2 implementation, even though this wasn't necessary for most of the survivors. Interviews with beneficiaries, community heads and counselors show DEC phase 2 also made it possible for Ebola affected children to return to school by providing schools materials (pencils, pens, books, school bags etc)

There were a lot of linkages and synergies forged with MDA's like Ministry of agriculture, Health and social welfare. CAFOD and its implementing partners worked alongside these MDA's and there were a lot

⁷ See CAFOD/Partner Coordinating meeting of 2015 for details

support from them. These MDA's held a lot of workshops and trainings for beneficiaries and even for implementing partners in agricultural practices, gender and welfare issues that were of great significance and, to a great extent, complimented CAFOD/partner efforts. The lifespan of DEC phase one was six months and that of phase 2 one year, so the beneficiaries were now linked with these ministries for ongoing support. They were also linked with banks and local councils that would provide financial services to them also on ongoing basis.

3.4 ACCOUNTABILITY

CAFOD and its implementing partners of DEC phases 1 & 2 took the obligation to account for their activities, accept responsibilities and to disclose the result in a transparent manner. This must have posed a challenge especially in humanitarian crises of the nature with people dying in significant numbers on a daily basis. The donor (DEC) required that resources utilized in the implementation of both phases 1 and 2 be properly accounted for, so also were the implementing partners. The beneficiaries also were to be accounted to. There was budget allocation for each phase of the project with clear objectives to be achieved on its conclusion, meaning there were benchmarks against which output were measured.

CAFOD is required to report to the donor on how the funds were utilized. To ensure this was done properly and to adhere to the codes of conduct, implementing partners were required to report on a periodic basis (Monthly, quarterly etc) for budgets utilized for the period; and how it was spent and clear targets achieved. Beneficiaries or their representatives (FBL, Chiefs, and Counselors etc) were consulted or met for input into the implementation. Every FBL and counselor spoken alluded to this fact. During such consultations, beneficiaries were told that they own the project. Baseline surveys were carried out to generate ideas and inputs to be incorporated into the program and beneficiaries' inputs when considered vital were used to either improve or change the initial plan of implementation. It was a policy to inform stakeholders of the intervention and the amount of money involved. According to Trocaire for instance, photographs of packages were sent to the beneficiaries ahead of the supplies so they know what to expect in the package and phones were provided them with calling units (top-up) and telephone numbers to contact if there were any discrepancies. Some beneficiaries interviewed (25%) in all three districts Kailahun, Kenema and Kambia said that the school materials were supplied to beneficiaries in the presence of stakeholders, names were called out and beneficiaries coming forward to receive the gift aid. Photos were taken to document this event alluding to what was said by implementing partners.

There were also workshops held with beneficiaries in all the districts with the stakeholders present and participating so that beneficiaries were told what would be provided for them in the intervention and what wouldn't be provided. They were also informed about the lifespan of the project. The implementing partners (KADDRO, AJLC, Street Child and Caritas Kenema) were given their telephone contacts during such engagements should they not receive what was promised and when such complaints were made, implementing partners would follow up as long as they were feasible. The implementing partners also made sure the stakeholders were present when beneficiaries received their packages and photographs were then taken as evidence of handing over.

Some project officials (Country Director and Programme manager) interviewed for example from Trocaire said that there were different levels of monitoring to ensure there was proper accountability. The

implementing partners on the ground (KADDRO, AJLC, Caritas Kenema and Street Child) would do their monitoring following the guidelines provided by the implementing partners. There was another level of monitoring where the Country Director and Programme Managers would visit the fields for another phase of monitoring and providing assistance where there are challenges or gaps. The last level of monitoring involves CAFOD's Programme Manager visiting the fields to do the final monitoring and provide support as the need may be. All of these monitoring and support provided helped to keep the both DEC phase 1 & 2 on track and to ensure most activities and outcomes were achieved.

CAFOD and its implementing partners were working alongside other organizations like WFP during the outbreak and recovery, so instead of overlapping activities and outputs, CAFOD and its partners concentrated on providing complementary packages (Like vegetable oil, palm oil and other condiments) to what other organisations were providing. So there were times when food supplies were available but delays from other organisations (WFP and others) providing for example rice and other items that were complimentary packages may not have made available to the beneficiaries their own supplies sometimes due to bureaucracies especially in larger organisations like WFP. As such, implementing partners for DEC 1 & 2 have to wait until their (WFP) food supplies were available before making our complementary packages available to the beneficiaries.

There were times when implementing partners realize a downward trend in accountability. For instance a discussion with one of the implementing partners in Kambia (Program manager- KADDRO) who mentioned delays in disbursing funds from CAFOD probably due to following guidelines or proper procurement procedures. Implementing partners on the ground would have to wait until funds are available before implementing certain activities. Logistics supplies were sometimes not available on time which makes it difficult to either commence a particular activity or continue one already started. Funds are sometimes taken from less demanding activities to facilitate the more pressing ones. Bad road networks were also issues that implementing partners had to grapple with to get to communities where beneficiaries were residing.

3.5 IMPACT: PHASE 1 & 2

When the Ebola struck in 2014, health care workers were overwhelmed and quite unprepared to fight the disease. More critical was the earlier messages that were sent out that "Ebola is incurable", "Ebola has no medicine" and so on. These messages were unhelpful and, therefore, resulted in many deaths that could have been prevented. Homes were quarantined without resources (particularly food) and people lost confidence in state institutions (the police, health care workers, the military, burial teams etc). The channel of hope methodology adopted and implemented by faith leaders and influential community members could not have been appropriate. The faith leaders changed the message from despondency to one of confidence and hope, and educated communities to adhere to certain health care and safety rules (calling the emergency number for an ambulance or take the sick to the hospital before it was too late). This had profound impact on quarantined homes, traumatized families, orphans and widows, and thus saved many lives in the process.

The evaluation noted that faith leaders' leadership and interface with burial teams also helped decrease tension that had hitherto characterized relationship between communities and burial teams. At the outset

of the campaign, incidences of attack on burial teams were not uncommon. Faith leaders played a critical role in diffusing tension, creating better understanding between communities burial teams where dignified burial of loved ones were permitted and the removal and transfer of patients from homes to health care facilities. The willingly reported the sick, obeyed the prevention rules and cooperated with burial teams which led to saving lives and decrease in hostility.

One of the biggest impacts of the intervention was the creation of harmony and synergy between the religious groups (Muslims and Christians) in the locations where the project was implemented. Sierra Leone is noted to be a religious tolerant nation and religious leaders are highly placed in society. Practically, they played a fundamental role in bringing about the cessation of hostilities in the civil war of the 1990s that culminated in the end of the war in 2002. The adoption of the channel of hope by the DEC Ebola intervention cemented the already-existing relationship and forged a more close relationship between the two main religious groups wherein Imams, priests and pastors, regardless of religious doctrines moved out of their religious closet to engage the communities in fighting the disease. Their participation and leadership brought renewed hope to communities thereby saving lives.

The evaluation team also noted some other impact stories from the communities:

CAFOD/Partners have had a great impact on our lives. Farmers have been trained in Farmer Field School (FFS) by encouraging them to adopt modern farming techniques in order to maximize their yield. We can now boats of earning money to take care of other things Such school fees, health care and performing cultural rites. (A farmer in Vaahun in the Kenema district noted.)

“Tolerance preached by faith based leaders continue to impact on Communities”⁸

“CAFOD/Partner intervention has impacted on the lives of women. We have received money to do business and our business is doing well. This helps us take care of our homes particularly assist our husbands to buy food and pay fees. Our husbands now respect us and our dignity as women has been reinstated.” (The Women’s group leader in Kenema emphasized)

Business women have been trained in business management and have been given a grant of Le. 2.0 Million each. We have agreed to loan among us and charge a minimal interest of Le 5,000 for every Le100,000 loaned and Le10,000 for every Le.200,000. Defaulters who fail to pay back their loans are levied a fine and are also

⁸ Abu Samura, a faith based leader and councilor, from Salla Kafta Village, Tonko Limba Chiefdom in the Kambia district elucidated

assessed a late charge and if their behavior persist, they can be denied any subsequent opportunity. We can now afford to sleep in good beds and beddings because we can afford to buy them now with the increase in earnings. We are now managing our own lives and that of our families very well. (Yatta Sheku from Bunumbu in the Kailahun district explained)

“Women have now been empowered to do things for their children without waiting for their husbands. Our children specifically the girl child can now go to school.” (Chief Samai in Segbwema from Njaluahun chiefdom in the Kailahun district concluded).

The evaluation team established that community surveillance, vigilance and policing were instituted at the height of the Ebola virus with the objective to prevent transmission. The practice helped communities to be vigilant and report to traditional authorities new arrivals/strangers visiting their communities for fear of not transmitting the disease. The impact has been the strategy/methodology has helped vulnerable communities to prevent the spread of the disease and therefore saved lives. Some of the communities visited confirm that the practice continues even today.

3.6 Sustainability:

The evaluation assessed the sustainability of the DEC Ebola Response results and strategies in the three districts the intervention covered and to what extent have they contributed to prevention of Ebola on the one hand and survival mechanisms put in place to sustain communities hard hit by the virus.

Sustainability presupposes the capacity to endure. It does not only posit the functionality of systems and processes at institutional level but also emphasizes the resilience of the systems and processes. The End of Program Evaluation found good systems in place for project design, planning, reporting and implementation. The evaluation team found that the intervention has some measures of sustainability and some of them are revealed through testimonies collected from the field.

One of the legacies of the DEC Ebola Response is the hygiene aspect Where people have inculcated the habit of washing their hands after using the bathroom. Personal hygiene is now part of us.

The farming practices we have been trained is helping us experience improved yields. But what is more important is that the training received in, for instance, poultry management, utilization of local manure, new planting techniques will continue to serve us for a long time. (A farmer in Bandajuma, Kenema district acknowledged)

Here in Blama, we have transformed and registered the Ebola Task Force into a Development Foundation. The Foundation is geared toward improving livelihoods of the people through joint farming, providing assistance during lean period and engaging in small businesses. That is one of the benefits

we received from the intervention.

The level of cooperation of the beneficiaries resulting from the participatory method adopted by CAFOD and partners indicate that the beneficiaries were interested in and satisfied with the intervention Caritas, Street Child, and Trocaire implemented in the districts. Most of the programs such as ground nut, corn, pepper farming that were integral in Phase 2 are now been operated and owned by the people thus benefiting and improving the livelihood of the people and communities.

It was evident from data collected throughout the period of the evaluation that religious leaders played and will continue to play an influential and leading role in preaching and teaching religious tolerance, personal hygiene and social mobilization efforts. As a matter of fact, they are now better positioned (received training in psycho-social support, conflict management, peace-building and skills development) to continue playing that transformative role in society regardless of continuity or discontinuity of the project. Further, the intervention very much cemented the already-existing religious tolerance experienced in Sierra Leone where Muslims and Christians coalesced effort at a critical moment to promote change that resulted in stemming the ferocious spread of one of the deadliest diseases in Sierra Leone historical memory.

Another critical sustainable element is that the project succeeded in providing seed money, bringing people together, building their capacity to plan and invest together thus laying the foundation for livelihood sustenance. For instance, the women's group in Kenema town, Kenema district has been able to independently correlate individual effort by establishing cooperatives that are not only striving in terms of earnings but also it has helped them to think together, socially bind together in times of happiness and grief much required in poverty-stricken communities. People need one another. In Pendembu in the Kailahun district, women who were given business seed money are doing very well with their businesses and they are now using the profit to cater for critical responsibilities such as paying school fees, providing food at home and taking care of health concerns. In Kambia district, women's groups have opened bank accounts with IFAD established Community Banks and can now access loans facilities, and some have even registered with the local council. This is an element of gender empowerment the program succeeded in.

In all three districts, Trocaire, Caritas and Street Child will continue to provide development and emergency interventions in communities by working with the DEC Ebola Response established structures. The various groups established at the outset of the intervention are well organized and highly structured and, therefore, partner institutions will continue to employ their services in future interventions.

However, the DEC Ebola Response program lacked a sustainability plan, which is not unique to organizations that intervene in emergencies such as the Ebola.

Another crucial sustainability challenge relates to the livelihood projects such as the cultivation of chicken, which has proven to be unsustainable because all of the chickens were bought from outside and, therefore, could not survive. Local breed chickens would have survived in the communities.

3.7 CAFOD Added Value:

The program was a consortium of four organizations involving CAFOD, Street Child, Tricare and CARITAS. The consortium share similar objectives, goals and catholic values with CAFOD playing the coordinating role. When the Ebola struck in 2014 and the DEC Ebola Response Intervention was borne, CAFOD was able to bring together these organizations to provide assistance in the communities where they were operating. CAFOD's coordinating role helped to harmonize the approach to fighting the disease. An integrated approach was, therefore, forged particularly with organizations working in the same locations/communities.

For instance, CARITAS and Street Child work in both the Kailahun and Kenema districts and therefore, their efforts were integrated to provide less breadth more depth approach. That is, targeting few communities with the aim of showing real impact on their lives of the people. Aside, the program endeavored to consolidate effort across board with each organization complimenting the effort of the other. For example, coordination meetings were held where experiences were shared; challenges and success stories narrated and the way forward charted for all to benefit. The synergy established between and among these organizations, no doubt, have added value to the overall fight against Ebola.

Coordination meetings were held where organizations shared their planned activities, achievements, challenges and engendered cross-fertilization of ideas. For instance, organizations working the Eastern Province would share their experiences with their counterparts working in the North of the country and vice-versa ensuring that new ideas were incorporated to strengthen program implementation. In this way, strategies that worked in one region were replicated in the other. Peer learning and general information sharing also took place, which became a unique platform for interacting and learning from each other. The benefits of this model were many and are worth replicating in other similar interventions in future. CAFOD's involvement in the different sectors of the program was, therefore, relevant and appropriate.

Moreover, the coordination meetings and cross fertilization of ideas engendered discussions on very societal issues such as child protection and gender empowerment both of which are critical to CAFOD's programmatic activities. Trainings were facilitated by CAFOD and issues relating to compliance were discussed and pulling different reports together to send a single report to the DEC. This helped reduce the pressure on partner institutions.

Partners have been in the driving seat; conducted periodic M&E and had direct interaction and feedback to partner institutions. Partners were able to learn new ideas which help to strengthen partner/partner relations. Partners were independent and provided support to the communities, which, no doubt, will have longer term effect on their relationships, impact and future interventions. In a large measure, the program fits in the overall CAFOD approach.

However, a key challenge faced in this sector was the ineffective monitoring of program. The monitoring aspect of the program was found to be weak. For instance, the evaluation found that the Program Manager had to manage the DEC Ebola Response program without a supporting staff like a Program Officer. It was, therefore, very difficult and challenging for the Program Manager to conduct an effective monitoring exercise. M&E has to be strong and robust in order to feel the impact of implemented projects and to strengthen compliance and ensure quality assurance.

3.8 Lessons Learned

1. Integrated Response

A key lesson learned in combating the Ebola virus was the adoption of an integrated approach. The program adopted a holistic approach or response wherein communities take the lead to address the different needs of the people affected by Ebola at the same time. This approach was integrated into Phase 2 of the program and while it addressed the psychological needs of the EVD affected persons including specific needs of EVD affected persons including specific vulnerable groups, CAFOD and its partners worked with other groups to improve food security and household income and ensured a coordinated return to some sort of normalcy.

2. Local and National Coordination

Another critical lesson learned was the need for more coordination of organizations at both national and local levels to avoid duplication of resources and to increase effectiveness of resource use. But there is need for more investment in coordination at local rather than national level to ensure that appropriate stakeholders and decision makers are included in coordination, though national guidelines, especially from relevant pillars and working groups, which will be used to guide the project implementation and ensure continuation of services beyond the project period. However, it was observed that caution has to prevail not to fall into the “coordination trap” where time for implementation is reduced due to unwieldy and burdensome coordination processes, ensuring that effective and timely coordination takes place. There is need to focus more on investment.

3. Psycho-social Support

Psychosocial support is essential to foster resilience in Ebola affected communities. By providing community based and led support to those directly affected by EVD, promoting reintegration of survivors, and strengthening community structures to support those affected by Ebola and create mechanisms that will allow them to become more resilient to Ebola and other challenges in the future. The provision of psychosocial support is an effective tool to improve the well-being of EVD victims, speed up recovery and strengthen community resilience and help individuals deal with such events in the future.

Good practice in psychosocial support draws on the person’s strengths and builds self-reliance and social responsibility in coping with emotionally difficult circumstances in a way that builds relationships, families and ultimately the community. In this way it will build resilience in the face of new crisis or other challenging life circumstances (IFRC; 2011).

Similarly strengthening livelihoods opportunities, food availability and ensuring dietary diversity of vulnerable girls, men, women including older aged women and men affected by Ebola (i.e. as carers or directly) will contribute to the reduction of their vulnerability as their immune system benefits from improved diets as a result of agronomic training and planting of different crops and improving skills and knowledge of pest control. Appropriate livelihood options will be provided to all vulnerable groups which they can manage and continue thus also increasing household income and continuing diversity in their diets and maintain better health and welfare

4. Women’s Empowerment

The evaluation reveals that when women are provided with resources, skills and knowledge, they will stop being dependent on men; their social status will markedly improve and they will be in a better position to cater for the needs of the family (food, clothing and schooling for children) and household. The empowered women's group established during the period under review have demonstrated creativity in terms of doing business and agricultural practices.

5. Program Methodology

The methodology employed by the partners (channel of hope) with the utility of faith based leaders has been described as unique and apt in emergencies such as Ebola. Faith leaders, seen as revered spirit mediums, have their functions relegated to the pulpit preaching the word of God and attending the spiritual wellbeing of their congregation. They have always been kept in that closet. The utility of faith leaders has been the first major venture by an organization to be involved in working within the social domain where they provided messages of hope and perseverance; visiting the sick and attending to orphans, widows and widowers, managing conflict between communities and burial teams and getting directly involved in effective community development.

3.9 Challenges

- ❖ One noted challenge is the M&E aspect of the program. There was little evidence of on-the-spot checks, field visits and other M&E processes, particularly an M&E framework in place throughout the period under review. This might be largely due to the fact that CAFOD, for instance, has limited human resource capacity to assist in this sector. CAFOD has only the Emergency Program Manager with no Project Officer especially for Phase 2 of the program. As such, it was difficult for the Program Manager alone to undertake all programmatic activities and mount an effective monitoring process at the same time.
- ❖ Faith leaders were faced with the embarrassment from community members who accused them of receiving money from CAFOD but only took "empty" messages to them. It was difficult to convince communities that FBL's work was based on volunteerism.
- ❖ Labour for cultivation of the groups gardens and farms were difficult to come by because the bulk of the beneficiaries are women and girls with no financial wherewithal to finance such projects. In most cases, women resorted to using funds for VSL to hire labour. Besides, youths in the villages are no longer interested in Agriculture. This puts extra burden on old people and women.
- ❖ Distances between project communities are far apart making travelling time a challenge. The situation is compounded by the poor and deplorable road networks in the districts under review. As such, it was difficult to traverse and navigate these long distances especially during the rainy season.

Chapter Four: Conclusion and Recommendations

4.1 Conclusion

This study was undertaken in three (3) districts namely Kambia, Kenema and Kailahun heavily affected by EVD and the concurrent intervention of CAFOD and partners (Trocaire, Caritas Kenema, and Street child) in promoting and supporting partners in responding to emergencies and longer term development programmes supported by a wide range of humanitarian, early recovery and longer term development programmes. The program had two phases: Phase 1 was an emergency phase while the second was more a recovery phase.

It is an understatement to note that the EVD was a devastating and dreadful disease that brought Sierra Leone to a grinding halt in terms of accessing basic necessities of life, livelihood, businesses, education and health care services, reducing the dignity of people, exasperating poverty, infringing on human rights in terms of restrictive laws and so many others. The country stood still with no meaningful activity carried including agriculture production.

CAFOD/Partner intervention was crucial in addressing some of the above in the three districts the program was implemented. The intervention was relevant and apt because it provided not only sustenance to the people but also it helped heal the psycho-social challenges people faced during the Ebola period. In both the short and longer terms, the program came in handy to give out food, tools, skills, hope to people in rebuilding their lives.

Critical also was the loss in production and short- and medium-term productivity. This was blamed on the loosened economic activities induced by the EVD, which had debilitating effects on households' livelihoods, jobs and income. More households were forced into poverty as income decreased compared to before the outbreak. A larger share of those households that had experienced a case of EVD reported less income than those that had no cases.

Women and girls suffer disproportionately greater impacts in health and humanitarian crises and, therefore, targeted strategies are required to address the realities and vulnerabilities that women and girls face in order to ensure an effective and sustainable response. This was, in a large measure addressed by the intervention when the program provided seed money to women's groups and extended skills training in various arts to adolescent girls in the districts.

A holistic and integrated response in which the communities take the lead was required and employed to meet different needs of the people. This approach was incorporated into our Phase II plan. For example, while addressing the psychosocial needs of EVD affected persons including specific vulnerable groups, CAFOD and its partners coalesced with other groups, particularly line Ministries and other agencies to improve food security and household income, and ensure the return of normalcy in the rural communities.

4.2 Recommendations

- ✓ CAFOD and its partner organizations should continue the coordination, harmonization and cross-fertilization of ideas which have resulted in building of relationship and understanding among partner organizations. This had served as the platform for sharing useful information, knowledge and skills on project planning, implementation and monitoring. Open communication between CAFOD and partner's on project activities and the monitoring of the project has the potential to foster accountability and transparency in programmatic activities much required for development results
- ✓ The evaluation recommends that CAFOD and partners continue to utilize the structures established (FBL, CWCs, Women's Groups) in the communities during program implementation. The advantage is that these structures are very familiar with CAFOD principles and values and are in a better position to deliver on future related programs
- ✓ There is need for the recruitment of an M&E Specialist/Officer charged with the responsibility of undertaking periodic and regular on the spot check on program activities and sites in the field. The evaluation found that the aspect of monitoring was weak and the burden was all on the Emergency Program Manager at CAFOD who had other responsibilities to carry out. This led to monitoring challenges and addressing emerging issues from the field late.
- ✓ Future programs should continue to ingratiate and leverage women and empower them with the necessary tools, skills and financial wherewithal to ensure that their socio-economic status is elevated. This is crucial for engendering women empowerment, a flagship in modern development discourse
- ✓ Future programming should emphasize on agricultural productivity, agro-business, skills trainings, which are the mainstay of vulnerable people in rural communities

Annexes

Terms of Reference

Background and Context

CAFOD is the official overseas development agency of the Catholic Church in England and Wales and part of the global Caritas network. CAFOD Sierra Leone started in 1996

An outbreak of the Ebola virus in West Africa created a global health emergency in 2014, the worst affected countries being Sierra Leone, Liberia, and Guinea. The virus claimed the lives 3590 people in Sierra Leone (source: <http://nerc.sl/>) and affected all aspects of life for communities as they were propelled into avoiding body contact, change burial practices, limit their travel, and in cases where they had been in known contact with someone with the virus, placed under quarantine.

As a member of DEC (Disasters Emergency Committee) CAFOD was allocated £ 653,900 to respond to the crisis in phase I, and £ 520,202 to respond in phase II.

Phase I Objectives

The key objectives for the DEC phase 1 were as follows:

1. 1,884 male and female faith leaders and community influencers are trained across three districts over six months
2. 376,800 individuals in three districts change behaviours to disrupt the cycle of transmission at community level to improve knowledge, attitudes and practice on Ebola transmission, prevention and control
3. 942 places of worship are equipped to deal with risk of infection through the provision of disinfection kits across three districts.
4. Women, adolescent girls, children and men of 600 quarantined households in Kambia, Port Loko and Bombali district have access to complementary food and non-food items.
5. 600 quarantined households maintain responsible, safe and hygienic practices that protect their dignity, health and safety and those of their community.
6. Women, adolescent girls, children and men of quarantined households are supported, protected and accepted by the wider community in 75 localities.
7. The successful implementation of this first phase of this project led to the design of the second phase which was more focused on recovery activities

Phase II Objectives

The key objectives for DEC phase were the following:

1. 1,325 vulnerable Ebola affected individuals (focus on women and girls) demonstrate improved livelihoods and food security by end of month 12
2. By month 12 at least 2,250 vulnerable persons affected by EVD demonstrate improved wellbeing as a result of psychosocial support provided across 2 districts
3. At least 350 vulnerable children are reunited with family members by month 12 as a result of improved protection services being provided across two districts
4. At least 1,200 girls and boys return to school and their education is resumed by month 6, as a result of providing basic school support/equipment and materials in two districts

Purpose of the evaluation

This evaluation will cover DEC Phase I and Phase II

CAFOD is committed to improving the quality and accountability of its humanitarian programmes. The purpose of this Evaluation is to assess the extent to which the programme objectives were achieved, facilitate self-analysis of overarching lessons learned, and make recommendations that will influence future interventions of CAFOD and our partners in Sierra Leone as well as other countries, and guide future humanitarian strategy.

The evaluation should also fulfil the requirement of accountability to the DEC and to the public that contributed to the DEC Appeal.

Intended users of the evaluation

1. CAFOD
2. Partners: Trôcaire, Caritas Kenema, Streetchild, AJLC/KADDRO
3. DEC and DEC member agencies
4. Humanitarian community in Sierra Leone

Methodology

The evaluation will entail a combination of: comprehensive desk review and analysis of CAFOD and partner documents, consultations with key stakeholders, in situ discussions with a sample of beneficiaries, and partners' staff.

Participation of men and women who benefited and participated in the interventions will be considered instrumental in providing a comprehensive understanding of the strengths and weaknesses of the intervention and in proposing recommendations. It is important that appropriate time is invested in visiting the project sites and engaging with communities, making use of focus groups and enabling the evaluator to emphasise beneficiary inputs as much as possible.

The evaluators will work closely to fully engage with all of CAFOD's partners to ensure all relevant information is collected and included in the evaluation report. Please see Annex I: Evaluation Criteria – these are specific questions that the evaluation should respond to.

Deliverables

Inception/tool development report: An inception report of no more than 10 pages (not including tools tweaked from baseline / mid-term report) should be presented to CAFOD and Partners within 2 days of finalisation of the literature review, and may be further refined after the initial meeting with the project team. The inception report will include the detailed methodology; sampling frame; detailed field visit schedule; and attach all the draft interview guides, survey questionnaire, enumerator training guide and other tools that will be used for the evaluation.

Validation/Presentation: After completing the draft report, the consultant will conduct a one day validation workshop on the key findings present to CAFOD and Partners and any other invitees (meeting will be organised by CAFOD). A PowerPoint or other type of presentation will be made to staff outlining key findings and recommendations, followed by an open discussion to receive feedback and/or validation on findings.

Final Evaluation report: A first draft will be presented for comments 7 days before the end of the consultancy contract, preferably in a face to face discussion. The final version will take into consideration the eventual comments introduced to the draft version. The consultant is expected to produce the final evaluation report in accordance with the format below (or something similar):

Format and chapter headings

The evaluation report (maximum 30 pages in total, excluding appendices) should include:

1. Executive summary (not more than two pages) - must be drafted in such a way that the main findings and recommendations of the evaluation can be understood without having to refer to the rest of the report.
2. Index, context,
3. Evaluation methodology including sampling techniques.
4. Findings regarding project outcomes and output indicators, clearly showing comparison of end of project results with baseline data and intended results.
5. Analysis of findings, including evaluator's conclusions regarding project relevance, effectiveness, efficiency, sustainability and impact.
6. Recommendations, including the evaluator's judgement on replication of the project.
7. Appendices, to include evaluation terms of reference, list of respondents and research locations, and details of and data from all tools used.

The report may include quotes, photos graphs, case studies, etc.

The Consultant must adhere to appropriate research ethics and procedures during this evaluation, and maintain transparency, openness, cost effectiveness and gender sensitivity

The reports and all background documentation will be the property of CAFOD as the contracting organisation. It will be the responsibility of CAFOD to share and disseminate the reports or information from the evaluation as it sees fit.

Roles and Responsibilities

Consultant/Evaluators

- Read and understand background information or project documents
- Develop evaluation tools, survey questionnaire, enumerator training guide and processes
- Recruit, train and supervise survey enumerators
- Produce evaluation reports as set out above
- Comply with CAFOD regulations including health and safety procedures and the Child Protection

Policy as well as ethics related to evaluations.

CAFOD and Partners

- CAFOD Emergency Programme Manager will coordinate the evaluation.
- Ensure all logistical support is in place - this will include movement, in country permits, office space arrangement for meetings, focus group discussions and interview schedules.
- Notify communities/beneficiaries/stakeholders and ensure their availability for evaluation and brief them on the process
- Provide information for evaluators as requested
- Ensure CAFOD regulations including health and safety procedures and the Child Protection

Policy as well as ethics related to evaluations.

Expected Profile of the Consultant (or team of consultants)

Any individual consultant or team of consultant(s) with the following qualifications is highly welcome to apply:

- Well experienced about the Sierra Leone context and the Ebola outbreak
- Previous experience in leading an evaluation and analysis and interpretation of evaluation results
- Demonstrate high levels of professionalism and ability to work independently and under high-pressure situations and tight deadlines
- Excellent interpersonal skills especially on consultations,
- Strong analytical, written and verbal communication skills,
- Evidence of producing high quality, detailed evaluation reports
- Ability to speak Krio and other two local languages (Temne and Mende)
- Minimum of Master Degree or Post Graduate qualification,

- Proven track record of at least 5 years of relevant work experience on development,
- Excellent multi-tasking skills and abilities to work under pressure and to meet deadlines without supervision,
- Ability to effectively interact with different stakeholders of multiple socio-economic backgrounds,
- Maintain high professional standards, and willing to travel to the provinces in Sierra Leone

Timeframe

The consultancy will take a maximum of 30 days inclusive of primary data collection, desk based document review, key informant interviews and reporting.

The consultants shall develop a detailed work plan and develop an evaluation strategy based on this TOR. This will be discussed and agreed upon with CAFOD before the process starts.

The evaluation should start by 5th September 2016. The deadline for the submission of the final report is 4th October 2016

Terms of Payment

All payment will be made in Leones by CAFOD Freetown to the consultant through a cheque in the name of the consultant according to the follow terms of payment:

- 30% to be paid at the start of the consultancy
- 40% upon completion and submission of first draft report
- 30% upon completion and submission of final evaluation report

As a self-employed individual, CAFOD reserves the right to withhold tax in order to comply with the respective local legislation, 5% withholding tax shall be deducted on the consultancy fee.

All travel, accommodation and subsistence expenditure will be done so in line with CAFOD's travel policy.

Proposal

Interested consultant/consultancy firm should please submit proposal (technical and financial) with cover letter on profiles of the lead consultant, including core areas of expertise including the following documents:

- Technical Proposal – Maximum 4 pages
- Understanding of the ToR
- Methodology to be used in undertaking the assignment,
- Time and activity schedule
- Team composition (CVs attached), where applicable
- Financial Proposal – Maximum 1 page
- Quotation of fees of consultancy for carrying out the assignment and any other costs involved

Interested consultant or consulting firm should please submit their proposal to CAFOD on or before 20th August 2016 by email only to: dmomoh@cafod.org.uk

Annex I: Evaluation Criteria

Relevance

- To what extent is CAFOD/Partners response relevant to the needs and priorities of populations affected by the Ebola crisis?
- Has the response been able to adapt to the changing context as the humanitarian situation evolved?
- Give reflections on the Programme capacity in the whole humanitarian context.

Effectiveness

- To what extent has CAFOD/Partners project goals and sectoral outcomes been achieved and are likely to be achieved? What did work and what not?
- What were the factors that influenced the achievement and/or non-achievement of the outcomes?

Efficiency

- How economically have programme resources been converted to results?
- Could the same results have been achieved with fewer resources?

Impact – Phase I and 2

CAFOD did conduct a research on the role of faith leaders in the Ebola response but there was no in-depth evaluation conducted during Phase I of the project. Issues to be investigated will be the following:

- What positive and negative long-term effects have been produced by CAFOD/Partners work? What would have happened without the suggested interventions?
- Has the response led to improved accessibility and delivery of services to the most affected?
- What impact have CAFOD/Partners responses had in building the local capacity at various levels?
- How have these projects created meaningful difference in people's lives and how could this be maximised in the future?

Sustainability

- Will intended benefits continue if/when the project is terminated?
- What is the level of ownership of the activities among the beneficiaries and the local authorities?
- Assess appropriateness of exit strategies / re-orientation of the Response in light of sustainability.

Methodology & Approach

- How did the 'Channels of Hope' methodology impact beneficiaries, are there suggestions for improving this in the future?
- How effective is the economic empowerment model utilized in the project in restoring the livelihoods of women in Ebola-affected communities?
- Have the women benefitting from the economic empowerment approach of the project been able to increase their a) confidence, b) skill levels c) assets, and d) economic independence?

Coherence

- How did phase II build on the successes and learnings generated from phase I, was there a logical progression from phase I to phase II.
- Did projects in each phase complement one another?
- Have partners been able to link with one another during the project and has there been added value if this has occurred?

Accountability:

- The level of involvement of and accountability to beneficiaries. How has downward accountability to beneficiaries been managed?
- To what extent were beneficiaries involved in the design and planning of the projects?
- Was input from beneficiaries used to appropriately change/improve the projects?
- How have the Code of Conduct and CHS/Sphere Standards have been utilised?

Learning:

- The extent that past lessons or recommendations have been fulfilled/ should this approach be continued?
- What changes do we need to make to our system to be able to better able to respond to a similar crisis in the future?

CAFOD Added Value:

- How did CAFOD's involvement and partnership with partners bring added value to the programme overall?
- Was CAFOD's involvement in the different sectors of the programme relevant, appropriate, and coherent? What could have been managed differently?
- Was the intervention appropriate in facilitating longer terms interventions or impacts?
- How does this programme fit within CAFOD's overall approach?

Annex 2. Data Collection Tools/Guide

A. Interview Guide for Stakeholder Interviews

Relevance

- To what extent is the project relevant and appropriate?
- To what extent does the project address the needs of the Ebola affected population?

- Did the project address the priorities of the target population?
- To what extent does the project adapt to the changing humanitarian context?
- Give reflections on the Programme capacity in the whole humanitarian context.

Effectiveness

- To what extent has CAFOD/Partners project goals been achieved and are likely be achieved?
- To what extent has CAFOD/Partners sectoral outcomes been achieved and are likely to be achieved?
- What did work and what did not work?
- What were the factors that influenced the achievement and/or non-achievement of the outcomes?
- Did the project achieve the intended outcomes?
- Were unintended outcomes achieved?

Efficiency

- How cost effective was the project?
- Were resources utilized as planned?
- Could the same results have been achieved with fewer resources?

Impact – Phase I and 2

- What positive and negative long-term effects have been produced by CAFOD/Partners work? What would have happened without the suggested interventions?
- What impact has CAFOD/Partners responses had in building the local capacity at various levels?
- How have these projects created meaningful difference in people's lives and how could this be maximised in the future?
- Has the response led to improved accessibility and delivery of services to the most affected?

Sustainability

- Does CAFOD have any sustainability strategy?
- How appropriate are they, if any?
- Will intended benefits continue if/when the project is terminated?
- What is the level of ownership of the activities among the beneficiaries and the local authorities?

Methodology & Approach

- How did the 'Channels of Hope' methodology impact beneficiaries, are there suggestions for improving this in the future?
- How effective is the economic empowerment model utilized in the project in restoring the livelihoods of women in Ebola-affected communities?
- Have the women benefitting from the economic empowerment approach of the project been able to increase their a) confidence, b) skill levels c) assets, and d) economic independence?

Coherence

- How did phase II build on the successes and learning generated from phase I?
- Was there a logical progression from phase I to phase II?
- Did projects in each phase complement one another?
- Have partners been able to link with one another during the project and has there been added value if this has occurred?

Accountability:

- What is the level of involvement of and accountability to beneficiaries?
- How has downward accountability to beneficiaries been managed?
- To what extent were beneficiaries involved in the design and planning of the projects?
- Was input from beneficiaries used to appropriately change/improve the projects?
- How have the Code of Conduct and CHS/Sphere Standards have been utilised?
- Learning:
- The extent that past lessons or recommendations have been fulfilled/ should this approach be continued?
- What changes do we need to make to our system to be able to better able to respond to a similar crisis in the future?

CAFOD Added Value:

- How did CAFOD's involvement and partnership with partners bring added value to the programme overall?
- Was CAFOD's involvement in the different sectors of the programme relevant, appropriate, and coherent? What could have been managed differently?
- Was the intervention appropriate in facilitating longer terms interventions or impacts?
- How does this programme fit within CAFOD's overall approach?

B. Interview Guide for Faith Based Leaders and Community Influencers

Questions for DEC Phase 1

1. Were you involved in the design of the project?
2. How appropriate was the design of the project?
3. What do you think about the success of DEC Phase 1 project?
4. What did you think are some of the success stories of the project?
5. Were there any noted challenges?
6. CAFOD and its partners trained faith based leaders during the Ebola outbreak, did you participate in the training and to what extent was that training effective?
7. Did that the training assist you to create more Ebola awareness, influence attitudes and practice on Ebola transmission, prevention and control?
8. Were you provided with disinfectant kits?
9. How effective was it in mitigating the spread of the disease?

10. Many houses were quarantined in your district, to what extent do you think these houses had access to complementary food and non-food items?
11. 9. To what extent would you say the support provided reached more vulnerable individuals like women, adolescent girls and children in your district?
12. Did people in quarantined homes and elsewhere practice good hygiene to protect themselves and the community?
13. Can you please explain the overall effectiveness of DEC Phase 1?
14. What would you say were the lapses?
15. What have been some of the positive and or negative impact of the intervention?
16. Can this project be sustained when funding comes to an end?
17. What exit strategy do you have or are in place?
18. What would you recommend to be done should there be a repeat of this project in your community in future humanitarian crises?

Questions for DEC Phase 11

1. What was the significance of this phase of the project?
2. Between 1-5, one been the worst and five been the best where would you place improved livelihood and food security for Ebola affected individuals in your district?
3. What is the reason for your answer in question 2 above?
4. Psychosocial support was key for survivors of Ebola virus disease and their families; to what extent would you say these individuals benefitted from this provision?
5. What were any lapses in the psychosocial support given to EVD survivors and their families?
6. Were individuals adequately trained in providing such support (psychosocial)?
7. Were children reunited with their families as a result of improved protection services provided?
8. To what extent were school pupils provided with basic school materials to commence school after the outbreak?
9. Were the pupils supplied with sufficient school materials? What process was used in the distribution of school material?
10. What were the problems encountered in the distribution of the school materials?
11. Were there any lessons learnt? What are they?
12. What suggestions would you make to CAFOD and its partners regarding the implementation DEC of Phase 2?
13. How has the project impacted on the lives of the people?
14. Is the project sustainable after funding stops?
15. Do you think this project would have been implemented differently?

C. Survey Questionnaire

1. What is your gender?

- (a.) Male
- (b) Female

2. Did you receive any training as a faith leader and community influencer during the Ebola Virus Disease (EVD)? For this question use the following codes. 1= Yes 2= No 99= No answer

3. What type of training did you receive? Circle the answer that applies.

- (a) Faith Leader
- (b) Community Influencer

4. How long was your training? Circle the answer that applies.

- (a) 1 week
- (b) 1 month
- (c) 6 months

5. Did you learn anything from the training? 1= Yes 2= No 99= No Answer.

6. What did you learn? Circle the answer that applies.

- (a) Hand Washing
- (b) Hand Sanitizing
- (c) Educating the Community about the Ebola Virus Disease.

7. Do you have a message for the people who provided this assistance to you and the family?

1 = Yes 2 = No 99= No answer

8. What behavioral practice did you practice during the Ebola Epidemic that you were not doing before the outbreak? Circle the answer that applies.

- (a) Hand Washing when something is touched
- (b) Refusing to shake hands when greeting someone
- (c) Sanitizing the surrounding areas
- (d) All of the above.

9. Did you get any equipment kit and liquid disinfectant at your place of worship?

1= Yes 2= No 99 = No answer.

10. What did you and your members do with the items that were supplied to you?

- (a) Hand Washing
- (b) Cleaning the floor, toilets and common areas
- (C) All of the above

11. Was your home quarantined? (This is not applicable in Kailahun).

1 = Yes 2 = No 99 = No answer.

12. Did you received complementary food and non- food items?

1 = Yes 2 = No 99 = No answer

13. Was your household one of those quarantined so that you can maintain responsible, safe and hygienic practices that protect your dignity, health and safety of the community?

1 = Yes 2 = No 99 = No answer

14. Was your quarantined household supported and protected from the stigma of Ebola from your community?

1 = Yes 2 = No 99 = No answer

15. How many women, children, adolescence and men that are in your household?

1 = Male (Total -----)

2 = Female (Total -----)

3 = Adolescence (Total -----)

4 = Children (Total -----)

16. How can you grade the overall performance of the project? Circle the answer that applies

(a) Better

(b) Good

(c) Satisfactory

(d) Poor

PHASE II

17. Have your livelihood and food security improved during the past year?

1 = Yes 2 = No 99 = No answer

18. What can you attribute to improved food security?

1=more food for my family 2=have enough food in our store 3=don't know

19. Did you receive any psycho-social support?

1=Yes 2=No 99=No answer

20. During the past year since you survived the EVD, has your wellbeing improved with the psycho-social support you have received?

1= Yes 2 = No 99 = No answer

20. As a result of the improved protection services you have received, have your children returned to school?

1 = Yes 2= No 99 = No answer

20. Has any of your children being re-united with you or other family members after the end of Ebola Virus Disease (EVD)?

1 = Yes 2 = No 3 = No answer

21. Since basic school support (fees) or equipment and materials were supplied to you has your children returned to school?

1 = Yes 2 = No 3= No answer

22. What is the gender of your children that have returned to school?

1 = Male 2= Female

23. How many?

1= less than two 2=more than two but less than five 99=No answer

23. How old are the children? Circle the answer that applies.

(1) Less than 5years

(2) More than 5 years but less than 10 years

(3) More than 10 years but less than 18 years.

24. Will the support provided to you be sustained after its phase II assistance ends?

1= Yes 2= No 99 = No answer

27. To what extend has CAFOD /Partners project goals and sectoral outcomes been achieved? Circle the answer that applies.

1= So many lives were saved.

2=Not many lives were saved

99= No answer.

28. What has been the impact of the project on your livelihood?

1= very positive 2= positive 3=very negative 99=negative

29. To what extent was CAFOD/Partners response relevant to the needs and priorities of the population affected by the Ebola crisis?

1= Relevant

2= Not relevant

99= No answer.

Annex 2: Enumerator Training Tool and Schedule

1. Data Collection Instruments for Enumerators

Semi structured questionnaire for beneficiaries of DEC Phase 1 and 2 programmes

This instrument will be utilized in three districts (Kenema, Kailahun and Kambia) for participation in the pilot and the actual survey. To maintain consistency of data across the three districts and

thus facilitate end of phase analysis necessary to draw valuable conclusions and make recommendations, each enumerator must use the same data collection instrument. Enumerators must not modify the questions or response categories of the instrument beyond the adaptations necessary to accommodate the project specific context.

2. Enumerator Training

Regardless of how well designed the data collection instrument is, the quality of data collected through surveys depends mostly on the data collection skills of the enumerators that conduct the interviews. This is even more important in this situation where the questions are designed in English to be translated by the enumerators into the target language before obtaining adequate responses. The emphasis is on the overall effectiveness and achievement of the objectives of DEC Ebola response programme phase 1 &2, so the report generated in the end is significantly dependent on the quality of the data collected. Therefore, the competence, professionalism, and commitment of the enumerators who will collect those data would be highly critical.

To ensure high quality data is collected by enumerators, training is considered crucial. Thorough training would thus ensure the following are achieved:

- Enumerators fully understand the objectives of the DEC Ebola response programme phase 1 & 2
- Enumerators are very familiar with the data collection instrument
- Enumerators are effective interviewers and can administer the interviews easily, accurately, naturally and consistently

The data collection instrument will be pretested to ensure reliable data is collected. Once that is done enumerators should not customize terms and ideas to suit their convenience. Enumerators should take care to retain the exact meaning of the question at all times.

Suggested training schedule

Day 1

Module and session

Module 1: introduction

- Session: introduction of enumerators and trainers
- Session: objectives and expectations
- Session : training activities and agenda

Module 2: programme Objectives and the role of enumerators

- Session : DEC Ebola response phase 1
- Session : DEC Ebola response phase 2
- Session : Role and contribution of enumerators

Lunch

Module 3: Good Enumerator Habits and effective data collection techniques

- Session: Good Enumerator habits
- Session: Effective Data collection techniques

Day 2

Review and Translation of Data Collection Instrument

- Session: review and translation of data collection instrument into the target language

Break

- Session: Role play – Practice using data collection instrument

Lunch

- Session: Enumerator’s terms of reference and data collection Assignment
- Session: Final instruction to enumerators

Methods used

- Interviews
- Presentation

Materials

- Power point presentation and flipcharts
- Markers and pens
- Note books
- Enumerator reference material

References

Training Data Collectors. Project STAR, Aguirre Division, JBS International

Oishi Mertens, Sabine. How to conduct in-person Interviews for surveys

UNESCAP. “Questionnaire Testing and Interview Technique”

Annex 3 List of People Interviewed

Kailahun District: Njaluahun Chiefdom

No	Name	Location/contact	Sex
-----------	-------------	-------------------------	------------

1	Brima .V. Kombay	Segbwema	M
2	Mamie Kamara	088515667	F
3	Jattu Lahai	077614973	F
4	Jebbeh Koroma	088934816	F
5	Mustapha Ngebeh -CWC Secretary	Segbwema	M
6	Yatta Sheku	Segbwema	F
7	Aminita Jaward	088961417	F
8	Hassan Nyallay –Muslim CWC Rep.	078894266	M
9	Jeneba Charles	099181280	F
10	Amadu Konneh	Segbwema	M
11	Mattu Lebbie –	077295777	F
12	Chief Samai Bao –Acting Chiefdom Speaker	076966868	M
13	Mohamed Samai	077211394	
Kailahun district: Pejeh West Chiefdom			
1	Mr. Robert Swaray – Town Chief of Bunumbu	Bunumbu	M
2	Mr. Alpha Senesie – Imam	Masso Village	M
3	Mr. John Koroma – Pastor	Masso Village	M
4	Madam Hawa Wurie –FMC-CWC – Womens' Chairlady	Bunumbu	F
5	Madam Sarah Mansaray – Section Youth Leader	Bunumbu	F
6	Madam Fatu Wurie –Chairlady	Bunumbu	F
7	Hassan .E. Kamara – Imam	Madina Village	M
8	Roland .A.Bockarie –Faith Leader	Bunumbu	M
9	Amara .S. Bockarie –Community Influencer	Bunumbu	M
10	Juma Kargbo – Faith Leader	Bunumbu	M

11	Sheku Morie Musa Kallon – Imam	Bunumbu	M
Kailahun district: Upper Bambara Chiefdom			
1	Gbessay Kanneh –C.WC Secretary	079-317403	M
2	Katimu Foday	030-663991	F
3	Siadu Foday	080-239324	M
4	Yatta Lamin	078-786724	F
5	Hassan .S.Kamara (Parent Rep C.W.C) -	088-057959 OR 076- 518964	M
6	Keleti Daramy	030- 303989	
7	Ibrahim Barrie-Imam	Pendembu	M
8	Amadu Kamara	077-375188	M
9	Fattu Foday	Pendembu	F
10	Sheku Kamara – (Deputy Town Chief	088-446175	M
11	Foray Sannoh – (C.W.C. Muslim Religious Rep)	078- 529051	M
12	Amadu Pascal Kamara	076-819672	M
1	Esther .A. Allieu (C.W.C. Chairperson	088 -224527	F
3	Nerisa .M. Sahr (C.W.C. Christian Rep	076- 678 097	F
14	Christiana Pessima – C.W.C.	Pendembu	F
Kenema District: Nongowa Chiefdom			
1	Patrick Jamiru Director-Caritas Kenema	Kenema	M
2	Fred Nyuma	Project Manager	M
3	Andrew Aruna	Project Office	M
4	Christiaana Jusu	Field Office	F
5	Julius Dauda	Field Officer	M
6	Kelvin Mustapha	Field Officer	M

7	Anthinia Mansaray	Finance Officer	F
Faith Leaders in Nongowa Chiefdom-Kenema district			
1	Rev. Abioseh Mustapha	076659272	F
2	Idrissa Kamara-Imam	078263832	M
3	Rev. Fr. James Jamiru	076-875568	M
4	Rev. Morison Karmon	078008607	M
5	Pastor Victor Brightman	076272996	M
6	Evagenlist Sahr Aruna	078609010	M
7	Pastor David Alpha	079743486	M
8	Rev. Fr. Anthony Sevali	076587820	M
9	Alpha Osman Swaray-Imam	076348640	M
Women's Group in Nongowa Chiefdom Kenema district			
1	Concepta Aruna	Goyila group/078286689	F
2	Selloh Sesay	Muloma /076528842	F
3	Fatmata Wilson	One Family/076559527	F
4	Francess Kaikai	One Family/078382134	F
5	Mary Musa	Muloma/	F
6	Mariama Musa	Muloma/078580102	
7	Yabom Sesay	Goyila/077392386	F
8	Veronica Sannoh	Goyila/	
9	Miatta Vandi	Gbotima/076250870	F
Faith Leaders in Small Bo Chiefdom—Kenema district			
1	Pastor Keikula Baio	Blama	M
2	Pastor Monica Cole	Blama	F

3	Osman Kamara-Imam	Blama	M
4	Alpha Jombo-Imam	Blama	M
5	Mohamed Luseni-Imam	Blama	M
6	Foday Koroma-Opinion Leader	Blama	M
7	Ibrahim Wurie-Opinion leader	Blama	M
8	Rev David Bendu	Blama	M
9	Alhaji A B Konneh-Imam	Blama	M
Farmers in Bandajuma-Nongowa Chiefdom Kenema district			
1	Hawa Lahai-Widow	Bandajuma	F
2	Jamie Lahai-Widow	Bandajuma	F
3	Messie Swaray	Bandajuma	F
4	Vandi Moigua-Widower	Bandajuma	M
5	Karimu Bockarie –Widower	Bandajuma	M
6	Senesie Aruna-Survivor	Bandajuma	M
7	Mohamed Kanneh-Survivor	Bandajuma	M
8	Amara Gbessay-Orphan	Bandajuma	M
9	Kenei Bockarie-Orphan	Bandajuma	M
Farmers in Perri, Guara Chiefdom in Kenema district			
1	Jenneh Brima-Widow	Perri	F
2	Mariama Ansu-Widow	Perri	F
3	Yatta Gebeh-Survivor	Perri	F
4	Vandi Sorkpor-Survivor	Perri	M
5	Bockarie Saffa-Survivor	Perri	M
6	Vandi Sowa-Survivor	Perri	M

7	Saffa Momoh-Widower	Perri	M
8	Jusu Kallon-Widowwer	Perri	M
9	Jusu Kanneh-Widower	Perri	M
Farmers in Vaahun, Nongowa Chiefdom in Kenema district			
1	Alaymatu Musa-Survivor	Vaahun	F
2	Jenneh Amara-Widow	Vaahun	F
3	Mariama Brima-Widow	Vaahun	F
4	Sahun Massaquoi-Widow	Vaahun	F
5	Musa Lahai-Survivor	Vaahun	M
6	Dauda Momoh-Widower	Vaahun	M
7	Momoh Shiaka-Widower	Vaahun	M
8	Momoh Moijueh-Widower	Vaahun	M
9	Abdulai Momoh-Widower	Vaahun	M

Kambia District

<u>No</u>	<u>Name</u>	<u>Contact/Location</u>	<u>Sex</u>
1	Abu Samura	Salla Kafta Village	M
2	Pastor Ezekiel Samura	077589174	M
3	Pa Alhaji Kargbo	Kagboto Village	M
4	Abubakare Samura	Kadala Village	M
5	Sorie Bangura	07763074	M
6	Namina Kamara	Chairlady Women's group	F
7	Edward Kargbo	Malambay village	M
8	Kadiatu Kamara	088924106	F
9	Pa Alkali Kamara	Chief and Councilor	M

<u>10</u>	Ibrahim Kamara	Teacher and Pastor 077589174	M
<u>11</u>	Colonel Kargbo	077615648	F
<u>12</u>	Abu Conteh—committee chairman and councilor	Macoth village	M
<u>13</u>	Alkali S Kargbo	Rowollon Village	M
<u>14</u>	Memunatu Kamara	030336609	F
<u>15</u>	Foday Kamara	Rowollon village	M
<u>16</u>	Foday Conteh - Village chief and counsellor	Rowollon village	M
<u>17</u>	Hawa Bangura	Malal Village	F
<u>18</u>	Ms. Zainab M. Bangura - District Coordinator, Access to Justice	Kambia 078703850	F
<u>19</u>	Mrs Nabisatu Mansaray - Programme Accountant- KADDRO	Kambia 078895939	F
<u>20</u>	Ms. Agnes K. Williams - Field Staff, KADDRO	Kambia	F
<u>21</u>	Mr. Malikie Barrie - Project Officer. KADDRO	Kambia 076830800	M
<u>22</u>	Mr. Philip A.R.Tarawally - Project Officer. KADDRO	Kambia - 088771812	M
<u>23</u>	Mr. Salieu Bangura - Finance Officer- KADDRO	Kambia - 030882253	M
<u>24</u>	Mr. Melvin Mattia. Programme Manager, KADDRO	Kambia – 078758222	M
<u>25</u>	Mr. Mustapha Abu – Sustainable Livelihood and Resource Rights Officer Trocaire	Freetown 076646586	M
<u>26</u>	Mr. Michael Solis - Programme Manager, Trocaire	Freetown -076177438	M
<u>27</u>	Ms. Florie Meezenbroek - Country Director, Trocaire	Freetown–Trocaire, 076642443	F

STREET CHILD DEC/CAFOD PROJECT – STATISTICAL BREAKDOWN FOR KENEMA AND KAILAHUN DISTRICTS

EDUCATION SUPPORT

DISTRICT	PRIMARY			SECONDARY			
	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL	
KENEMA	254	317	571	269	281	550	
KAILAHUN	277	270	547	122	133	255	
TOTALS	531	587	1118	391	414	805	
DISTRICT	SCHOOL RETENTION IN BOTH KENEMA AND KAILAHUN DISTRICTS						
KENEMA	RETAINED	249	309	558	258	267	525
	DROPOUT	05	08	13	11	14	25
TOTALS		254	317	571	269	281	550
KAILAHUN	RETAINED	268	257	525	116	119	235
	DROPOUT	09	13	22	06	14	20
TOTALS		277	270	547	122	133	255

REASONS FOR DROPOUT

- Large family size
- Death of beneficiary
- Relocation
- Teenage pregnancy
- Long distance to access primary school

LIVELIHOOD SUPPORT IN KENEMA AND KAILAHUN (AGRICULTURAL SUPPORT)

DISTRICT	FAMILIES			CHILDREN		
	MALE HEADED	FEMALE HEADED	TOTAL	BOYS	GIRLS	TOTAL
KENEMA	47	04	51	101	110	211
KAILAHUN	125	135	260	331	339	670

TOTALS		172	139	311	432	449	881
DISTRICT	Families Who Are Now Coping/Better Off And Struggling Families For Both Kenema And Kailahun						
KENEMA	Better off	47	-	47			
	Struggling	-	04	04			
TOTALS		47	04	51			
KAILAHUN	Better off	125	129	254			
	Struggling	-	06	06			
TOTALS		125	135	260			
Overall total better off		172	129	301			
Overall total struggling		-	10	10			

LIVELIHOOD SUPPORT IN KENEMA AND KAILAHUN (BUSINESS GRANTS)

DISTRICT	FAMILIES			CHILDREN		
	MAELE HEADED	FEMALE HEADED	TOTAL	BOYS	GIRLS	TOTAL
KENEMA	03	177	180	152	202	354
KAILAHUN	29	80	109	122	143	265
TOTALS		32	257	289	274	619
DISTRICT	Families Who Are Now Coping/Better Off And Struggling Families For Both Kenema And Kailahun					
KENEMA	Better off	-	169	169		
	Struggling	03	08	11		
TOTALS		03	08	180		
KAILAHUN	Better off	06	88	94		
	Struggling	23	81	104		
TOTALS		29	169	198		

NOTE: 100 families out of the 104 struggling families in Kailahun District received additional business grants in October 2016 to revive their businesses

CHILD WELFARE COMMITTEES (CWC'S) FORMATION/REVIVING AND TRAINING

DISTRICT	UNIT FORMED	UNIT REVIVED	UNIT TRAINED	# OF CHIEFDOMS	TOTAL
KENEMA	08	09	17	05	17 CWC Groups
KAILAHUN	01	07	8	06	08 CWC Groups
TOTALS	09	16	25	11	25 CWC Groups

NOTE: Every unit of the CWC comprises of 14 group members. 25 units multiply by 14 group members=350 CWC members trained as recommended by the Ministry of Social Welfare Gender and Children's Affairs (MSWGCA)

NUMBER OF CHILDREN REUNIFIED BY THE CHILD WELFARE COMMITTEES AND RECOMMENDED FOR EDUCATION SUPPORT IN BOTH KENEMA AND KAILAHUN DISTRICTS

DISTRICT	BOYS	GIRLS	TOTAL
KENEMA	109	139	248
KAILAHUN	105	91	196
TOTALS	214	230	444

NOTE: All of these children benefited from the psychosocial and education support provided by the project

TOOLS/METHODOLOGIES USED FOR ADVOCACY ON CHILD PROTECTION ISSUES BY STREET CHILD AND THE CWC'S

- Radio Discussions
- Public Address System With The Use Of Mega Phones
- Dissemination And Display Of Information Education And Communication (IEC) Leaflets
- Community Engagement Meetings
- Counseling And Psychosocial Supports
- Discussion and sharing of Child Protection Issues at Pillar meetings
- Home visits, follow ups and monitoring
- School visitation and interaction with school authorities on the progress and rights of children to education
- Focus group discussions with parents, street children and community stakeholders on the wellbeing of street connected and other vulnerable children

Some Pictures from the field







