



Sierra Leone

**OFDA: DFD-G-00-03-00067-00
DOD: N68171-04-M-4607**

**FINAL REPORT
2003-2004**

***Rehabilitation and Resettlement Support to
Communities in Sierra Leone***

Agriculture and Health Interventions

Organization: Catholic Relief Services
Mailing Address: 209 West Fayette Street
Baltimore, MD 21201

Date: January 3, 2005
HQ Contact Person: Martin Hartney
Telephone: 410-951-7252
FAX: 410-234-3189
Email Address: mhartney@catholicrelief.org
Field Contact Person: Brian Gleeson
Telephone: 232 22 23 60 94
Email Address: bgleeson@crssl.org
Software: Microsoft Word 2000

Program Title: Rehabilitation and Resettlement Support to Communities in Sierra Leone, Agriculture and Health Interventions.

USAID/OFDA Grant No: DFD-G-00-03-00067-00

Country/Region: Sierra Leone/West Africa

Type of Disaster/Hazard: Complex

Time Period Covered by the Report: June 1, 2003 – August 31, 2004

List of acronyms used

COB	Community Based Organization
CRS/SL	Catholic Relief Services, Sierra Leone Program
DHMT	District Health Medical Team (Government of Sierra Leone)
DMO	District Medical Officers (Government of Sierra Leone)
DRP	Developmental Relief Program (US-AID sponsored)
Ha	Hectare (1 Ha equivalent to 2,47 acres)
IVS	Inland Valley Swamp rice ecology
M&E	Monitoring and Evaluation Unit, CRS
MCH	Maternal Child Health Post
MOHS	Ministry of Health and Sanitation (Government of Sierra Leone)
PHU	Peripheral Health Unit
PRA	Participatory Rural Appraisal
TBA	Traditional Birth Attendant

Project summary:

OFDA funding to CRS directly benefited 4,972 farming households through agricultural recovery activities, and indirectly benefited an estimated population of 20,000 patients to be covered by the construction of 15 peripheral health units in selected communities of the East and Northern Districts of the country.

OFDA funding enabled CRS agricultural recovery intervention to achieve an increment in the area of rice planted per household from 1.07 Ha obtained in the baseline study to 1.28 Ha at the end of the project. This area increment is also reflected in the harvest obtained per household; a 58% increment was found in the average rice harvested per household, from 9.7 to 15.2 bushels per hectare for both swamp and upland rice ecologies combined. OFDA funding helped CRS create an effective communal seed loans and recovery system, where local empowerment and constant CRS field presence facilitated a 98% recovery rate. The overall result for food security is an increase in household grain provisions from four months at the start of the project to five months at the end of the project. This represents a 25% increase in the number of months that targeted rural families will have access to grain for household consumption as food, seed savings, gifts, bartering, and for selling.

CRS used a participatory approach to increase the sense of ownership amongst communities involved in the construction of 15 peripheral health units. Local participation was instrumental in the construction of these health facilities. OFDA and DOD funding helped involve beneficiaries in procurement and mobilization of all locally available materials (sand, stones, etc), labor, and most importantly in the repair of roads and bridges that permitted CRS to pre-position imported materials (cement, zinc, nails, etc) in very inaccessible areas of the East and North of the country.

Lastly, OFDA funding enabled CRS to train the 50 Government Health personnel that will staff the recently constructed health posts. Training programs also targeted 500 traditional birth attendants that were trained in maternal and early childhood care in their local languages. CRS used OFDA funding to equip all course graduates with complete first aid kits to deliver quality services in their communities.

Agriculture Activities

Background:

Given the deterioration in harvest levels during the war, increasing agriculture production is a top priority for improving food insecurity within Sierra Leone. As rice is the staple food crop, traditionally cultivated by approximately 95% of rural families, CRS focused on providing vulnerable farmers with rice seed. Qualitative data suggest that the average cultivated area in war-affected communities dropped from 1,21 Ha to a range between 0,4 and 0,81 Ha. This in large part may be attributed to the household's inability to access both sufficient seed rice and labor. CRS supported agriculture recovery programs aimed to increase average household acreage of cultivated rice through:

- Provision of seeds and tools, and
- FFAg support for seed protection and labor.

CRS interventions were designed to improve the availability, access and utilization of food for beneficiaries in the targeted districts by:

- Availability - Increasing rice production through increased accessibility to seeds and tools through the seed and tools fair approach Promoting the creation of village seed banks and revolving seed loans to increase seed security.
- Access - Recovery of rice and cash crop production that helped to generate income, which contributed to producers' access to purchase food commodities and pay for other services including the costs of health care.
- Utilization – Improved access to health care by the construction of 15 PHUs that will ensure improved health status and food utilization

To achieve food security, OFDA provided funds to support 2,500 farm families in the north and eastern regions of the country. The project goal is to increase the food security of resettling communities in Sierra Leone and strengthen their capacity to address their own rehabilitation priorities in a sustainable manner. The first objective of the CRS/SL OFDA-funded 2003-2004 program was:

Objective 1:

To increase rice and other staple crop production by 20% for 2,500 farming families (15,000 total beneficiaries) in targeted communities by May 2004.

In order to achieve this objective, the following intermediate result was envisioned:

Intermediate Result 1.1: 2,500 farming families (15,000 total beneficiaries) participating in the first year of the agricultural recovery project will have been provided with access to rice seed, tools and agricultural technical support by May 2004.

Progress specific to process/output indicators:

Indicator 1.1.1: Baseline harvest assessments for chiefdoms completed by end of July 2003, to determine vulnerable communities for targeting.

Vulnerable communities for targeting were identified and assessed at start of the project. Baseline information indicates the following parameters:

- Average area planted: 0.97 Ha (IVS ecology); 1.18 Ha (Upland ecology)
- Average harvest: 9.63 bushels (IVS ecology); 9.69 bushels (Upland ecology)

CRS extension agents implemented the baseline harvest assessments during July using a random sampling method and structured interviews. The results were compiled and analyzed in the first week of August 2003.

Indicator 1.1.2: Agriculture extension agents register and verify Agriculture Recovery Project participants by 30th July 2003.

Extension Agents and M&E unit staff members jointly registered Agriculture Recovery Participants. The M&E unit undertook the verification process separately, this outside

intervention helped to ensure transparency in the selection process. UNHCR coordination was necessary in the case of registered returning refugees in order to avoid double targeting.

Indicator 1.1.3: Partner CBOs understand and sign agreements that clearly delineate their roles and responsibilities by 31st July 2003.

CRS implemented this project through 12 CBO's and individual households. Due to the dynamics of the post-emergency situation, characterized by a constant flux of returnees and weak local level organization, CRS changed the indicator to individual households. During project implementation the collective decision making frameworks and structures were acknowledged and respected, but CRS applied its qualifying criteria based on the individual farming household. Through this approach CRS nearly doubled the expected target benefiting a total of 4,972 rural families, 99% over the original target of 2,500.

Indicator 1.1.4: Average household rice harvest for 2003 in targeted communities increased by 31 July 2004.

The average household rice harvest for 2002 crop in targeted communities is estimated at 9.66 bushels per household for the two rice ecologies. Continued follow-up indicates that the figure obtained for the 2003 growing season has a value of 15.24 bushels per household. This is equivalent to an overall increment of 58% in the lifetime of the project. CRS acknowledges a pitfall in the use of the farmer informant methodology for collecting information, recognizing the need to implement other productivity measurement techniques. Annex 1 presents a comparison of the two sampling methods discussed

Indicator 1.1.5: 2,500 farm families receive seeds and tools before 31 July 2003.

CRS/SL supplied participating farm families with seeds and tools through the seeds and tools voucher approach. The total number of participating households was nearly doubled from what was planned, reaching 4,972 rural families. CRS provided each farming household with vouchers for 1.5 bushels of rice seeds; this is equivalent to 60% of the accepted national requirement of seed per hectare. CRS also provided each household with one locally produced cutlass or hoe. It should be noted that the decision to distribute an inferior amount than the national accepted seed requirement per hectare was based in the notion that seed was available from previous CRS OFDA-funded distributions. This assumption was proved right as the resulting average planted area of 1.28 Ha. indicates that beneficiary households used not only the emergency seed, but also part of their own stock for this planting season. This is a positive indicator for seed security and a sign that transition from emergency to development is effectively taking place.

Indicator 1.1.6: Agriculture extension agents visit each partner community at least once every month during project.

During project lifetime extension agents made monthly regular visits as planned to partner communities. These visits were supervised by the M&E unit members, and fulfilled the objective of tracking progress of rice farm production, as well as to provide farmers with assistance on different agronomical practices. Fifteen field-based staff were available for visits to the participating households. Overall it is estimated that not less than 60% of beneficiary farming households received at least one visit per month during the project lifetime. The main roadblock observed to achieve this result was bad road conditions in the targeted areas.

Indicator 1.1.7: CRS staff monitor the Agriculture Recovery Project at each field office at least once every month in Y2003.

M&E staff visited the area offices to monitor agricultural activities on a monthly basis, creating a database for each region. The main roadblocks to achieve positive results under this indicator were: mobility to access target communities, specialized skills in area and yield measurement, and inadequate computer facilities at regional level. Actions taken to solve these problems included: increased staff mobility, and provision of new computer equipment. CRS acknowledges the weakness to rely on farmer informants to determine area and yield results. In order to improve our reporting capacity, CRS trained its Field Agents in productivity measurement during 2004.

Indicator 1.1.8: Partner CBOs recover 90% of outstanding seed loans by May 2004.

The project recovered 7,303 bushels out of 7,450 bushels of seeds loaned, which represents a 98% repayment rate. The breakdown per area office is as follows: East 94% (Seed distributed 2,658 bushels, Seed recovered 2,503 bushels), and North 100% (Seed distributed 4,800 bushels, Seed recovered 5,066 bushels, including 6% interest recovery for redistribution).

Indicator 1.1.9: Percentage increase in area under cultivation per beneficiary farm family.

Overall increase in area under cultivation per beneficiary farm family during the lifetime of the project is 20%. A breakdown for the two different rice ecologies indicates a 24% increase for IVS, which results from the area increment from 0.97 Ha. to 1.20 Ha., whereas for upland rice the increase noted is 16%, reflecting an area increment from 1.18 Ha. to 1.36 Ha. Continued follow-up by CRS through its USAID Developmental Relief Program (DRP) has shown a moderate to high impact of the OFDA funded activities, mostly reflected in a high percentage of targeted beneficiaries with sufficient rice stocks.

Indicator 1.1.10: Percent increase in production per beneficiary farm family.

The combined percent increase in production per beneficiary farm family for the two rice ecologies is 58%. The breakdown for the two ecologies is as follows: swamp ecology increased from 9,63 to 15,48 bushels per hectare, showing a 55% increase, and upland rice increased from 9,68 to 14,97 bushels per hectare, indicating a 61% rise.

Indicator 1.1.11: Increase in number of months of household grain provisions per beneficiary farm family.

Quantitative data obtained from grain consumption and use analysis of the target population indicates that rural households increased their access to grain as food or seed from four to five months after the OFDA project. This results in a 25% increase in the number of months of HH grain provisions per beneficiary family. However, in absolute terms, this figure is not to be taken as an indicator of actual reduction of the hunger gap or surplus production. Rather it is a mild indicator of increased household capacity to address their own rehabilitation needs and a positive sign of production recovery.

Health Activities

Background:

In some rural areas, the war resulted in a complete breakdown of the government's health infrastructure, leaving the population without access to even the most basic health care services. CRS, in coordination with the District Medical Officers (DMOs) and District Health Management Teams (DHMTs) determined that lack of community facilities and health services contributed to high rates of morbidity and mortality, preventing resettled populations from resuming productive activities.

The following table presents the gaps found at the start of the project in health care infrastructure in Koinadugu and Kailahun Districts.

PHUs	Koinadugu			Kailahun		
	Recommended	Functioning	Gap	Recommended	Functioning	Gap
	37	28	9	58	22	36
Staffing levels per PHU	MCH Aide, Vaccinator and a TBA			MCH Aide, Vaccinator and a TBA		
Population served per PHU	8,515 people/PHU			15,855 people/PHU		

Source: Koinadugu and Kailahun Districts Data Pack, *National Recovery Strategy 2003*, UNOCHA/ SLIS, February 2003.

In an effort to improve access to basic health services, OFDA and DoD awarded CRS with funding to construct peripheral health units as well as to train TBAs in Kailahun and Koinadugu, two of the most vulnerable districts in Sierra Leone. The second objective in the OFDA/DoD-funded program related to improving health infrastructure and services for vulnerable populations in these two districts. Annex 2 presents details on the type of facility constructed, location, and major funding source used.

Objective 2:

To provide access to primary health care to a monthly average caseload of 25,000 vulnerable persons in targeted rural communities through the Health Systems Rehabilitation Project. In order to achieve this objective, the project envisioned two intermediate results:

Intermediate Result 2.1: By May 2004, 15 peripheral health units (PHUs) in the North and East will be rehabilitated and/or reconstructed, offering health services to an average monthly caseload of 20,000 patients in total.

During the first quarter, CRS partnered with relevant community stakeholders to initiate the construction of fifteen PHUs (eight Maternal Child Health Posts, one Community Health Post in Koinadugu and three Community Health Posts in Kailahun). Community sensitization and mobilization continued in the second and third quarters. Completed facilities were furnished and commissioned during the final quarter. CRS capitalized on a three month, no-cost extension to overcome the major obstacles encountered, principally the delay in transporting construction materials due to heavy rains and impassible roads.

Given the number and magnitude of the obstacles encountered, it is notable that an overall 98% rehabilitation and/or reconstruction rate was attained at the end of the project. CRS will use private funds to complete the construction work on remaining facilities.

Progress specific to process/output indicators:

Indicator 2.1.1: Needs assessments of communities using PRA techniques are completed and evaluated.

During the first and second quarters of the project, CRS Health and Shelter teams, in conjunction with the District Health Management Team, conducted a community needs assessment using focus group discussions. Community members and local authorities participated in the discussions and determined that peripheral health units were indeed a high priority need in these areas.

Indicator 2.1.2: Participating communities develop action plans to reconstruct primary health units and sign agreements with CRS.

In all the target communities, beneficiaries took the lead in the PHU and water-well construction, as agreed in the MOUs. To ensure that the constructed water-wells remain functional, CRS oversaw water-well repair and maintenance training for two local technicians per target community.

Indicator 2.1.3: Participating communities mobilize local materials, labor and raise structures to roof level.

Community participation to mobilize local materials (sand, stones, etc) and labor for the construction of the PHU's was very high throughout the project. All of the constructed water-wells are now in use by the recipient communities. The main structures of the PHUs have been roofed and plastered. Construction work is finalized up to 95%: ceiling, screening and the fixing of doors and window frames on all the structures have been completed, while fixing of window fittings (glass, fenders and handles), plastering of kitchens, construction of walkways, painting and fixing of mosquito mesh are underway and will be completed by January 15th.

Indicator 2.1.4: Zinc sheets, nails, cement, and other construction materials distributed in a timely basis to communities completing these initial construction activities.

The main challenge to achieving this indicator was the timely delivery of building materials to project sites. The combined effect of adverse road conditions and steep topography posed a serious constraint to efficient delivery of building materials to project sites. Notwithstanding the challenges, imported materials were pre-positioned in 97% of all project sites. During the life of the project, local community organizations were instrumental in repairing roads and bridges, making a significant contribution to achieving this goal.

Intermediate Result 2.2: By May 2004, 500 Traditional Birth Attendants (TBAs) in the North and East will have completed training and be providing services in their communities.

While government-trained maternal and child health nurses (MCH aides) perform many deliveries each year, Traditional Birth Attendants (TBAs) deliver some 75% of babies in Sierra Leone. This is in part due to the fact that MCH posts are few and far between, poorly staffed,

and salaries and incentives are seldom available to the aides. Sierra Leone's armed conflict only served to further damage an already limited health care system. Thus, TBAs play a vital role in maternal and child health, particularly in isolated communities.

Work towards this Intermediate Result included a rapid assessment of the TBAs in the operational chiefdoms in the Kailahun and Koinadugu Districts. This assessment determined the number and location of trained and un-trained TBA's (see Annex 4). It showed the urgent need for a training/refresher course as a high percentage of existing TBAs not received any training for many years, it at all. Refresher training targeted 50 MCH Aides and induction training benefited 500 TBAs. These trainings were carried out by the District Health Management Team and supervised by CRS regional health coordinators. The refresher training took place in Kabala while the TBA training was held in the target communities themselves.

The curriculum was prepared by the DHMT and the topics covered include:

- Care and problems during pregnancy
- Preparing for labor
- Management of normal labor and delivery
- Problems during labor and delivery
- Care after delivery
- Problems after delivery
- Referral system
- Care of the under five
- Keeping records

Given the TBAs' limited training and extremely low literacy levels, ongoing supervision and support were determined critical for safe deliveries. MCH Aides were targeted as the appropriate supervisors for TBAs and were trained in the TBA refresher course content. This training enabled MCH Aides to conduct TBA refresher trainings in the local languages for better understanding. DHMT and CRS health personnel supervised the trainings. A total of 500 TBAs were trained (250 per region).

The newly trained TBAs started operations immediately after returning to their respective villages. TBAs report to a given MCH Aide who then collates birth statistics for the PHU catchment area and forwards to figures to the DHMT in the aggregate. The village development committees pledged to provide emoluments/incentives for the TBAs. In some villages, residents resolved to start community farms for the TBAs, with a proportion of the crops sold and the proceeds given to the TBAs and the remaining crops given to the TBAs for consumption.

The DHMT and CRS jointly organized the distribution of delivery kits and training certificates. Standard TBA kits were purchased with OFDA funds (the exact contents of kit are listed in Annex 5). CRS added latex gloves and disinfectant to the kits as items are critical for infection prevention. OFDA and CRS logos were printed on the TBA kits.

In Koinadugu District, all 250 kits were distributed during the first week of December, 2004. The certificates, however, were delayed due to a DHMT error. The Koinadugu DMO has pledged to rectify this situation and certificate distribution is scheduled for January 2005.

Of the 250 TBA kits for Kailahun District, 50 were distributed during the last week of November. The remaining 200 kits will be distributed by the 20th of January, 2005. In an attempt to improve

TBA reporting to MCH Aides, the DHMT in Kailahun requested permission to withhold certificates until a given TBA submits regular birth reports over at least six months. CRS agreed to this use of certificates as incentives for timely reporting, as this is a major barrier to monitoring TBA performance at the DHMT level. CRS and the DHMT continue to collaborate on systems for supporting and monitoring TBAs. A supervisory checklist is currently under development.

Indicator 2.2.1: In conjunction with MOHS, conduct assessment of training needs in targeted chiefdoms and sensitize communities by August 2003.

In the third quarter, CRS health field staff met with the DMOs in both districts to assess their TBA training needs. At the end of the third quarter, both DMOs presented CRS with TBA training funding requests, which included funding requests for training of trainers for 50 MCH Aides, as well as basic and refresher TBA trainings for a total of 500 TBAs. Upon approval of the DMOs' funding requests, the DMO and District Health Management Team carried out community sensitization on TBA trainings. CRS health staff provided technical guidance and monitored impact during the trainings.

Indicator 2.2.2: Health staff gathers baseline data on birth attendance and diarrhoeal diseases by May 2004.

There was little baseline data available on birth attendance and diarrheal disease, as MCH Aides and TBAs were unfamiliar with basic data collection techniques. This was compounded by the fact that records at the health centers were not routinely updated or under review. As a result, basic data collection was included in the training package for MCH Aides and TBAs. The incidence of diarrhea was determined not to be an appropriate indicator for measuring the impact of TBA trainings and was deleted from the program.

Indicator 2.2.3: Untrained TBAs and potential community health workers in target communities selected by September 2003.

A rapid TBA and MCH Aide assessment was performed in operational areas in December 2003. The report revealed a strong need for TBA training, as well as a TOT for MCH Aides. CRS completed all assessments related to TBA trainings. The DMOs used the results of these assessments to inform funding requests for training implementation.

Indicator 2.2.4: 500 TBAs successfully complete training courses by February 2004.

CRS oversaw the completion of refresher training for 50 MCH Aides and induction training for 500 TBAs. The District Health management team conducted these trainings and CRS health staff provided technical guidance.

Indicator 2.2.5: TBAs provide monthly reports on activities, referrals, and infant/maternal and diarrhea disease cases, once training has been completed.

This activity is ongoing and requires consistent refresher training and monitoring. Under a new project funded by USAID, CRS will continue buttressing TBA reporting skills over a three-year period (FY04 – FY06)

Indicator 2.2.6: Health staff, in conjunction with the MOHS, monitor community health worker activities each month.

As in 2.2.5, this has been achieved, albeit to a limited extent because of the low current capacity of GOSL MOHS staff. Monitoring is taking place, but is at times done in an ad hoc manner by the freshly trained and placed MOHS nurses. Here again, CRS' ongoing work will contribute toward sustainable monitoring as our eight field staff work in a regular and consistent fashion with both the nurses and TBAs.

Annex 1
Comparison of sampling techniques

Following is a short list of the characteristics of the Farmer Informant and Yield Measurement techniques mentioned in the body of the report.

Farmer informant	Yield measurement	Observations
Relies on farmer's memory (recall technique)	Relies solely on field/crop measurements, troublesome to use under the subsistence based agricultural system found in Sierra Leone	Local staff know-how was assessed as low to implement field measurements
May result in human induced error, especially if recall period is too lengthy or accurate records are not kept at farm level	Human induced error from inappropriate use of instruments/tools	Timing of the evaluation was not adequate, one month after harvest time
Relies on the use of traditional measurement units. Problem arises from the lack of accurate conversion tools to Metric or English systems		Field staff not able to carry out crosschecks

Lessons learned: Use of farmer informant technique is only recommended when recall periods for the exercise are no longer than recommended. If this method is to be used in the future the timing should be during harvest period or at most one week afterwards. Given the technical deficiencies identified in its field staff, CRS is scheduling a training program to equip staff in the use of a combined approach that merges both techniques.

Annex 2

Description, location and funding source for facilities

District	Chiefdom	Town/Village	Type of Health Facility	Donor	Remarks
Koinadugu	Neini	Yifin	MCHP	DOD	TAP priority area
Koinadugu	Neini	Alkalia	CHP	DOD	TAP priority area
Koinadugu	Mongo	Walia	MCHP	DOD	TAP priority area
Koinadugu	Mongo	Sierra	MCHP	DOD	TAP priority area
Koinadugu	Diang	Kanya	MCHP	DOD	TAP priority area
Koinadugu	Diang	Lengekoro	MCHP	DOD	TAP priority area
Koinadugu	Sengbe	Gbenikoro	MCHP	OFDA	DMO's recommendation
Koinadugu	Warawara Yagala	Heremakono	MCHP	OFDA	DMO's recommendation
Koinadugu	Sulima	Gberia Timbako	MCHP	OFDA	DMO's recommendation
Kailahun	Peje Bongre	Gbahama	CHP	DOD	TAP priority area
Kailahun	Yawei	Bendu Yawei	CHP	DOD	TAP priority area
Kailahun	Malema	Madina	CHP	DOD	DMO's recommendation

Annex 3

Remaining tasks and expected dates of completion for un-finished facilities

District	Chiefdom	Town/Village	Type of Health Facility	Donor	Remarks
Koinadugu	Neini	Yifin	MCHP	DOD	Remaining tasks: Roofing of latrine, screening kitchen floor, construct walkway, replace broken glass panes, paint internal and external kitchen walls, finish main building overhangs. Expected date of completion: 11/27/2004
Koinadugu	Neini	Alkalia	CHP	DOD	Remaining tasks: Roofing of latrine, whitewash and paint kitchen walls (internal and external), level external drainage for well, floor screening of two rooms in main building. Expected date of completion: 11/27/2004
Koinadugu	Mongo	Walia	MCHP	DOD	Remaining tasks: Painting of internal and external wall in both structures, Construction of toilet, construction of walk way from nurse quarter to the kitchen and toilet, fixing of 4 wooden doors locks. Expected date of completion: 11/27/2004
Koinadugu	Mongo	Sierra	MCHP	DOD	Remaining tasks: Finish latrine, painting of main building, install glass panes in main building Expected date of completion: 11/20/2004
Koinadugu	Diang	Kanya	MCHP	DOD	Finished
Koinadugu	Diang	Lengekoro	MCHP	DOD	Remaining tasks: Repair three internal door, chlorinate well, screeding of walkway floor. Expected date of completion: 11/19/2004
Koinadugu	Sengbe	Gbenikoro	MCHP	OFDA	Remaining tasks: Install latrine doors, screeding kitchen floor, paint internal and external kitchen walls, finish walkway Expected date of completion: 11/20/2004
Koinadugu	Warawara Yagala	Heremakono	MCHP	OFDA	Finished
Koinadugu	Sulima	Gberia Timbako	MCHP	OFDA	Remaining tasks: Repair door locks, level external well drainage, paint doors in main building, replace two glass panes Expected date of completion: 11/20/2004
Kailahun	Peje Bongre	Gbahama	CHP	DOD	Remaining tasks: Painting, fixing mosquito mesh, ceiling of eaves, fixing of window fittings. Expected date of completion: 11/20/2004
Kailahun	Yawei	Bendu Yawei	CHP	DOD	Remaining tasks: Painting, screening of walkways, fixing of window fittings and doors Expected date of completion: 11/20/2004
Kailahun	Malema	Madina	CHP	DOD	Remaining tasks: Painting, screening of walkways, fixing of window fittings. Expected date of completion: 11/20/2004

Annex 4

Number of trained TBA's per selected villages

CHIEFDOM	PHU VILLAGE	TYPE OF PHU	# OF TRAINED TBAs	# OF UNTRAINED TBAs	REMARKS
Mongo	Mongo	CHC	10	12	
	Sieria	MCHP	11	35	
	Walia	MCHP	8	8	
	Serekolia	MCHP	5	9	Proposed
	Gberefeh	MCHP	7	9	Proposed
	Kamaron	MCHP	0	18	Proposed
Neini	Alkalia	CHP	9	10	
	Yiffin	CHC	1	12	
	Firawa	CHP	0	12	
	Fankuya	MCHP	-	-	Proposed
	Sumbaria	MCHP	-	-	Proposed
Diang	Kondembaia	CHC	2	5	
	Foria	MCHP	16	0	
	Kania	MCHP	3	6	Proposed
Shemgbe	Kamadu Sokrala	MCHP	2	23	
	Gbenikoro	MCHP	7	8	
	Dankawalia	MCHP	5	15	
	Koinadugu II	MCHP	3	9	
	Yeraya	MCHP	4	12	
Sulima	Folaba	CHC	6	10	
	Gberia Timbako	MCHP	6	12	
	Koinadukura	MCHP	6	8	
	Nkaya	MCHP	0	10	
Wara Wara Yagala	Heremakono	MCHP	4	15	
	Senekedugu	MCHP	2	13	
	Yataya	MCHP	6	2	
	Lengekoro	MCHP	1	24	Proposed
Total			124	297	

Annex 5

TBA Kit Contents List

QUANTITY	ITEM
1	Bag – rigid polypropylene
3	Table Bag – plastic, self-sealing
2	Bottle – for disinfectant solution
2	Brush – hand, surgeon's
10	Cotton wool – non-sterile
2	Draw sheet – plastic
1	Nail clipper – with file
4	Razor blade – pack of 5, double edged
1	Weighing scale – spring type
2	Sling – for use with weighing scale
12	Soap – wrapped, unperfumed
2	Soap box – 2 piece plastic
2	Umbilical tape – non-sterial
4	Towel huck