

635-0217

GAMBIA

Community Based Integrated
Rural Development

Project Paper

FY 81

OPERATIONAL PROGRAM GRANT PROPOSAL
FOR
A COMMUNITY BASED INTEGRATED RURAL DEVELOPMENT PROGRAM
IN
THE GAMBIA

Submitted by:

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December 15, 1980

OPERATIONAL PROGRAM GRANT PROPOSAL

PROJECT TITLE: Community Based Integrated Rural Development Program

PROJECT LOCATION: North Bank Division of The Gambia

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SUBMISSION DATE: December 15, 1980

TOTAL OPG REQUEST: \$299,597

PERIOD OF PROJECT IMPLEMENTATION: 2 YEARS

COLLABORATING AGENCIES: Ministry of Economic Planning
Department of Community Development

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SUMMARY

Save the Children proposes to initiate and establish a program of community-based integrated rural development in The Gambia. The program will be implemented by the Project Manager of Save the Children in collaboration with the Director of the Community Development Department of the Ministry of Economic Planning and Industrial Development. Save the Children requests an Operational Program Grant from the United States Agency for International Development in the amount of \$299,597 for a two-year period beginning January 1, 1981.

The proposed program will be planned and implemented in the Western half of the North Bank Division in the districts of Upper Niumi, Lower Niumi and Jakodo.

The proposal has been designed as a strategy to improve the quality of life of the 49,310 people living in the program area through a variety of interrelated village self-help projects. It is the intent of this proposal to assure that major donor contributions aimed at strengthening the institutional capabilities of government service departments are complemented by programs which facilitate the involvement of village people in implementing projects. Program activities will be planned and implemented by community people with the cooperative assistance of the divisional staff of the Department of Community Development. Divisional officials of this department participated in the design of this proposal and will assist Save the Children in its implementation.

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Technical assistance from Save the Children's headquarters and regional staff will be used to strengthen the capabilities of the Gambian staff of the Community Development Department in training, planning and evaluation of community development programs.

I. PROGRAM BACKGROUND AND OVERVIEW

A. History of Proposal Development

Save the Children became involved in The Gambia in 1978 through the particular interest of The Roots Foundation. The Roots Foundation was incorporated in 1977 to administer funding which resulted from the profits of Mr. Alex Haley's book and film rights of his autobiographical work, "Roots". The foundation requested that Save the Children undertake a collaborative project in The Gambia, particularly in the North Bank Division which was the birthplace of Mr. Haley's ancestors. Trips by staff members of the Roots Foundation and Save the Children were made in 1978 and a working agreement was approved by the government at this time. In addition, the foundation participated in the planning and assumed financial responsibility for the funding of the field trip of Save the Children which resulted in a preliminary proposal in March 1979.

Legal complications in the business affairs of Mr. Haley have resulted in the unavailability of funding from the Roots Foundation. As it initially seemed that these legal complications would be resolved within a twelve to fourteen month period, Save the Children delayed plans to open a field program in The Gambia until Roots funding could be secured. However, as the time frame for the resolution of Mr. Haley's legal problems has not yet been established, Save the Children has decided to develop a funding proposal independent of the Roots Foundation.

In March-April 1980, another field trip was undertaken to more closely identify anticipated project results and to coordinate project planning with the government service departments which would be involved in the implementation of the project. Two community development project preparation specialists spent a total of six weeks in The Gambia working with the community people and Gambian officials at both the Banjul ministry and North Bank divisional level to develop this second proposal. A needs assessment process which involved both village people and governmental officials identified improved food production and nutrition as the priority concerns of people living in the North Bank program area.

B. The Gambia

1. General Country Description.

The Gambia is a small country with a land area of 4,000 square miles and a population of 550,000. The country is situated between Northern Senegal and Cassamance (Southern Senegal), being completely surrounded except for its coastline. The country is a narrow strip of land bordering both sides of The Gambia River. The Gambia is approximately 15-30 miles on either side of the river and 200 miles long.

General background information organized by the Ministry of Economic Planning through the World Bank funded Rural Development Program indicate that an estimated 75% of the population lives outside of the capital area of Banjul, Kombo, Brikama. The sectors of Agriculture, Livestock and Fisheries account for about 78.5% of the National Gross Domestic Product (GDP) and employ the majority of the population. There are no known deposits of exploitable minerals and the economy is heavily dependent on small-scale rural farm production to generate income and foreign exchange. Agriculture is mostly rain fed and characterized by highly seasonal activities in the farming sector. The five month rainy season is dominated by the production of groundnuts. Export of groundnut products accounted for over 90% of the total value of exports during the five year period preceeding 1976. In the past few years extremely low harvests have been recorded due to irregular rainfall or near drought conditions.

The bulk of agricultural production takes place under primitive technological conditions and cropping patterns differ only slightly from one

region to another. An estimated 95% of the farm units grow groundnuts on between 40% to 60% of their agricultural land. Other major crops include rice, millet and sorghum. Cotton is grown only in a few select areas but has not proven more profitable than groundnuts. In addition, some parts of the country are unsuitable for rice production. Thus, regional differences in economic activity and in income levels, especially when viewed in the context of the pervasive poverty throughout the rural areas, are of minor importance. Generally the system of production is one of relatively small holdings producing a mixture of food and cash crops. The average size of holdings is approximately 4.8 hectares for farmers not owning implements and 7.4 hectares for farmers who own some farm tools.

The factors which have influenced Save the Children's decision to initiate a program in The Gambia can be seen in some of the following indicators of socio-economic development:

- The annual per capita income is estimated at \$133. The rural per capita income is calculated at \$86/year and urban per capita income is calculated at \$332.
- Life expectancy at birth according to the 1973 Census was only 32 years for men and 34 years for woman, as opposed to an average of 43 years for the rest of sub-Sahara Africa and 49 years for lesser developed countries as a whole during the period 1965-1970.
- The child mortality rate in rural Gambia is estimated between 280/1000 births and 315/1000 births. Approximately half of the children die before the age of 5 years.

- With a birthrate of 49/50 per 1000 and an annual immigration increase in population of .8% the net growth rate of the Gambia is officially calculated at 2.3%/year. It is calculated that the population of The Gambia will double in the next 32 years.
- According to the 1973 Census 43.4% of the country's population is under the age of 15 years. Approximately 35.6% of the youth of primary school age are enrolled at school and only 12.4% of the youth of secondary school age are enrolled. The literacy level for the country as a whole is estimated at 8.7%.
- Less than 11.5% of the people in The Gambia have a safe water supply. In the North Bank program area only 1.1% have access to a safe water supply.

2. Five Year Plan For The Gambia

The Gambian government organized its first Five Year Plan in 1975. The plan has been extended to include 1980-1981. The strategy of the government has the dual objectives of reducing unemployment and of narrowing the disparity between urban and rural incomes. The first objective is expected to be attained through gradually reorienting the educational system to develop skills and influence work attitudes, and through promoting small-scale enterprises in the urban sector. The second objective is to be attained through expanding and diversifying output, improving public health in rural areas, creating rural growth centers, expanding the road network, and continuing adjustments in agricultural product pricing policies.

As this plan is now in its final year of implementation it is evident that one of the difficulties encountered in its implementation has been planning and programming at the project level and the shortage of skilled personnel imposed a heavy strain on implementation capacity of the government technical service departments. The objectives of the Five Year Plan are being put into operational program strategies through the Rural Development Program and the Primary Health Care Action Plan.

a. Rural Development Program

In 1975 the Government of The Gambia requested the FAO/IBRD Cooperative Program to identify and prepare a suitable agricultural development project for which external finance could be sought. In July 1977 an \$11 million rural development programming commitment was made by the government as it accepted grants and loans from the World Bank, BADEA and the Overseas Development Ministry.

The Rural Development Program aims to increase the cereal and cash crop production and livestock husbandry of some 48,000 people, living in 65 selected villages (2,200 compounds) throughout the country.

Project implementation is being done through existing agencies and departments of government, with project actions coordinated by the RDP project coordinator, located in the Ministry of Agriculture and Natural Resources, and responsible to the Permanent Secretary. The main project components are:

- To strengthen the agricultural extension service by upgrading Mix Farming Centers by constructing housing, offices, and improved water supplies, providing transport to field staff, improving field supervision, establishing a training centre and visual aids centre for the training and support of extension workers.
- To improve livestock production by expanding animal health campaigns through the provision of vaccines, drugs, equipment and transport, and training for field staff, by better utilization of dry-weather grazing through the provision of water and stock routes, by introduction of staff and a pilot cattle fattening program, and by the construction of a limited number of cattle markets, stock routes, and holding rounds.
- To supply farming inputs as credit in kind to farmers (fertilizers, seed, oxen, and tools) through a strengthened and better trained cooperative movement. The establishment of a Seed Multiplication Unit would ensure seed supplies to farmers, and agricultural research service is also planned to be expanded.
- To improve crop marketing through the construction, and improvement of cooperatively owned produce markets, and development of a limited amount of crop extraction roads.
- To ensure coordination of project implementation by providing a Project Coordinator and supporting staff.
- To aid the introduction of improved agricultural practices to illiterate farmers through a pilot functional numeracy program.
- To provide funds for the preparation of a second phase Agricultural Development project; a feasibility study for the development of

Jakhally Swamp, and study into methods of improving groundnut marketing."

The RDP program is currently concluding Phase I of its operation. An evaluation is being made of the results to date of this effort by the Gambian government. Phase II of the RDP is being designed to complement the objectives of the second Five Year Plan, 1981-1986 which is now being prepared.

b. Primary Health Care Action Plan

To complement the work being done through the RDP to achieve the objectives of the Five Year Plan, the Ministry of Health invited the World Health Organization to develop a Primary Health Care Action Plan. The objectives of this plan during the period 1980-1985 are as follows:

- "To prevent and control endemic communicable diseases such as malaria, diarrhea, schistosomiasis, yellow fever, measles and other childhood diseases through simple and effective interventions.
- To reduce the prevalence and incidence of all forms of malnutrition and promote better nutrition of all individuals with emphasis on children, mothers and women of child bearing age.
- To develop and strengthen the health planning mechanism at the village, district, divisional and central levels in favor of primary health care as a component of the total national development plan.

- To extend health care services to the underserved communities, particularly those in rural and periurban areas within the national health system.
- To conduct research in those aspects critical to the successful implementation of a primary health care program."

The Primary Health Care Plan of Action was initially designed to include the Lower River and North Bank Divisions of The Gambia. However, due to personnel and funding constraints, the Department of Health is now planning to fully implement the program in the Lower River Division at Mansakanko in 1980-1983 and to expand the program to the North Bank Division in 1983.

3. Relationship with the Government

On November 30, 1978 Save the Children signed an agreement with the Ministries of Economic Planning/Industrial Development and Tourism/Information. (See Appendix A.) It was agreed that Save the Children would establish an integrated rural development program in the North Bank Division of The Gambia. Implementation of the program is being used to strengthen and assist the efforts of the Community Development Department of the Ministry of Economic Planning and Industrial Development. Close collaboration with the Community Development Department and the technical service departments of Health and Agriculture took place in the design of the program during the four-week field trip in March-April 1980.

a. Community Development Department

A private voluntary organization, Community Development Services was founded in 1963 at Massembe and merged with a German privately sponsored society in July 1977 to form the Department of Community Development. This department was initially incorporated under the Ministry of Local Government. In 1978 the department was transferred to the Ministry of Economic Planning and Industrial Development.

The administrative framework of the Department consists of a Directorate based in Banjul responsible for policy and program planning and a Senior Community Development Officer based at Mansakonko in charge of field operations. In addition, there is a Senior Training Officer at Mansakanko responsible for the Training Section. At the Divisional level there are Divisional Officers who supervise all field projects and personnel. Field staff are multi-purpose Community Development Agents (CDA) whose duties include the identification and relay of village project requests and the coordination of inputs for the implementation of projects.

The primary function of the Department of Community Development is to perform a liaison and coordinating role in the material/technical inputs supplied to rural communities by itself or other field agencies. Much emphasis is put on the concept of "TESITO", which involves rural people in self-help projects. Extension methods include stimulation of needs assessment, community organization into project committees, coordination with other technical service departments and village level skills training. Strong emphasis is placed on providing on-going support and direc-

tion in community self-help activities aimed at improving living conditions or strengthening rural social infrastructure.

As the policies, objectives and methodology of the Community Development Department are in many respects identical to the underlying philosophy, orientation and operational procedures of Save the Children, a collaborative relationship with the Community Development Department has been established for the joint implementation of this project (A description of Save the Children Program methodology is contained in Appendix B of this document). This shared identity and outlook enhance Save the Children's supportive role and cast it in a complementary role in providing assistance to efforts already being undertaken by the government and people of the Gambia.

b. Other Technical Service Departments

Divisional officials of the Departments of Agriculture and Health assisted Save the Children in the design of this proposal. Because the intent of the SCF program is to link macro-development strategies with projects of specific benefit to rural villagers, collaboration with the technical service departments of health, agriculture, forestries and cooperatives will take place on a project specific basis. Save the Children will collaborate with the Department of Community Development in organizing community committees, choosing projects, and making arrangements with appropriate technical service departments of the government to meet community health and nutrition needs.

4. North Bank Program Area

The Save the Children program area includes three divisions in the western half of the North Bank Division. The program area is bordered by Senegal to the north, by the Atlantic Ocean to the west, by the Gambia River to the south and by a tributary to the Gambia River to the east (west of Kerewan, the divisional headquarters; See Appendix C). The three districts of Lower Niimi, Upper Niimi and Jokado have a total population of 49,310 and include a land area of approximately 1000 square kilometers. The people are predominantly Muslims and the three major tribal groupings are the Mandinka, the Wolof and the Fula. A detailed statistical profile and narrative discussion of basic needs in The Gambia and the North Bank program area is included in Appendix D of this proposal.

Save the Children's program is considered to be located in one of the lesser developed divisions of The Gambia. The problems of the people in the North Bank program area include the following:

- One of the highest rates of infant mortality in the country due to ecological conditions and cultural traditions. Over half of the children die before reaching the age of 5 years.
- 98.9% of the people are without access to a safe water supply.
- Poor basic conditions of sanitation and hygiene.
- Low level of education with 72.6% of the children of primary school age without access to school.
- Minimal community participation in the management and decision-making of community service programs.

- Insufficient food supply particularly during the "hungry" season prior to the next harvest.
- Isolation due to lack of transport and inadequate communication systems.
- Inadequate and irregular supply of drugs to meet basic health care needs.
- Lack of adequate fuel supply particularly in relationship to new government regulations which seek to preserve the remaining woodlands and brush.

II. THE PROGRAM

Save the Children's community-based integrated rural development (CBIRD) methodology calls for the participation of North Bank villagers as well as local government service departments in the selection, planning and implementation of projects. Because of this the SCF planners wish to avoid defining project results or results-oriented indicators prior to the beginning of the program. However, on the basis of the expressed needs of the rural population it has been possible to identify the sectors which the program will emphasize.

The goal of the Save the Children program is to improve the quality of life of the residents of the western half of the North Bank division in the Gambia. It will assist villagers in the districts of Upper Niimi, Lower Niimi and Jokado to plan and implement development activities. The primary sectoral emphasis will be Food Supply/Quality. Secondary emphases will be Nutrition Education, and Water and Environmental Hygiene.

A. Community Participation

Based on an initial assessment of group dynamics and determination of community interest, one or two of the following groups will be chosen as the most appropriate vehicle for village participation.

- village development committees
- women's organizations
- young farmers' clubs
- school clubs/classes.

With the assistance of field agents from the Department of Community Development, villagers will then proceed with the steps listed below:

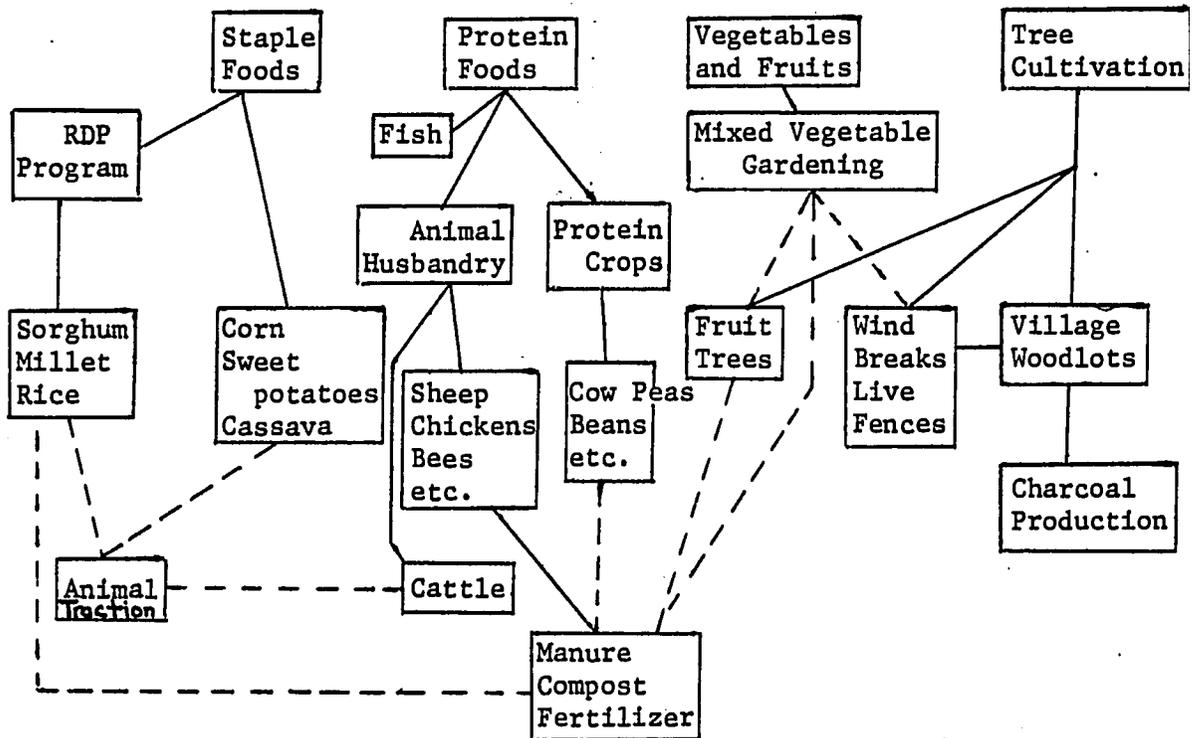
1. Needs assessment
 - a. Baseline data collection
 - b. Problem identification
 - c. Analysis of various activities as solutions to problems identified
 - d. Cost/benefit analysis
2. Planning
 - a. selection of specific project activities to be undertaken to address problems identified; designation of time frames;
 - b. commencement of dialogue with local leadership for their involvement;
 - c. linkages with existing organizations;
 - d. formation of new groups for project activities if required.
3. Design

-design of projects for SCF funding allocation and implementation.
4. Implementation
 - coordination with technical service department
 - skills training
 - logistical coordination

B. Sectoral Analysis

1. Food Supply/Quality

Food self-sufficiency for the purpose of nutritional well-being is a high priority. The following sector analysis shows the interrelationship of the activities and their inputs which address this need.



Explanatory Notes --

(1) Staple Foods: The effective cultivation of sorghum, millet and rice is the major concern of the RDP. Therefore SCF sees its role as limited to that of establishing linkages between the larger RDP program and the villages through the introduction of corn, sweet potatoes and cassava at the village level.

(2) Protein Foods: SCF will carefully research the possibility of introducing and/or increasing the availability and consumption of the protein foods listed here.

- (3) Vegetables and Fruits: Emphasis will be placed on the continuation and the increased effectiveness of the mixed vegetable garden projects taking place in the program area. SCF feels that this is another juncture at which it can help to link existing technical expertise and resources of the Ministry of Agriculture to village level activities. Also, on the basis of initial interviews, SCF has seen a strong interest in the concept of multiple canopy cropping.
- (4) Tree Cultivation: Given the ever-increasing demand for firewood, the importance and potential of the "village wood lots" as a method of reforestation is growing daily. This approach is best suited to the traditional ownership patterns of the communities as well as to their needs.

Project activities in Food Supply and Quality will emphasize the following strategies:

- Mixed vegetable gardens
- Small animal husbandry
- High protein crops
- Fruit trees
- Fuel production/conservation
- Food processing and storage
- Diet and food preparation

Sample Strategy Analysis:

Below is a breakdown of the mixed vegetable gardening strategy and the inputs necessary to successfully initiate and sustain it. SCF will analyze these requirements with the village committees in order to determine the exact nature of the projects to be implemented.

<u>Strategy:</u>	Mixed Vegetable Gardening				
<u>Production Requirements</u>	Water	Seeds/ Plants	Tools	Fencing	Training/ Extension
<u>Inputs:</u>	Garden Well Construction	Improved Seed Varieties	Fertilizer Pesticides	Live Fences	Community Development Agents
	Water Lifting Improve- ments	Nurseries	Equipment	Wire Fences	Government Technical Services

Organization:

Cooperative Formation

- o coordination of training
- o provision of materials (seeds, tools, etc.)
- o processing, preservation, and storage of produce
- o transport and marketing of produce

2. Nutrition Education

This sector will address the following priority areas:

- o Child growth surveillance 0 - 5 years
- o Breast feeding and weaning foods
- o Nutritional needs in pregnancy and lactation
- o Prevention of diarrhea and dehydration

Data provided through village surveys as well as regularized baby weighing procedures will determine the magnitude of the problem.

This data will be used in on-going program planning and evaluation.

Nutrition education effort will be coordinated with the community health workers, Peace Corps volunteers and other existing institutions to alert village people to the factors which increase the risk of malnutrition and the spread of disease.

3. Water and Environmental Hygiene

This sector will give priority to the activities outlined below:

- o Hygiene education
- o Latrine construction
- o Garbage disposal/composting
- o well control
- o Well construction

Summary Chart of Sector Activities

<u>Food Supply/ Quality</u>	<u>Nutrition Education</u>	<u>Water and Environmental Hygiene</u>
o Mixed vegetable gardens	o Child growth surveillance 0 - 5 years	o Latrines
o Small animal husbandry	o Breast feeding and weaning foods	o Garbage disposal/ composting
o High protein crops	o Nutritional needs in pregnancy and lactation	o Well control
o Fruit trees	o Prevention of diarrhea and dehydration	o Well construction
o Fuel production		o Hygiene education
o Food processing and storage		
o Diet and food preparation		

III. PROGRAM ADMINISTRATION

The operational base of the program will be in Banjul with a field office in the project area from which the villages of the North Bank Division can be reached. The field staff will be expected to live and work in the project area in order to maintain maximum contact with the local communities involved.

Selection and training of the staff is to be an important element in determining Save the Children's ability to respond to community needs effectively. An equally important factor will be the staff's commitment to practical rural development and to long-term service in a rural setting.

Practical in-service training in development planning, implementation methodology and evaluation is to be a prerequisite for staff before engaging in field operations. The Save the Children regional training coordinator based in Tunisia can be expected to assist in designing an appropriate training curriculum and developing suitable materials for use in the field projects. Contact between Save the Children staff and various local and central government offices and village organizations will be conscientiously maintained to ensure maximum local support and experience.

Staffing and Responsibilities

Project Manager

The project manager will be selected for his or her ability to plan and manage an integrated rural development project. This person will be the

individual responsible, locally, for the Save the Children program with principal responsibilities for program planning and control, budgeting, staff selection and maintaining close working relations with central and local government and village councils.

Community Development Agents

The fourteen field personnel will be responsible for the training program and for assisting the village communities in project planning, implementation and evaluation. They must be able to relate strongly to the rural population. They will assist in developing training materials for upgrading community planning and implementation strategy.

Ideally, the community development agents should have some understanding of rural development sectoral strategies in the areas of food and nutrition, productivity, infrastructure, and/or social development. They will receive ongoing training in these sectors.

Twelve of the community development agents will be seconded to the program by the Community Development Department.

Two new community development agents will be recruited and hired to serve as Agriculture Coordinator and Social Development Coordinator. The two Coordinators will have particular competence in their sectors and will be responsible for supervising the activities of the other community development agents.

Consultants:

At times there are likely to be specific needs in planning and evaluation which cannot be met by the regular Save the Children staff. On these occasions it is important to have access to individuals with the special background necessary, particularly in sectoral strategy planning. In this case, consultants are considered to be important short-term resources and would be expected to work closely with the project manager and the community development agents.

Accountant:

The responsibility of the accountant will be to manage the financial resources of the program and to account for their use to the project manager and to Save the Children - USA. He or she may be asked to assist village organizations in setting up and maintaining proper financial reports and accounting procedures.

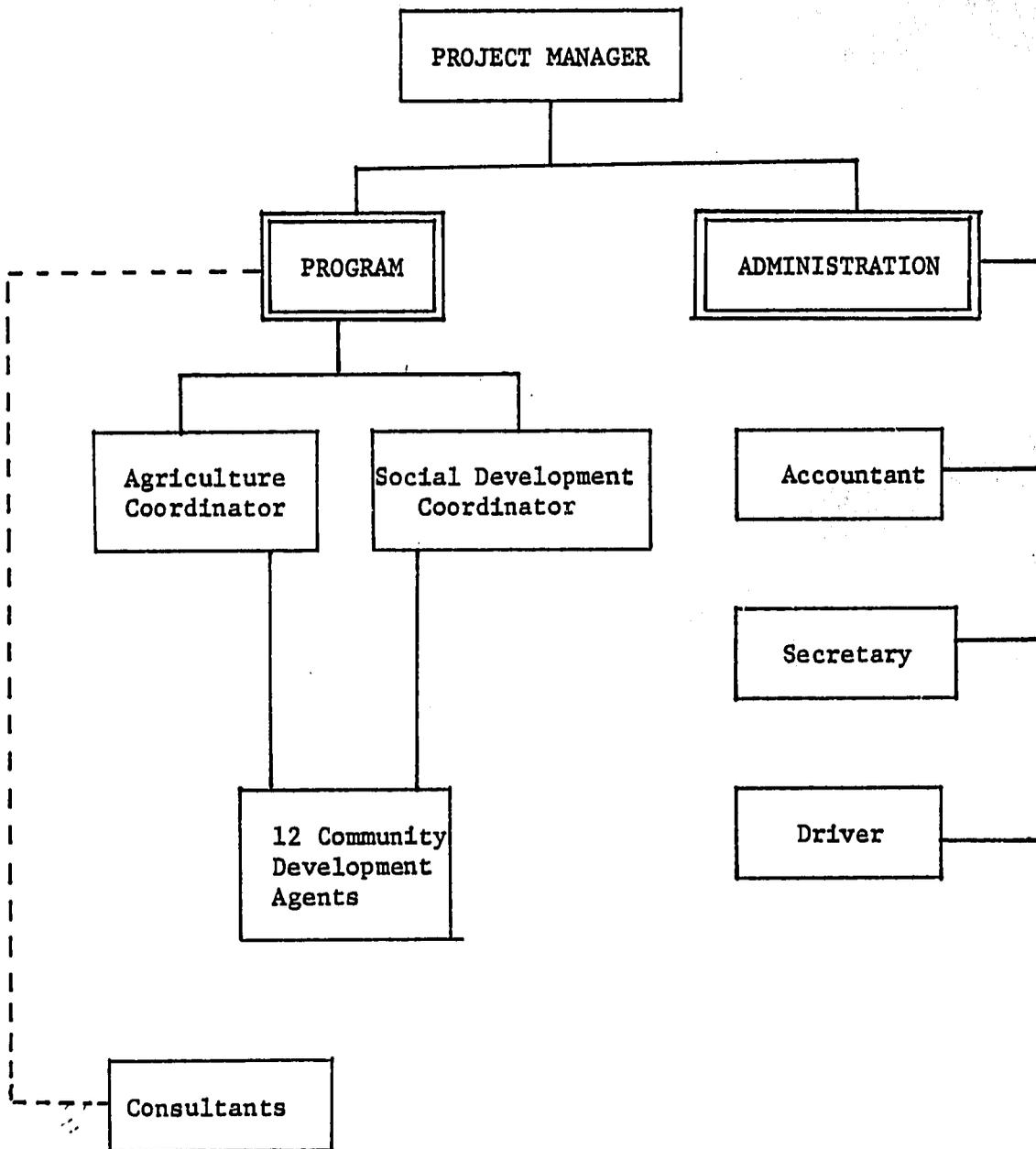
Secretary:

The secretary will assist in keeping office correspondence up to date, information files in order and may help in organizing the baseline data and reports as they come in from the community development agents.

Driver/Mechanic:

Responsible for driving and mechanical upkeep of the project vehicles.

ORGANIGRAM OF SAVE THE CHILDREN
PROGRAM IN THE NORTH BANK



IV. IMPLEMENTATION PLAN

A. Quarterly Implementation Plan:

First Quarter

1. Project Manager recruited and oriented to Save the Children.
2. Project Manager assists in the preparation of job descriptions for project personnel.
3. Project Manager trained in administrative, financial issues, (financial reporting, accounting methods, F.O. reporting systems, etc.)
4. Order for vehicle placed.
5. Banking connections and flow of money channels established.
6. Accounting books, reporting documents, vouchers, inventory forms, advance forms, expense forms, and time sheets designed and printed for the first six months.
7. Draft operational budgets prepared for each fiscal year within grant period.
8. One month orientation and CBIRD training conducted in Westport for Project Manager (including methodology, programming and project design).
9. Westport Africa regional team and Gambia team draw up detailed implementation plan consisting of PERT charts, logic diagrams and responsibility chart for the next three quarters.

10. Draft training plan prepared for the Community Development agents' orientation and CIBRD staff training.
11. First quarter narrative report written for Westport and USAID.

Second Quarter

1. Manager arrives in Banjul after one month in Westport.
2. Local administrative personnel recruited and hired.
3. Twelve Gambian Community Development agents contacted and formal secunding process started. Two new Community Development Agents (Agricultural Coordinator and Social Development Coordinator) selected and hired.
4. Bank accounts established.
5. Office and housing furniture ordered and purchased.
6. Field office budget for first fiscal year revised according to field realities and forwarded to Westport by the fifth month.
7. Staff orientation and CIBRD training for the 14 Community Development Agents in fourth month.
8. All appropriate agencies and individuals within Gambia contacted and preliminary working relationships established with Community Development Department by the end of the sixth month.
9. Concise narrative reports on achieving steps outlined in the implementation schedule submitted to the Regional Director in Westport during the fourth, fifth and sixth months.

10. At least six village committees formed and community based planning process begins.
11. Needs assessment process begins.
12. Community committees and as much of the area population as possible involved in the base line survey for the purpose of defining sectoral strategies.
13. Community committees draw up sectoral strategies and decide on projects to be implemented.
14. Detailed project design process takes place with the community.
15. Technical assistance of appropriate Gambian government agencies and international development assistance organizations will be incorporated into Save the Children activities and specific plans formulated.
16. By the end of the fifth month project plans for each community for the grant period submitted to Westport, along with the Management Implementation Plan for the remaining 6 quarters. This MIP will consist of the following:
 - a. Sectoral strategies and project plans
 - b. Training strategy
 - c. Evaluation Plan
 - d. Revised implementation schedule
 - e. Detailed fiscal year operational budgets
17. Semi-annual narrative and indicators reports submitted to SCF and USAID by the end of the sixth month.

Third Quarter

1. Further refinement of project design.
2. Project implementation activities commenced.
3. Sponsorship mechanism and plans for supplementary funding starts at the end of the twelfth month.

Fourth Quarter

1. The Implementation Plan revised in accordance with the perspective of field experience.
2. Project implementation at the community and national Community Development Department levels continue.
3. End of year Evaluation takes place. Management Plan and Project Plans revised if necessary.

Fifth, Sixth, Seventh, Eighth Quarters

1. Project implementation will continue at all levels.
2. Save the Children and USAID combined evaluation takes place during the 18th month.
3. Plans for Phase Two (three years) completed and submitted to USAID.

B. Reports:

The following is a summary of reporting requirements during the grant period.

1. To USAID and SCF headquarters:

Program:

- End of Month 3 - 1st quarter narrative report
- End of Month 5 - Management Implementation Plan consisting of Sectoral Strategy, project plans and budget.
- End of Month 6 - Semi-annual narrative report.
- End of Month 12 - Semi-annual narrative, indicators and evaluation reports.
- End of Month 18 - Semi-annual narrative and indicators' reports.
- End of Month 24 - Final narrative, indicators and evaluation reports.

Throughout the project quarterly financial reports will be submitted.

It is strongly recommended that the submission of the semi-annual reports be timed to coincide with the routine Save the Children reporting dates of January 1 and July 1.

2. To SCF Headquarters Only:

- 1. Monthly financial reports
- 2. Monthly bank reconciliation reports

3. Yearly inventory reports
4. Semi-annual community Reports for public information
use
5. Appropriate project status reports to various other
funding sources.

V. THE BUDGETBUDGET SUMMARY OF REQUEST TO USAID

	<u>Year 1</u>	<u>Year 2</u>	<u>Total</u>
Field Office Services	\$ 10,000	\$ 10,200	\$ 20,200
Program	131,400	113,420	244,820
Capital Assets	12,500	---	12,500
Indirect Cost	11,799	10,298	22,077
TOTAL	\$165,679	\$133,918	\$299,597

GAMBIA BUDGET -- SOURCE OF INPUTS

	<u>USAID REQUEST</u>			<u>SCF INPUT</u>			<u>SCF and AID INPUTS</u>			<u>GOG Community Dev. Dept.</u>			<u>COMMUNITY</u>	<u>GRAND TOTALS</u>		
	<u>Year 1</u>	<u>Year 2</u>	<u>Total USAID</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Total SCF</u>	<u>Year 1</u>	<u>Year 2</u>	<u>USAID & SCF</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Total</u>	<u>IN-KIND</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Total</u>
<u>FIELD OFFICE SERVICES</u>																
Administrative	---	---	---	4,752	\$ 5,227	\$ 9,979	\$ 4,752	\$ 4,752	\$ 9,979					\$ 4,752	\$ 5,227	\$ 9,979
Travel In-Country	---	---	---	500	1,000	1,500	1,500	1,000	1,500					500	1,000	1,500
Field Office Operations	10,000	10,200	20,200	3,000	4,000	7,000	13,000	14,200	27,200					<u>13,000</u>	<u>14,200</u>	<u>27,200</u>
Sub-total	\$ 10,000	\$ 10,200	\$ 20,200	\$ 8,252	\$ 10,227	\$ 18,479	\$ 18,252	\$ 20,427	\$ 38,679					\$ 18,252	\$ 20,427	\$ 38,679
<u>PROGRAM</u>																
Project Funds	\$ 75,000	\$ 80,000	\$155,000	\$ 5,000	\$ 10,000	\$ 15,000	\$ 80,000	\$ 90,000	\$170,000				\$ 90,000	\$120,000	\$140,000	\$260,000
Training, Evaluation & Technical Assistance	2,000	2,000	4,000	---	---	---	2,000	2,000	4,000	\$ 1,000	\$ 1,600	2,600		3,000	3,600	6,600
Project Personnel	<u>54,400</u>	<u>31,420</u>	<u>85,820</u>	---	---	---	<u>54,400</u>	<u>31,420</u>	<u>85,820</u>	<u>24,000</u>	<u>26,400</u>	<u>50,400</u>		<u>78,400</u>	<u>57,820</u>	<u>136,220</u>
Sub-total	\$131,400	\$113,420	\$244,820	\$ 5,000	\$ 10,000	\$ 15,000	\$136,400	\$123,420	\$259,820	\$ 25,000	\$ 28,000	\$ 53,000	\$ 90,000	\$201,400	\$201,420	\$402,820
<u>CAPITAL ASSETS</u>	\$ 12,500	---	\$ 12,500	\$ 8,000	---	8,000	\$ 20,500	---	\$ 20,500					\$ 20,500		\$ 20,500
<u>INDIRECT COST/HOME OFFICE ADMINISTRATION (8.33%)</u>	<u>11,779</u>	<u>10,298</u>	<u>22,077</u>	<u>1,104</u>	<u>1,685</u>	<u>2,789</u>	<u>12,883</u>	<u>11,983</u>	<u>24,866</u>	<u>2,083*</u>	<u>2,332*</u>	<u>4,415*</u>		<u>14,966</u>	<u>14,315</u>	<u>29,281</u>
TOTAL	\$165,679	\$133,918	\$299,597	\$ 22,356	\$ 21,912	\$ 44,268	\$188,035	\$155,830	\$343,865	\$ 27,083	\$ 30,332	\$ 57,415	\$ 90,000	\$255,118	\$236,162	\$491,280

* These are in-kind values

B. GAMBIA DETAILED BUDGET

	<u>Year 1</u>	<u>Year 2</u>	<u>Total</u>
<u>FIELD OFFICE SERVICES</u>			
1. <u>Administrative Personnel</u>			
<u>Accountant</u>			
Basic Salary	\$ 1,800	\$ 1,980	\$ 3,780
Fringe	360	396	756
<u>Secretary</u>			
Basic Salary	1,440	1,584	3,024
Fringe	288	317	605
<u>Driver</u>			
Basic Salary	720	792	1,512
Fringe	<u>144</u>	<u>158</u>	<u>302</u>
Sub-total	\$ 4,752	\$ 5,227	\$ 9,979
2. <u>In-Country Travel</u>	\$ 500	\$ 1,000	\$ 1,500
3. <u>Field Office Operations</u>			
Office Rental	\$ 4,800	\$ 4,800	\$ 9,600
Energy power	300	400	700
Water	100	100	200
Maintenance	500	500	1,000
Telephone/Telex/Cables	1,000	1,200	2,200
Postage	200	300	500
Legal and Audit fees	100	100	200
Printing, photocopy, mimeo	500	600	1,100
Office Supplies	1,250	1,250	2,500
Reference Materials	100	100	200
Bank Charges	250	250	500
Auto Operation & Fuel	2,000	2,500	4,500
Insurance	500	500	1,000
Photography	100	100	200
Recruitment	200	---	200
Loss on Currency Conversion	500	500	1,000
Miscellaneous	<u>600</u>	<u>1,000</u>	<u>1,600</u>
Sub-total	\$ 13,000	\$ 14,200	\$ 27,200
Field Office Service Subtotal	\$ 18,252	\$ 20,427	\$ 38,679

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GAMBIA DETAILED BUDGET

	<u>Year 1</u>	<u>Year 2</u>	<u>Total</u>
<u>PROGRAM</u>			
4. <u>Project Funds*</u>	\$ 80,000	\$ 90,000	\$170,000
5. <u>Training/Evaluation and Technical Assistance</u>	3,000	3,600	6,600
6. <u>Program Personnel</u>			
<u>Project Manager</u>			
Basic Salary	\$ 14,000	\$ 15,120	\$ 29,120
C.O.L.	2,500	2,500	5,000
Fringe	2,000	2,200	4,200
Housing	7,200	7,200	14,400
Relocation	<u>6,500</u>	<u>---</u>	<u>6,500</u>
Sub-total	\$ 32,200	\$ 27,020	\$ 59,220
14 Community Development <u>Assistants</u>			
Salary and Fringe	\$ 28,000	\$ 30,800	\$ 58,800
Transportation (14 x 1,300)	<u>18,200</u>	<u>---</u>	<u>18,200</u>
Program Personnel Sub-total	\$ 78,400	\$ 57,820	\$136,220
Program Sub-total	\$161,400	\$151,420	\$312,820
<u>CAPITAL ASSETS</u>			
7. <u>Commodities</u>			
Vehicle	\$ 8,000	---	\$ 8,000
Office Furniture & Equipment	8,000	---	8,000
Housing Furniture & Appliances	<u>4,500</u>	<u>---</u>	<u>4,500</u>
Capital Assets Sub-total	\$ 20,500	---	\$ 20,500
<u>INDIRECT COST/HOME OFFICE</u>			
Administration	<u>14,966</u>	<u>14,315</u>	<u>29,281</u>
TOTAL*	\$215,118	\$186,162	\$401,280

* excluding Community In-Kind input

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AGREEMENT BETWEEN THE MINISTRIES OF
ECONOMIC PLANNING & INDUSTRIAL DEVELOPMENT AND
INFORMATION AND TOURISM AND SAVE THE CHILDREN
FEDERATION (U.S.A)

The Ministry of Economic Planning & Industrial Development and the Ministry of Information and Tourism have agreed to Save the Children's Federation proposals to establish an integrated Rural Community Development project in the North Bank Division of The Gambia as well as to help to strengthen and assist the national Community Development Department or other agencies, as appropriate.

A. SAVE THE CHILDREN FEDERATION:

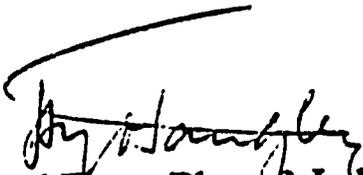
1. The programme is to develop an integrated Rural Community Development programme with the overall objective of contributing to the improvement of the quality of life in the rural population in close collaboration with other N.G.O.'s and Government Departments involved in Rural Development in the following areas:
 - a) Training
 - b) Intermediate Technology
 - c) Non-Formal Education
 - d) Women's Programme
 - e) Health and Nutrition
 - f) Essential infrastructural requirements
 - g) Agricultural liaison.

2. The programme would adopt the basic needs approach with emphasis on food production, small scale rural craft and artisan industries or centres, basic child health/nutrition, Home improvement programme and the provision of social infrastructure.

3. S.C.F. shall provide funds and appropriately qualified personnel recruited outside the Gambia if such personnel is not available locally to support the whole programme operation and would be held directly responsible for the project operation in close consultation with the Government of The Gambia and the national Community Development Department.
 4. The main operational strategy of the project would be community self-help and their effective participation in the project.
 5. The project will last for seven years (7 years) 1979-1986 and will be implemented in three phases, renewable every two years. At the end of the third phase, the project could be handed over to the Gambia Government or the contract renewed.
 6. In case of disagreement, the project will be terminated by either Party giving six months notice.
- B. THE GOVERNMENT OF THE GAMBIA
1. The two Ministries would provide office accommodation in Banjul.
 2. They will also facilitate the entry into The Gambia of all personnel visiting or working in the project in The Gambia.
 3. The two Ministries would also make possible personnel from the National Department of Community Development to be either seconded or allowed to work in the Project.

4. They will also arrange duty free concession for project materials, personal effects of expatriate staff, and household goods.

5. In addition, the rural people are also willing to contribute their local resources towards the project.


Min. of Econ. Plng. & Indus. Dev.
ON BEHALF OF THE MINISTRY
OF ECONOMIC PLANNING AND
INDUSTRIAL DEVELOPMENT.


.....
ON BEHALF OF THE SAVE
THE CHILDREN'S FEDERATION


.....
ON BEHALF OF THE MINISTRY
OF INFORMATION AND TOURISM

Done in Banjul this 30th day of November, 1978.

SAVE THE CHILDREN OPERATIONAL METHODOLOGY

- A. Founding. Save the Children was established to aid the children of Appalachia during the Great Depression. Since then, the agency has grown into a major organization that each year helps improve the lives of 30,000 children, their families and their communities. Save the Children works in areas of poverty in eighteen countries abroad, and reaches into Appalachian hollows, Indian reservations, Southern black communities and urban ghettos in this nation.
- B. Purposes and Objectives. Save the Children's programs seek to:
1. Improve the quality of life, including economic, medical, social, educational, cultural and environmental factors.
 2. Stimulate the process of community development which includes: broad-based decision making, inter-institutional cooperation, long-range planning, and other elements of local self-sustained improvement.
 3. Develop a better understanding of methodologies for the elimination of the conditions and causes of poverty.
 4. Provide models of effective and integrated development for replication and institutionalization.
- C. Scope of Operations. In addition to programs in the United States, Save the Children's programs are located in diverse areas of extreme poverty:
- In Asia: Bangladesh, India, Indonesia, Korea
- In Latin America: Colombia, Dominican Republic, Guatemala, Honduras, Mexico
- In Europe and the Middle East: Greece, the West Bank and Gaza Strip, Italy, Lebanon, Yemen
- In Africa: Cameroon, Tunisia, Upper Volta
- In total, the residents of approximately 400 communities are touched and benefited by Save the Children's activities.
- D. Internal Structure: There are thirty-six members with varying professional backgrounds on the Board of Directors. The several Standing Committees of the Board are concerned with finance, program, long-range and development planning, personnel and administration. The Board currently meets three times a year with an additional three meetings of the Executive Committee.
- The Board sets policy and oversees the activities of the agency to assure fiscal responsibility, program development, and the integrity of the organization in its relationship with the general public.

Chairperson of the Board is Marjorie Benton. The Secretary of the Board is Ann Phillips and the Treasurer is Robert F. Longley.

The staff of the agency consists of 125 people at headquarters in Westport, Connecticut and 260 people in the field. The Home Office Program Department is made up to two groups: (1) regional management, and (2) resource staff. Working collaboratively, the objective of each group, in cooperation with field staff, is to improve either program management or technical expertise. At the present time, resource staff members provide technical support to field workers in appropriate technology and industry, training, health and nutrition, planning and evaluation, agricultural development, family planning and women in development.

E. Sources of income. Save the Children has a strong tradition of acquiring funding from private sources. The vast bulk of its funding comes from the general public. In FY 1976, Save the Children's income for its international programs was a total of \$3,132,000. Of this amount, 85 percent came from public contributions. The remainder came primarily, but not exclusively, from AID. By FY 1978, Save the Children's public support had risen steadily to \$3,600,000, an increase of 15 percent over FY 1976. Support to international programs in FY 1978 from AID and other sources amounted to \$2,673,000. Thus, total Save the Children income for its international programs during the latest fiscal year was \$6,343,000--an amount more than double the FY 1976 figure.

F. Inter-agency Relationships. Save the Children has long been committed to a practice of consultation and cooperation with related agencies. The varied organizations with which it is associated, confirm the esteem in which the agency is held and the success of its programming efforts. Save the Children has been an active member of all the major coordinating agencies for international activities:

--Registered with the U.S. Advisory Committee on Voluntary Foreign Aid since 1948.

--Member of the American Council of Voluntary Agencies for Foreign Service since 1964.

--Registered with consultative status with the United Nations Economic and Social Council since 1966.

--Member of the International Council of Voluntary Agencies since 1973.

--Member of Private Agencies Collaborating Together (PACT) since 1976.

G. Organizational Philosophy. Save the Children's programs attempt to facilitate improvement of the social and economic quality of lives of the children, families and communities in those areas which have requested cooperation. Based on the premise that a

child cannot be helped significantly in isolation but only in the context of his/her immediate environment, the procedures which the agency has set up are now in operation in 42 carefully selected target areas stretching from the Chippewa in North Dakota to the isolated villages of Sumatra. In essence, Save the Children forges bonds between the needy child and his or her family and community and, in this way, touches every man, woman, and child.

Save the Children's effort to remove constraints on the development of the human potential of children is characterized by a comprehensive approach to basic deficiencies of a disadvantaged population. It is a layered approach to development with decisions taken by community groups at the grass roots level and eventually encompassing health, education and productivity as well as related issues.

The approach of Save the Children demonstrates its belief in an underlying philosophical assumption: that development is the process of people's taking charge of their own lives and that physically, socially, and economically deprived human beings are able to meet self-defined needs in a dignified fashion through their own efforts. Accordingly, Save the Children has defined its role as that of a creative catalyst in community evolution. A commitment to process--the gradual, steady growth of confidence, participation and control by the local people--is the characteristic that most clearly sets Save the Children apart from most other agencies. Save the Children does not begin a project by fixing its sights on goals or output levels; it places responsibility for these decisions in the hands of local people. This is accomplished in a "learning by doing" setting--community members become exposed to various planning, training, implementation and evaluation activities which address locally identified and keenly felt problems.

The eventual outcome of this gradual process is a community whose members increasingly understand their environment and make decisions regarding its future in a manner reflective of that knowledge.

- H. Working Methodology. Save the Children's methodology identifies a working interaction over time among five key elements in order to achieve its objectives. The implementation model normally consists of the following components: a feasibility study; a project director; a field coordinator team; a community committee; and an evaluation study. Each component will be described briefly.
1. The feasibility study. The function of the feasibility study is to select a project area, determine local needs, identify available resources, and define a course of action. The study is generally conducted by a small interdisciplinary team. Through preliminary discussions with relevant sources such as government officials and voluntary agency personnel, two or three possible sites are identified.

In selecting an impact area for this program, Save the Children seeks a cohesive area of modest size, usually encompassing several hamlets or villages with a population ranging from 5,000 to 30,000 people. If possible, the impact area should be topographically distinct and bound together by a common marketplace, similar cultural heritage or other basic functional relationships. Consideration is given to whether the impact area is sufficiently typical to hold forth good prospects for program replication on a regional or national level. In addition, the potential for acceptance of the essentials of community development (e.g., maximum self-help input and eventual self-sustained improvement) should exist and there should also be obvious needs which are not being met by local or other resources. At the present time, Save the Children has international programs in 33 impact areas.

After the initial site selection, a more detailed feasibility study is completed. This survey includes a statistical profile of the economic, social and cultural characteristics of the area.

2. The project director. An important outcome of the feasibility study is the selection and hiring of a project director and a field coordinator. The function of the director is to perform a management role as liaison among the headquarters office, host country institutions and the project. The project director, through his/her negotiations with the host government and other agencies, is seen as an important instrument of institutionalization. Conversant in the theory and practice of community-based integrated development, the director serves as a source of information regarding Save the Children's development approach. Roughly a third of the agency's project directors are host country nationals; the remainder are U.S. citizens.
3. The field coordinator team. Selection of field coordinators is based on ability to work with people and on expertise in a specific discipline related to community-based integrated rural development. Generally, several field coordinators work together on a project and form a team with each coordinator having two major functions:
 - to assist specific villages within the project area in the formation and strengthening of citizens' groups (a geographic specialization); and
 - to serve as a resource for all villages within the project area in matters relating to the coordinator's field of expertise (a sectoral specialization).

Field coordinators function as catalysts and resource agents for the community. The goal, however, is for the community itself to take over more and more coordinator responsibilities as it develops the necessary management and development capabilities.

Field coordinators are, except in unusual circumstances, host country nationals and as much products as promoters of the

development process. Once a community has achieved enough self-sufficiency and internal cohesion for Save the Children to phase down its direct involvement in local development, field coordinators can be moved to other areas where they can replicate earlier successes.

While the configuration of the field coordinator team varies from country to country, a typical team might include members with sectoral specializations in social development (including women in development, family planning, and health/nutrition), economic productivity, and youth development.

4. The community committee. A key ingredient of Save the Children's approach is a Citizens' Committee which, under the guidance of the field coordinators, is chosen by all the community people and is representative of a cross-section of the population of the impact area. Committees vary in number from ten to twenty members, depending upon the size of the area.

The function of the community committee is to identify needs, determine priorities, and motivate widespread support for solutions to local problems. The committee members' skill and dedication help to determine the degree of success enjoyed by a project. The committee generally meets with the field coordinators at least once a month, although in the initial phases of the project, meetings are held more frequently.

Subcommittees are formed to deal with various components of integrated development, such as health, education, nutrition, agriculture and cooperative marketing association development. These subcommittees are generally the instruments for carrying out projects. They also are part of the social fabric--the infrastructure--of the community and represent the potential for the organized decision making required for long-range development.

- I. Evaluation. Save the Children has developed an evaluation system involving the community people, the field staff and Home Office departments; coordination takes place among the various groups. At the outset, a community committee's project plans, which have been drawn up with the help of the area field coordinators, are sent to the project director and headquarters for review and approval before funds are disbursed to implement projects.

Once a project has begun, forms are used for listing the priority of activities and for reporting project achievement. In addition, as part of the ongoing evaluation process, headquarters and field staff are required to make regular visits to project sites to meet with the committees and field coordinators in order to observe the development process at first hand.

During the Annual Program Evaluation and Budget Review at headquarters, the multi-level data are analyzed and discussed, decisions and assessments are made, and recommendations are sent back to the field. Field coordinators, in consultation with the

project director, will then take corrective action to bring the project up to reasonable expectations.

The different steps included in the evaluation process are:

- (1) Three-year plans--to establish long-range program objectives on a country-by-country basis.
- (2) Annual implementation plans--to report the specific plans through which the long-term objectives presented in the three-year plan of each field office are to be realized on a community level. This includes a listing of projects planned, the anticipated dates of initiation and completion of each project, expected input from each source, and other relevant information. An accompanying narrative specifies each project's goal and expected social and economic impact.
- (3) Evaluation--to describe the various activities at the community level and present information on the progress made toward achieving stated program objectives. The evaluation includes a semi-annual indicators report on the progress made as measured against specifically stated input, output, purpose and goal level indicators. Change indicators included in the evaluation process are: income level, educational or training opportunities available, nutritional level, fertility level, level of community participation in local institutions and a series of indicators related to the community organization and institution-building process.

This continuous program of planning and evaluation provides community members and Save the Children personnel with an assessment of the extent to which goals are being achieved. Such evaluation helps the agency determine which types of projects are most effective and suitable for replication in other areas.

In summary, the ultimate objective of Save the Children's methodology is to encourage and support the self-help capabilities inherent in a community, so that the people can carry out their own development projects well beyond the time when the agency has moved on to other needy communities.

K. Representative Program Profiles. A variety of activities is carried out in each project impact area. Typically:

- Immediate attention is paid to the task of eliminating disease, hunger and poverty through projects which directly attack these problems.
- Continuing efforts are made to upgrade services in nutrition, health, family planning and functional education for all community members.
- Community improvement projects are designed to provide adequate housing, sanitary facilities, roads and sources of fuel and water.

- Agriculture, handicraft and small industry projects of many kinds are assisted in order to bring about a steady and sustainable increase in family income.
- Local savings banks, credit unions and other cooperative endeavors are encouraged in order to promote reinvestment in the local economy and provide capital for future community efforts.

Profile of the Program Area

The following statistics and narrative descriptions of The Gambia were provided by the Ministry of Economic Planning and Industrial Development through the office of the Rural Development Program. The three documents used in organizing this information include:

Rural Development Program
Basic Needs in The Gambia
May 22, 1979

Rural Development Program
Program Area 1980-1985
Annex 1
July, 1979

UNDP Mission Report
Development of The Gambia River Basin
June, 1979

I. General Statistics for The Gambia

	<u>Census</u> 1973	<u>Estimated</u> 1980	<u>Estimated</u> 1984
A. <u>Total Population:</u>	493,000	578,064	633,109
B. <u>Percent Country Population in Banjul</u> : Capital City Area, (including Banjul, Kombo, Saint Mary and Brikama)	25%		
C. <u>Population Trends:</u>			
Annual Crude Birth Rate:	49/50 per thousand		
Annual Crude Death Rate:	29/30 per thousand, giving a		
Natural Growth Rate:	2%/year		
Net immigration adds a further 0.8%/year			
Rate of population growth used in governmental growth calculations:			
Rural Areas:	2.3%/year		
Urban Areas:	2.8%/year		
D. <u>Life Expectancy/Infant Mortality</u> :			
Men:	32 years		
Women:	34 years		
Infant:	285 out of every 1,000 children will die in their first 2 years.		

Approximately half of the children born will die before the age of five. Of those who reach the age of five, a life expectancy of 40-45 (more years) can be expected.

1. Socio-Economic and Environmental Conditions Underlying Mortality and Morbidity

The only study of mortality in The Gambia based on vital statistics has been undertaken by the British Medical Research Council (MRC) in the Lower River Division in the village of Keneba (population 850-900) and three adjacent villages. In this detailed longitudinal study, begun in 1949, vital statistics, morbidity and malnutrition have been recorded and studied by MRC. Their research on the Village of Keneba has been accepted by the government as representational of the health situation in rural villages in The Gambia. This research has provided the basis of data for health planning until improved data recording system can be organized throughout the country.

According to MRC research the respiratory tract and gastro-intestinal illnesses which contribute high rates of mortality and morbidity are determined by the general socio-economic conditions in the community, including sanitation, housing/clothing, nutrition, education/parents and fertility levels in the community. The study of Keneba Village found that conditions of poor hygiene and sanitation, together with poor child care, as a result of heavy demands for agricultural tasks on mothers' time, were important factors underlying the patterns of disease.

Poor sanitation and water supplies are major factors for the pre-value of gastro-intestinal illness since there are no facilities for drainage or disposal of sewage in Keneba (or it appears, in any other village in The Gambia), the environment in the village area is highly contaminated with animal and human excreta, especially from infants and children. Since the latter spend large amounts of time on the ground in and outside the houses, they are highly susceptible to fecally-transmitted diseases. Older individuals use the fields around the village for defecation. To change such habits of hygiene and sanitation will probably take prolonged efforts by the community and health or community development officials. Prior to the 1962-63 Keneba study, Government had constructed a public latrine in the village which was little used and finally demolished by the villagers, who used the materials of the latrine for their own homes. Efforts by MRC and the Ministry of Health to introduce improved techniques for basic hygiene have met with little success, in the absence of the minimal level of education necessary to understand the principles on which the measures were based.

Water is generally obtained from uncovered wells within the villages, 20-60 feet deep, often highly contaminated, depending on the season, as rains wash contaminants into the wells, and by contamination from the buckets which are used to fetch water. Water is traditionally stored in the house in large vessels which are seldom washed and kept next to the door, forming an ideal breeding ground for mosquitoes and other impurities. Thus, even where water comes out of the wells uncontaminated, it often is contaminated by the time it reaches infants and children. Therefore, provision of clean water without any additional measures would have only a limited impact on the health status of children.

Also, economic differences are blurred by mutual aid which is provided in times of scarcity. Traditional tribal customs as well as the values of an Islamic heritage are important in the resource distribution patterns of the village. The status of the children's health is strikingly similar and not affected by their family's socio-economic status.

The North Bank Division and the Lower River Division are acknowledged as having the highest rate of infant mortality in the country. This is attributed to ethnic differences in mortality rates. The mortality rate of Mandinka children up to age two is estimated to be 16% above the national average, while those of other groups are below the national average. Approximately half of the population in the North Bank Division is from the Mandinka tribe.

2. Patterns of Disease

The Gambia Ministry of Health, Labour, and Social Welfare has not yet established a system of vital statistics, communicable disease control, or undertaken specific epidemiological studies to determine the prevalence of various diseases. Therefore the data base for assessing the current health situation is limited to reports from all public health facilities on out-patient treatment of various illnesses and symptoms, and to epidemiological research by MRC.

As in many developing countries, the most widespread diseases in The Gambia appear to be malaria, diarrhea, respiratory tract infections, neonatal tetanus and communicable diseases such as measles, whooping cough and influenza. Malnutrition and undernutrition also are prevalent, especially among infants and small children. Reports from all health facilities by division for 1977 show that 18.3% of all reported illnesses for all age groups were respiratory diseases; 17.3% were digestive diseases (indigestion and abdominal pains: 8.9%, dysentery and diarrhea: 6.7%, worms: 1.7%); malaria accounted for 13.2% and wounds, cuts and bruises for 11.2%. Indications are, however, that malnutrition, tetanus and in general diseases and accidents to children under the age of one go underreported.

A 1962-63 study by MRC at Keneba of 215 children aged 0-5 years identified the first 6-23 but especially 6-18 months of life as the periods in which children are most vulnerable to disease, while the neonatal period (0-1) has special risks. Immediately following the neonatal period and until close to the sixth month of life children are normally more healthy or recover rapidly, largely because of natural immunity to many diseases acquired from their mothers. Furthermore, after having reached the age of two or three years the prevalence and severity of most diseases is gradually reduced, as active immunity is built up. According to the MRC research the most important causes of death are (a) for infants up to age one month: neonatal tetanus, and (b) for infants aged 6 to 24 months: endemic malaria, diarrhea and vomiting, respiratory tract infections, and epidemics of communicable diseases; these latter occur irregularly, and are lethal themselves (measles), or become part of a multiple cause of death (whooping cough). Undernutrition and malnutrition accompany these infections in many cases.

Poor child care practices contribute to the unsatisfactory health status of children. Young infants stay with their mothers 24 hours a day and are breastfed on demand. Their health situation is satisfactory. However, child care of older infants and toddlers who are left behind by their mothers as they work in the field from dawn to dusk was often perfunctorily given by "nursemaids" who were either too old or too young to work. One of the major problems is that of maintaining the nutritional level of ill children, who often suffer a severe loss of appetite especially when offered a bulky vegetable diet as supplemental food, or become dehydrated during bouts of diarrhea and dysentery.

A 1977 study by the MRC nutrition unit on the bacterial contamination of weaning foods for infants illustrates the pervasive lack of sanitation in rural Gambia. At three months of age the mother introduces the child to its first weaning food of thin water gruels, mostly of rice or millet. The preparation of this food is both tedious and time consuming. First, damped grain is pounded, then mixed with cold water and perfunctorily boiled, which however cannot be prolonged, as it would result in a gelatinous mixture too thick for a young infant. Since the women's time is very limited, particularly during the rainy season, it is common practice to prepare a relatively large amount at one session, which may then not be consumed until eight hours after preparation while kept in temperatures of 30 to 40° C.

The water used in cooking, obtained from village wells, was found to be highly contaminated, as was the millet flour itself. Because cooking cannot be prolonged, many of the organisms survive even when the mixture is simmered. The mixture is poured into children's feeding bowls which were still highly contaminated even after they were washed with fresh well water, scrubbed with palm leaves until they appeared clean, and dried in the sun. The mean viable count per gram of aerobic bacteria in traditional weaning food grew from almost 10^4 viable counts per gram immediately after preparation to about 10^7 viable counts per gram of food after eight hours.

Two well known milk formulae were reconstituted with boiled well water, and had bacterial contamination similar to that of the local weaning foods, reflecting mainly the contamination of the containers. Furthermore, boiling of well water which does reduce significantly the bacteria count is an uncommon practice in The Gambia, except sometimes for very young infants, and could not be introduced easily as a practice.

The high levels of mortality and morbidity for young rural children, especially during the rainy season, appear to affect equally all socio-economic groups, from the wealthiest to the poorest. The one compound in Keneba which was relatively more prosperous in terms of its domestic and agricultural equipment, food and herd of cattle, did not show conditions which were advantageous to the health of children. While these children were more likely to receive regular supplies of animal milk, these were usually contaminated. Wealthier compounds usually lived in tin-roofed huts but these were frequently more overcrowded than more traditional huts because they carried a higher dwelling tax.

A further important factor which is thought to increase the probability of death during the first few years of life is low infant weight at birth. There is evidence from a study done by MRC in Keneba from April 1976 to December 1977 on pregnant and lactating women and infants (study is still on-going) that birthweights of infants, while not premature, are a good 20% lower during the rainy season than during the dry season: 2.72 ± 0.08 kg. compared with 3.02 ± 0.07 kg. respectively. Birthweights over the year 1977 were lowest in July/August averaging 2.7 kg. and highest in mid-April at 3.1 kg. However, these are preliminary results that will have to be evidenced over a number of years, especially since 1977 was a particularly bad agricultural year as a result of the drought. The seasonal drops in weight appear severe enough to cause concern, although there is no direct evidence yet from this study that children with lower birthweights have had a higher incidence of mortality.

Inadequate maternal diet is most certainly a causal factor in the seasonal variation in infant birthweights shown in Keneba. The average caloric intakes per month for pregnant and lactating women fell to less than 50% of the WHO/FAO recommended values (2550 Kcal/day for moderately active pregnant women and 2750 for lactating women) during the rainy season, as intakes decline to a low 1200 Kcal/day in August. In consequence, the nutritional status of the mother suffered severely, as even during the last trimester of pregnancy women lost an average 1.4 ± 0.3 kg/month in August (a similar weight loss occurred in August during lactation). In general weight gains during pregnancy were low for Keneba women.

The impact of low body weight in children aged 6 months to 5 years on mortality and morbidity is unclear, although in some cases undernutrition and in a few cases (approximately 11%) malnutrition were part of a multiple cause of death. The 1962-63 study concluded that there are few if any definite associations between low body weight of children and higher incidence of sickness. It must be added, however, that these comparisons were based on Gambian standards. By Western standards, virtually all children over the age of 6 months were underweight and were the victims of various diseases. Yet, some specific associations between weight and disease seemed plausible: the prevalence of malaria appeared to be higher in relatively lighter weight children aged 6 months and over, and respiratory tract infections appeared to be significantly more prevalent for lighter weight children age two years and older.

The great majority of children aged 6 months to 5 years suffered from several infections during that time of life. According to MRC "Most of those who died suffered from multiple diseases (generally lasting one to four months), and attempts to allocate simple "causes" of death in isolation would be misleading. The prevalence of communicable diseases was found to be very high in the villages studied by MRC. In particular, measles and whooping cough epidemics occur from time to time.

Malaria is an extremely important infection in young children and is probably the prime cause of high mortality during the rainy season in

children under three years of age. Since the prevalence of malarial parasites in the blood is ubiquitous, it often co-exists with other diseases and its full importance is difficult to evaluate. It may enhance the severity of other infections and depress the immune response of children to certain bacterial antigens. Malaria may also be an important precursor of protein energy malnutrition in early childhood through the anemia, and the severe loss of appetite which it can cause. By age three children begin to build up natural immunity to clinical illness from malaria.

Diarrhea and vomiting mainly affects children aged 6 to 24 months and, though prevalent throughout the year, increase during the wet season. Hospital investigations on children have isolated various pathogens and possible viruses. After the age of two the incidence of diarrhea and vomiting is relatively low in all ages.

Both morbidity and mortality were found to be much more prevalent during the rainy season for children up to the age 2 to 3 years. Respiratory tract infections, diarrhea and vomiting, malaria (which peaks during the second half of the rainy season, especially during September and October), skin problems, eye diseases, fever and anemia are all considerably more common during the wet season than during the dry months. The situation is worsened by the fact that the demand for women's labor in agriculture is at a seasonal peak during the rainy season, resulting in generally poor care of infants and young children. Also, children in that age group are generally more susceptible to the effects of hot, humid weather which tends to make them irritable and unable to sleep.

3. The "Hungry Season"

Gambia's health and nutrition situation is further complicated by the sharp seasonal fluctuations in food intake particularly the annual pre-harvest period of food shortages, known as the "hungry season". As the effects of these fluctuations superimpose themselves on the other problems mentioned above, they are bound to have extremely serious short-term effects on the most destitute segments of the population, particularly on small children who are badly nourished all year round but are particularly badly fed during the "hungry season", resulting in a marked increase in seasonal child mortality.

The hungry season takes the form of a substantial drop in food consumption during the months of the peak rainy season (July to October) caused by the fact that by July, 9-10 months after the last crop has been harvested, village foodgrains stores are close to exhaustion, and little food remains available before the next crop comes in. The "hungry season" is particularly serious as it occurs at the time of the year when the agricultural work load is heaviest and when energy expenditure by the farming population (men as well as women) is at its peak; furthermore, it is also the worst time of the year healthwise, considering the sharp increase in such widespread diseases as malaria and diarrhea during the rains; for the children, it is the time of the year when mothers have the least time to devote to their care. This unfortunate coincidence in time of peak labor season and depletion of village grain stores causes every year a substantial weight loss in the adult population, men as well as women; it has undoubtedly a sizable impact on labor productivity

during the one period of the year when there is a marked labor shortage and weakens people's resistance to sicknesses at the time of the year when the danger of getting sick is greatest and when the consequences of falling sick are the most dramatic. Indeed, being sick during the peak agricultural season - even for a few days - can have a major impact on a farmer's crop and thus on the standard of living and feeding of his family during the entire next year.

E. Cultivated Area and Principle Crops in The Gambia

<u>Crop</u>	<u>Number of Hectares</u>
Rice	27,000
Millet/sorghum	39,000 - 59,000
Maize	9,000
Cotton	1,000
Groundnuts	<u>95,000</u>
	181,000

F. Per Capita Income

	<u>Estimated 1975</u>	<u>Projected 1980</u>
Urban	\$332	not determined
Rural	86	not determined
Average	133	\$144

G. Selected Financial Characteristics of The Gambian Government

<u>Item</u>	<u>Amount (\$)</u>
<u>Government Budget</u>	
Recurrent revenue (1977)	29,400,000
Recurrent expenditure	39,000,000
Deficit	-(12,000,000)
Development/investment	32,500,000
Agricultural share	not available
Gross domestic product	117,000,000
Agricultural share	52,000,000
<u>Balance of payments</u>	
Good, services, etc.	-(13,540,000)
Imports	80,800,000
Exports	50,100,000
Agricultural share	44,600,000

(Sources: International Monetary Fund, "International Financial Statistics, November 1978; and Government of Senegal, Central Government Budget, 1978-79, Receipts and Expenditures, Provisional Figures," June 1978.)

II. General Statistics for the North Bank Division

A. Population

<u>Census 1973</u>	<u>Estimated 1980</u>	<u>Estimated 1984</u>
93,536	101,100	110,630

B. Population by Sex., Broad Age Group in 1973

	<u>Age Groups</u>					<u>Total</u>
	<u>0-4</u>	<u>5-14</u>	<u>15-49</u>	<u>50+</u>	<u>NS</u>	
Male	8,177	12,445	20,660	5,901	72	47,255
Female	8,156	11,784	21,444	4,824	73	46,281
Total	16,333	24,229	42,104	10,725	145	93,536
Percent	17.4%	26.0%	45.0%	11.6%		100%

C. Population and Compound Size in 1973

<u>1973 Population</u>	<u>Compounds</u>	<u>Average No. of Person/Compound</u>
93,563	7,636	12.2

D. Population, Land Area and Density

<u>Population</u>	<u>% Country Total</u>	<u>Area Sq. Km.</u>	<u>Area % The Gambia</u>	<u>Persons per Sq.Km.</u>
93,536	18.9	2,151.5	20.7	43

E. Ethnic Groups of North Bank Division

<u>Tribal Grouping</u>	<u>%</u>
Mandinka	50.7
Fula	13.3
Wollof	27.9
Jola	.8
Sarahuli	.4
Serere	5.1
Aku	.1
Manjago	.9
Bambara	.3
Other Gambian	.6
	100%

F. Urban and Rural Population, 1973 Census

<u>Population</u>	<u>Urban</u>	<u>Rural</u>	<u>% Rural</u>
93,536	7,147	86,389	92.4

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G. Selected Indicators by Local Government Area for the
North Bank Division, 1973 Census

1. Percentage of the population with access to safe water (i.e. private connections or access to public connections)		1.10%
2. Primary School Enrollment	Number:	4017
	Ratio:	27.4%
3. Secondary School Enrollment	Number:	352
	Ratio:	3.3%

Note: The ratio is the number enrolled over the estimated population in age group 8-13 (6 years) for primary school; and in age group 14-18 (5 years) for secondary schools. Data from Republic of The Gambia: Education Statistics 1977/1978)

4. Hospital Beds	Number:	0
5. Health Center Beds	Number:	10

III. General Statistics for Program Area

A. Population by District

	<u>1973 Census</u>	<u>Estimated 1980</u>	<u>Estimated 1984</u>
Upper Niimi	13,329	15,629	17,117
Lower Niimi	18,752	21,987	24,080
Jakado	9,973	11,694	12,807
Total	2,054	49,310	54,004

Estimated 1980 and 1984 population figures based on 1973 Census with 2.3% annual growth rate.

B. Religion Muslim

C. Housing Mud brick or waddle and dab wall structures of rectangular or circular shape with thatched or corrugated roofing and beaten earth or cement floors.

In remote villages the walls of the house are also constructed from woven millet stalks.

Government Services in the Program Area: Refer to the following tables...

SAVE THE CHILDREN

SUMMARY OF EXISTING SERVICES IN NORTH BANK PROGRAM AREA

NAME OF DISTRICT/ COMMUNITY	BASIC SERVICES		PRIMARY SCHOOLS GOVERNMENT "FEEDER" OPERATED NON-GOVERNMENT	SECONDARY SCHOOLS	HEALTH STATIONS	COMMUNITY DEVELOPMENT AGENT (CDA)	AGRICULTURE AGENT (AA)	RURAL DEVELOPMENT PROGRAM (RDP)
	ELECTRICITY	WATER						
DISTRICT: UPPER NIUMI								
Total Settlements (of 100 or more inhabitants): 100								Village where RDP Programs, Located, Operating out of major village cooperative.
Population: 15,629 (Based on 1973 Census with 2.3% Annual Growth Rate)								
Chief: Dado Sanko								
Bakalar			x					Tuba Kollon
Stanuku			x					
Madina Bafuloto (Kerr Cherno)			x		Dispensary (1)Dresser/Dispenser (1)Community Health Nurse (1)Peace Corp Volunteer		(F)AA	Kerr Chaku Chella
Lamin			x		(Subdispensary) Building Only - No Staff)			(Coordinated through Madina Bafuloto)
Albreda	(Planned)		(Under x Construction)		Subdispensary (weekly visit from Madina Bafuloto)		(M)AA	
Juffure	(Planned)		(Under Construction)			(F) CDA (M) CDA	(M) Coordinator (M) AA	
Sanchaba	(Planned)		(Under Construction)				(M) Animal Husbandry	

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NAME OF DISTRICT/ COMMUNITY	BASIC SERVICES		PRIMARY SCHOOLS GOVERNMENT "FEEDER" OPERATED NON-GOVERNMENT	SECONDARY SCHOOLS	HEALTH STATIONS	COMMUNITY DEVELOPMENT AGENT (CDA)	AGRICULTURE AGENT (AA)	RURAL DEVELOPMENT PROGRAM (RDP)
	ELECTRICITY	WATER						
Nema Kunku					(World Evangelical Mission) Dispensary			
Juba Kolong							(M) AA	
Bantang Killing							(M) AA	
Pakau Penku			x					Pakau Ngongu Demba Kolleh
Kermama				x				
Jurunku				x		(M) CDA		
Kubakato				x				
UPPER NIUMI DISTRICT TOTAL	-	-	6	3	(2) Dispensaries Full Time Operational	3	7	6
					(1) Subdispensary Weekly Operational			

DISTRICT: LOWER NIUMI

Total Settlements (of

100 or more inhabitants): 120

Population: 21,987 (Based on 1973 Census with 2.3% Annual Growth Rate)

Chief: Langsalli Sonko

Barra	(Planned)	(Under Construction)					
Essau	(Under Construction)	x	x		Health Centre (8) Staff (1) Peace Corps Volunteer		Senior AA Coordinator

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NAME OF DISTRICT/ COMMUNITY	BASIC SERVICES ELECTRICITY WATER	PRIMARY SCHOOLS GOVERNMENT "FEEDER" OPERATED NON-GOVERNMENT	SECONDARY SCHOOLS	HEALTH STATIONS	COMMUNITY DEVELOPMENT AGENT (CDA)	AGRICULTURE AGENT (AA)	RURAL DEVELOPMENT PROGRAM (RDP)
Berending	(Planned)	x			(M) CDA (F) CDA	AA (F)	
Bakendik						Mixed farming Centre	Coordinated through Buniadu
Mbdlet Bah						AA (M)	
Fass		x				Coordinator AA (M)	Kerr Sanyana Fass Nga Chor
Medina Seringe Mass		x			Subdispensary (1) Dresser/ Dispenser	AA (M)	
Ndungu Kebbe		x				CDA (M)	Kerr Pateh Sanka Kallah
Njengon					Subdispensary (Weekly visit from Essau Health Team)		
Buniadu							Sam Mbollet
Lower Niuni District Total	1	5		1	1 Health (Full Time Operational) Center 2 Subdispensaries (1) Full Time Operational (1) Weekly Operational	4 6	6

DISTRICT: JOKADO

Total Settlements (of
100 or more inhabitants); 72
Population; 11,694 (Based on 1973 Census with 2.3% Annual Growth Rate)
Chief: Abu Khan.....

Jissa

Subdispensary

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NAME OF DISTRICT/ COMMUNITY	BASIC SERVICES		PRIMARY SCHOOLS		SECONDARY SCHOOLS	HEALTH STATIONS	COMMUNITY DEVELOPMENT AGENT (CDA)	AGRICULTURE AGENT (AA)	RURAL DEVELOPMENT PROGRAM (RDP)
	ELECTRICITY	WATER	GOVERNMENT OPERATED	"FEEDER" NON-GOVERNMENT					
Kuntair			x			Dispensary (M) Dresser/ Dispenser Peace Corps Volunteer	CDA (Post Vacant)	(M) AA Coordinator	Kerr N'Goyan Kerr N'Gorr
Darsalami			x						Karantaba Kerr N'atumbo
Kerr Jarga									Tamabana Kerr Jarga
JOKADO DISTRICT TOTAL:	-	-	2	-	-	1 Full Time Operational Dispensary 1 Full Time Operational Subdispensary		1	6
TOTALS FOR PROGRAM AREA:	0	1	13	3	1	1 Health Center 3 Dispensaries 4 Subdispensaries	7 CDA	14 (AA)	18 (RDP)

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NORTH BANK DIVISION - PROGRAM AREA OF SAVE THE CHILDREN

COMMUNITY DEVELOPMENT DEPARTMENTAL STAFF

	<u>C D A STATION</u>	<u>YEAR EMPLOYED</u>	<u>POSSESSION OF MOTORCYCLE</u>	<u>LEVEL OF EDUCATION</u>
1.	<u>JOKADU DISTRICT</u>			
	No CDA at present time. Post to be filled in next year according to depart- mental plan.	Kuntair		
2.	<u>LOWER NIUMI</u>			
	Mr. Lang Konteh	Ndungu Kebbe (Also supervising Kuntair at present time).	1978	Full Secondary 4 Ordinary Level/GCE
	Mr. Baluta Darboe	Medina Seringe Mass	1970	- (AID funding)
	Mr. Sinajor Ceesay	Berending	1978	- (AID funding)
	Mrs. Kumba Sowe	Berending	1979	-
3.	<u>UPPER NIUMI</u>			
	Mr. Massemeh Ceesay	Jurunku	1978	x
	Mr. Babding Sanko	Juffure	1978	x
	Mrs. Bitanding Jarju	Juffure	1978	-

	<u>CDA STATION</u>	<u>YEAR EMPLOYED</u>	<u>POSSESSION OF MOTORCYCLE</u>	<u>LEVEL OF EDUCATION</u>	
4.	<u>LOWER BADDIBU</u> (Divisional Headquarters at Kerewan only)				
	Mr. Jewru Darboe	Senior CDA, Divisional Office Kerewan	1969	Pick-Up 1 Truck	Technical Secondary Form 4
	Mr. Ansumana Sanyang	Senior CDA, Kerewan	1970	-	Technical Secondary Form 4
	Mrs. Marang Mamjang	Kerewan	1970	-	Technical Secondary Form 4

GOVERNMENT OF THE GAMBIA COMMUNITY DEVELOPMENT DEPARTMENT

PROJECT ACTIVITIES IN THE PROGRAM AREA IN 1978-1980

FISCAL YEAR

1978-1979

**VEGETABLE
GARDENS**

**PRIMARY
SCHOOLS**

SUBDISPENSARY

**SALT/SEED
STORAGE
BUILDING**

**MODEL
COMPOUND**

**LATRINES/
WELLS**

LOWER NIAMI

Berending

230 sq. meters
47 women
\$513.00

Ndungu Kebbe

180 sq. meters
29 women
\$513.00

Extension - 2
Classrooms, \$426.00
(USA Embassy)

Kerr Omar Jowara

140 sq. meters
27 women
\$513.00

Macca Bala Manneh

160 sq. meters
56 women/men
\$513.00

Kerr Malic Jarr

340 sq. meters
56 people
\$588.00

Kerr Wally

2 Rooms - \$229.00

Essau

Extension - 4
Classrooms \$853.00

Fass

New Koranic
School - 4 Classrooms
\$476.00

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	VEGETABLE GARDENS	PRIMARY SCHOOLS	SUBDISPENSARY	SALT/SEED STORAGE BUILDING	MODEL COMPOUND	LATRINES/ WELLS
<u>UPPER NIUMI</u>						
Juffure					\$1,362	
Lamin	220 sq. meters 53 women \$513.00					
Pakau Ngogyu		2 Classrooms and Office \$476.00				
Jurunku		School Shelter \$426.00	4 Rooms/Shelter \$1,912.00			
Kabakoto		Extension - 2 Classrooms \$426.00				
Medina Seringe Mass		School Library \$470.00				
<u>JOKADU</u>						
Dasilami				SALT \$768.00		
Memeh	200 sq. meters 87 women \$513.00					
<u>LOWER BADDIBU</u>						
Kerewan	2 Gardens 400 sq. meters \$1,026.00					
FY 1978-1979						
TOTAL: \$12,516.00	8 Gardens \$4,692.00	7 School Projects \$3,553.00	1 Subdispensary \$1,912.00	1 Salt Storage \$768.00	1 Model Compound \$1,362.00	1 Latrine \$229.00

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FISCAL YEAR

1978-1979

VEGETABLE
GARDENS

PRIMARY
SCHOOLS

SUBDISPENSARY

SALT/SEED
STORAGE
BUILDING

MODEL
COMPOUND

LATRINES/
WELLS

LOWER NIUMI

Sambayassin 240 sq. meters
(Near Ndungu Kebbe) \$513.00

Bakendik

New Well Construction
70 feet deep
\$565.00

UPPER NIUMI

Kerr Alpha
(Near Jurunku)

SEED
3 Bay Unit
\$2,145.00

JOKADU

FY 1979/80

TOTAL: \$3,223.00

\$513.00

\$2,145.00

\$565.00

SAVE THE CHILDREN

GARDENING ACTIVITIES IN NORTH BANK PROGRAM AREA

DISTRICT/VILLAGE	EXISTING	GARDENS	PLANNED	GARDENS	TOTAL	
	Community Development Department	Agriculture Department (YFC)	Community Development Department	Agriculture Department Other Planned Garden Sites	Existing	Planned
I. UPPER NIUMI						
Juffure		(1.5 acres/ 60 men & women)			1	
Madina Bafulato		(.25 acres/ 25 women)			1	
Lamin	(5 acres/100 women)				1	
(Chellah)			(1980-81)			1
(Mbantang)				(8 acres)		1
(Aljandu)				(8 acres)		1
(Pakau Njong,		(Organized YFC No projects to date)				
(Tuba Kalong)		(Organized YFC No projects to date)				
II. LOWER NIUMI						
Bereding	(230 sq. mtrs. 47 women)			(8 acres)	1	1
Ndungu Kebbe	(180 sq. mtrs. 29 women)				1	
Kerr Omar Jowara	(140 sq. mtrs. 27 women)				1	
Macca Bala Maneh	(160 sq. mtrs. 56 men & women)				1	
Kerr Malic Jarr	(340 sq. mtrs. 56 men & women)				1	
(Sambollet)			(1980-81)			1
(Kissah)			(1980-81)			1
(Fass)				(8 acres)		1
(Essau)				(8 acres)		1

(Medina Seringe Mass)		(8 acres)	1
(Barra)		(8 acres)	1
(Buniadu)	(Organized YFC No projects to date)	-	
(Domba Holle)	(Organized YFC No projects to date)	-	
(Mbankam)	(Organized YFC No projects to date)	-	
(Bakendick)	(Organized YFC No projects to date)	-	

III. JOKADO

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Memeh	(200 sq. mtrs., 87 men & women)	(8 acres)	1	1
Karjarga		(1980-81)		1
Kerr Salleh		(8 acres)		1
Kuntair		(8 acres)		1
Jamagandu	(Organized YFC No projects to date)	(8 acres)		1
Tambana		(8 acres)		1
Karantaba		(8 acres)		1

Bakang					(8 acres)	1	
Dasalami					(8 acres)	1	
THREE DISTRICT TOTAL:	7	2	Undetermined	4	15	9	19
DIVISIONAL HEADQUARTERS							
Kerewan	(2 Garden, each one 400 sq. mtrs. 37 women/29 women				(Project total garden project for three districts by 1983. All sites not yet finalized.		
GRAND TOTAL:	9	2	Undetermined	4	15	11	19