Evaluation of Health, Empowerment, Livelihoods and Protection (HELP) Kailahun Programme in Sierra Leone

Full Report

Oxfam GB Programme Evaluation

July 2007

Commissioned by: Oxfam GB

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ACKNOWLEDGEMENT

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We will forever be hugely indebted to the women, men, girls and boys of Kissy Tongi, Luawa, Mandu and Upper Bambara Chiefdoms of Kailahun District about whose lives the HELP programme is all about. Many members of these communities were generous with their time during a critical period on their farming calendar. They openly shared their views and life experiences with us and we sincerely hope that we have fairly represented these in our analysis, conclusions and recommendations.

We have made every effort to ensure the accuracy and validity of the findings and conclusions contained in this report. However, the responsibility for any omissions, inaccuracies and the opinions expressed herein are entirely those of the evaluation team members.
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<tr>
<td>BPDA</td>
<td>Bo Pujehun Development Association.</td>
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<td>CASTI</td>
<td>Community Agricultural Skills Training Institute.</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DHMT</td>
<td>District Health Management Team.</td>
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<td>EC</td>
<td>European Community</td>
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<td>FACID</td>
<td>Finding a Common Interest in Development.</td>
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<td>FAWE</td>
<td>Forum of African Women Educationalists.</td>
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<td>GoSL</td>
<td>Government of Sierra Leone.</td>
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<td>HELP</td>
<td>Health, Empowerment and Livelihoods Programme.</td>
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<tr>
<td>IDP</td>
<td>Internally Displaced Person.</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>INGO</td>
<td>International Non-Governmental Organisations.</td>
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<td>KDDF</td>
<td>Kailahun Distribution and Development Fund.</td>
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<td>KTWN</td>
<td>Kailahun Tortoma Women’s Network.</td>
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<td>LNGO</td>
<td>Local Non-Governmental Organisations.</td>
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<td>MCSSL</td>
<td>Methodist Church of Sierra Leone.</td>
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<td>MDGs</td>
<td>Millennium Development Goals.</td>
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<td>Ministry of Health and Sanitation</td>
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<td>MoU</td>
<td>Memorandum of Understanding.</td>
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<td>MSWGCA</td>
<td>Ministry of Social Welfare Gender and Children’s Affairs.</td>
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<td>NEWPPCU</td>
<td>National Energy Water Policy Planning and Coordinating Unit.</td>
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<td>PHUs</td>
<td>Peripheral Health Units</td>
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<tr>
<td>RUF</td>
<td>Revolutionary United Front.</td>
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<tr>
<td>TBA</td>
<td>Traditional Birth Attendant.</td>
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<tr>
<td>VS&amp;L</td>
<td>Village Savings and Loan Group Scheme.</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees.</td>
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<tr>
<td>WATSAN</td>
<td>Water and Sanitation.</td>
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<td>WSD</td>
<td>Water Supply Division of Ministry of Energy and Power.</td>
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The health, empowerment and livelihoods programme [HELP], Kailahun, is a €2,326,094 three year, 2004 - 2007, programme implemented by Oxfam GB with funding from the EC, UNHCR and Oxfam’s own contribution. HELP’s overall objective is consolidation of peace and stability, establishment of an efficient link between relief, rehabilitation and long term development interventions, economic recovery and sustainable economic and social development. Its purpose is to contribute to the sustained improvement of the living conditions of refugee and returnee population and host communities in four Chiefdoms [Kissy Tongi, Luawa, Mandu and Upper Bambara] of Kailahun District.

HELP has 3 mutually reinforcing components: namely: public health, comprising water points, latrines and public health education; livelihoods for socio-economic empowerment; and protection focusing on human rights including women and children’s specific human rights; with gender as a cross-cutting theme. HELP is relevant to post war Kailahun, where water and sanitation [watsan] infrastructure and services were damaged, agriculture and economic activities disrupted, and post war human rights abuses and violations remain high. HELP is consistent with the GoSL’s PRSP and the Kailahun district council development plan 2007 – 2009. The programme design is appropriate with respect to: recognition of the urgent need for watsan services; the interconnectedness of watsan physical activities and public health education; economic recovery as a vehicle for community participation and involvement in long-term development initiatives; awareness raising and social mobilisation and organisation for watsan and livelihoods initiatives through which social cohesion is being rebuilt and communities take greater responsibility for development processes; emphasis on community contribution of local resources and materials, thereby instilling a sense of ownership and control and destroying the dependence syndrome cultivated during periods of relief.

Oxfam GB uses a demand-response approach whereby it stimulated demand for low cost, appropriate and replicable models of water points, latrines and savings and credit scheme through awareness raising and sensitisation sessions involving community based health clubs [CHCs], water management groups and structures, and village savings and loan [VS&L] groups. It then responds to the demand by supporting communities to set up models that are in line with their socio-economic circumstances and can be replicated.

Oxfam GB focused more on the physical water points aspect of HELP in year 1. There were delays in starting latrines and software activities like formation of water management committees. This is attributable to, among other things, that the programme was still more inclined to relief. HELP planning assumed programme taking off on all fronts at full throttle. The planning overlooked the issue of the country’s human resource base which was severely limited coming out of a protracted war. Oxfam was, therefore, constrained in injecting experienced development oriented staff. The planning also did not factor in some dynamics of development as regards community sensitisation, awareness raising, mobilisation and organisation. These processes are essential for community participation and involvement which in turn influence the pace at which development projects move. And for communities rebuilding trust, confidence, self-esteem, social cohesion and social structures, there was a definite need to factor adequate time for these essential processes. This should be a learning point for programmes that involve transition from relief to long-term development.
Oxfam GB has been **cost effective** in implementing HELP, making a saving of €360,000 which was de-committed back to EC in March 2007. The savings were from refocused programme activities in livelihoods and from general operational and staffing budget lines. More importantly, Oxfam GB consistently sought to find cost-effective and efficient ways of delivery which would entail low cost, sustainability and replication for communities.

HELP's activities have reached about 20% of the combined population of the four Chiefdoms. This is consistent with the specific objectives of the three components of HELP. More are on the verge of being reached as some aspects of HELP have **outstanding physical activities** that are nearing completion, namely, 16 water points and 150 dual pit family latrines. Oxfam’s share of imported materials for completion of these activities is said to be in warehouse. Oxfam will have to see these activities, whose estimated budget for contractors fees, and staff and other running costs is €128,670 [as at 30 June] through, for the good names of EC and Oxfam GB. The budget should be less when July spend is taken into account.

The general view of the evaluation is that HELP is having **positive impact** on the lives of the people in the four Chiefdoms. This **impact level evaluation** listened attentively to the analysis and views of women, men, girls and boys in 24 communities [a 48% sample] in the four Chiefdoms on how HELP is impacting on their lives. It also took into consideration the views of representatives of stakeholders and other players in Kailahun and at national level. The conclusion is that HELP is a success but there are lessons to draw from its experience.

In **public health**, over 28,500 people have direct access to safe water, over 3,000 to latrines and over 1,773 to community based health education through CHCs. There is a body of evidence, in form of testimonies, that people have benefited from safe water, cleaner environments, improved personal hygiene, reduction in diseases such as diarrhoea, stomach aches, malaria, skin diseases, etc, and fall in morbidity and mortality rates. Women, children and men are all beneficiaries. It is also apparent that while the level of knowledge on environment health and personal hygiene are high, practices do not always match the level of knowledge. This is a challenge for the health education practitioners to develop strategies that promote individual behaviour change.

Points to consider in public health programming include: Oxfam GB providing all imported materials for initiatives like water points and latrines; developing an approach where by communities are exposed, in practical ways, to a range of models of latrines as opposed to one per community [this could be a function of facilitation leading to communities and households deciding on choice of latrines]; and, where the relatively expensive latrine models are involved, Oxfam to find ways for the poorest in communities accessing these during the demonstration phase rather than inadvertently subsidising the relatively well off. Specifically for water points, programmes should consider protection of traditional sources of water that communities revert to when the protected sources dry up. Programmes should also stay close to the UNICEF initiative of building the capacities of district council to warehouse spares for water pumps to ensure that all the water pump types used are captured in the data base.

The **livelihoods** component has been very successful in many respects. Sixty [60] VS&L groups have been established in 38 communities. Another 23 have been replicated in 16 communities without Oxfam support but with mentoring by exiting groups. Loan repayment rate is high at over 91% with the interest earned circulating in the communities. Over 62% of VS&L scheme membership is women. Members of
groups say they are benefiting in that the scheme: promotes a culture of saving; provides training in business; and, makes affordable loans available for income generating activities, social obligations and emergencies. The main issue raised for consideration in livelihoods programming is on inclusion of the poorer and vulnerable members of communities that are not in a position to make regular savings which are a pre-requisite for membership.

**Gender and protection** are cross cutting themes. Awareness raising and sensitisation takes place during CHC’s, VS&L groups, women in leadership and water management training sessions. Gender issues including women and children’s special human rights, sexual and gender based violence are covered and so are protection issues where attempts are made to build capacities of communities to address issues through community action and by linking up with appropriate external actors like IRC, police and family protection units and Ministry of Social Welfare. Gender and protection are being actualised in the public health and livelihoods activities. For example, water points are said to reduce walking distances for women and children fetching water, thereby reducing exposure to dangers of abuse and snake bites associated with distant water points. Issues of abuse and violations of rights [e.g. rape, wife beating, verbal abuse, children workloads, denial of adequate food] are there but said to have decreased as a result of the programme. Many issues that were previously treated as taboo are now being talked about openly.

It was found that women are increasingly taking on positions of leadership in public forums and groups. Previously, women tended to defer such positions to men. Initiatives that specifically target women and other special groups tend to accelerate the ascendancy of women into leadership. The involvement of women in CHCs, VS&L groups and water management in large numbers and also in leadership is building their confidence and self esteem. Women are generally becoming more involved and participative in decision-making and control of household resources while men are opening-up to tolerance and accommodating the views of women.

Gender is a key consideration in Oxfam GB. The HELP programme document and the baseline reports did not have detailed gender responsive indicators that could be measured throughout the life of the programme. Consequently M&E Unit’s monthly CHC monitoring reports and impact case studies and HELP programme yearly and other reports were not gender and generation responsive to the extent demanded by the Oxfam GB Gender Mainstreaming Tools [Oct. 2002].

All components of HELP involve some aspect of **social organisation and formation of structures**. The social processes and structures are said to enhance social cohesion, rebuilding trust and confidence in these communities that were divided, dispersed and scattered far and wide by the civil war. HELP is, therefore, contributing to peace and stability and socio-economic recovery in Kailahun district.

Communities are taking responsibility for development initiatives through the social processes and structures promoted by HELP. This together with the demand-response approach whereby Oxfam GB is stimulating demand for low-cost, appropriate and replicable watsan facilities and livelihood projects, should provide for **sustainability**. Although HELP has done well towards its specific objectives and purpose, the main consideration, implied by the programme overall objective and approach, should really be whether the seed that has been sown and the seedling that has been nurtured in the past three years will grow to bear fruit and go on to multiply. In other words, has HELP sparked a fire that will spread within and beyond the four Chiefdoms of Kailahun, through replication of processes and activities? The seed was sown and the seedling nurtured. As for the progress of the plant, only time
will tell, but there are some early encouraging signs like: water management committees taking measures for maintenance and repair of water facilities; some isolated replications of latrines; and the extensive replication of VS&L groups.

The success factors for HELP include: peace and stability in Kailahun and in the country during the programme period; Oxfam walking the gender and protection talk by having a gender mixed team for the programme to interface with communities; relevance of the programme and its design; baseline surveys and needs assessments informing programming; and Oxfam GB being a learning organisation with respect to relevant experiences of other players.

Based on what the evaluation viewed as opportunities for HELP, some of which were missed, there are points for consideration for Oxfam and other players going into the future. These include the following:

- Ensuring that various processes are inclusive of the poorest and vulnerable who may not be in a position to set aside savings in order to participate in initiatives or to contribute towards imported materials for household level projects.
- Investigating and piloting different techniques of harvesting and storage of the plentiful rain water.
- Ensuring that future Oxfam GB programme documents and baseline reports have comprehensive gender analysis and detailed gender and generation responsive indicators that can be measured throughout the project/programme cycle.
- Developing partnerships with NGOs and other players in order to build capacity that remains in the district to support communities when programmes end.
- Ensuring involvement of relevant government line ministries and local government. Where possible and appropriate, extend and formalise MoUs and partnership arrangements for clarity of responsibilities and obligations to each other. Structured involvement of line ministries has potential for building capacity of ministries at local level, influencing polices and practises and scaling up of good practises to areas outside the agency area of operation.
- Using lessons from HELP to inform the rural water and sanitation objective and strategies of the GoSL watsan policy draft. Specific areas where HELP can inform the policy are that of “choice of technology” for water points and that of low cost community led latrines.
- Using lessons from HELP to influence the GoSL watsan policy draft to be pro-poor specifically on the potential twin threat of proposed Government withdrawal from being a water service provider to policy formulation and supervision and the proposed active encouragement of private sector involvement in rural water provision. If these 2 proposals were to pass, there is a real threat of privatisation of water placing safe water beyond the reach of the rural poor and vulnerable.
- Identifying one or two specific advocacy issues with clear objectives and strategies for pursuit during programme timeframe, linking actions at grassroots to the local [district] and national levels. Over and above the selected advocacy issues would be many others that can be engaged on in collaboration with others on an ad-hoc basis.
- Building capacities for community based advocacy so that development agencies are not always speaking for the communities at local and national levels.
- Bilateral and multilateral donors and institutions should step up efforts to build capacities of government and line ministries. Government has the ultimate responsibility to provide policy framework and support development processes in the country. Without adequate capacity, government will not be able to support various initiatives such as ones started under HELP.
o Drawing lessons from HELP on the importance of packaging mutually reinforcing components for programmes targeting resource poor communities emerging from war and or relief.

o Future LRRD programmes to draw on the experience of HELP with regards to planning the transition period, i.e. that crucial period marking the interface between relief and development, needs to be planned realistically.
1. INTRODUCTION

1.1 Oxfam GB and HELP Programme in Kailahun District

Oxfam GB is an INGO committed to working with others to overcome poverty and suffering. It started operations in Sierra Leone in 1998 doing relief, with a focus on emergency water, sanitation and hygiene promotion. This was twice disrupted through evacuations in 1999 and 2000 owing to the ten-year civil conflict. Oxfam has emerged from humanitarian relief interventions into development in Sierra Leone. The thrust of the programme is on public health, empowerment, livelihoods and protection. Oxfam is building its gender and governance programmes to form strong and central strands in its programme.

Oxfam started work in Kailahun District in 2002 through a humanitarian relief water programme funded by UNHCR. This was the precursor to the Health, Empowerment and Livelihoods Programme (HELP), July 2004 to July 2007. HELP is funded by the EC, under the Linking Relief Rehabilitation and Development [LRRD] programme, with co-financing from the UNHCR for the water supply component and from Oxfam. HELP’s budget is €2,326,094 of which 69% is EC funding, 12% UNHCR and 19% Oxfam GB. HELP is a response to the pressing and urgent water and sanitation needs of Kailahun District. It also marked the transition from relief programming to sustainable longer-term development.

The HELP proposal, painted a gloomy picture of a post civil war Kailahun District, which picture still holds largely true today. Kailahun shares international borders with Guinea and Liberia. It was an entry point and had major bases for RUF rebels during the civil war. The conflict had significant social, economic and physical impact on the lives of women, men, boys and girls in the District. Basic services in health, water supply, sanitation and education were severely affected. There was massive destruction of infrastructure. Facilities were left unattended as the majority of the population was displaced internally and externally as refugees in neighbouring countries. Agriculture was disrupted and economic activities ground to a halt. The road network was badly damaged and remains an impediment to mobility, trade and investment. There were high incidences of single child (youth) mothers, female headed households and widows.

Kailahun lacks adequate, safe and potable water. Many communities rely on unprotected sources of water including open wells, streams and rivers. Children and women walk long distances in search of water. This exposes them to many dangers. The major towns of Kailahun, Pendembu, Buedu and Koindu which had large piped water supply networks remain in desolate state due to lack of repairs and maintenance.

The HELP proposal identified characteristics of post conflict society, such as sexual and gender based violence, as being widespread in Kailahun. Female Genital Mutilation, early forced marriage, abandonment or neglect of older women and their children in polygamous marriages, young single mothers without support, women’s heavy workload, women’s inability to refuse their husbands sexual advances and

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1 Brief History of Oxfam GB
2 EC-Oxfam GB LRRD Proposal 2004 – 2007
exclusive male inheritance were among gender based protection issues raised in the proposal.

1.2 HELP purpose and objectives

Accordingly, the overall objective of HELP is consolidation of peace and stability, establishment of an efficient link between relief, rehabilitation and long-term development interventions, economic recovery and sustainable economic and social development. Its purpose is to contribute to the sustained improvement of the living conditions of refugee and returnee population and host communities in four Chiefdoms, Kissy Tongi, Luawa, Mandu and Upper Bambara of Kaulahun District. Each component of HELP has a specific objective that contributes to the overall objective and purpose, as follows:

a) **Public health**: by end of 2007, approximately 27,000 people living in 50 war affected communities will achieve tangible improvements in their health status and welfare, through increased access to sustainable basic health services and knowledge: clean water and sanitation across four Chiefdoms of Kailahun.

b) **Protection**: by end of 2007, 50 communities in Kailahun district will have a greater understanding of human rights, including women’s and children’s specific human rights, an understanding of their principle protection issues (including gender based violence) and have the capacity to address these issues through community actions and linking up with government authorities and development actors.

c) **Livelihoods**: by end of 2007, 50 community groups will have increased economic activity through running small-scale enterprises and will have started savings schemes.

1.3 HELP evaluation purpose and objectives

The **purpose** of this exercise is given as, to evaluate the relevance and effectiveness of the HELP programme by assessing:

- to what extent did Oxfam GB meet the goals and objectives as set out in the proposal.
- how has achievements translated into changes in the quality of lives of beneficiaries.
- key lessons learned, gaps, constraints, challenges and threats that will inform future programme directions, and
- how relevant was the programme design.

The **specific objectives** of the evaluation are to assess:

a) how HELP interventions have contributed to key outcomes or results achieved in order to bring about changes in the lives of women, men, girls and boys affected by the programme. What worked well and what were the enabling factors? Were there missed opportunities and what can we factor into future programme design?

b) how HELP has contributed to specific changes in ideas, beliefs, policies and practices promoted by the programme.

c) the degree of behaviour change for women, men, girls and boys (i.e. hygiene, management of household resources, gender relations).

d) the quality of outputs (i.e. water points, latrines, adherence to SPHERE/government standards and gender/protection guidelines).

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2. METHODOLOGY

The evaluation was in four parts, namely: desk review of programme literature; interviews of representatives of key stakeholder organisations, Oxfam GB, Sierra Leone staff and community interviews; field observations; and data analysis and report writing.

Some key HELP programme documents were received and reviewed in preparation of the evaluation and were continuously used as reference material throughout the exercise. More programme documents and reports, at the HELP Kailahun office, were reviewed during the evaluation. Some of the key documents that have informed this exercise are listed as references. Structured and semi-structured interviews were conducted with key HELP programme stakeholder representatives including potential partners. A copy of the key informants interview guide questions is appended to this report and the names of those interviewed are listed in Appendix 2.

Oxfam GB, Sierra Leone, staff were an important source of information on the programme. Structured, open and issue specific interviews were also conducted with key HELP programme staff. These interviews were an ongoing feature of the evaluation. The guiding questions for the staff structured interviews are also appended to this report.

The most important and biggest source of information were the women, men, girls and boys of Kissy Tongi, Luawa, Mandu and Upper Bambara Chiefdoms of Kailahun District. Twenty four (24) communities (Appendix 2) representing 48% of communities in the HELP programme were visited. The sample was structured to include communities with successful and less successful watsan and VS&L projects, communities exhibiting different mixes of watsan and VS&L projects, and communities remote and close to Kailahun town. Structured focus group discussions, involving a total of 1,421 participants of whom 380 were men, 537 women and 504 children, were held with separate groups of men, women and children. Special care was always taken to have women’s groups interviews conducted by female members.
of the field evaluation team while female and male teams always interviewed children who proved a critical source of information, particularly with respect to the protection component of the programme. Seventy five, [35 men, 28 women, 7 boys and 5 girls] one to one interviews with community members were held to probe deeper into programme impact and personal life stories of programme beneficiaries. A community focus group discussion guide was tested with the Kenewa community during training of the evaluation shadow and support staff.

In view of this evaluation’s focus on outcome and impact, emphasis was on qualitative information. Most of the quantitative and technical information, especially on watsan, used in this report is from past monitoring, evaluation and progress reports, and these are acknowledged accordingly. The WSD engineer on the evaluation team inspected 19 water points (33% of completed and commissioned water points) in 19 communities and inspected some latrines in the same communities to corroborate technical information from past reports.

Data analysis, report writing and debriefings of Oxfam GB staff and partners in Kailahun and Freetown was done by the two evaluation team members. The whole exercise was over 24 days with 2 weeks devoted to field work and interaction with communities.

There were three challenges to the study and these were addressed to extents possible. One was the issue of language as Mende and Kissy are used in different communities. This was addressed by ensuring the presence of translators in the evaluation team. A second challenge was the failure of the planned technical expert from Oxford to join the evaluation. The team tasked the WSD representative, an engineer, to carry out an inspection of a sample of water points and latrines and used data from Oxfam records on technical aspects of watsan. The team also had difficulty accessing official secondary time series data on health for the communities and chiefdoms in the sample. The evaluation has used secondary data from baseline surveys, past monitoring and progress reports of Oxfam.
3. FINDINGS

3.1 PUBLIC HEALTH

3.1.1 HELP’s public health activities

The HELP objective is in line with Sierra Leone’s Poverty Reduction Strategy Paper [PRSP] objectives on watsan for rural areas, which include, provision of safe drinking water and sanitation facilities for deprived communities and increased community awareness of good hygiene practices relating to collection and storage of drinking water, use and maintenance of sanitary facilities and other environmental sanitation issues5. It is also consistent with target 11 of the Millennium Development Goals [MDGs] which aims at halving, by 2015, the proportion of people without sustainable access to safe drinking water. The Kailahun District Council development plan, 2007-2009, has watsan [together with education] and health ranked 2nd and 3rd, respectively, on prioritised needs for the district. In first place are roads, bridges and culverts6.

The public health component of HELP was the largest of the three components with respect to budget and planned activities. The public health component comprised of water and sanitation (watsan) and primary health care education. The component appears to be doing reasonably well in contributing to the improvement in the health status and welfare of beneficiary communities. It is also contributing to the HELP Kailahun programme’s purpose and overall objective, as defined in earlier sections of this report. Communities are gaining increased access to clean water and latrines and environmental health and personal hygiene are improving. About 28,500 people have gained access to protected water and more than 3,000 to latrines, and 1,073 women and 700 men have received health training directly as a result of the programme. More people are on the verge of being reached as Oxfam nears the HELP watsan physical targets. Table 1, below, summarises HELP’s public health component’s performance with respect to outputs against a sample of selected indicators and targets derived from programme documents.

While HELP seems on course with regards the targets set in its objectives, it is important to note that the Chiefdoms of Kissi Tongi, Luawa, Mandu and Upper Mbambara have an estimated population of 147,033. This means that HELP’s watsan activities have reached only about 20% of the population. There is, therefore, still a long way to go in addressing watsan needs of the four chiefdoms and the district as a whole. As the curtain draws on HELP, it is of interest to wait and see whether the programme has sparked off a fire that will spread within and beyond the four Chiefdoms. The jury will be out on this for sometime. In the meantime, it can only be hoped that peace and stability, which has been a key contextual success factor, will continue to prevail in Kailahun, and indeed the country as a whole, that the seed HELP has sown and the seedling it has nurtured can grow, bear fruit and go on to multiply.

5 GoSL: Water and Sanitation Policy (Draft)
Table 1: Watsan achievements against targets

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<th>Key Indicators</th>
<th>Targets</th>
<th>Achievements by 10 July 2007</th>
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<tr>
<td>1. Identification of partner organisations through whom Oxfam will work.</td>
<td>Envisaged partner organisations included WSD, LNGOs, KDDF, FAWE, MCSL.</td>
<td>Identification of partners is only happening at the end of programme. These will be used for HELP successor programme. 5 potential partner organisations have been identified &amp; are on verge of signing MoUs. Identified partners include: CASTI, FACID, BPDA, 50/50 Women’s Group &amp; KTWN. Latter two will work on governance &amp; gender issues with the others focusing on public health.</td>
</tr>
<tr>
<td>(b) Selection of communities where HELP will operate. MoUs signed participating communities.</td>
<td>MoUs signed with 50 communities.</td>
<td></td>
</tr>
<tr>
<td>3 (a) Partner organisations technically trained.</td>
<td>Strategy changed to having communities as primary partner with Oxfam directly interfacing with community groups.</td>
<td>Strategy changed to direct implementation.</td>
</tr>
<tr>
<td>(b) Partner organisations facilitated to have direct links with communities &amp; government &amp; key donors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Construction &amp; rehabilitation of water points in line with Government/WHO standards or guidelines &amp; wherever possible with or approaching Sphere standards for disaster response.</td>
<td>80 water points to be established in 50 communities. Water points to include boreholes, dug wells and spring boxes.</td>
<td>58 water points (30 boreholes, 18 hand dug wells, 6 rehabilitations and 4 spring boxes) completed &amp; commissioned. 6 water points completed &amp; waiting final water quality tests before commissioning for use. 16 water points in progress &amp; at varying stages. All completed water points passed the NTU and FC tests &amp; chlorinated according to the HELP water quality records. Communities being linked with vendors of spare parts.</td>
</tr>
<tr>
<td>5. Sensitisation to create awareness of the need for latrines &amp; demand in communities.</td>
<td>Ongoing exercise through CHCs &amp; campaigns.</td>
<td>Ongoing exercise.</td>
</tr>
<tr>
<td>6. Construction of latrines.</td>
<td>600 latrines (taking the form of 300 dual pit family latrines) to be constructed.</td>
<td>150 dual pit family latrines constructed in 30 communities. 150 dual pit family latrines in progress.</td>
</tr>
<tr>
<td>7. Public health education / promotion.</td>
<td>Technical training &amp; equipping of up to 80 female &amp; 80 male Technicians. Technicians to receive 7-day practical training in maintenance &amp; repair of water pumps fitted in their communities. Training of 160 water point attendants [50% to be women].</td>
<td>60 technicians [20 women] trained in 2004 and 100 [50% women] trained in 2005/6. Tool kits were given to communities with completed water points. Some communities, however, claim not to have received the maintenance tools. 94 water points attendants trained. 50 % of these are women.</td>
</tr>
<tr>
<td>8. Establishment of community health clubs (CHCs)</td>
<td>At least 50 CHCs established across 50 communities in 4 Chiefdoms.</td>
<td>50 CHCs established &amp; functional in 50 communities.</td>
</tr>
<tr>
<td>9. Delivery of health education to communities through CHCs.</td>
<td>On-going activity throughout the life of programme.</td>
<td>1,073 women &amp; 700 men in 50 CHCs have received the 1 year training &amp; have received the graduation incentive kit.</td>
</tr>
<tr>
<td>11. Remote area Traditional Birth Attendants (TBA) training in collaboration with MoHS.</td>
<td>Distribution of TBA kits.</td>
<td>HELP supplied 100 TBA kits to 50 communities where there are 131TBA’s in June 2007.</td>
</tr>
<tr>
<td>12. Advocacy on rural water supply services.</td>
<td>Coalition formation &amp; working with stakeholders at district &amp; national levels to develop viable strategy for the delivery, operation /maintenance of rural water supply services.</td>
<td>Networking through national &amp; district level Watsan forums bringing Government &amp; INGOs together. Oxfam GB is acknowledged as being active at both levels &amp; for a period having provided leadership at the national level. Pilot testing of different types of water pumps.</td>
</tr>
</tbody>
</table>
3.1.2 Meeting watsan targets

Oxfam signed MoUs with the 50 communities it is working with. This was consistent with the HELP programme document. The project document and hence plan, however, overlooked formalisation of working relations with line ministries and local government. While Oxfam has generally collaborated and cooperated well with MoHS and WSD at local and national levels and with Kailahun District Council there were no MoUs in place for reference on how to relate with each other. This is a point that Oxfam will need to consider for the next large scale water programme.

Performance was slightly short on watsan hardware delivery targets. 30, 27 and 7 water points water were completed in years 1, 2 and 3, respectively. The remaining 16 are still in progress and at various stages of completion. Years 1 and 2 put emphasis on establishing water points and the HELP 1st interim narrative report attributes this to, “time-bound opportunities for water point construction in years 1 and 2, resulting from the availability of co-financing from UNHCR and the loan of their drilling rig in 2004 and 2005”. The focus was on the hardware and there was little involvement of communities as no water management structures were established. This suggests that the water services delivery mode was still inclined more to relief, which could be attributed to the fact that most of the staff had been inherited, en-mass, from the relief programme. Some interviewees observed that much of year 1 was also spent re-orienting staff and systems and building capacity for a development approach. There were also constraints of staff capacity and remoteness and isolation of the Kailahun district. Some 19 CHCs were established in year 1 kicking off the community based health education programme. The Safe DEALS strategy was developed in the last quarter of year 1. The CHCs and the strategy must have set the stage for the launch of the development oriented demand response approach to watsan, thereby marking shift from the relief to the developmental mode of operation.

There was budget under performance of 22% in year 1. This was a result of the delayed take off of some watsan activities and the challenges of transition from relief to development. This led to a budget realignment request, shifting and reallocating funds on budget lines, in September 2005. The request was granted. The delays were experienced in watsan activities that are soft-ware in nature, involving training, community awareness raising and sensitisation and mobilisation and organisation. Such activities are usually not essential parts of relief programmes. The delays in take off of these activities generally affected the pace of delivery throughout the programme period and to some extent account for the slight underperformance on hardware targets. This should be taken as a learning point that in planning transition from relief to development, time must be budgeted for software aspects of programming. It is unrealistic that a development programme can take off, at full throttle on all fronts as would do a relief one.

In year 2 onwards, more CHCs are established and the first group graduates, water management committees are established and trained, the latrines programme commences, and artisans and water points attendants are trained. The community empowerment aspect of HELP in watsan becomes more visible. It is also reported that for latrines, there was some element of initial resistance on the part of some communities wanting to have VIP latrines. With the communities being highly patriarchal, and emerging from relief mode the resistance could have come from men. It took some awareness raising and sensitisation for communities to understand and accept Oxfam’s demand response approach. This approach entails moving at the pace of the community as determined by the impact of awareness and
sensitisation programmes. This fact may not have been fully anticipated at HELP programme planning, and hence some work is still in progress at the end of HELP.

Twenty three (23) water points and 150 latrines are in progress. Communities with projects in progress expect Oxfam to help them see through this work. In fact all communities and most stakeholders are calling for Oxfam GB to continue working in the District while appreciating that time will come when Oxfam, like other agencies before it, will have to pull out of the District. It will certainly hurt the image of Oxfam and EC if any of the work in progress was to be left incomplete.

It is highly unlikely that all watsan physical work in progress will be completed by the end of July. It has been indicated that all the imported material inputs for the water points and the latrines have been purchased are warehoused by Oxfam. Money will be required for administrative and staff costs and contractors’ fees, to complete work in progress. The total budget balance as of 30 June 2007 is €488,670 representing 21% of the original HELP budget. With €360,000 of this was de-committed in March 2007 the actual balance needed to complete the work in progress is €128,670 [as of 30 June]. It is recommended that Oxfam GB puts aside this amount for completion of work in progress. Oxfam GB has identified some potential partners it will be working through in the next water programme. Oxfam could begin to work through these partners in completing the work, thereby training and building their capacities in readiness for the next large scale water programme in the district.

3.1.3 Public health (water, latrines & health education) impact on communities

Communities speak glowingly of the support they receive from Oxfam towards water points and the accompanying public and environmental health education. Even children were found articulate on the benefits of the accruing from the public health programme. The water points are said to bring many advantages: supply of potable water; reduction of distances walked mainly by women and children going to fetch water from streams and distant water points; increased security against women and children being abused and violated between homesteads and distant water points and snake bites. The latrines are said to provide safety and privacy as people with completed facilities no longer have to use the bush. The problem of flies, whereby food was being contaminated because of faeces being exposed, is also said to have reduced.

Public health education is also said to have raised awareness on personal hygiene and environmental health issues. There was acknowledgement and testimonies of people’s behaviours and health practises having changed and rates of morbidity and mortality having lowered in most communities visited by the evaluation team. It should be noted that water points and latrines were established earlier in some communities than others and that the establishment is also still in progress in some. This may be a reason why acknowledgement and testimonies were louder in some communities than others.

Testimonies of how the incidences of diseases such as diarrhoea, vomiting, cholera and malaria have greatly reduced were heard in most communities. Skin infections were also named in Gooh and scabies by a TBA in Kulula as among diseases that
have been on the decrease. Interviews attributed this to protected water sources, latrines, dish racks, clothe lines in some communities and health education. The testimonies are corroborated by Oxfam’s M&E reports and especially the CHCs monthly monitoring reports which show that primary health care knowledge and practises has generally improved. The CHCs monthly monitoring reports track changes on about 30 indicators with 2006 data as baseline. These are, however, not kept up-to-date for all communities due to staff constraints in the Monitoring and Evaluation Unit [M&E] of HELP. The reports also do not disaggregate the information on gender and generation basis. An MCH nurse resident at Giema Health Centre told the evaluation team that the health education, water and latrines by Oxfam and other agencies have all contributed to the reduction in incidences of malaria, diarrhoeal diseases, ARI. She also indicated that the centre is receiving more STIs cases and this could be a result of rising levels of awareness.

There is evidence that the CHCs have had some positive impact on communities. Observations by the evaluation team were that most villages were generally kept clean: with homestead surroundings weeded or grass slashed; evidence of dish racks; clothing lines in place; organised garbage disposal; no old tins or containers left lying around where they can collect and store stagnant water; and a few latrines had water containers placed outside for hand washing after using the latrines. In the focus group discussions and one to one interviews, indications were that the health problems that communities used to experience as a result of unclean environments and poor personal hygiene practises had decreased as a result of the water points, latrines and the accompanying health education. In this respect, the most commonly mentioned problems were diarrhoea, malaria and incidences of snake bites. It was found that in most communities, CHCs members reaching out to non club members. CHC members are reported by communities to be going out urging and putting peer pressure on members and non-members to keep their surroundings clean.

Traditional Birth Attendants [TBAs] interviewed were positive about the work of the CHCs. In all communities visited, CHCs have mobilised community members to put up TBA houses. Six (6) communities are reported to have constructed TBA houses, and a 7th is under construction, using local resources and with no external inputs. The fact that men are involved in putting up the TBA houses suggests women taking important decisions and men accepting them. The main beneficiaries of TBA houses are women. One community, Gbanahun, reported that as result of the health education they receive, they now require all pregnant women to be attended to by the MoHS trained TBA. In some communities they fine husband up to Le5,000 if wives deliver at home or anywhere else other than the TBA house where she is assisted and/or referred to PHUs.

HIV/AIDS is one of the topics said to be covered in the CHCs training. Interviewees with whom the subject of HIV/AIDS was discussed could only point out that HIV/AIDS and condoms are now discussed more openly than before the project. During the focus group discussions both men and women’s groups appeared at ease discussing this topic. Out of 34 CHC monthly monitoring reports by M&E Unit that were completed for one or more months after the 2006 baseline survey, 23 [representing 68%] show that knowledge on HIV transmission and prevention methods has increased in the respective communities, while in the other 11 communities it has
either remained the same or has gone down in one [4 communities] or both [7 communities] indicators. It is important to note that for some of these communities the changes were recorded only a few months after the baseline. As pointed out earlier, the CHC monthly monitoring reports did not disaggregate information on gender and generation basis. The general improvement in knowledge is, however, not necessarily matched by practise as some groups of man and women [e.g. Kongbama women’s group and Nagbena women and men’s groups] indicated that using condoms is one of the difficult learnings to practise. Although the evaluation did not probe levels of knowledge, attitude and practise on HIV/AIDS we conclude that the opening up that is taking place is a big plus, particularly if the subject was treated as taboo in some communities in the past.

The social structures such as water management committees and CHC groups are contributing to social cohesion of the communities that had been divided and scattered by the war. Discussions with Chief Kenie Alusine and Lawrence J. Fomba, Buima community, showed how people who had been with rebels, militias, army, civilians and many forced out of their communities to seek refugee in towns or neighbouring countries were now working together, confidence and trust being rebuilt. Besides contributing to social cohesion, these structures are also a capacity building for communities to manage development initiatives and processes. The evaluation noted the water management committees had bye-laws, governing the use of water points, that they are enforcing. Although Oxfam does not actively encourage communities to collect money from communities in anticipation of breakdowns some of the water committees, e.g. Topkombu, Mano, Kpiema, Konjo and Bondeh, say that if anyone breaks any of the bye-laws he/she is fined Le500 and moneys so collected are being kept for repairs and maintenance of the water point. They say, the fines money may not be enough in the event of a breakdown in which case they will mobilise people to make contributions. This shows that some of the committees are awake to their responsibilities.

While there are tangible benefits from the public health aspects of HELP and beneficiaries and other stakeholders speak positively on the programme, there are some observations made by communities and other players that Oxfam needs to consider. These are discussed below under water points, latrines and health education.

3.1.4 Water points

Under the water component boreholes [in the early stages of the programme] and wide diameter wells were drilled and sunk, respectively, and fitted with pumps. In a few communities, natural springs were protected and fitted with taps. An engineer from WSD, supporting the evaluation team, visited a sample of 19 water points and found 80% of the water points functioning satisfactorily. Others had mechanical problems like noise production, loosened pump handles but functioning and one was broken down, in Buima.

Field interviews revealed that a number of water points are reported to dry up during the dry seasons, e.g. at Mano, Mamboma, Buima, Njala and Ngiehun communities. This is probably due to a combination of factors, proffered in different interviews. One factor is the timing of well digging for some water points. If wells are dug when the water table is risen there may be not enough depth for dropped water tables in the
dry season. Another point could be to do with siting, where there is some balancing between social and technical consideration. On the social front, there are protection issues where communities and programme desire to have the water sources within villages. Technically the villages may not be located on ground with good underground water sites. All rehabilitated water wells are reported perennial and so are the traditional unprotected water points that communities revert to when protected water points dry up.

Interviews indicated that communities revert to traditional open sources of water when the new and protected sources dry up. This means that in such times, people are again exposed to the hazards of distances, women and children walking through thick bush to water points and using unclean water. It was also indicated in interviews and observed by the evaluation team that there is recourse to unprotected sources even in the wet season for bathing and laundry. Some communities indicated they restrict protected sources for water for drinking and cooking. Others indicated that when families stay away from villages in the fields, which is a common practise, they collect water from the unprotected sources and use it for drinking without first boiling it. This goes to show that while knowledge of water hygiene may be high, practise is patchy. This is a challenge to the public health education programmes to get people to practise what they learn. This also points to the need for water projects to consider protecting the existing water points that communities may revert to during the dry season. If low cost water pulling devices are used, it would be possible to protect the existing sources and also provide new ones.

While all communities with water points projects that were visited have trained water technicians, some indicated that they had not been supplied with tools/equipment for repairs and maintenance. It was found that most communities were supplied with the tool kits, but that in some cases the technicians personalise them. In one community, the technician is said to have gone to Liberia and took the tools with him. This is a potential source of problems should there be breakdowns. Oxfam should consider handing over maintenance tools on occasions that provide for community members to witness in future. The issue of spares having to be obtained from outside Kailahun was also raised as another potential problem area and this is most likely to felt when the pumps get old and will need frequent repairs, by which time HELP will have phased out.

The issue of spare parts does not only apply to HELP supported projects, but to all water points with different types of pumps installed by different agencies in the district. The DHMT has raised the issue of availability of spare parts at one of the health sector district coordinating meetings and are currently talking to UNICEF on the possibility of warehousing pump spare parts at Kailahun centre. This is an initiative that UNICEF is already working on in its many initiatives to capacity building of local authorities in other districts and plan to include Kailahun, whose council it has been talking to. UNICEF wants councils to own and run such warehouse projects. This is a development that Oxfam, and other agencies doing water in the district, would like to stay close to, to ensure that the various pump types that have been used are captured in the data bank for spares. But going into the future, it would be good for country to adopt pump technologies for which there is already spares market and this is an area of advocacy for Oxfam GB and other players.

3.1.5 Latrines

Oxfam GB went for community led latrines. It is giving communities choices on the construction material used. The pits and slab are standard. The walls can be made from materials such as cement blocks, baked bricks, earth moulds, and wattle (i.e.
sticks filled with mud). Roof material include palm leaves, bamboo leaves and corrugated iron sheets. Communities are providing local materials while Oxfam provides imported materials including cement, steel rods and roofing sheets. However, for the roofing sheets, Oxfam provides 4 and the community 2 per latrine. The evaluation found that all communities and households would prefer the best materials but the cost factor inhibit the choices. Many have avoided the corrugated iron roofing sheets option because of the costs involved, about Le10,000 per sheet, plus the Le5,000 for the roofing trusses, and Le5,000 for the nails. Such costs can be prohibitive in communities with low incomes. This means that the corrugated iron sheets option, which is neater, durable and eliminates problems of roof leaks is available to the relatively better off communities and households. This leaves the poorer members to go for the low quality options. There was a general sentiment by the communities that if Oxfam pledges to support with imported inputs for any project, it should provide all imported inputs because people are poor. This leads to a possible conclusion that if Oxfam provides imported inputs in part, then it may inadvertently discriminate against the poor with little or no cash incomes and savings. And in situations like post war Kailahun, widows, single child [young] mothers, women headed households and the disabled are likely to be the most vulnerable.

Some communities raised the issue of delays in supply of imported materials for the latrines by Oxfam. This was mainly with reference to roofing sheets. Where this is said to have happened it led to wall structures that would have been put up being destroyed by the rains. Some of the delays could also be due to communities failing to come up with their share of roofing sheets, like in the case of Nyandehun and Giema communities. Oxfam now requires communities to come up with their share of roofing sheets before it delivers. This was adopted as a measure to ensure that communities deliver on their obligation.

In line with encouraging participation and leadership, communities or households, therein, were deciding siting of latrines. While the idea of communities leading in important decision making is good, HELP should have provided adequate technical support. The evaluation team came across a latrine, Mamboma community, that is sited a few meters from the kitchen structure with the doors of the two facilities facing each other. The evaluation took it as an isolated incident. However, the issue of adequate technical support becomes more critical when there is replication of the latrines as this is likely to be done by households on their own. In Laah community, there was evidence of replication where one couple has constructed a latrine exclusively for its own family having started with a communal latrine supported by the project. In the same community, one group of households sharing a latrine has cement plastered the inside and outside of the walls of the facility. In Konjo, one man is also reported to have done his own latrine without any support from outside. In a number of communities visited, a number of latrines wattle walls are cement plastered to about half a meter from the ground to prevent the walls from collapsing in the rains. This shows the households value the latrines and are looking after and preserving them. After all

Oxfam is using the demand-response approach to latrines and has 13 different models, with respect to combinations of constructions materials, from which communities can choose from. The beneficiaries are only being practically exposed to one model per community. While different models may be discussed with communities and households encouraged to select models that are in line with their circumstances during sensitisation and planning periods, communities were found to
be deciding, as a block, on one model which is then supported by HELP. If HELP had used an approach whereby a number of different models are constructed in the same community, it would have practically exposed the communities to different models from which households can choose from for replication. And as different models would have different implications for inputs, including work for men and women, in construction and maintenance, the households would choose models consistent with their own circumstances in keeping with the Safe DEALS strategy.

3.1.6 Public health education and Community Health Clubs (CHCs)

The water points and latrines are the hardware of the watsan and health is the software that compliments them. Health education is delivered through the CHCs approach which is participatory. It is a community management approach to development that is geared towards training and empowering community members enough to plan, implement and evaluate activities and projects in their communities. While membership of CHCs is voluntary, TBAs, village sanitation chairpersons, community water technicians and water points attendants are particularly encouraged to join the Clubs and the evaluation found all those interviewed in communities visited to be members. CHCs membership was found to average 35. Women are in the majority with an average of 61% of membership. A significant proportion of CHCs members interviewed were also found to be members of VS&L groups. This is in keeping with the original concept of the CHCs whereby, member’s confidence and self esteem are built, economic empowerment pursued and environmental and personal health knowledge, attitudes and practise are promoted.

CHC members receive membership cards on signing up. CHCs were found to hold training sessions of about 2 hours once per week on agreed days and venues in the community. Oxfam public health staff deliver the trainings on selected topics. These topics include environmental health, childhood diseases and immunisations, nutrition, breastfeeding and weaning practises, sexual and reproductive health, HIV/AIDS and STIs and are based on snap surveys on common diseases and health related issues identified by the communities. These surveys were done by Oxfam public health officer at each new CHC. Members bring their cards to training sessions and these are signed by the Oxfam public health officer to indicate the topics the member will have received training on.

While knowledge on various topics of public health was found generally high, there is evidence, in form of testimonies, that practise does lag behind sometimes. This is an area for public health educators to think through with respect to developing strategies to promote individual behaviour change.

[Text Box Removed]

It appears that Oxfam GB did not fully pursue possibilities of collaborating with the MoHS in the area of public health education as the evaluation did not come across evidence of structured involvement of PHU staff. This was confirmed by the Kailahun DHMT (DMO, DHS and DSMC) when it met the evaluation team. The Kailahun DHMT, on its part, does also not seem to have taken steps for involvement as the responsible authority on Health in the district. Improved coordination and collaboration in the area of public health education would have enabled the MoHS to contribute to the development of training material, delivery of health messages and PHUs support to CHCs and other public health related projects in the district.

7 DMO = District Medical Officer; DHS = District Health Sister; DSMC = District Social Mobilisation Coordinator.
3.2 LIVELIHOODS

3.2.1 Village savings and loan groups concept

The livelihoods component was meant to specifically contribute to the economic recovery and sustainable economic and social development part of HELP’s overall objective. This was to be achieved through economic empowerment by way of promoting VS&L group schemes and micro-enterprise development. The VS&L group schemes are based on the experience of Village Savings and Loans Associations piloted by CARE International and practised before the war. The Associations themselves were informed by the traditional “osusu” system. The VS&L group scheme was preceded by a study on micro-finance in Sierra Leone and Kailahun district. The study had established that: there were no financial service providers in Kailahun except traders who charged very high interest; indigenous models of microfinance existed in the form of “osusu” and the Savings and Loans Associations and that the latter could be improved upon by incorporating more rigorous mechanisms for transparency and accountability. Oxfam adopted the recommendations leading to the VS&L scheme.

The VS&L groups scheme mobilise savings from members who then hold shares, ranging between 1 and 5, in the groups whose members were interviewed. Each member is required to save with the group an agreed amount each week and the amounts were found to range between Le500 and Le6,000. The funds raised from the savings are available for lending to members at interest rates of between 5 and 30% per month, and for loan periods of up to 12 weeks. A member cannot borrow amounts exceeding his/her own savings, and this provides some form of security. Members can borrow to meet small short-term finance needs for income generating activities, social obligations and emergencies.

HELP supports VS&L groups through participative training on group formation and dynamics, leadership, identifying a business idea, marketing and bookkeeping. It also provides start up kits comprising of a metal safe box with three locks, a set of 4 exercise books for use as ledgers, pen and pencils, calculator, stamp pad and ink, and 4 bowls for cash counting. The start up kits have been provided at Le 43,000 and Le 53,000 per kit to the group and these amounts were 10% of the actual cost of a kit. All groups are reported to have paid the respective amounts for the start up kits.

3.2.2 Village savings and loan group membership dynamics

HELP target was establishment of 50 groups in 50 communities by 2007. Twenty three (23) groups, with 60% female membership, were established in the first year of the programme. Two of the groups were composed of disabled people. One group, however, dissolved when most of its members returned to Liberia. Twenty (20) more groups, with 62% female membership, were formed by the end of the second year and an additional 17 groups by the third year in 38 communities. It is reported that 23 groups in 16 communities had replicated the scheme on their own with minimal or no support from HELP and being mentored by existing groups. Other agencies working in Kailahun, e.g. Plan International, are also replicating the VS&L groups in their

areas of work. All this suggests that the scheme is relevant, addresses a felt need of the community and is popular.

Membership of VS&L groups is voluntary and based on savings contribution. It was found that, on the average men tend to put more in savings and hence have more shares and access bigger amounts in loans than women. Although women dominate membership of the groups, men were found to dominate leadership positions in the group taking up about 56% of positions compared to 44% for women.

In addition, men were found to be dominating the key leadership positions of chairperson and secretary as shown in Figure 1, below. VS&L group members attributed the dominance of men in key leadership positions to the need for literacy (reading and writing skills) for some positions, especially that of secretary. This suggests that education and adult literacy have important roles to play in preparing people for leadership. Cultural views, like women tending to defer leadership to men, were also found to be a contributing factor. Despite the disproportionate representation of women in leadership positions, it should be noted that there has had some positive impact in that before the programme women deferred all public leadership positions to men. The programme is changing this attitude and practise as evidenced by the upward trend of the ratio of women in leadership positions. The proportion of women occupying the top 3 positions of chairperson, treasurer and secretary has risen from 27% in the first cycle of VS&L groups, to 49% and 52% in 2nd and 3rd cycles, respectively. It is important to note that for most women involved, it is their first time to hold public leadership positions as observed in a women's focus group discussion at Mano when it was pointed out that “...women now hold key positions which they did not do before”.

**Figure 1: Distribution of Key Positions in VS&L Groups by Sex**

VS&L groups were found to have potential of excluding poorer members of the society. This is partly because the scheme relies on individuals’ ability to make regular financial contributions. Membership of groups is self-selecting and members tend to encourage their peers, relations and friends. The evaluation team came across VS&L groups where some families had father, mother and one or two children in the group as members. The children's contributions are met by the parents. The poor and those considered social outfits or not credit worthy can easily be marginalised.

As the very poor (especially old women and the disabled) are not able to spare anything as savings, this means they do not have access to the loans from the groups. They remain in the vicious cycle of poverty while those that are relatively well off use the savings and credit clubs as a stepping stop to economic recovery. Focus group discussions (Kenewa and Mano communities), however, indicated that a non member can borrow through a member, but this is also limited to peers and relations. It was also said to be a possible cause for defaulting when indirect loan recipients fail to meet their obligations on time. Such arrangements also leave room for non-
members to be asked to pay some premium to members with access to loans and hence there can be local level exploitation. Or for a non-member dominant spouse, likely to be the man in these patriarchal societies, to force the partner to take a loan he may refuse to pay back. In depth case studies of delinquent loans would help understand socio-economic factors behind defaults and late repayments.

3.2.3 **VS&L scheme performance and success**

Repayment rate is usually considered an important indicator of the performance and success of micro-finance schemes. Such a measure is more concerned with the interests of the service provider. The interests of the borrower are secondary such that a loan is purely a debt and liability that the poor borrower can ill afford. With VS&L schemes the interests of the members is paramount. The scheme promotes and mobilises savings which are an asset. Loans under the VS&L groups are given on the borrower's ability to repay because members know each other well. And for those going for income generating activities, there is the benefit of training provided by HELP and the support given by other group members.

The interest generated by VS&L groups remains and continue to circulate in the community, unlike where loans are obtained from outside and the interest goes to enrich external traders and money lenders. VS&L groups also engage in activities that are aimed at addressing the needs of the people in the community. In some communities, e.g. Dawa, VS&L groups mobilise members for agricultural work to raise money that goes to the groups' social fund. In Topkombu each VS&L member is said to have contributed Le 1,000 that goes into the group’s development fund. The social / development funds augment the groups’ savings and are used to meet group’s social obligations and also for emergency loans to members.

The VS&L scheme has been a resounding success. As at end of May 2007, the cumulative value of savings stood at Le71,5million. It is to be noted that this is money that has been raised during the current circle of savings, as VS&L groups give back savings plus interest to members at the end of every 12 months. Average net profit per member, as of May 2007, was calculated at 26.7%. A total of Le91.7million had circulated as loans with a repayment rate of 90.3%. The 9.7% balance was considered risk portfolio because it was overdue. However, interviews indicated that most of that will be repaid through peer pressure and support, but attracting some penalty. These results, by any standard are good performance. But, unlike with micro-finance schemes, there are other measures of success that include replication and impact on the lives the members.

The evaluation attributes the success of the VS&L scheme to its focus, informed by the study on micro-finance in Kailahun, on a community felt need. The scheme also builds on traditional practises like "osusu" and the savings and loans associations which people were familiar with.

3.2.4 **Impact of VS&L scheme**

There is evidence that the VS&L scheme has impacted positively on the lives of the group members. Many beneficiaries are talking positively about how they have used
loans from the VS&L group to start income generating activities [IGAs], meet social obligations and meet emergency needs. IGAs that have been financed by loans were found to include trading in locally produced products and essential commodities, such as soap, salt and sugar, purchased from bigger towns and sold locally. Some beneficiaries say they have been able to use profits from the IGAs to: contribute to the purchase of corrugated iron roofing sheets for the latrines projects; pay school fees for their children; acquire small assets such as kitchen utensils; renovate their homes; etc. Social obligations that have been met from loans include paying school fees for children and providing school uniforms. Loans for emergencies have been found to be directed towards dealing with illness and funerals.

While there are positive benefits from the VS&L scheme, more thinking is needed on how to break some gender stereotypes. On the average men in VS&L groups seem to be positioned to get bigger loans and, therefore, go into bigger and more profitable IGAs than women. This is because men seem able to save bigger amounts with the groups, have more shares and therefore have access to bigger loans. The scheme has not changed the stereotyped income generating activities of women as they are mostly engaged in investing in stocking and petty trading of locally produced commodities like palm oil, groundnut, poultry, rice, tubers, condiments and vegetables etc. In contrast, men engage in cash crops trade and travelling to bigger towns to purchase more profitable essential commodities that are not easily available in the villages. This difference in trades between men and women can be attributed to the amounts of loans available to the women and cultural factors hindering women from engaging in certain trades.

3.2.5 Other livelihoods initiatives targeting women

Oxfam took a decision in 2005, to support some initiatives that would specifically impact on the economic situation of women. To this end HELP partnered with the Kailahun Tortoma Women’s Network [KTWN] in 2006, in the women in leadership programme. The network comprises of 126 women’s groups in the 10 sections of Luawa chiefdom. Membership of the groups is 100% women. The support included training in leadership skills, group formation and information sharing involving. KTWN has, in 2007, identified the rice milling machines project under which Oxfam will provide 10 machines, costing Le 5.5 million each, and a one off supply of fuel and lubricants. KTWN provides all the local material and labour for the construction of the 10 rice milling sheds/houses. The project is expected to reduce the workload of women and children who will be freed from pounding rice manually. Rice milling
machines are also expected to reduce post harvest loses and to be a source of income for women’s groups. Income generated will be banked at Segbwena, because there are no banking facilities in Kailahun district. This raises cost and security issues which the network has to think through and deal with.

A focus group discussion with KTWN members [a group of 20] found the women confident, and full of self-esteem. The women pointed out they were in total control of the project though most of them were illiterate. This they attributed to the leadership and management trainings received from Oxfam. They were also mostly engaged in rice and vegetable cultivation and petty trading. A few of those spoken to had cash crop plantations that were inherited (because they had no brothers and powerful uncles), but could not make much out of the plantations at the moment because they lack the resources to invest on the plots which have been left unattended for many years during and after the war. They, however, intend to take loans from the KTWN fund being establishing, to resuscitate the plantations.

Two important lessons come from the experience of KTWN. One is that projects specifically targeting women and involving all women’s groups have a better chance of actualising leadership and decision making by women than mixed groups. Women were found to dominate the membership of VS&L groups but because these are mixed, men tend to dominate some key leadership positions. The second lesson is that the empowerment of women, as in the case of KTWN, helps them articulate projects that address their specific needs, e.g. grinding mills for KTWN women.

3.3 PROTECTION AND GENDER

3.3.1 Gender

Gender and protection were key aspects of HELP. The evaluation found these to be understood by communities in ways that reflects them more as cross cutting themes than stand alone in the programme. From listening to people in focus group and one to one discussions, the evaluation found gender, in the HELP context, to be about raising awareness on issues of how men and women, boys and girls relate in different roles and sharing of responsibilities. It is also about promoting the participation of women in decision making, leadership, planning, implementation, monitoring and enjoyment of fruits of development activities in their communities. This is being achieved through training on gender and is actualised through the water, latrines, health education and livelihoods activities. The evaluation got these community perspectives of gender, for example, because we asked the communities to discuss how they are benefiting from activities supported by Oxfam. Direct questions making gender and protection stand alone could probably have drawn blanks like the experience of Oxfam M&E Unit, June 2007. This suggests the importance of mainstreaming gender and protection into other tangible activities for effectiveness.

In watsan and livelihoods activities care is always taken to ensure active involvement of women. The minimum requirement on gender is that at least 50% of technicians, artisans, water point attendants, and members of CHCs and VS&L groups be women. The 50% women technicians requirement was, however, not achieved in the
first 2 years of HELP although the proportions have been rising. Reasons for the skewed distribution include education and cultural and traditional roles ascribed to different sexes in these highly patriarchal societies.

HELP has supported some activities targeted specifically at women working with the KTWN. These activities have shown that targeting women directly may have greater impact on actualising leadership and decision making of women, building their self confidence and self-esteem and empowering them economically.

As part of gender advocacy work, HELP has been involved in activities marking International Women’s day in collaboration with MSWGCA and other key players in 2005, 2006 and 2007. It has also been a part, through the gender focal point, of the district gender working team which is the main structure for dealing with sexual and gender based violence in Kailahun district.

3.3.2 Protection

Protection, like gender, appeared to be understood more as a cross cutting theme and not a stand alone. Focus group and one-to-one discussions indicated that the programme raises awareness on human rights and specifically women and children’s rights and issues of gender based violence. It supports communities in identifying their protection issues, finding community based solutions for addressing them and facilitating referral for issues that need external support. Discussions with communities identified IRC, the police and family support unit to be the main referral centres. In addition, protection is mainstreamed in other activities under watsan. One of the considerations in siting water points within villages, for example, is said to be security for women and children. Latrines are also said to provide privacy and security against snake bites.

All HELP staff are said to have been trained on protection issues. Awareness raising sessions are conducted during the CHC training sessions on human rights, especially women and children’s rights, gender based violence (GBV) and child protection issues across communities. Attempts are also made to build capacity of communities to address issues through community action and to link them up with appropriate external actors.

In May 2006, the Oxfam M&E team conducted a second baseline study of HELP aimed at measuring and evaluating change in specific issues such as knowledge and awareness about GBV/Sexual Based Violence (SBV): The survey findings were that about 55% of community people were aware of some of the gender based violations in their communities among which were wife beating and neglect. However, 46% were not aware of the occurrences of these issues. The findings further revealed that a significant percentage (91%) of these issues was reported to chiefs or local authorities, and 28% of such cases were reported to the police only after the chiefs would have failed to resolve them.

From the focus group discussions, it was apparent that community people are aware of some of gender based violations in their communities. Among those highlighted were wife and child beating, verbal abuse, polygamy, financial deprivation of wives,
rape, depriving children of food for a whole day, child labour, etc. The adults groups especially the men’s groups were very reluctant to discuss these issues as they were giving the impression that it was no longer happening in their communities. The children’s groups in all communities visited, however, made it very clear that violence was still being meted against women and children though it was on the decrease and mostly done with so much secrecy now. Cases such as beatings, rape and verbal abuse, are mostly reported to the chiefs who levy fines and warnings to perpetrators. Very severe cases of violence such as rape and child torture were reported to the police or local courts where perpetrators were punished based on the severity of the crime committed. In some cases they are warned and then released. It was, however, reported that rape cases were mostly resolved at family level. The rape victims were said to be given in marriage to the perpetrators especially when they are known to be pregnant.

Child beating is never reported except in extreme cases, for example an incident was sited where a woman burnt the hands of her step child for stealing. The case was reported to the police who reprimanded her and later ensured the child received medical treatment from the health centre. Children complained of being subjected to hard labour and most times not well fed. There are, however, very encouraging reports from some children’s groups that they no longer feed from pots but from dishes and even allowed to eat with spoons when available. They are encouraged to go to school and parents ensure they have uniforms and shoes even if it is slippers. Children in many focus group discussions indicate that in the past they were denied going to school so that they do farm work. Some women said they now command respect in their homes and communities because they are meaningfully engaged and can contribute to development debates if consulted.

Interviews and focus group discussions indicated that there are still cases of abuse and GBV but that these are on the decrease in HELP communities. The evaluation found that the level of awareness of rights and protection issues is said to have increased and continues to rise. This was attributed to these issues being repeatedly raised in training sessions and meetings and are now being talked about openly.

Oxfam GB’s protection team has collaborated with IRC and MSWGCA in designing protection activities. Oxfam has also been involved in activities to mark the Day of the African Child in collaboration with MSWGCA in 2005, ’06 and ’07. The theme for 2007 was, “STOP child trafficking” and HELP supported the broadcasting of messages on Radio Moa based in Kenewa. Again HELP worked with MSWGCA to mark the International Women’s Day in 2007 on an appropriate theme, “ending violence against women and girls”.

While Oxfam GB has participated in occasions to mark special days for women and children and other issues like HIV/AIDS at district level, the programme seems to have made a mark more in the area of raising awareness on rights and protection issues at the grassroots level in the 50 communities. Probably more could have even been achieved had Oxfam GB developed a clear strategy of linking grassroots level work to the district and national levels on these issues. To various stakeholders and

9 Oxfam GB: Repatriation and Reintegration of Sierra Leonean Returnees: Final Report January ‘05
players at district level, Oxfam has been visible for Watsan and not for the gender, rights and protection work despite the positive stories on the ground.

3.3.3 Gender and protection activities success factors

The evaluation attributes the successes registered in gender and protection work to some specific factors. One of these was the involvement of mixed teams of female and male Oxfam staff most of whom had themselves received some training in these areas. Having mixed teams ensured that issues that would be sensitive to discuss in mixed forums could be discussed with female staff for women and, likewise, with male staff for men. The training of Oxfam staff was also a important in the actualisation of gender and protection in water, latrines and livelihoods specific activities. This actualisation would not have taken place were staff not sensitive to gender and protection issues.

[Text Box Removed]

The evaluation also noted that Oxfam did not only talk about gender and protection, it actually walked the talk in that the female to male ratio improved from about 3:14 in 2004 to about 1:2 around June 2007. The evaluation found that Oxfam GB was probably the only agency headed by a woman at the Kailahun district level. The list of people representing other stakeholders and players interviewed during the evaluation also seem to confirm this.

3.4 HELP PROGRAMME RELEVANCE AND COST-EFFECTIVENESS

3.4.1 Programme relevance

The situation of Kailahun district at the start of the programme is discussed in detail in the HELP proposal document and many other reports. Interviews with government, donors and other INGOs, reveal that there were and still are pressing watsan needs in Kailahun. It is generally acknowledged that government, which has primary role of providing social services to communities does not currently have the capacity to address the pressing needs. While decentralisation to district councils has been going on for some time since local elections in May 2004, it is only recently that district councils are beginning to reflect a defined role and responsibilities. Watsan needs in Kailahun cannot be addressed by government and communities alone because of capacity constraints. Communities have low incomes, were internally displaced, were refugees and/or are hosting returnees. HELP was, therefore, relevant to post war Kailahun.

[Text Box Removed]

Kailahun was the last district to be declared safe after the civil war. Oxfam GB was already in the district while most other agencies were shunning it, according to Kailahun District Council Chairman. Oxfam is also said to have taken a developmental approach, through HELP, in addressing the pressing needs of the re-establishing communities. Many other agencies that worked in the water sector, for example, are viewed as having used an emergency approach where they came into the district, delivered water points for short periods and pulled out. The situation of communities is such that there are needs that need to be addressed in both the immediate and long term, and HELP is said to have recognised this reality, making it a relevant and valid programme.
The communities targeted were emerging from a decade long war during which they lost all properties and social support systems, incomes levels are low, illiteracy rates are high, unemployment is rampant, and there are large numbers of single mothers, female headed households and widows\(^\text{10}\). This picture was there for the evaluation team to see. The livelihoods component of HELP was, therefore, appropriate for income generation which is useful in providing resources for household level development as well as contributing to the overall objective of economic recovery and sustainable economic and social development.

In war situations, many abuses, atrocities and violations of human rights are committed with impunity. The abuses and violations may, with time, be considered a norm even outside war situations. Some of the negative attitudes, behaviours and practises spill into the post war period and Kailahun district was not an exception. The protection component of HELP was, therefore, relevant to the situation of Kailahun emerging from war.

### 3.4.2 Relevance of programme design

The design of most aspects of HELP is consistent with GoSL Water and Sanitation Policy (Draft). The Draft Policy objective on rural water and sanitation seeks to, among other things: (a) ensure stakeholders participation in planning, construction, operation, maintenance and management of water resources and community based domestic water supply schemes, (b) communities meeting the operations and maintenance cost of services, (c) integration of water supply, sanitation and hygiene education, and (d) gender sensitivity and fair representation of women in village water user entities\(^\text{11}\). HELP is designed to address all these through its public health, livelihoods, gender and protection components. Since the policy is still a draft, there is opportunity for Oxfam to use lessons from HELP to inform the policy objective and strategies on rural water and sanitation.

The design of HELP is relevant to Kailahun in a number of respects, including:

- a) The programme design recognised the interconnectedness of the various components. While there is a manifest need for safe water and safe disposal of excreta, HELP recognised that hardware in the form of protected water points and latrines needed to be accompanied by an increase in environmental and personal health knowledge and extensive behaviour change. This is because it is a well known fact that even safe water at source becomes faecally contaminated during collection, transport, storage and drawing in the home\(^\text{12}\), for instance, hence the incorporation of health education.

- b) The livelihoods component of HELP is appropriate for communities emerging from a war. The communities have low incomes, were internally displaced, were refugees and/or are hosting returnees. Livelihoods projects help with income generation which is useful for providing resources for household level development. With school, health and other social services costs to meet, e.g. repairs of facilities such as water points, the importance of income generation

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\(^{10}\) EC – Oxfam GB LRRD proposal 2004 – 2007

\(^{11}\) GoSL: Water and Sanitation Policy (Draft).

\(^{12}\) Wright et al., 2004
cannot be overemphasised. This component contributes to overall objective of economic recovery and sustainable economic and social development.

c) Making communities contribute labour and local materials in the form of sand, stones, bricks, moulds and poles for water points and latrines construction, and contributing to the cost of start up kits for VS&L groups helped raise awareness that there are resources in the communities and that people can do something for their own development. This is crucial in working with people that have been IDPs and refugees and were dependent on handouts during emergency periods. The concept of community contributions helps to kill the dependence syndrome. A woman water point beneficiary at Kenewa summed up the sentiments of many when she said that her contributions make her feel that she has a stake in the project and has to guard the project jealously. It can be concluded that community contributions inculcate a sense of ownership and commitment to manage and preserve resources and assets.

d) CHCs, water points committees, VS&L groups and other group formations are critical for community involvement and strengthening of social cohesion through joint ownership and control of resources. This software aspect of HELP was found to instil values of tolerance and inclusion, thereby contributing to overall programme objective of consolidating peace and stability. At individual level, responsibility makes members of groups feel appreciated.

e) The VS&L scheme encourages members of groups to save and savings, as is a well known economics fact, are a key factor for investment. Members can borrow money from the savings club for social and productive purposes at an interest. The fact that Oxfam does not put in capital but training and start up kit means that the scheme can easily be replicated. The VS&L scheme is also relevant in that there are no community banking facilities in Kailahun.

f) Working with community as primary partner in watsan activities was in recognition of capacity constraints of LNGOs in Kailahun. The shift in the approach at the beginning was an acknowledgement of a reality on the ground. Three (3) potential partners have been identified and are on the verge of signing MoUs. Oxfam GB will work through them in the next water programme.

There are aspects of the HELP design that could have been done better. One is the programme size and diversity of activities at the beginning. Some stakeholders are of the view that the programme design was over ambitious at the beginning and could possibly have overlooked the realities on the ground, e.g. the state of roads and the absorption capacity of communities. The staffing of HELP was largely inherited from the water relief programme and the strategy was that of delivery through partners. The time spent reorienting staff and the slow take off of some activities, especially the software aspects, had a bearing on the pace of programme implementation especially in view of the demand response approach.

The slow take off of some software aspects of HELP largely contributed to HELP’s budget performance lagging behind plans in year 1. Although this appears to have been addressed by streamlining and focusing the programme and addressing the human resource base of HELP in 2005, it provides learning for planning transition between relief and development. The addition of a public health coordinator and a
programme support manager, streamlining of M&E unit, general capacity building of staff and improving the gender mix, seem to have given the programme impetus.

It can be safely concluded that all components of HELP were relevant to post war Kailahun and that the programme design was appropriate. The use of baseline surveys/studies and needs assessments is a factor in the relevance of the programme. For example, the introduction of VS&L group scheme was grounded in the findings of a study on Micro-finance situation in Sierra Leone and Kailahun13.

3.4.3 Programme cost effectiveness

Cost effectiveness is generally a difficult notion to pin down in development work. Each community has its own circumstances and challenges and there are always many factors, social, economic and physical, at play at any one time. Although the evaluation did not put emphasis on the question whether the programme was implemented in a cost effective way, but rather on whether HELP was cost conscious and sought to find effective and efficient ways of delivery, it has been noted that €360,000 was de-committed, back to EC, in March 2007 and Oxfam is still confident of meeting all the physical targets of the programme. Planned and unplanned savings are said to have been realised in some programme activities such as VS&L scheme [where grants were removed] and on the general running and staffing budget lines. This suggests Oxfam was cost effective in delivering the HELP programme.

HELP’s approach is not to put up the least cost latrines, for instance, but to raise awareness and stimulate demand and respond by giving options from which communities identify the most practical options for their circumstances. If cost was the only factor, Oxfam had costings for 13 different latrine options, ranging between €121 per unit for the least cost and €269 for the highest cost option14. Because this is development and not relief, the communities have to decide and be involved. Our analysis and conclusion is that HELP programme consistently sought to find low-cost, appropriate and replicable options for communities. This is because:

a) Oxfam GB recognised the absence of potential partners for the watsan component and worked with communities as primary partners in order to address an urgent need while at the same time it explored ways of supporting the development of LNGOs. Three [3] NGOs have now been identified and present an opportunity for partnership development. This will provide for scaling up of watsan activities in the district as the emerging LNGOs will remain a resource in the district in the future. If Oxfam had waited until it could only deliver watsan through partners, a pressing community need would have gone unattended for two to three years and there would have been social and economic costs.

b) Other players in development work in Kailahun, e.g. Plan International, see Oxfam’s shift from boreholes to large diameter wells and also the piloting of different types of pumps as evidence that the agency is seeking cost-effective ways of delivering watsan services in the district. Lessons from this will contribute to effective and efficient ways of delivering watsan services, especially if lessons are used to influence policies of government and other key stakeholders.

c) HELP is striving for low cost appropriate technology that communities can afford and replicate. It is currently testing 3 different water lifting devises, namely, the India Mark 3, rope and bucket [windlass] and the elephant pump. It has also

moved from boreholes to wide diameter wells and has been assessing different pumps for appropriateness. The latest wells that are fitted with a pump are also backed up with a pulley frame designed to take a windlass. This modification is in response to experiences and demands of the communities for appropriate technology. It has been noted that this option with an additional facility was rejected by communities who received the first set of water points in 2004/5.

d) Besides the issues for consideration raised under water points and latrines, the engineer who carried out technical inspection of the facilities during the evaluation was generally satisfied with their quality.

It has been pointed out that an important dimension of long-term development programmes is that of awareness raising, community mobilisation and organisation for involvement in programme processes and activities. Our analysis is that this programme dimension gained momentum in year 2 onwards with the graduation of the first cycles of water management committees, CHCs and VS&L groups. We have pointed to the increasing ascendancy of women into leadership positions through public health and livelihoods group formations. This suggests Oxfam was gender aware and responsive although this could have been stronger if HELP programme document and baseline reports had detailed gender responsive indicators. The involvement of women in decision making forums means the programme was seeking to harness all the skills and capacities in communities and at the same time tapping on local materials and resources. The target for watsan technicians in the HELP programme document, for example, was 50% women. This says that Oxfam GB was gender aware. The first group of technicians was 33% women. Oxfam took note of this and corrected the ratio in 2005/6 groups suggesting responsiveness. The proportion of women in key leadership positions in VS&L groups has also been on an upward trajectory over the three year programme period. It is our view that the involvement of women in leadership positions and hence decision making processes would have positive cost implications for the programme. This is because, if women are not actively participating in all aspects of the programme, then only part of the skills and capacities in communities are being employed.

3.5 LEARNING, SHARING AND ADVOCACY

3.5.1 HELP’s experience

Interviews with current and former staff of HELP reveal there are lessons on managing transition from relief to development. Oxfam GB was involved in relief work in Kailahun district since 2002. It appears HELP staff and systems in 2004 going into 2005 were largely inherited from the relief programme. Much of 2004 and early 2005 was spent reorienting staff and systems and building capacity. An early injection of development oriented staff which could have seen a speedier take off of all activities was constrained by availability of qualified and experienced development workers in a country emerging from a protracted civil war. There is, therefore, need to factor human resource supply constraints in planning the relief/development interface.

Oxfam GB is actively sharing its experiences and good / best practises with other development players. It also seeks to learn from others. For example, Oxfam has drawn lessons from CARE’s experience with CHCs. The CHCs approach on public health education is one that was successfully implemented in Zimbabwe by Zimbabwe AHEAD (Applied Health Education and Development Project) and piloted in Moyamba District, Sierra Leone, by CARE International in 2001. In 2006, Oxfam GB field staff undertook a preparatory learning visit to GOAL Ireland where there was
sharing of experiences on formation of water management committees. In the field, Plan International has collaborated with Oxfam on Watson. The former works in the education domain and has called on Oxfam whenever they have needed expertise on Watsan projects in schools.

The VS&L groups scheme, which forms the bedrock of the livelihoods component of HELP, is informed by the experience of village savings and loans associations piloted by CARE International and practised before the war. Following a study on microfinance in Kailahun, Oxfam did not seek to reinvent the wheel but rather to develop and refine an improved version of the savings and loans’ association.

Oxfam GB is acknowledged as actively participating in the INGO forum on watsan which brings government and INGOs together at the national level. Oxfam has also participated in district level inter agency coordinating meetings. Stakeholders in Kailahun were of the view that while the heads of agency meetings were good, more needed to be done by all agencies with respect to collaboration in the field.

The Water and Sanitation Policy (Draft) has issues for advocacy work that Oxfam GB and other players can take up. The draft has “private sector participation: is rural water supply aimed at, inter alia, enabling legal private ownership of rural water supply schemes. It also envisages changing roles of the Government from a major service provider to that of coordination, policy and guidelines formulation and regulation. This poses a threat of privatisation of safe water resources/points which has the potential for putting economic and social access to safe water beyond the reach of the poor. Access to safe water is a basic need and right. Oxfam can use its experience from the HELP programme to influence the watsan draft policy.

3.5.2 Missed opportunities

The water component of the programme focused on underground water by means of boreholes, wide diameter wells and springs. Kailahun has about nine months of torrential rains and rain water is not being harvested in any serious way. We observed that at a few houses with corrugated iron roofing sheets, small pieces of gutters are fixed to sections of roofs to direct water into containers, mainly large dishes or bowls. It is said that people in Kailahun used to harvest and store rain water in specially designed huge earthen pots before the war. Future water programmes could investigate and pilot different rain water harvesting techniques.

While Oxfam has generally networked well with other agencies, especially other INGOs, there were a few missed opportunities at the ground level. It does not seem to have fully exploited the space to collaborate with MoHS on public health education. Collaboration in this area was minimal and ad-hoc. This is despite that in its 1st Interim Narrative Report, Oxfam indicated “…dialogue has also been initiated with the DHMT in Kailahun to agree on the broad outline on collaboration”16. This was not pursued to a firm conclusion. Improved coordination and collaboration would have enabled MoHS to effectively participate, give support to CHCs and other public health related projects thereby providing for continued support of programmes at the end of HELP. Involvement of line ministries would make them identify with initiatives and want to replicate successes in other areas, thereby scaling up of best practise.

SCUK is working in some of the Chiefdoms covered by HELP. Its focus is child protection, encompassing prevention of abuses and exploitation, neglect and

15 Kailahun District Council Development Plan 2007 to 2009
violence to children, while Oxfam seem to be looking at protection in a broader sense to include women. We did not come across evidence of any deliberate effort by Oxfam to formalise collaborative work on protection with SCUK. We say effort by Oxfam because SCUK has the profile on child protection and Oxfam on watsan.

While Oxfam appears to have done well in raising awareness on women and children’s rights and gender and protection issues at the grassroots level in the HELP communities, it did not develop a strategy for linking the local level work to the district and national levels for greater impact. District level stakeholders and players acknowledge Oxfam’s visibility in watsan. Oxfam needs to find innovative ways of scaling up its best practises in gender, rights and protection issues.

Oxfam worked with MSWGCA and MoHS [mainly at PHU level] and other organisations to mark important international days like HIV/AIDS, International Women’s Day and Day of the African Child. It also collaborated in campaigns, e.g. when there was an outbreak of diarrhoea and vomiting in 2006 whereby Oxfam met the radio costs for community sensitisation messages. While this is all good, HELP does not seem to have identified advocacy issues in public health and protection/gender for which it could specifically work on, with clear objectives and strategies, over the programme period at local and district levels leading to the national level. In its 1st Interim Narrative Report, HELP indicated it had, “...identified the main focus of the protection programme to be children’s workloads and denial of education”, and would maintain dialogue with different communities on general protection issues. Children and women’s focus group discussions, e.g. Mendekema, confirmed validity of these issues. HELP could, for example, have developed campaign objectives and strategies for the three year period on these issues.

Though Oxfam was working directly with communities and raising awareness on rights issues, specific advocacy issues identified where directly handled by OXFAM and other INGOs, e.g. on protection of the vulnerable, children and expecting women in cost recovery in health and the distribution of bed-nets under the Global fund against HIV/AIDS, TB and malaria programme. We did not get a sense of any active involvement of communities. This means that when Oxfam GB moves out of communities the latter may not have capacity to launch advocacy campaigns on issues affecting them. Oxfam should adopt a people centred advocacy approach. It should build capacity of communities to ask questions, claim their rights, and hold institutions accountable. One of the questions we raised in the group discussions was on, who the communities think is responsibility for providing social services, e.g. watsan and education. While children thought it was Oxfam and the other agencies they have seen operating in the area [with a few pointing to district council as well], most men and women pointed to government and district council [some adding, with help of agencies like Oxfam]. They even observed that they are paying Le5,000 per year per adult male or female in taxes [raised from Le500 that men alone were paying in 2005] and that they expect the district council to use the money on social services in their communities. This shows that there is potential for people centred advocacy which would be in line with Oxfam GB’s governance programme desire to link communities with the PRSP processes and district level public sector budget monitoring.
4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

The HELP programme was relevant and valid to the situation of Kailahun District. The programme reached about 20% of the population of the 4 Chiefdoms through its mutually reinforcing components of public health, livelihoods and protection. The evaluation is of the view that the programme is meeting the specific objectives of its components and is also making headway towards the overall objective and purpose.

In view of that 80% of the population of the 4 Chiefdoms and the remaining 10 Chiefdoms in the district are not reached by HELP, we conclude that there is still a big challenge of addressing public health, livelihoods and protection issues in the district. While there are other players working in the district and possibly focusing on other sectors like education, agriculture, etc, we find the HELP design, based on integration, and the demand-response approach of Oxfam GB unique. This is because most other players tend to single sector or issue specific. The challenge, therefore, is whether HELP ignited a fire that will spread within the four Chiefdoms and beyond leading to replication of processes and projects that it has started. The early signs for this are there, but only time will tell how far this will go.

HELP marked transition between relief and long-term development in Kailahun district by Oxfam GB. HELP achieved this transition and has two key lessons for future programmes linking relief and long-term development. The first lesson is that planning such programmes should factor in time and resources for processes of awareness raising, sensitisation and community mobilisation and organisation during the period of interface between relief and development activities. During this period, physical activities/projects needing community participation will necessarily be slow with momentum picking up gradually. A second lesson is on integration of mutually reinforcing programme components that address felt needs and places communities on socio-economic recovery paths.

Gender is a key consideration in Oxfam GB. The HELP programme document and the baseline reports did not have detailed gender responsive indicators that could be measured throughout the life of the programme. Consequently M&E Unit’s monthly CHC monitoring reports and impact case studies and HELP programme yearly and other reports were not gender and generation responsive to the extent demanded by the Oxfam GB Gender Mainstreaming Tools [Oct. 2002].

Oxfam GB was cost effective in implementing HELP. There, however, remain a few physical activities in progress which Oxfam GB has to see through even after HELP has come to an end. Oxfam GB also sought effective and efficient ways of delivering low cost, appropriate and replicable community based projects using a demand-response approach. This should provide for continuation of processes and projects beyond the HELP programme period.

All components of HELP are having positive impact on the lives of the people. Women, men, boys and girls are benefiting in diverse ways. Communities are opening up on gender and protection issues that were previously held as taboo and many are testimonies by individuals how their personal lives have been touched by the programme. HELP is contributing to social cohesion. Women are increasingly taking up leadership positions in public groups and projects, in these highly
patriarchal societies. While HELP activities and projects are impacting positively on people’s lives, there are lessons to be learned from the programme. Some of the positive lessons are the HELP success factors. On shortcomings is the issue of programming to ensure that the poorest and most vulnerable are not inadvertently excluded from some projects.

HELP success factors included: [a] the peace and stability that has obtained in Kailahun district and the country as a whole since 2002 to date; [b] investing in soft ware activities including conducting baseline surveys which helped programme to focus on felt and priority needs of communities; and conducting trainings which raised awareness on local resources including material and human; [c] having female staff on the Oxfam staff ensuring that female members of communities could relate with staff on sensitive issues; and [d] the approach of having communities contribute local resources ensured strong identification with the activities and processes, making beneficiaries feel they have a stake and wanting to jealously guard their assets, facilities and group interests.

Government and district councils have limited capacities to support development processes started under programmes such as HELP. Government is trying to decentralise, re-establishing line ministries within districts and building the capacities of local councils. Our analysis is that HELP had, for example, more vehicles and motor bikes to service the 4 Chiefdoms than all civil line ministries and district council combined had to service 14 Chiefdoms in Kailahun. So, while development agencies work to build the capacities of communities [usually through CBOs] and local NGOs there is also a need to look at the capacity of national and local governments. This is probably an area for bilateral and multi-lateral donors and institutions to consider. Development agencies, though, can also look at collaborative and partnership arrangements with line ministries and district councils at local and grassroots level. This would help build capacities at those levels, coordinating plans and operations, influencing policies and practises and providing for scaling up of best practises.

There are opportunities that have become apparent, through HELP’s experience, for future programmes to consider. These include: exploring possibilities of harvesting and storage of rain water; protecting traditional sources of water in addition to the new ones; public health education practitioners developing strategies to promote behavioural change; advocating on and influencing the GoSL water and sanitation policy [draft]’s rural watsan objectives and strategies; and building capacity of CBOs and communities for people centred advocacy.

4.2 Recommendations

On the basis of our analysis and conclusions, the following recommendations are made for consideration by Oxfam GB and other stakeholders and players:

1) There are watsan physical activities in progress that are likely to be incomplete at the end of the HELP programme this July. It is recommended that Oxfam GB set aside the money to pay contractors and staff and running costs, estimated at €128,670 [as of 30 June], for the completion of these activities.

2) Future Oxfam GB programme documents and baseline reports should have comprehensive gender analysis and detailed gender and generation responsive indicators that can be measured throughout the project/programme cycle.

3) Oxfam GB should, in future programmes, ensure that various processes are inclusive of the poorest and vulnerable who may not be in a position to set aside
savings in order to participate in initiatives or to contribute towards imported materials for household level projects being supported by the agency.

4) Oxfam GB and other players should investigate and pilot different techniques of harvesting and storage of the plentiful rain water. This will broaden the safe water options available to poor rural communities and households.

5) Oxfam GB should, in future ensure involvement of relevant government line ministries and district councils and, where possible and appropriate, extend and formalise MoUs and partnership arrangements. Collaborative and partnership arrangements with line ministries and local government authorities have potential for building capacity of ministries at local level, influencing polices and practises and scaling up of good practises to areas outside the agency area of operation.

6) Oxfam GB should continue to actively participate in watsan sector coordination meetings at district and national levels with a view of sharing its best practises and field experiences from HELP to inform the Water and Sanitation Policy (Draft) 's rural watsan objective and strategies. Specific areas where HELP can inform the policy are that of “choice of technology” for water points and that of low cost community led latrines.

7) Oxfam GB and other agencies should advocate on the GoSL watsan policy draft to be pro-poor. An apparent advocacy issue is the potential twin threat of proposed GoSL withdrawal from being a watsan service provider to policy formulation and supervision, and the proposed active encouragement of private sector involvement in rural water provision. If a combination of these proposals were to pass, there is a real threat of privatisation of water which may place safe water beyond the reach of the rural poor and vulnerable.

8) Oxfam GB should in future consider identifying one or two specific advocacy issues with clear objectives and strategies for pursuit during programme timeframe, linking actions at grassroots to the local [district] and national levels. Over and above the selected advocacy issues would be many others that can be engaged on in collaboration with others on an ad-hoc basis.

9) Oxfam GB should in future consider building capacities for community based advocacy so that it and other development agencies are not always speaking for the communities at local and national levels.

10) Bilateral and multilateral donors and institutions should step up efforts to build capacities of government line ministries and local authorities [district councils]. Government has the ultimate responsibility to provide policy framework and support development processes in the country. Without adequate capacity, government will not be able to support community level development processes started under programmes such as HELP.

11) Future programmes should draw lessons from HELP on the importance of packaging mutually reinforcing components for programmes targeting resource poor communities emerging from war and/or relief. An integrated approach to development addressing public health, livelihoods, education/literacy, protection and gender, etc, will go a long way in empowering women and lifting them to positions of leadership and decisions making.
12) Future LRRD programmes should draw on the experience of HELP with regards to planning the transition period, i.e. that crucial period marking the interface between relief and development, needs to be planned realistically.
Appendix 1.

REFERENCES

15. Oxfam GB: HELP Year 1 budget and expenses report as of 31 July 2005
17. Oxfam GB: HELP Full budget status report as of 31 July 2006
18. Oxfam GB: HELP Year 2 budget and expenses report as of 31 July 2006
Appendix 2.

PEOPLE AND COMMUNITIES INTERVIEWED

[Appendix Removed]
Appendix 3. INTERVIEW AND GROUP DISCUSSIONS GUIDES

A. KEY INFORMATS INTERVIEW GUIDING QUESTIONS (EC, GOVT, UNICEF, KEY IMPLEMENTING PARTNERS + )

For all questions below, consider the different aspects of the HELP programme (water & sanitation, livelihoods, protection, gender, partnership development, sustainability, etc) and steer discussion in the appropriate areas for the agency.

1) Establish how much the interviewee is knowledgeable about program. For **partners** ask about their relation with Oxfam….period of partnership….basis of partnership (sector, MoU, ToR, specific project partnership)
2) What has worked well with the HELP programme?
3) What do you consider to have been the success factors?
4) What could Oxfam and its partners have done better?
5) What are the constraints usually faced by players implementing development programs. And if interviewee is very knowledgeable about HELP or is a **partner** then…what were the constraints and challenges that were faced? Any suggestion on solutions?
6) How well did your organisation/department work with Oxfam and its partners? Has there been changes in the way you have related over time? (For **EC & government departments**: also probe reporting relations. Capacity to continue technical and other support to HELP program processes after Oxfam.
7) Government has the responsibility and duty to provide social services and protection to citizens and to spearhead development in the country. In what ways are government policies and practises supportive of the HELP and similar programmes by NGOs? What opportunities are there for civil society to influence government policies and practise? (For **government** ask for any relevant policy documents).
8) **Lessons from Oxfam and other programs by other players.** And if interviewee has good knowledge of Help then….Programmes like HELP generate many lessons on long term development. What lessons, if any, do you think come from the HELP programme? How do you see your agency making use of any of the lessons generated by the HELP programme?
9) For **partners**, ask about organisational issues….vision/mission/value issues, legal status, structure, staffing (gender issues), role in program design or design changes.
10) Any other observations you would like to make on the HELP programme or Oxfam’s work in the district or country?

B. OXFAM GB STAFF INTERVIEW GUIDING QUESTIONS

For all questions below, consider the different aspects of the HELP programme (water & sanitation, livelihoods, protection, gender, partnership / capacity building, sustainability, etc) and steer discussion in the appropriate areas for the staff member.

1) Share with us, your understanding of the HELP programme with respect to its overall objectives, purpose and approach.
2) What role did you play, if any, in program design or changes to the design? What did you have to change during implementation?
3) What are the components of the program and how do they relate with each other?
4) What has worked well with HELP programme & why (meeting targets/objectives, other?...what do you consider to be characteristics of a successful project?
5) What do you consider to have been the success factors?
6) How and why were beneficiary communities & partners selected?
7) What could Oxfam and its partners have done better?
8) What were the constraints and challenges that were faced?
9) Who are Oxfam’s partners in HELP program? How well did Oxfam work with partners?
10) Government has the responsibility and duty to provide social services and protection to citizens and to spearhead development in the country. In what ways are government policies and practises supportive of the HELP programme?
11) Was the protection component of the programme useful?.......How?
12) What major changes in the lives of people have taken place in the district as a result of programme interventions? {POSITIVE & NEGATIVE. Planned & unplanned changes}
13) Who is benefiting...men, women, boys, girls & the disabled?.....how? (Discuss each intervention in turn)
14) Has HELP programme impacted on relations between men and women, boys and girls and how? {....division of labour, decision making, participation in program processes, economic independence, etc}
15) Programmes like HELP generate many lessons on long term development. What lessons, if any, do you think come from the HELP programme and for who? {relate to (5) & (7) }
16) How are or will lessons be shared? How do you see government and other agencies making use of any of the lessons generated by the HELP programme?
17) How sustainable are the processes beyond Oxfam support? What mechanisms / measures have been put in place for sustainability? {skills transfer, capacity building, gender issues}
18) Any other observations on the HELP programme and work of Oxfam?

C. COMMUNITY FOCUS GROUP DISCUSSIONS GUIDE

1) How long has OXFAM been working in this community?
2) What support have you received from OXFAM?
3) Who identified the need?
4) How was project location decided upon?
5) What role did the community play in designing the project? {look at roles of men, women, girls & boys}
6) What role does the community play in implementing the project? {look at roles of men, women, girls & boys}
7) What support has the community received from Oxfam and its partners to be able to play its role fully? {e.g. trainings}
8) What has been the benefits from this project(s)? How are the benefits being used (e.g. from savings scheme)?
9) Who is benefiting and how? {men, women, boys, girls, the disabled?}
10) What changes have you experienced in your lives as a result of project interventions? POSITIVE & NEGATIVE changes. {in the lives of men, women, boys and girls}
11) Of all the changes, what was the most significant change?
12) How has the project(s) affected relations between and among men, women, boys and girls? {….division of labour, decision making, participation in program processes, income from savings schemes, economic independence, etc}

13) How has community organisation changed (group / committee formations & compositions, etc) as a result of programme interventions?

14) What are the most successful aspects of the project and what are the contributing factors?

15) Do you think more could have been done to improve on the outcomes of this project? How?

16) What are the challenges and problems you have encountered in implementing the project (water & sanitation, savings scheme, etc)?

17) What do you see as the causes of the problems?

18) Proffer solutions to problems……..how can the project(s) be improved?

19) Do you have any mechanisms in place to maintain the facilities and processes that have been achieved through OXFAM support? If yes what are the mechanisms / measures in place for continuation?

20) Whose responsibility and duty is it to provide social services (e.g. water & sanitation, clinics, schools, etc) to communities in Kailahun district?

21) Is duty bearer playing his or her role to your expectations? {If not, why? If yes give examples of services being provided to communities by duty bearer}

22) What role do communities have in provision of social services? Is your community playing that role? {If yes give example to demonstrate. If no, why?}

23) Has the project(s) affected the way community members relate with government departments, district and ward councils and traditional leadership…..if yes, how?

24) We know there are abuses and violations that members of the community can and do experience from time to time. What abuses and violations are common in your community…who are the perpetrators and the victims? {men, women, boys & girls}

25) How does the community protect the vulnerable and deal with such abuses and violations?

26) How has the project helped in addressing issues of abuses and violations? Is there any difference between how the issues were dealt (or not dealt) with before the project and now?

27) What mechanisms and measures are in place for communities to identify and address issues of abuse and violations?

28) What have you learned from participating in the project(s)?

29) Which lessons have you put into practise? Any changes in practise (e.g. environmental sanitation & hygiene)

30) Which lessons are difficult to practise and why?
Appendix 4.

TERMS OF REFERENCE-HELP PROGRAMME EVALUATION

1. Background

Introduction

Context

Project aims

Evaluation

The Evaluation to be completed is the programmes final evaluation to assess the impact of the work completed, challenges faced and areas of recommendation for future work.

2. Purposes:

Purpose of HELP evaluation is to evaluate the relevance and effectiveness of the HELP programme by

- Assessing to what extent did Oxfam GB meet the goals and objectives as set out in the proposal
- Assessing how has achievements translated into changes in the quality of lives of beneficiaries?
- Assessing key lessons learned, gaps, constraints, challenges and threats that will inform future programme directions.
- Assessing how relevant was the programme design

3. Specific objectives:

Specific objectives will include assessment of the following:

1. Assess how the HELP programme interventions have contributed to key outcomes or results achieved, in order to bring about changes in the lives of women, men, girls and boys affected by the programme. What worked well and what were the enabling factors? Were there missed opportunities and what can we factor into future programme design?

2. Assess how the HELP programme has contributed to specific changes in ideas, beliefs, policies and practices promoted by the programme.

3. Assess the degree of behaviour change for women, men, girls and boys (i.e. hygiene behaviours; management of household resources; gender relations)

4. Assess the Quality of outputs (i.e. water points, latrines, adherence to SPHERE/ government standards and gender/ protection guidelines)

5. Assess the extent to which work on gender inequities and related injustices have had an impact on conditions and positions of women, and also on changes in gender relations.

6. Sustainability of programme benefits (external linkages/ partnerships will be considered here; ways of working with the community; etc)

7. Assess the cost effectiveness of the programme by analysis of the cost of outputs and outcomes against their quality to ascertain if they are worth the costs.
4. **Scope and Time frame**

The review will analyse and document key lessons and findings for sharing and learning in the Oxfam GB HELP programme – Kailahun, Sierra Leone and draw on the implications for the future directions of the water facility programme and other programmes linked to the Public Health Growth Framework. The review will be anchored around the specific objectives implemented under the HELP programme, taking into consideration the changes in programming as a result of changes that have taken place in the operating context.

The evaluation will take 20 working days (minimum of 15 days in Kailahun), starting between mid June and the first week of July.

5. **Evaluation Process and Methodology**

The evaluation will be conducted in a participatory manner to bring multiple perspectives from key stakeholders in assessing the achievement of programme goals and objectives.

It is envisaged that the evaluation process will include:

- Planning meeting to develop guiding questions, elaborate and focus methodology
- Formation of a reference group comprising of the evaluation team and the PM and CPM
- Community Visits
- Consultations with primary and secondary stakeholders (e.g. EU (donor), Director MoHS, Representative Water Supply Division, District Council Chairman, District Medical Officer, other INGOs/ NGOs as deemed appropriate, partner communities)
- Mixture of focus group discussions and interviews.
- Documentation review
- Case studies and human interest stories review
- Review and reflection meetings
- Dissemination of findings and soliciting perspectives from local key stakeholders (government, beneficiaries, staff) and recommendations for the next steps

The findings of the evaluation will be collated into a final report.

6. **The Review Team and Participants**

The Review Team will be responsible for carrying out the evaluation including consultations with various stakeholders. They will work closely with a cross section of other programme and management staff to enhance outputs of the review as well as internal learning and ensure successful completion of the evaluation.

The team is expected to have poverty and gender analysis skills, programme design, participatory methodologies background, experience in partnership development and specialized skills in Public Health and Livelihoods programming.

The Team Leader is expected to have experience in programme reviews, preferably with a strong public health and organisational development background.

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17 Public Health Growth Framework is an imitative across Oxfam to develop and learn from Public Health Programmes.
Members of the current Kailahun team should not be active members of the evaluation team. They will be key resources, subjects of interview/focus group discussion, etc, and also to act as accompaniers to the field &/or translators, etc.

For Oxfam GB SL inside perspective, it is proposed that the evaluation team would have a structure along the lines of:

![Evaluation Team Structure Diagram]

It is imperative that whatever the team structure decided upon by the Lead evaluator a gender balance must be incorporated.

Technical Expert is recommended to come from the Oxford Global pool of experts. The person should bring a strong public health background and knowledge of livelihoods programming would be an advantage.

It is recommended that the technical expert work alongside a member of the District Health Management Team (DHMT, based in Kailahun) &/or the Water Supply Division (WSD, based in Freetown) to be on the evaluation team. This will provide further insight into Oxfam GB’s work of the last 3 years. Their organisations will be paid for the consultancy with the living allowance being paid directly to the relevant member of the team.

A national expert, with knowledge of development within Kailahun is recommended to ensure that a comparison of change made, from a Sierra Leone perspective can feature strongly in any evaluation and findings.

Working with the National expert should be a member of a regional resource team that has had experience in similar West African programmes. An approach will be made to the Liberia public health team to also contribute a team member to the HELP evaluation?

Where necessary, translation support can be obtained locally to support the evaluation.

Finally, partner organisations under the Water Facility Programme will be invited to shadow the evaluation process for their own learning and helping to forge a relationship that welcomes critical analysis of its work.
7. **Specific outputs**

- An evaluation-report See below for details
- Feedback to Programme Manager and Country Programme Manager
- Feedback to the key stakeholders.

8. **The Evaluation Report**

The report should, among other things answer the following:

**Where are we?**

- Briefly explain work carried out under the HELP programme
- How successful has Oxfam GB been in meeting strategic objectives and outcomes
  - What were the successes and failures in terms of effects, outcomes or impacts from the perspective of different stakeholders, particularly women?
  - Which strategic objectives have been most useful and least successful? Explain and show evidence.
  - What constraints were there and how were they overcome?

**The implementation process -How are we?**

What are the major analysis and findings with respect to?

- Impact
- Policy and practice change
- Models of change with respect to what is happening
- Partnerships
- External issues
- Strategy
- Monitoring and Evaluation

**What is needed to move forward?**

What is the major learning, conclusions and recommendations drawn from the evaluation.