

PROVENTION CONSORTIUM

Community Risk Assessment and Action Planning project

SIERRA LEONE – Kono and Tonkolili Districts



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Vulnerability and Capacity Assessment (VAC) Report for 19 Communities in Kono and Tonkolili Districts

CRA Toolkit
CASE STUDY

This case study is part of a broader ProVention Consortium initiative aimed at collecting and analyzing community risk assessment cases. For more information on this project, see www.proventionconsortium.org.

Bibliographical reference: Sierra Leone Red Cross, "Vulnerability and Capacity Assessment (VAC) Report for 19 Communities in Kono and Tonkolili Districts", Freetown: Sierra Leone: Sierra Leone Red Cross, Community Reintegration and Development Project (CRDP), 2004.

Click-on reference to the **ReliefWeb country file for Sierra Leone:**
<http://www.reliefweb.int/rw/dbc.nsf/doc104?OpenForm&rc=1&cc=sle> .

Note:

A Guidance Note has been developed for this case study. It contains an abstract, analyzes the main findings of the study, provides contextual and strategic notes and highlights the main lessons learned from the case. The guidance note has been developed by Dr. Ben Wisner in close collaboration with the author(s) of the case study and the organization(s) involved.

SIERRA LEONE REDCROSS SOCIETY

COMMUNITY REINTEGRATION AND DEVELOPMENT PROJECT (CRDP)

VULNERABILITY AND CAPACITY ASSESSMENT (VCA) REPORT **FOR 19 COMMUNITIES IN KONO DISTRICT**

INTRODUCTION

The Sierra Leone Red Cross Society (SLRCS) with support from the Netherlands Red Cross (NRC) through the International Federation of Red Cross (IFRC) has targeted Kono, Tonkolili and Bombali districts for the implementation of the Community Reintegration and Development Project (CRDP). The project aims at rehabilitating and reintegrating 48 communities in the targeted districts for sustainable development. Various programmes of the national society i.e. Community Based Health Programme (CBHP), Community Animation and Peace Support (CAPs), Disaster Preparedness Programme (DPP), HIV/AIDS etc. will all be implemented using an integrated approach.

It is against this background a vulnerability and capacity assessment was conducted to identify the capabilities, vulnerabilities and gaps in these communities for prompt intervention of the project.

Against the above background and with pre-knowledge of the effects of the war on communities, districts and regions in Sierra Leone, some communities in Kono, Tonkolili and Bombali should be highly prioritized for this project when you take into account that rehabilitation, reintegration and resettlement has already started in some other communities in other districts leaving the above unattended. Moreover, the level of destruction and vulnerability in these communities as against the coping mechanisms of its members warrants the prompt intervention of the CRD Project.

GENERAL

The standard IFRC approach in VCA is to collect relevant data/information at primary and secondary levels of the targeted community using in most cases the IFRC VCA tool kit and in some cases a developed and integrated one that would suit the purpose of your VCA.

Generally the VCA exercise should be able to identify the vulnerabilities in the community the capacities present that could be used to take care of some of these vulnerabilities and which may assist also for sustainable development and finally to identify the gaps present within the community that are fore-stalling development.

The process normally takes 30 days depending on the size of the community and the number of data collectors.

The VCA exercise for the CRDP took a different pattern in Sierra Leone. This is mainly because the implementation of CRDP would be an integrated one involving most of the programmes of the national society i.e. DPP, CBHP, CAPS, HIV/AIDS etc which have their own format for assessment.

Therefore, a CRDP VCA workshop was organised in Bombali from the 1-4 February 2004 where all the members of the VCA team participated and contributed to the development and formation of the CRDP VCA Log Frame and checklist for the schedule assessments in identified communities.

National Commission for Social Action (NaCSA) the government organ that is responsible for the coordination of the activities of NGOs, and who are also very well equipped with information of the economic and social amenities of almost all communities in Sierra Leone were also in attendance of the workshop and made valuable contributions that lead to the precise formation of the CRDP VCA Log Frame. The District Recovery Committee (DRC), a body representing the interest of the general population of the district in developmental activities were also present in the workshop. Because they know their communities better, they helped in identifying the most vulnerable communities and formulated questions that when asked will give us the most appropriate answers.

The workshop ended with all sides i.e. representatives from headquarter, Field Officers, & Branch Health Officers from the three branches, representatives from NaCSA, representatives from DRC and Red Cross volunteers harmonizing the developed CRDP, VCA Log frame and Checklist

The VCA exercise was schedule for 3 days (6-8 February 2004) and this was unprecedented for a standard VCA exercise. Reason been time constraint, i.e. the project should have started since 2003, and some stages of the project should conclude to lead us to another.

However, the VCA team managed to conduct the field exercises with tremendous constraint of time and logistics. Because of this, some communities were not assessed and some secondary information were scanty.

OBJECTIVE OF VCA

The general objective of the CRDP VCA is to identify vulnerabilities, capacities and gaps of war torn communities and the level of SLRCS intervention.

The specific objectives of the VCA are:

- To identify the most vulnerable communities in terms of rehabilitation resettlement reintegration and reconciliation (for CBHP, CAPs, DPP and Watsan activities)
- To identify the needs in terms of training/capacity building to support the programmes
- To know where to implement the CRD Project.

SELECTION CRITERIA FOR AREAS TO CARRYOUT THE VCA

The following are the reasons why Gbaneh Chiefdom was selected:

- ✓ The war in Kono district started and ended in Gbaneh chiefdom
- ✓ It was the only chiefdom that saw multiple entry and battle by the various warring factions.
- ✓ They have the longest serving IDPs and refugee population.

The following criteria were also used to select the communities within the above chiefdom for the VCA exercise and subsequently the implementation the CRD Project:

- Communities with the most vulnerable population.
- Communities that are more impacted by population movements (IDPs, refugees,, returnees)
- Communities that are more affected by the war in terms of shelter, food, health etc.
- Communities that are accessible by SLRCS branches (within our means)
- Communities not receiving support(s) from other agencies/NGOs etc

METHODOLOGY

The standard IFRC VCA approaches and tools were used to access information for this VCA exercise, though to some extent it was refined to fit the CRDP VCA exercise. In most cases focus group discussions were employed. Other approaches used were the 3Ls (look, listen and learn), semi structured interviews and informal discussions

The tools used were the developed CRDP VCA Log frame and checklist, transect mapping and risk mapping which helps to display hazards in communities and also gives a clear perspective of the community, its topography and vegetations. The data collected were recorded in conformity with the CRDP VCA Log Frame and Checklist. Please see annex 3 and 4

RESULTS

See attached summary results (annex 1)

CONCLUSIONS

Latrines and wells may be present in some of these communities but they are not functioning or may need rehabilitation to put them at work. There may be health facilities at some distance away but financial constraint is restricting access of the already deprived population. Some communities may have benefited one time or the other from a one off assistance of NGOs, i.e. in agriculture or NFI, but none has stayed to help in sustainable development.

Particularly in Kono district which saw a large scale of atrocities and wide spread infrastructural damage that may have been caused by some of the residents forcefully conscripted into one of the fighting forces, the need is there to implement the Community Animation and Peace Support (CAPS) in communities just settling from an eleven year old war.

Therefore, the need is seen as in recommendation below to assist the under mentioned communities in the recommended sectors. Where support could not be given directly by this project the need to solicit support from other NGOs may be instituted.

Having analyse the data collected in the various communities in Kono district, the following were duly selected to be in the first phase of the CRD project because their situation is more deprived and requires prompt interventions if the project should be of impact to the welfare of the members of these communities:

<i>Gandohun</i>	<i>Peedu</i>	<i>Mbaoma</i>	<i>Kangahun</i>
<i>Koidu Buma</i>	<i>Levuma</i>	<i>Saawoah</i>	<i>Koangoh</i>
<i>Sawakoh</i>	<i>Sunga</i>	<i>Papuema</i>	<i>Kanekoh</i>

RECOMMENDATIONS

After careful and critical examination of the VCA findings and summary reports, the following interventions are recommended in the following communities:

Please see annex 2

SIERRA LEONE REDCROSS SOCIETY

COMMUNITY REINTEGRATION AND DEVELOPMENT PROJECT (CRDP)

VULNERABILITY AND CAPACITY ASSESSMENT (VCA) REPORT **FOR 13 COMMUNITIES IN BOMBALI DISTRICT**

INTRODUCTION

The Sierra Leone Red Cross Society (SLRCS) with support from the Netherlands Red Cross (NRC) through the International Federation of Red Cross (IFRC) has targeted Kono, Tonkolili and Bombali districts for the implementation of the Community Reintegration and Development Project (CRDP). The project aims at rehabilitating and reintegrating 48 communities in the targeted districts for sustainable development. Various programmes of the national society i.e. Community Based Health Programme (CBHP), Community Animation and Peace Support (CAPs), Disaster Preparedness Programme (DPP), HIV/AIDS etc. will all be implemented using an integrated approach to support communities for sustainable development.

It is against this background a vulnerability and capacity assessment was conducted to identify the capabilities, vulnerabilities and gaps in these communities for prompt intervention of the project.

Against the above background and with pre-knowledge of the effects of the war on communities, districts and regions in Sierra Leone, some communities in Kono, Tonkolili and Bombali should be highly prioritized for this project when you take into account that rehabilitation, reintegration and resettlement has already started in some other communities in other districts leaving the above unattended. Moreover, the level of destruction and vulnerability in these communities as against the coping mechanisms of its members warrants the prompt intervention of the CRD Project.

GENERAL

The standard IFRC approach in VCA is to collect relevant data/information at primary and secondary levels of the targeted community using in most cases the IFRC VCA tool kit and in some cases a developed and integrated one that would suit the purpose of the VCA.

Generally the VCA exercise should be able to identify the vulnerabilities in the community, the capacities present that could be used to take care of some of these vulnerabilities and which may assist also for sustainable development and finally to identify the gaps present within the community that are fore-stalling development.

The process normally takes 30 days depending on the size of the community and the number of data collectors.

The VCA exercise for the CRDP took a different pattern in Sierra Leone. This is mainly because the implementation of CRDP would be an integrated one involving most of the programmes of the national society i.e. DPP, CBHP, CAPS, HIV/AIDS etc which have their individual format for assessment.

Therefore, a CRDP VCA workshop was organised in Bombali from the 1st to 4th February 2004 where all the members of the VCA team participated and contributed to the development and formation of the CRDP VCA Log Frame and checklist for the assessment.

National Commission for Social Action (NaCSA) the government organ that is responsible for the coordination of the activities of NGOs, and who are also very well equipped with information of the economic and social amenities of almost all communities in Sierra Leone were also in attendance of the workshop and made valuable contributions that led to the precise formation of the CRDP VCA Log Frame. The District Recovery Committee (DRC), a body representing the interest of the general population of the district in developmental activities were also present in the workshop. Because they know their communities better, they helped in identifying the most vulnerable communities and also formulated questions on the checklist that when asked would give us the most appropriate answers we are looking for during the assessment.

The workshop ended with all sides i.e. representatives from headquarter, Field Officers, & Branch Health Officers from the three branches, representatives from NaCSA, representatives from DRC and Red Cross volunteers harmonizing the developed CRDP, VCA Log frame and Checklist

The VCA exercise was scheduled for 3 days (6-8 February 2004) and this was unprecedented for a standard VCA exercise. Reason being time constraint, i.e. the project should have started since 2003, and some stages of the project should precede the other.

However, the VCA team managed to conduct the field exercises with tremendous constraint of time and logistics. Because of this, some communities were assessed but secondary information was scantily collected.

OBJECTIVE OF VCA

The general objective of the CRDP VCA is to identify vulnerabilities, capacities and gaps of war torn communities and the level of SLRCS intervention.

The specific objectives of the VCA are:

- To identify the most vulnerable communities in terms of rehabilitation resettlement reintegration and reconciliation (for CBHP, CAPs, DPP and Watsan activities)
- To identify the needs in terms of training/capacity building to support the programmes
- To know where to implement the CRD Project.

SELECTION CRITERIA FOR AREAS TO CARRYOUT THE VCA

The following are the reasons why Briwa, Paki Massagbong, Safrokoh Limba and Makari Gbanti Chiefdoms were selected:

- They are the most deprived chiefdom within the district in terms of humanitarian assistance
- These chiefdom (during the war) hosted a good number of IDPs thereby depleted a reasonable amount of its socioeconomic resources i.e. ‘what was meant for one person is starvation for twenty’ The indigenes of these communities are now left highly vulnerable
- Even before the war, these communities were underdeveloped.

The following criteria were also used to select the communities within the above chiefdom for the VCA exercise and subsequently the implementation the CRD Project:

- Communities with the most vulnerable population.
- Communities that are more impacted by population movements (IDPs, refugees,, returnees)
- Communities that are more affected by the war in terms of shelter, food, health etc.
- Communities that are accessible by SLRCS branches (within our means)
- Communities not receiving support(s) from other agencies/NGOs etc

METHODOLOGY

The standard IFRC VCA methodology was used to access information for this VCA exercise, though to some extent it was refined to fit the CRDP VCA exercise.

In most cases focus group discussions were employed. Other approaches used were the 3Ls (look, listen and learn), semi structured interviews and informal discussions

The tools used were the developed CRDP VCA Log frame and checklist, transect mapping and risk mapping which helps to display hazards in communities and also gives a clear perspective of the community, its topography and vegetations. The data collected were recorded in conformity with the CRDP VCA Log Frame and Checklist. Please see ‘OUTCOME OF VCA FINDINGS BY ASSESSMENT LOGFRAME’ under **Results** below.

RESULTS

Brief description of Bombali District

Bombali district is located in the northern province of Sierra Leone and border by Guinea in the North West and by Kambia, Port Loko, Tonkolili and Koinadugu in other areas.

The district is politically divided in to 13 chiefdoms of which 4 was selected for the VCA exercise i.e Briwa, Paki Massagbong, Safrokoh Limba and Makari Gbani chiefdoms. The district is regionally a cosmopolitan one with Limba, Fullah, Temne and Loko ethnic groups co existing in this district. The main activities of residence are farming and in some parts cattle rearing and petty trading.

The topography of the land is such that it provides the necessary soil composition for subsistent rice farming and vegetation for cattle rearing and the north western part of the district when going to word Kabala is dominated with mountainous stones and large savannah fields suitable for cattle rearing.

Current security situation

The general security situation is quiet and calm, every part of the district is accessible with no hindrance or threat of any nature apart from the road conditions.

There is a huge presence of UNAMSIL Peace keeping force in the district HQ town of Makeni but, plans are under way for them to phase out within the next 3 months as there is a semblance of perpetual peace in the entire country. However, the police (SLP) and army (SLA) are deployed in strategic locations all over the district to ensure an effect security network.

OUTCOME OF VCA FINDINGS BY ASSESSMENT LOGFRAME

Water

In general most villages are without a suitable, reliable and clean water source. Some have natural streams or locally constructed wells but they most times go dry during the dry season. Some villages were assisted with hand pumps or wells constructed by NGOs, but when you consider the population of the town or village as against the source of water you will see they are experiencing water shortage therefore the community has to go in search of water.

Apparently, some of the diseases the community is suffering from are contracted from water (water bone diseases) which resulted to illnesses like D & V, dysentery, stomach pains etc. This is a general summary for all villages visited.

Latrines

This is a major concern for all communities assessed. Close to 90% of the population in communities assessed uses nearby bushes as toilets. Some communities have few poorly maintained old toilets that are regarded as hazards within these communities. Such are

places for visiting house flies and other rodents that are disease carrier that introduce sickness into these communities. Generally, there are no suitable toilets and proper sanitation facilities in all communities visited.

Health facilities

It became evident that only 4 communities have health facilities in all 13 communities visited. The other nine communities have to walk over 5 km to the nearest health clinic (some walk over 8 km).

Even the operating clinics in these 4 communities are very poorly equipped, understaffed and experience shortage of drugs which lead to unaffordable cost of treatment. Little wonder a very high percentage of the community rely on traditional healers for an alternative treatment. As a result, a significant proportion of the population is malnourished and disease ridden.

Common diseases

The most common diseases that are found to be present in all communities visited were

- Diarrhoea and vomiting
- Dysentery (some bloody)
- Severe stomach/abdominal pains
- Generalized body pain
- Malaria
- Hydrocoele

Communities with no medical facilities use herbs and may have to seek medical advice if herbs taken failed.

Community emergencies

Emergencies may have slight variation as you study the results of various communities under this subject, but the prominent ones that cut across all communities are as follows:

- Snake bite
- Falling from palm trees
- Fire Disasters/Bush fire
- Diarrhoea and vomiting/cholera
- Tropical storms

From all indications, the community don't have the capacity to handle or mitigate the above emergencies due to lack of education and the ability to mobilize themselves as community response team.

STI,HIV/AIDS

The most common STIs were gonorrhoea and trichomoniasis. Gonorrhoea was found to be rampant/prevalent in high percentage in all communities visited.

Little knowledge was indicated about HIV/AIDS in most communities visited. The mode of transmission is known by community members, but their behavioural practices i.e

polygamy, wife inheritance etc are all negative practices that may lead to the spread of the disease. Therefore HIV/AIDS sensitization and education is very much needed in the communities assessed.

Education

80% of the assessed communities have made shift community schools, only 20% are government supported schools with solid structures. It became evident that quality education is at low ebb and the numbers of untrained and unqualified teachers are high. The dropout rate is also high.

The illiteracy rate is also very high in all communities visited; adult literacy classes could be of tremendous help.

Shelter

The type of shelter available in most communities visited is predominantly made of sticks, mud and thatched roof. The few zinc roofed structures are riddled with holes or badly dented due to the war and age effects. Because mud is the principle material they use for construction, most of the houses have cracked walls. Some walls of these houses were also discovered to have collapsed yet still people dwell in other parts of the same house which is very hazardous.

Food Production and Marketing

98% of the community members are farmers; therefore they grow most of the food they eat.

Rice, cassava, vegetables, corn and potatoes are some of the basic food they grow and eat.

However, the amount of food produced annually is always or most times insufficient to feed a farm family for the whole year. Though the need always arise to market small amount of their produce to enable them buy other condiments they may require, it is always the case that food produced is insufficient to feed families annually.

Marketing of food produced are done on a minimal scale. Generally food is not enough so it is not in abundance for sale. Food security therefore is very poor in all communities visited.

Some of the reasons responsible for no food security are due to the fact that enough seeds (rice etc) are not available to farmers during the planting seasons, poor planting methods used and inadequate planting tools etc.

Also in some cases, due to the loan scheme farmers use to borrow food during the raining season (when there is acute hunger), which should be repaid on interest e.g. 1 kg of rice during the hunger period for 2 kg of rice during the harvest season is also contributing to shortage of food.

In summary food production and marketing strategies have to be improved through external support for a certain period to enable these communities become self reliant and attain food security.

This could be done by giving support in the form of seeds and tools to farm families and teaching them improved farming techniques to enable them have bumper harvest that will be enough to feed their families through out the year and sell some so that they may be economically secured and would reduce poverty in their communities.

Roads and Bridges

Most feeder roads in these communities have long been neglected and so have gone bad. This is also the same for the log bridges and broken culvert bridges. Most of these roads are inaccessible during the raining season if not rehabilitated now, and may affect transportation and communication which would affect the livelihood of these communities.

Hazards

Hazards will be dilated here with reference to those things that could be of or may result to injuries and danger in the communities visited including health hazards.

The most commonly identified hazards were:

- Fire fagot
- Open pits
- Cracked walls of houses
- Huge dry trees hanging over the community
- Poor ventilation in houses
- Unsafe drinking source
- Bushy surrounding that accommodation snakes
- Wounds sustained during farming activities
- Falling from palm trees.

Human and Material Resources

Unskilled labour is present in high percentages in all communities visited. This indicates that there will be enough labour force in the event there is need to mobilize a community. Few skilled labours are also present in some communities.

These were: carpenters, masons, blacksmiths, tailors, TBAs, teachers to name the most prominent ones but you hardly find a community with the presence of all the above skilled labours, only two or three of any may be present at any given community.

Material resources are generally the same for all communities. These were: sticks, stones, sand, thatches and land availability.

Child protection

Generally there is no form of child protection. Children are used as child labour in some communities for farming and other domestic activities.

The rights of children are also grossly violated and cases of rape are often reported with no legal actions taken against the perpetrators.

In some of these communities there are traumatized children who have bitter experiences of the war.

Some were amputated, some are war wounded and some were victims of violence i.e. kill their parents in their presence. Unfortunately there are no agency/NGOs caring for these traumatized children. In the interest of lasting peace in the country, there is need to support activities that will promote trauma healing and counselling.

Presence of other partners

NGOs /agencies may have entered certain community and after conducting assessment may promise to give certain assistance to a community. From all indication from community members, these promises have never been fulfilled. In some cases they may contribute a well or sink few latrines but some of these assistance are not the priority of the community.

In summary some NGOs may contribute a one off assistance and are not present in these communities, therefore may not see the above highlighted gaps that require prompt intervention.

Arising Questions

1. In the VCA going to qualify us for relief assistance
2. Is the surrounding villages going to benefit from the VCA exercise?
3. Now that you have seen our present condition, are you going to restart morale clinics?
4. Will you construct shelter for u?

See attached summary report (annex 1) for a matrix of the VCA findings

CONCLUSIONS

Latrines and wells may be present in some of these communities but they are not functioning or may need rehabilitation to put them at work. There may be health facilities at some distance away but financial constraint is restricting access of the already deprived population. Some communities may have benefited one time or the other from a one off assistance of NGOs, i.e. in agriculture or NFI, but none has stayed to help towards sustainable development.

Therefore, the need is seen as in recommendation below to assist the under mentioned communities in the recommended sectors. Where support could not be given directly by this project the need to solicit support from other NGOs may be instituted.

Having analyse the data collected in the various communities in Bombali district, the following were duly selected to be in the first phase of the CRD project because their situation is more deprived and requires prompt interventions if the project should be of impact to the welfare of the members of these communities:

Kagbankuna
Punthun

Kamasiki

Masapi

RECOMMENDATIONS

After careful and critical examination of the VCA findings as reported in the individual reports, the following interventions are recommended in the following communities:

Please see annex 2

SIERRA LEONE REDCROSS SOCIETY

COMMUNITY REINTEGRATION AND DEVELOPMENT PROJECT (CRDP)

VULNERABILITY AND CAPACITY ASSESSMENT (VCA) REPORT **FOR 11 COMMUNITIES IN TONKOLILI DISTRICT**

INTRODUCTION

The Sierra Leone Red Cross Society (SLRCS) with support from the Netherlands Red Cross (NRC) through the International Federation of Red Cross (IFRC) has targeted Kono, Tonkolili and Bombali districts for the implementation of the Community Reintegration and Development Project (CRDP). The project aims at rehabilitating and reintegrating 48 communities within the districts for sustainable development. Various programmes of the national society i.e. Community Based Health Programme (CBHP), Community Animation and Peace Support (CAPs), Disaster Preparedness Programme (DPP), HIV/AIDS etc. will all be implemented using an integrated approach to support these communities for sustainable development.

It is against this background a vulnerability and capacity assessment was conducted to identify the capabilities, vulnerabilities and gaps in these communities for prompt intervention of the project.

Against the above background and with pre-knowledge of the effects of the war on communities, districts and regions in Sierra Leone, some communities in Kono, Tonkolili and Bombali should be highly prioritized for this project when you take into account that rehabilitation, reintegration and resettlement has already started in some other communities in other districts leaving the above unattended. Moreover, the level of destruction and vulnerability in these communities as against the coping mechanisms of its members warrants the prompt intervention of the CRD Project.

GENERAL

The standard IFRC approach in VCA is to collect relevant data/information at primary and secondary levels of the prescribed community using in most cases the IFRC VCA tool kit and in some cases a tailor-made one that would suit the purpose of the VCA.

Generally the VCA exercise should be able to identify the vulnerabilities in the community, the capacities present that could be used to take care of some of these vulnerabilities and which may assist also for sustainable development and finally to identify the gaps present within the community that are fore-stalling development.

The process normally takes 30 days depending on the size of the community and the number of data collectors.

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The workshop ended with all sides i.e. representatives from headquarter, Field Officers, & Branch Health Officers from the three branches, representatives from NaCSA, representatives from DRC and Red Cross volunteers harmonizing the developed CRDP, VCA Log frame and Checklist

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- To identify the most vulnerable communities in terms of rehabilitation resettlement reintegration and reconciliation (for CBHP, CAPs, DPP and Watsan activities)
- To identify the needs in terms of training/capacity building to support the programmes
- To know where to implement the CRD Project.

SELECTION CRITERIA FOR AREAS TO CARRYOUT THE VCA

The following are the reasons why Konika Barrina Chiefdom was selected:

- This chiefdom was behind rebel lines for a very long time; they experience cut-off for over four years which has rendered them vulnerable in various capacities.
- They have reported high cases of malnutrition and minor ailments, but lack the capacity to overcome these problems.

The following criteria were also used to select the communities within the above chiefdom for the VCA exercise and subsequently the implementation the CRD Project:

- Communities with the most vulnerable population.
- Communities that are more impacted by population movements (IDPs, refugees,, returnees)
- Communities that are more affected by the war in terms of shelter, food, health etc.
- Communities that are accessible by SLRCS branches (within our means)
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METHODOLOGY

The standard IFRC VCA methodology was used to access information for this VCA exercise, though to some extent it was refined to fit the CRDP VCA exercise.

In most cases focus group discussions were employed. Other approaches used were the 3Ls (look, listen and learn), semi structured interviews and informal discussions

The tools used were the developed CRDP VCA Log frame and checklist, transect mapping and risk mapping which helps to display hazards in communities and also gives a clear perspective of the community, its topography and vegetations. The data collected were recorded in conformity with the CRDP VCA Log Frame and Checklist. Please see ‘OUTCOME OF VCA FINDINGS BY ASSESSMENT LOGFRAME’ under **Results** below.

RESULTS

Brief description of Tonkolili District

The district is located in the northern province of Sierra Leone bordered by Bombali, Koinadugu, Port Loko, Moyamba, Bo, Kenema and Kono districts. Apparently the district is at the centre of Sierra Leone. It is politically divided into 11 chiefdoms of which one (Konoka Barrina) was selected for the VCA.

The Temne ethnic group dominate the district and are engaged mainly in farming for their livelihood.

The landscape is endowed with hills and tropical vegetation and enough land is available for farming activities.

OUTCOME OF VCA FINDINGS BY ASSESSMENT LOGFRAME

Water

Most communities are without safe drinking water. Very few have hand pumps or wells constructed by NGOs. It was widely reported that the present source of water is one of the contributing factors responsible for the diseases plaguing their communities. Water born diseases like D&V, dysentery, etc are all prevalent in these communities. Clean water source will promote healthy living and development if introduced in to these communities.

Latrines

Residents of communities visited uses nearby bushes to defecate. Few latrines were identified but their conditions require rehabilitation.

Health Facilities

All the communities visited within this district were without health facilities. Community members have to walk some distances to access poorly equipped medical clinics.

It was also reported during the survey that clinic staff charge exorbitantly to treat minor ailment that should be treated free of charge. For this reason, the impoverish community members always find in difficult to access medical treatment, so they normally resort to native/herbal treatment which doesn't always cure their illness.

Apparently this is also one of the factors responsible for the high rate of diseases present in these communities.

Common Diseases

The most common diseases that were found to be present in all communities visited were

- Malaria
- Skin infections
- Hernia
- River blindness
- D&V

Community Emergencies

In community settings as the ones visited, the most common emergencies were:

- Fire disasters
- Wounds and bleeding (from farming activities)
- Snake bite
- Fractures (falling from palm trees)

STI, HIV/AIDS

Little knowledge is present about HIV/AIDS in all most communities visited, though some have scanty knowledge and belief about the disease. It was widely reported during the survey that they've never seen a person with the disease.

Other prevailing STIs were gonorrhoea and trichomoniasis.

Education

Schools (some makeshift) are present in six of the communities assessed, five are without. Mabekoh has only one school which is inadequate for the population.

Similarly, teaching materials are unavailable and teachers are untrained and unqualified resulting to poor teaching and learning standards.

High rate of illiteracy was observed in communities without schools.

Shelter

The traditional village house and huts were found in all communities with cracked walls and weak foundations; this is mainly because of the materials and method used for construction.

The roofing materials (thatches) are porous and fuel when fire disasters occur. There is need to refine the methods employ for constructing houses and improve on the type of materials use. This can only be obtained through external support.

Food Production and Marketing

98% of the community members are farmers, they grow almost all the food they eat and sell small percentage to take care of other needs.

However, the harvests of most farm families are always insufficient to sustain them throughout the year. They sometime have to borrow food to feed their families or use other means to cope with hunger (eat wild fruits) during the raining season.

Roads and Bridges

All roads leading to communities assessed were accessible by vehicle. However, the conditions vary from rocky to muddy terrains.

Hazards

The hazards identified were open pits, unprotected water source, houses built close to each other, dusty surrounding and cracked walls.

Human and Material Resources

Some communities have people with skilled labours like blacksmiths, tailors, carpenters, masons, TBAs, teachers etc though in small numbers and all may not be present at any one community, whiles unskilled labour is found in greater percentage.

Developmental groups and communities that should intervene in the event of a community emergency or disaster are almost none existing.

Material resources like sand, stones, sticks are readily available in abundance.

Presence of other partners

Some of these communities may have benefited a one-off assistance from an NGO or humanitarian agency, but no significant presence of any NGO is seen or felt in any of these communities.

Child protection

The rights of a child are not known in these communities. Gross abuse of children rights are seen when children under eighteen are forced into early marriages, children under fourteen are raped. Children are also used in labour force to undertake farming and other laborious work.

Arising Questions

- Is the Red Cross going to provide us with relief items?
- Will the Red Cross build shelters for us?
- Will the Red Cross assist us in development activities?

CONCLUSIONS

From all indications, the communities assessed lack the capacity to develop in the above sectors assessed as itemized in the log frame.

Therefore, the need is seen as in recommendation below to assist the under mentioned communities in the recommended area. Where support could not be given directly by this project the need to solicit support from other NGOs may be instituted.

Having analyse the data collected in the various communities in the district, the following were duly selected to be in the first phase of the CRD project because their situation is more deprived and requires prompt interventions if the project should make the necessary impact on the welfare of the members of these communities:

Fothaneh
Mathollie

Masekoray

Mabekoh

RECOMMENDATIONS

After careful and critical examination of the VCA findings as reported in the individual reports, the following interventions are recommended in the following communities:

ASSESSMENT FRAME WORK

EXPECTED RESULT	DATA	TARGET AUDIENCE	APPROACH	TOOLS
WATER SOURCES	<i>Primary</i>	Youths, women of child bearing age and elders	<i>Interview, focus group discussion, observation</i>	Check list
	<i>Secondary</i>	Health personnel, TBAs, herbalist and NGOs	<i>Reports</i>	Check list
LATRINES	<i>Primary</i>	Youths, women of child bearing age and elders		Check list
	<i>Secondary</i>		<i>Reports</i>	Check list
HEALTH FACILITIES (<i>clinic, P.H.U. etc.</i>)	<i>Primary</i>	Community elders	<i>Report</i>	Check list
	<i>Secondary</i>	M.O.HS and health related NGOs	<i>Reports</i>	Checklist
COMMON DISEASES	<i>Primary</i>	Community elders, youths, women of child-bearing age, TBAs etc	<i>Observations, discussions and interviews</i>	Check list
	<i>Secondary</i>	MOH and health related NGOs, NaCSA, UN-OCHA	<i>Records</i>	Check list
COMMUNITY EMERGENCIES	<i>Primary</i>	Community elders, youths, women of child bearing age, TBAs, teachers, MCH Aids	<i>Discussion, observation and interviews</i>	Check list
STI, HIV/AIDS	<i>Primary</i>	TBAs, societal leaders, community resource persons	<i>Discussions, interviews</i>	Check list
	<i>Secondary</i>	MoHS, NAS/SHAP, NGOs	<i>Records</i>	Check list

EXPECTED RESULT	DATA	TARGET AUDIENCE	APPROACH	TOOLS
EDUCATIONAL FACILITIES (primary, secondary and institutions)	<i>Primary</i>	Elders, youths and teachers	<i>Interviews, discussions and observation</i>	Transect map and check list
	<i>Secondary</i>	MEST, NGOs, NaCSA, UN-OCHA, inspectorate	<i>Records</i>	Check list
SHELTER	<i>Primary</i>	Elders, House hold heads	<i>Interview, discussions and observations</i>	Transect mapping, observation and check list
	<i>Secondary</i>	Ministry of housing lands and survey, NGOs, NaCSA, UN-OCHA	<i>Records</i>	Check list
FOOD PRODUCTION AND MARKETING	<i>Primary</i>	Elders, farmers, youths, women, traders	<i>Interview, discussion, observation</i>	Observation, transect mapping and check list
	<i>Secondary</i>	NaCSA, FAO, MAF/MR, WFP, NGOs	<i>Records</i>	Check list
ROADS	<i>Primary</i>	Elders, youths	<i>Discussions, interview, observation</i>	Check list, risk mapping and transect mapping
	<i>Secondary</i>	SLRA, NGOs, NaCSA	<i>Records</i>	Check list
HAZARDS	<i>Primary</i>	Youths, adult	<i>Observation, discussion, interviews</i>	Risk mapping, check list
HUMAN AND MATERIAL RESOURCES	<i>Primary</i>	Adults, youths	<i>Observation and interviews</i>	Check list
	<i>Secondary</i>			
PRESENCE OF OTHER PARTNERS	<i>Primary</i>	Community leaders	<i>Observations, interviews</i>	Check list
	<i>Secondary</i>	NaCSA, NGOs, CBOs	<i>Records</i>	Check list
CHILD PROTECTION	<i>Primary</i>	Household heads, chiefs, teachers, children	<i>Discussions, interviews</i>	Check list
	<i>Secondary</i>	DDR, NaCSA, NGOs, CBOs	<i>Records</i>	Check list

SIERRA LEONE RED CROSS SOCIETY

Community Reintegration and Development Project (CRDP)

ANNEX 4

CHECK LIST FOR VCA FRAME WORK

BASIC INFORMATION/IDENTIFICATION	
Date of interview:	
Name of interviewer:	
Name of recipient(s)/respondent (s):	
Target group:	
Name of town/village: Section: Chiefdom:	
<i>Estimated population:</i>	
Sex-M F:	
Total No. of IDP returnees:	
Total No. of refugee returnees:	
How many ex combatants:	
How many female household head:	
<i>What is the main occupation of the people:</i>	
<i>Brief description of the community:</i>	

WATER SOURCES	
Available Sources of Water:	
Spring water:	
Wells:	
Stream:	
Tap water:	
Walking distance to the available source:	
HEALTH FACILITIES	
No. of functional health facilities:	
No. of non-functional health facilities:	
No. of medical personnel:	
Where do you get your drugs?	
Cost of drugs:	
Adequate/inadequate:	
Accessible or not:	
Capacity-i.e. No. of beds, inpatients etc.:	
Available equipments/furniture:	

Health services available:	
Immunization:	
Growth Monitoring:	
Ante-natal clinic:	
Post-natal clinic:	
COMMON DISEASES	
What are the common diseases?	
Who are affected?	
When are they affected?	
Why are they affected?	
How do you manage them?	
Are they preventable or not?	
COMMUNITY EMERGENCIES	
What are the common emergencies?	
When normally do they occur?	
Who are affected mostly?	

What are the causes of these emergencies?	
What do they usually do to respond to these emergencies?	
STI HIV/AIDS	
Name sexually transmitted diseases:	
Have you heard about HIV/AIDS?	
What is meant by HIV/AIDS?	
How is it transmitted?	
How can it be prevented?	
What is the attitude/behavioral practices of people who have/ do not have knowledge about the disease?	
EDUCATIONAL FACILITIES	
No. of pre-school:	
No. of primary schools:	
No. of secondary schools:	
Government assisted mission or community:	
Enrolment: boys: girls: total:	
Average No. of drop out and why?	

Qualified teachers:	
Unqualified teachers:	
Total:	
SHELTER	
<i>Types</i>	
Cement:	
Mud:	
Stick:	
<i>Types of roofing</i>	
Thatch:	
Zinc:	
Plastic sheet:	
Others (specify):	
<i>Nature of buildings:</i>	
No. intact:	
No. burnt:	

No: damaged:	
<i>Average No. of household:</i>	
FOOD PRODUCTION AND MARKETING ACTIVITIES (LIVELIHOOD)	
Mining:	
Fishing:	
Hunting:	
Arts and Craft:	
Vegetable gardening:	
Fruit selling:	
Palmwine tapping:	
Palm oil processing:	
Preservation of food:	
Storage facilities:	
Material resources:	
Land availability:	
Skilled labour:	

Consumption:	
ROADS	
Quality of roads:	
Road condition	
Type of bridges:	
Condition of the bridges:	
HAZARDS	
What are the hazards in the community?	
Unsafe conditions (what, how, why):	
Dynamic pressure (what, how, why):	
Existing capacity of people, livelihood, infrastructure and the community:	
What are the gaps:	
Action to be taken by the people most at risk?	
HUMAN AND MATERIAL RESOURCES	
What are some of the local materials that are available in the community?	
No. of skilled labour:	

No. of unskilled labour:	
CHILD PROTECTION	
Child labour:	
No. demobilized:	
How many were victims of rape?	
No. of amputee children?	
No. of missing/separated children?	
PRESENCE OF OTHER PARTNERS	
How many of them and what are their names?	
What are they doing?	
SEASONAL CALENDAR	