

CONSOLIDATED TREK REPORTS

Introduction

The Directorate of Aid Coordination, Programs and Projects, as part of its Terms of Reference, is mandated to coordinate and monitor the implementation of the activities of all multilateral donors funded projects on a quarterly basis (by designing appropriate monitoring framework) and produce a consolidated annual report on the activities of all Projects and submit to the Permanent Secretary, Ministry of Finance and Sector Ministries and Donors upon request.

Monitoring is a key component in project implementation process as it is a process where set indicators are used to measure progress in inputs, activities, outputs, outcomes, and goals in order to provide necessary feedback to the management. It also helps managers to identify the intended objectives, which may or may not, be achieving results as planned. By measuring performance indicators on a regular, determined basis, managers and decision makers can find out whether projects, programs, and policies are on track, off track, or even doing better than expected against the targets set for performance. Monitoring provides an opportunity to make adjustments, correct course, and gain valuable institutional and project, program, or policy experience and knowledge. Ultimately, of course, it increases the likelihood of achieving the desired outcomes.

It is against this backdrop that the Directorate's Staff embarked on Monitoring field visit to projects that are outlined in the report.

ESSAU HEALTH CENTER

Upon reaching Regional Health Directorate, the team met Mr SutayringDrammeh the Regional Health Directorate, Mr Ousman M Camara, Lamin Njie who gave a detail explanation of the activities of the MCNHRP in the area. They disclose that the project operates in three folds;

- a) Health Faculty
- b) Regional Health Directorate
- c) The Community

According to the officers, the facility has a contract agreement with the project which includes indicators that when met will attract rewards. They further explain that the rewards are used to purchase items that are on the contract agreement which include essential drugs. This marked a great difference between before and now.

The Regional Director and his officers spoke about using part of the rewards as monies for construction of room and renovation of old existing facilities to house Nurses to get closer to the facility availing them to call of Patient at any time day or night which plays a major part in the attendance ratio to train Nurses and Patient which is one of the components the project is stressing on for QUALITY CARE.

The Regional Directorate too is using its reward to improve the facility and facilitation of trekking visits to 74 communities which also called for the setup of Village Support

Group (VSU) which comprises of eight members (5 women and 3 men), payment of DAS to trekking officers and purchasing of fuel. In fact, the reward to the RHD is catalogued as follows;

60% Operational cost

30% Staff bonus

10% Environmental maintenance.

The community to use their reward to purchase items that contributes immensely in enhancing quality care, eg purchasing of tricycle to transport patient especially pregnant women to their nearest clinic

BENEFITS

High rate of turnout to clinic by patients and more commitment by nurses.

Community commitment to encourage and facilitate clinic visits by their patients.

Community commitment in hygiene within and outside the home.

More dedication to serving and hard work by Medical personnel's.

There is social behavioral change in the society.

Upgrading of the resource center which host all training and workshops geared towards improving quality care.

CHALLENGES

Major and Minor Construction which is an essential component of quality care is not accommodated by the project. TBA



FASS NJAGA CHOI WOMEN GARDEN

The team from the Directorate of Aid Coordination Ministry of Finance and Economic Affairs visited FassNjagaChoi in Lower Nuimi District. On the project site, the team met

with Mai Ndure who on behalf of the women leader expressed their happiness of having such a project at home.

The project is almost completed, most of the activities have been implemented, the toilet facilities, Resting shed, the perimeter fence, Water tank and the solar system all in place but the laying of pipes to the ground to serve as water way is still not done.

Madam Ndure disclosed to the team that they all agreed to put the produce from the garden into three (3) shares when gardening starts and harvesting is done.

- 1) personal
- 2) Garden
- 3) Materials needed in the garden



***NGAYEN SANJAL MADARASSA**

The team visited the school to assess the level of progress of construction of a three classroom block. The building is 98 % at completion, the structures is roofed and plastered and all doors and windows fixed, only painting is left, while the toilet too. The borehole is drilled and the stand poles constructed. There are two water tanks of 500 litres capacity of each tank giving a total of 1000 liters.

The community representative met at the site express delightfulness as the beneficiaries, saying that it has solved the problem of classroom shortage and making the learning environment very conducive.



KUNTAUR ACCESS ROAD



***LAMINKOTO-PASSAMAS ROAD PROJECT**

The construction of the Laminkoto-Pasamas road project is at an advance level,



JANJANBUREH SENIOR SCHOOL

POULTRY HOUSE

We visited both the Poultry and the Fish pond and were led to the two sites by the school principal Mr. Sulayman Keita and Mr. SulaymanJammeh a custodian of the projects.

The poultry house started 4th March 2016 and was handed to the school on 29th April 2016. Its dimension is 8 by 5 meters (House).

It was stocked with 200 birds which both the principal and custodian express their views that the project did caused difference in both feeding and performance as it help the students on their practicals and at the sametime provide supplementary food for them and cause the school to save some money. He said the summed total consumed by the students of Armitageall inclusive, is about 400,000 a month, so such a project will partly solve their feeding problems.

CONSTRAINTS

- Heat too high especially during the peak of the dry season which could be an obstacle to the project (birds are pruned to high heat).
- Size of the project is too small compared to the need of the school.



ARMITAGE FISH POND

The site is two ponds but plan is to increase the number in the near future, this is why the students especially Agricultural Department are deeply involved.

The pond is a year old since its establishment and on the 13th March 2016 the first harvesting was done; the following are statistics;

FISH FAMILY	WEIGHT OF EACH FISH	TOTAL KILOGRAM HARVESTED
Tilapia	0.215kg	42.5kg
Kosso	0.210kg	8.5kg
Taroo	1.148kg	30.0kg
LimbeeTouray	1kg	1.0kg
Other (Spp)		6.0kg
Total Harvest		87.0kg

Second Harvest

FAMILY	WEIGHT OF EACH FISH	TOTAL HARVEST
Tilapia	0.215kg	23.5kg
Kono-Kono	1.5kg	3kg
Kulung Domo	1.5kg	1.5kg

Total		28kg
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According to the teacher Chum Site Supervisor reiterated the importance of the project to the school is, it subsidize their day feeding as all that has been harvested are already consume by the students.

They are both the Government and the Project official for their timely intervention.



DAMPHA KUNDA COMMUNITY

The Maternal and Child Health Nutrition Result Project (MCHNRP) is a result based financing project that designs specific indicators for communities and health facilities and reward them accordingly whenever they met those requirements. Some of the project indicators include skilled nurse delivery, administering children Under 5 years, registering women for Family Planning etc. The team met with the following people who represented the village on Health issues at the grass root level.

AlhagieNyarika VDC Chairperson

TambaKinteh Secretary

MamadiManneh VSG Supervisor

Alh Mod Ceesay VHW & VSG

BakaryKrubally VSG

TunkoSankareh VSG &Asst CBC

The villagers informed the team that the project has helped them to be aware of the importance of exclusive breast feeding, complementary feeding, hygiene around the latrine, designated site for dumping, designated site for hand washing with running water, maternal nutrition, diet necessary during pregnancy and delivering at hospital with the aid of a skilled nurse.

AlhagieNyarika, the VDC Chairman said as a result of the project they are having Community Register where they are able to record all antenatal and Under 5 referrals and payments made to the Community. They noted that a Community can only qualify to benefit in this contract agreement, if they exceed a population of 3000 people, which is a win-win situation, getting good health and cash to improve certain social amenities.

DamphaKunda is among those Communities that have comprehended the objectives of the project such as ensuring effective healthcare system (in which cleanliness is a pre-requisite starting from the household to the larger Community). The village has also identified designated dumping site, ensure the availability of clean water for hand washing before and after meal, availability of clean water and soap at toilets etc. They also prepare a business plan alongside which is also a requirement of the project.

Some of the signs the community rely on to make referral to Basse with their tricycle are headache after delivery, Paleness and uneasiness.

They informed the team that if all these conditions are met, they can gain a sum of hundred thousand dalasis (D100, 000.00) as reward from the project of which 60 % is ploughed back into the welfare of the village.

Other Benefits

The Community so far has received the following amount from the project after numbers of assessments;

1st D72, 000.00 for meeting 70.2% of the indicators

2nd D80, 000.00

3rd D100, 000.00

4th D54, 000.00

The reason for the drop in amount during the 4th assessment was because it coincided with the rainy season. They further disclosed that 20% of the total fund goes to the Village Support Group as a form of motivation as they do not receive-salary

Challenges

Mobility for referral is a problem as they are using a tricycle which is inconvenient for a woman in labour.



BASSE HEALTH FACILITY

The team visited the facility and engaged the Officer- in- Charge (Pa Seedy Jarju) for the RBF discussions.

According to the OIC, as a result of effective service delivery, a Health Management Committee of 20 members was constituted of which the Chief is the Chair and the OIC is the Secretary. The rest of the members are drawn from different works of life who have in-depth knowledge on health management, strategic planning or Public Health issues. This is important as the Hospital facility serves a catchment area of 79 communities with a population of 83,118 people.

According to MrJarju, the area is divided into 3 wards with each allocated a specific date of the month for clinic visit oversee by a Community Health Nurse. MrJarju informed the trekking team that the Project started in January 2015 coordinated by Maternal and Child Nutrition Health Result Project (MCNHRP).

He further explained that the project is a contract agreement between the Facility and the NaNA. He said, the Program gave them two sets of indicators primary care indicators and secondary care indicators.

PRIMARY CARE INDICATORS

- Number of children under five at OPD with a new disease episode
- Skilled Delivery
- Vitamin A Supplementary
- Deworming
- Number of pregnant women who register for ANC in the first trimester
- Number of pregnant women who register for ANC in the first trimester and completed the 3 other scheduled visits.
- Number of women provided with minimum 3 post natal care.
- Number of pregnant women with complication and risk factors referred for treatment.
- Number of Children referred for neonatal complication
- Number of children under SAM (severe Acute Malnutrition)

- Family Planning service-New Acceptors- pills
- Family Planning Services -Revisit- pills
- FP services- New Acceptors- injectable
- FP Services-Revisit- injectable
- FP Services- New Acceptable-implants and IUCD.

SECONDARY CARE INDICATOR

- Number of infants treated with neonatal complications
- Number of women with pre-partum and intra-partum complications treated.
- Number of Caesarian sections conducted.
- Number of people provided with permanent family planning methods (BTL and Vasectomy)
- Number of women treated for post-partum complication.

A business plan, focusing on the priorities of the Health facility, is also a requirement he said. When these indicators are met, the facility is rewarded depending on their percentage score. From the total reward, 40% of the fund goes to the staff and 60% plough back into the development of the facility such as buying of essential (lifesaving) drugs, employing two data clerks etc.

A Catchment Area Committee (CAC) meeting is organized every 3 months in order to review their work plan. MrJarju told the team that with proper coordination and support of the CAC members, the facility can earn up to D600,000.00 in a quarter. Registering a single pregnant woman, the facility earns D168.00.

This warranted them to organizing massive sensitization campaign at regular intervals to increase the number of early booking for pregnant ladies, with an interest of completing the cycle (4 visits before delivery).

Apart from the indicators, the other area that earns them money is the Check list.

- The Components of the checklist includes;
- General Management
- Maintenance and Hygiene
- General Consultations
- Child service

- Anti natal Care and Post Natal Care
- Family Planning
- Maternal and new born at Health Service
- Essential Drugs Management
- Drug and Supplies
- Inpatients wards
- Community Based Services
- Environmental Health Services
- Youth friendly services
- Surgery

Whenever the checklist scores 50% in an assessment, the facility can earn up to D150,000.

SOTUMA SIRE MADARASSA - BILINGUAL PROJECT

The team visited the site but was not able to meet the contractor. Work is in progress and at completion stage. It is 3 classrooms, 3 offices and 2 stores according to the structure. There is two water tank of 500 litres per tank which is meant to supply clean water for domestic and gardening to students of the school.

BASSE REGIONAL HOSPITAL

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GAMBISSARA HEALTH FACILITY

The team visited the Health Facility and meets the following officers;

KaddyMarong- Deputy OIC

BaboucarrNjie-Lab Assistant

ModouSeckan- Accountant

GiberilSowe – Public Health Officer

MajulaKuyateh- Public Health Officer.

They said the project is buying 13 indicators from the facility through a rewarding system. Madam Kuyateh said after every quarter the project officers will assess the Facility and score them accordingly. Like others, 40 % for fund goes to the staff as a form of motivation and 60% is plough back into the Health Facility through buying of essential drugs and so on.

According to MrSeckan, in 2015, they gained D339,000 from the project which they spent according to the guiding principles of the project.

RECOMMENDATION

The Officers at Gambissara Health Facility recommend for 50% - 50% share base between Facility and Staff.

WALLY KUNDA FISH POND

Wally Kunda is a small community that came into existence as a result of fishing activities. The team was led by Barrow Marong to the site which is fish cage.

We met the following in the village:

- A. BubaKalafo
- B. Essakalafo
- C. SaikouTrawally
- D. DembaWady

Two cages are developed; one for Wally Kunda and Armitage Senior Secondary School. They are developed by a Ghanaian Consultant in March 2016 who promised to expand it and roll it out to other communities. The cage is made of nets and plastic barrels and is placed in the river. The difference between the pond and the cage is; the pond is dug away from the river and connects them by a small canal and the cage is a net that is tied around metal frame that is support by plastic barrel to allow it be on the river.

Essa and Saikou are the site managers. According to the Alkalo

CONSTRAINTS

- Some could not resist the magnitude of the wave because they are brought to the cage from an artificial pond as a result die.
- Some escaped because the size of the hole is a little bit wide.
- The cage is only one and is small which the expected returns will be far less than the encountered labour.



DANKUNKU MADARASSABILINGUAL

The team visited the school to check on the level of progress of the construction, the building under construction is 98 % at completion. The structures (the class block and toilet) are roofed and plastered and all doors and windows fixed, only paint is left, while the toilet too. The borehole is drilled and the stand poles constructed. There are two water tanks of 500 litres capacity of each tank giving a total of 1000 liters.

The community representative met at the site express delightfulness as the beneficiaries, saying that it has solved the problem of classroom shortage and making the learning environment very conducive.

SAMBANG FULA KUNDA

The team visited Sambang Community and the following were the people they met: Samba Bah (Alkalo), MajaSawaneh (VDC Chairperson), SaikoubaSaidykan (Village Health Care), NjukarrSowe, KawsuNduganda, Sire Kebbeh (VSG), MajaSaidy (VSG).

The Community applauded the initiating of the project by NaNA and said it has increased their health and sanitary practices. They said a lot has been done in meeting their targeted indicators which yield them benefits (getting fund from the project) but lot more is expected from them which they would had to achieve.

One of the villagers said this has increased their visit to health facility, especially the child under 5 and pregnant women increased their cleanliness at both the home and environment in several. One of the ladies said that this project has positively impacted on their lives.

They disclosed to the team the rewards they gained so far from their assessments in which they have used 60% to purchase two (2) donkey and carts for transportation of pregnant women and sick children to Dankunku Health Center.

The community has procured the following:

- Nine manual machines (of which three (3) for grinding groundnut powder, three (3) for grinding groundnut butter and three (3) for grinding fish).
- Ten (10) rakes,
- 10 wheel barrows, and
- dust bins that are placed all over the village.

The village also embarks on monthly Village Cleansing (setsettal) and has designated 3 dumping Sites at the Outskirt of the village. They also demarcated a community garden of 400m² and 16 roles of chain links wire was bought.

BENEFITS

- The project strengthens their interrelationship.
- The project has helped to reduce challenges faced by pregnant women.
- Early booking increased and,
- Sanitation highly improved.

RECOMMENDATION

An Ambulance needed, as the donkey carts is very slow and inconvenient to transport pregnant women to such a distance.

They requested for their indicators be increased to enable them have access to more funds for more investment in the village.

TRANSGAMBIA- CORRIDOR BRIDGE

The **BambaTenda – Yeli-Tenda: - Trans-Gambia Corridor Bridge** – funded by the AfDB financing. The team was met from TarekArezki, Ali Arezki and MuhammedZiouli.

According to the Local engineer (MuhammedZiouli), the Contractor is IsoluxCorsan (Spanish) and Arezki (Senegalise) a joint venture but currently the entire project is in the hands of Arezkias IsoluxCorsan is almost bankrupt. The length of the bridge is estimated to be 942 meters long and 17.5 meters height above water during high tide. The two access roads are 600 meters from Bereto Village and 400 meters from Genoi. The distance between the poles for possible cargo passage is 70 meters. The overall percentage of work done is as follows;

Foundation 87% completion

Pillars 53% completion

Pill caps concrete 75 % completion

Pillars 53% completion

Deck 9% completion

Overall completion 44% and the estimated completion time is October 2018.

CHALLENGES

The access road areas of both sides are muddy with a depth of almost 15 meters.





KIANG WEST COMMUNITY FOREST PARK (MutaruKunda Forest)

The team met the following officers on the ground;

Ousman B Sonko

Yahya F. Nyassi

Omar Darboe

We were told that the Dimension of the forest 813 hectares and there are still animals such as Antelope, hyenas, and birds too. The forest is currently a joint venture (Government and Community) for better preservation. The main purpose of this is to involve the community and also introduce other products that have more economic benefits to the people and when harvested can be shared between the community and Government through the Department of Forestry.

CHALLENGES

No mobility (neither vehicle nor motor bike)

No pumping machine for the borehole

Solar batteries too weak

Access to information poor



NDEMBAN JOLA - BILINGUAL EDUCATION PROJECT

The Team visited the Ansar Islamic School in NdembanJolaThe project registered tremendous progress, as almost 95 % of work is completed. The project includes 3 classrooms, 3 offices, 3 stores and toilets. The water tank is not yet raised.



NYAMBAI FOREST PARK

Could not get access to the officials



NYOFELLEH COMMUNITY GARDEN

The intervention in Nyofelleh is also a community garden; the team was led by Faburama Barrow, LaminManneh, KombahBadjie, Isatou (Meta) Barrow, and Ramatoulie Badjie to the project site. The progress of work is good as construction is at completion.

The beneficiaries were quick to say that the project will go a long way in improving their income and diets. The shed, fence and borehole are all completed and gardening activities are expected to begin this season.

CHALLENGES

Getting water during the construction of the farm house was difficult.

Payment for sub-contractors was a problem.

TOUBA ANGALLEH RURAL WATER SUPPLY

The trekking team visits Touba Angalleh water supply intervention site funded by the Rural Water Supply and Sanitation Initiative Project. The Alkalo, VDC Chair, representative from the water management committee and women leader, all echo the same statement on how the intervention changes their life.

Before the intervention of the project, the community and surroundings find it difficult in getting clean and safe drinking water. They mentioned that fetching water was difficult and constraint in the sense that they used their donkeys and at times horses to fetch water that was almost 40 meters in depth. This as a result would deter the women from having enough water and is time consuming. Thus impacting on poor health, frequent visits to the hospitals because of dysentery and other diseases.

With the intervention of the project their life has change. Now they have clean and safe drinking water, thus impacting on their health. Women could now fetch water and visit there farms on a regular basis without stressed.

The construction of the latrines has also completed. They have been advised by the trekking team to use the latrines as a good practice and stop going to the bush as they previously done before the intervention of the project.

FARABA, NEMA and KONKONFULLA RURAL WATER SUPPLY

This cluster of villages also benefitted from the rural water supply and sanitation initiative project. The water supply systems are fully in operational and the community is having access to safe drinking water. This has impacted on the health and welfare of the communities.

SARABOJO CLUSTER

The water supply system is installed, but there are minor works remain to be done for the water to flow. The taps are yet to be fixed, but the contractor assured us that before the end of the month they would have water.

With regards to the construction of the latrines, almost Eighty-One latrines out of the One Hundred and One are constructed. There are issues with regard to the twenty remaining once, concerning on the adequate knowledge of masons contracted to build the latrines. The recommendation from the project was to used fifteen bags of cement for the whole construction of one latrine, but because of inexperienced by these masons, the whole fifteen bags of cement were utilized without completing one latrines, resulted in short fall in cement to complete the remaining latrines.

SI-KUNDA

The trekking team also visits Si-Kunda water supply intervention site funded by the Rural Water Supply and Sanitation Initiative Project. The Alkalo, VDC Chair, representative from the water management committee and women leader, all echo the same statement on how the intervention changes their life. The installation of the solar systems that cause the delay in getting water for the community has be completed. The community is having access to save drinking water. This has also impacted even for old women to fetch water with less hustle.

The construction of the latrines is also completed.

Overall, all project intervention sites; the water supply systems are completed. Villages and clusters are enjoying safe and reliable drinking water. However, the system is still under testing by the contractor to see whether there are any issues. Though some of the sites are still having issues with regards to low pressure, some taps not working properly, and soaker ways not covered with slaps. The contractor would resolve these issues before the end of the month. With regards to the construction of the latrines, the issues raised by the communities were that the selected latrines that were part of the network to be connected with water supply are still not done. The contractor, through the Project Management Unit promise to complete the water supply to all the identified latrines to be connected with water.

Sustainability

Part of the trekking team discussions was centered on sustainability. The communities were informed that the projects would one day phase out and would need to sustain the gains of the project for future generation usage. Almost all the communities informed the trekkers that they have bank accounts and enough saving in preparation for the closure of any project that is intervening in their community. This they say would be used to maintenance and or repair the systems in case of any damage.