



USAID
FROM THE AMERICAN PEOPLE

HOPE

BUILDING BACK BETTER:
**SIERRA LEONE'S
JOURNEY TO SELF-RELIANCE**



COVER PHOTO:

Qula Massaquoi, a cash transfer beneficiary in Boajibu, Kenema District, lost her son, his wife, and four grandchildren to Ebola virus disease. Her son's two surviving children are now living with her, in addition to five other grandchildren. Despite all her losses, the sign on her door reads "Hope." She says, "Where there is life, there must be hope."

Photo by Elie Gardner for Catholic Relief Services



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Building Back Better: Sierra Leone's Journey to Self-Reliance

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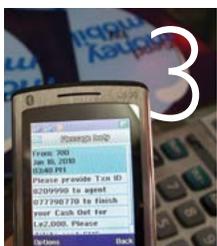
This book was conceived under outgoing Country Coordinator Khadijat Mojidi, executed under the current leadership of Mission Director Jeff Bryan of USAID Guinea and Sierra Leone, and conceptualized by Mariama C. Keita, USAID Bureau for Africa, Office of West African Affairs.

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The Ebola Pillar II, Monitoring, Evaluation and Learning project is a three-year USAID-funded contract to assess USAID-coordinated efforts in mitigating the second-order impacts of the Ebola virus outbreak in Guinea, Liberia, and Sierra Leone between 2014 and 2016. The activity focuses on four main components: evaluation, routine monitoring, data quality assurance, and improved knowledge management and learning.

Photography is credited throughout. Special thanks to photographers Elie Gardner (Catholic Relief Services), Joshua Yospy (JSI Research & Training Institute, Inc.), and Michael Duff (USAID).

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WHAT HAPPENED 1

BUILDING BACK TOGETHER 4

HEALTH & HEALTH SERVICES 9

 Revitalizing Facilities 11

 Engaging People and Communities 17

 Partnerships for Better Systems 24

AGRICULTURE & FOOD SECURITY 33

 Jumpstarting Food Security. 34

 Growing Partnerships 42

INNOVATION, TECHNOLOGY & PARTNERSHIPS 53

 Growing the Grid 54

 Modernizing Finance 56

 Innovating Through Challenge 58

GOVERNANCE & ACCOUNTABILITY 61

THE ROAD AHEAD 70

CONTENTS

PREFACE

by MARIA E. BREWER
U.S. Ambassador to Sierra Leone



Photo by United States Government

Sierra Leone is a country poised to be an example and beacon in West Africa. We have seen countries come back from war; devastation as well as observed a boom in their economic growth with real investments in its most critical resource—its people.

As this is my second tour to Sierra Leone, I am excited to return and support the difficult process of strengthening and sustaining our most recent development gains in the wake of Ebola. The United States Government provided approximately \$300 million to support the Ebola emergency response in Sierra Leone in 2014–2015 and invested an additional \$300 million in the country's post-Ebola recovery and long-term development. The results are visible across all sectors—health system strengthening, restoring health services, governance, food security, and improving the technological capacity in the country.

The successful and peaceful March 2018 presidential, parliamentary, and local-level election process is a vital step forward in the country's democratic evolution.

Maria E. Brewer
U.S. Ambassador to Sierra Leone

FOREWORD

by OREN WHYCHE-SHAW
Deputy Assistant Administrator, USAID Bureau for Africa



In 2014, we were confronted with a frightening outbreak of Ebola in West Africa. The magnitude and rate of infection overwhelmed the international donor community, and the U.S. Government took a leading role in what became the largest effort by a single donor government to respond to Ebola.

An interagency task force was created as a coordinating body for the United States Agency for International Development (USAID) to ensure a seamless, cross-sectoral response, provide guidance to the missions, and to strengthen communications between the field and Washington on the Ebola outbreak in real time. This whole-of-U.S. Government effort—led by USAID, the Centers for Disease Control and Prevention, Department of Homeland Security, and U.S. Department of Defense, and with support from international development organizations from around the world—not only stemmed the tide of Ebola virus disease, but allowed community health care workers to respond with compassionate resilience.

I applaud our achievements and partnership with the governments of Guinea, Liberia, and Sierra Leone. We've demonstrated effective use of tax dollars. The American people can be assured that these countries are now better prepared to mitigate the remaining community effects of the Ebola outbreak, as well as prevent or rapidly respond to future outbreaks. Together, through elevated leadership in the region, we defeated a catastrophic epidemic with potential global implications. There is no greater resource in this international effort than the people themselves.

USAID's contribution to recovery efforts has allowed Ebola-affected countries to build back toward a bright future. The strength of the people and systems in place will enable these beautiful countries to prosper.

Oren Whyche-Shaw
USAID Bureau for Africa

A close-up photograph of a group of young children, likely in Sierra Leone, wearing blue school uniforms. They are all smiling and waving their hands towards the camera. The children are of various ages, and the image captures a moment of joy and community.

From 2015–2017, USAID oversaw a robust set of development programs called “Ebola Pillar II” that were designed to mitigate the secondary impacts of the Ebola virus disease outbreak of 2014–2016 and ensure that Sierra Leone can effectively prevent, detect, and respond to future disease outbreaks. These Pillar II activities, in collaboration with the Government of Sierra Leone, other U.S. Government agencies, and international partners, have made positive steps in Sierra Leone.

While several USAID-funded partnerships described in these pages did not directly receive Pillar II funds for their activities, they were integral to its success, making the whole greater than a sum of its parts. Due to space considerations, this book can mention only a few of the many, many contributions of talent, funding, and time made to Sierra Leone’s journey.

THANKS

First and foremost, USAID thanks the people of Sierra Leone. Without your strength, resilience, and cooperation, no achievement would have been possible.

USAID would like to acknowledge the following for their extraordinary contributions to the journey and the success stories of Sierra Leone:

Khadijat Mojidi, outgoing Country Coordinator for USAID Sierra Leone

LaTrisha Chappin, USAID Team Lead for West Africa

Nadine Echalar-Ritcheson, Program Management & Reporting Team Lead, Africa Ebola Unit, Bureau for Africa

Mariama Cire Keita, Communications and Partnerships Advisor, USAID Guinea, Liberia, and Sierra Leone

Photo by Michael Duff



“At USAID, we believe that development efforts are best when our partner countries take the lead in developing solutions to development and economic needs, as well as collaborate with the international community to implement them.

“I am pleased to have borne witness to a successful presidential democratic transition, efforts to empower women in agriculture and government, several partnerships that promote entrepreneurship and economic development, and cross-collaboration with many partners.

“Beyond the EVD outbreak, USAID is committed to measurable improvements in the lives of Sierra Leoneans—ensuring that our work helps foster the country’s journey to self-reliance.”

— Khadijat Mojidi,
Outgoing Country Coordinator, USAID Sierra Leone



WHAT HAPPENED



Photo by François Guignard

Rich in natural resources, with lush, green mountains running down to some of the world's most beautiful beaches, Sierra Leone's beauty belies a long background of struggle. From its victimization by the slave trade in the 17th and 18th centuries to its years as a British Crown Colony, the country was historically leveraged by outsiders for the value of its people, precious stones, timber, and ivory. Following independence in 1961, Sierra Leone was plagued by conflict and civil war for more than three decades. After years of United Nations oversight, the country held its first free elections without peacekeepers in 2012. Soon, its systems for governance, industry, health, and infrastructure began to develop in earnest. The economic growth rate hit 20 percent in 2013.

Then came Ebola.



Sierra Leone Demographics 2017:¹

158 out of 229 in GDP

184 out of 189, 2018 Human Development Index

7.6 million, population

17% of total deaths are from malaria

58% population is rural

86.7% households have no sanitation facility

\$2.05 average, per capita daily income

74.8% poverty rate

52 years, life expectancy at birth

The first documented case of Ebola virus disease (EVD) was reported on May 24, 2014 in Kenema town. It quickly spread across communities and within a few weeks, the Sierra Leone Government declared a state of emergency. This resulted in the closure of schools and the institution of checkpoints to limit its spread; nonetheless, EVD reached Freetown a month later, 150 miles away.

During the outbreak, borders were closed, farming was interrupted, health services for conditions other than EVD were disrupted, and schools were closed for about nine months. Seven percent of the country's doctors, nurses, and midwives were killed by EVD, and in many communities, residents avoided health services out of fear of contracting the disease. As a result, the country saw a 23 percent decrease in health service delivery, a surge in poverty, and increased illness and disease of all kinds.²

In the end, EVD was confirmed in more than 8,700 cases and blamed for more than 3,900 deaths in Sierra Leone.³ In addition, nascent systems for health, transportation, water supply, and economic growth were paralyzed. Food shortages surged as farmers could not bring their produce to market. Vulnerable populations became more vulnerable. Development gains of prior years were lost. Economic growth dropped by 70 percent in under 12 months.⁴

The United States responded. In collaboration with the Government of Sierra Leone, other U.S. Government and international partners, USAID provided \$300 million to support the EVD emergency response in 2014 and 2015—and an additional \$300 million to support recovery and longer-term development goals.

This is a story of partnership and resilience.



Borders were closed, farming was interrupted, health services for conditions other than EVD were disrupted, and schools were closed for about nine months. Seven percent of the country's doctors, nurses, and midwives were killed by EVD, and in many communities, residents avoided health services out of fear of contracting the disease. As a result, the country saw a 23 percent decrease in health service delivery, a surge in poverty and food insecurity, and increased illness and disease of all kinds.

BUILDING BACK TOGETHER



A proud fisherman from Lakka community with his boat. Lakka is a coastal resort town around the peninsular Western Area Rural District of Sierra Leone.

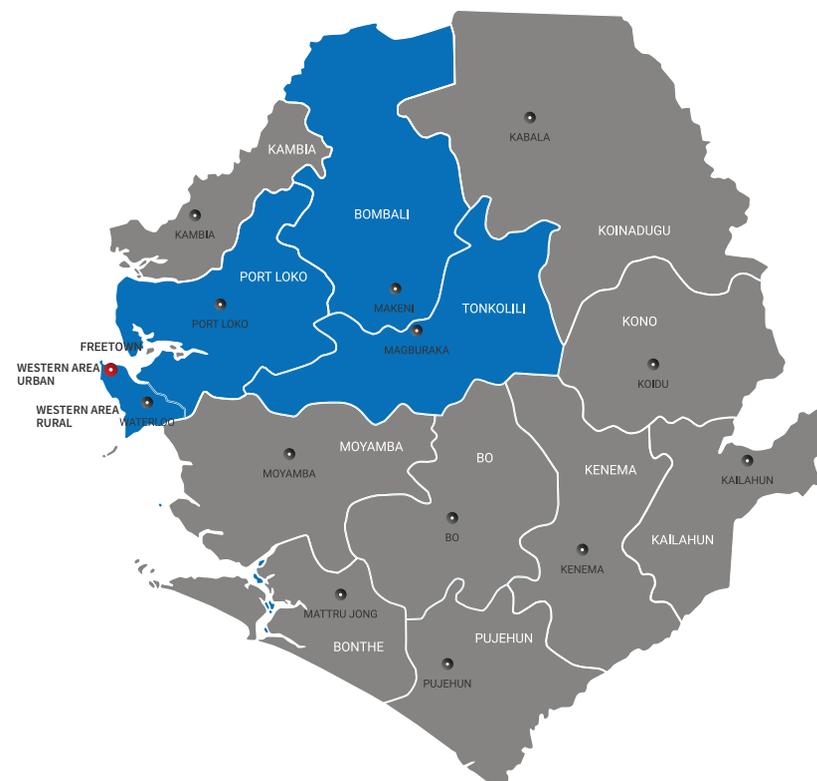
Photo by Eduardo Fonseca Arraes

The darkest years of the EVD crisis ended in November 2015. The U.S. Government then applied additional funding necessary to address recovery—secondary impacts of the outbreak. Broadly targeted Pillar II activities were created to address the needs of EVD survivors, non-EVD health care services, frontline worker support, supply chain issues, community engagement and support, information systems, food security, and facility upgrades—to name only a few.

THE PLAN FOR USAID AND SIERRA LEONE: WORK TOGETHER, DRIVE RESULTS

In its Pillar II Ebola Response and Recovery effort, USAID Bureau for Africa defined four priority sectors for recovery assistance during 2015–2017: health and health services; agriculture and food security; innovation, technology, and partnerships; and governance and economic crisis mitigation.

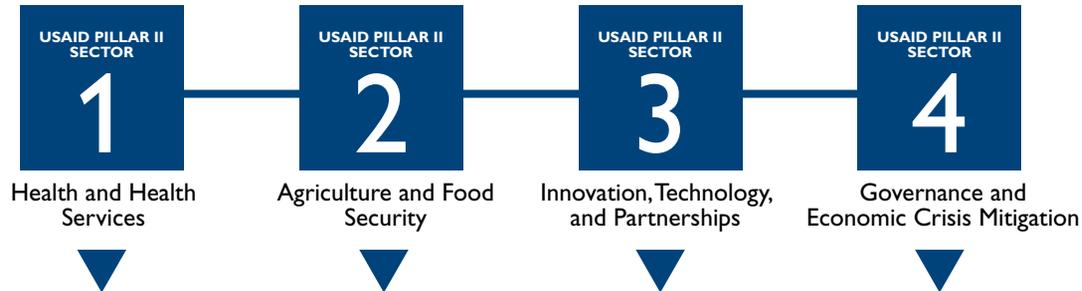
During the same time period, the Sierra Leonean government had set forth six priority areas for development in their *National Ebola Recovery Strategy for Sierra Leone (2015–2017)*.⁵ These included restoring and reforming; livelihoods in agriculture and fisheries; basic health care, water, sanitation, and hygiene (WASH) services, and schools; energy, infrastructure, and financial services; economic opportunities for EVD survivors and youth; social protections for vulnerable populations; and the governance and accountability of the public sector. A seventh, cross-cutting goal of Sierra Leone is gender equity and women’s empowerment. In 2018, in the aftermath of EVD, President Maada Bio mapped out his *New Direction Vision for Sierra Leone*, driving home these goals and further expanding them.⁶



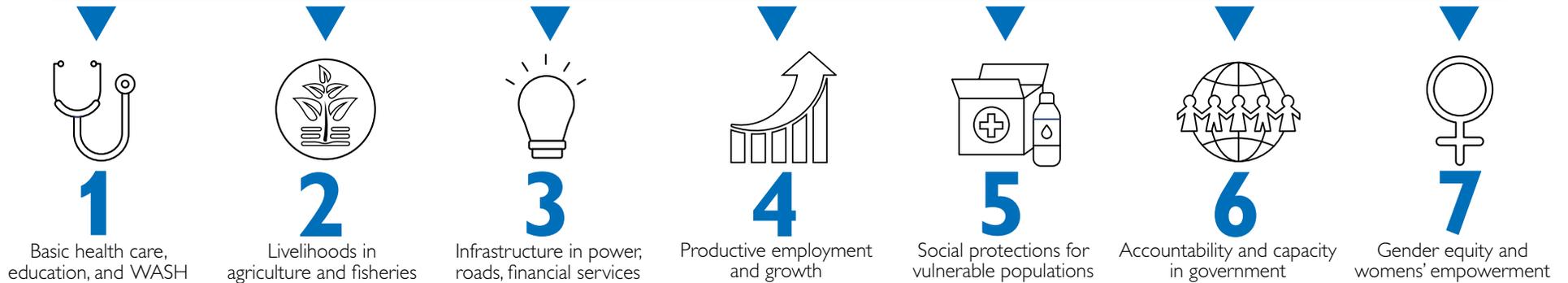
ABOVE: USAID Ebola Pillar II activities were broadly targeted in the five districts most affected by the EVD outbreak: Bombali, Port Loko, Tonkolili, Western Area Urban (including Freetown), and Western Area Rural. Ongoing USAID partnership activities are making impact on a regional and national level.

Taken together, the overlapping and complementary development priorities of USAID and Sierra Leone forged greater achievements in these strategic areas than they may have achieved alone.

USAID INVESTED IN THESE PILLAR II CROSS-CUTTING FUNDING AREAS...



...WHICH FUNDED PARTNER ACTIVITIES TO MEET THESE PRIORITY NEEDS IDENTIFIED BY SIERRA LEONE...



...LEADING TO ENHANCED RECOVERY EFFORTS THAT MET THE GOALS OF BOTH.

OPPOSITE: Sorie Kargbo (left front), with Geoff Wiffin, UNICEF Representative to Sierra Leone and Adama Sankoh, the last EVD patient to be released from the Matene Ebola Treatment Center. Sorie is the brother of the index case, Mussa Kamara, who passed away in Massesebe Village from EVD, setting off the village-wide quarantine that ended with the release of the last high-risk patients, including Sorie. Adama shows her survivor certificate.



“ I feel really happy about today. I’m sad for the family that I lost, but I am happy for the end of Ebola. I pray that we don’t ever have this sickness in our country again.”

—Mohamed Kamara, EVD survivor, 23 years old



“The strategic objective in the health sector is to transform...an inadequate health infrastructure and health care delivery system to make it high quality, efficient, reliable, cost-effective, affordable and sustainable...”

— President Julius Maada Bio, President of Sierra Leone, Excerpt from *New Direction, One Country People's Manifesto*, 2018

BUILDING BACK HEALTH & HEALTH SERVICES

Restoring health services to better-than-before levels requires improved infection prevention and control, facility repair and improvement, new energy sources, staff training, medicines, and commodities — and preparedness against future outbreaks.

With investments in places, people, services, systems, and commodities, **USAID-funded activities revived community health care with better-equipped facilities and better-trained staff.** Partnerships informed by these activities are now transitioning efforts into country-run sustainable health systems.



Photo by Kristen Devlin for JSI

ABOVE: Sanitation was critical for preventing the spread of disease at health facilities, including a handwashing station and separate male/female access.

A February 2016 baseline assessment of 268 peripheral health units showed that 92% lacked continuous electricity, 59% lacked access to clean water, 48% lacked waste pits or working incinerators, and 84% of buildings were in need of repair.⁷ USAID Pillar II activities supported better sanitation, reliable power, professional disposal of medical waste, and clean water sources. The emphasis was not only on building back the pre-EVD status of community health care, but on enhancing resilience in the communities they served. As a result, communities are better prepared for future outbreaks and health emergencies.

THREE TYPES OF FACILITY IMPROVEMENT ACTIVITIES WERE SUPPORTED BY USAID. SOMETIMES, ALL WERE NEEDED.

WASH, waste management, and solar power infrastructure that included wells, water storage, and support structures such as toilets or latrines, showers, handwashing stations, waste pits, and incinerators.

Rehabilitation of buildings, including repair and replacement of roofs, ceilings, floors, walls, windows, doors, stairs, and fencing—as well as de-junking and painting surfaces inside and outside facility.

Advanced infection prevention and control systems, resulting in better health services, an increase in the number of births in facilities, and readiness for disease outbreaks.

Impressive results have been achieved in the health sector over a relatively short period (18 months or less for most activities). **Three hundred five (305) provincial health units have been rehabilitated and equipped with basic lifesaving medical equipment**, improving not just their physical condition but also their functionality and the quality of services available.⁸



REVITALIZING FACILITIES



Many people began to fear that rather than be cured, they would contract EVD by visiting health facilities. Health posts were known to have weakened infection prevention practices, a lack of trained health professionals, inadequate sanitation, and few supplies. As a result, a profound distrust in the health system grew.

CHALLENGE:

Most health posts lacked electricity and clean water, and almost all needed essential repairs, including sanitation, roofing, or other basic improvements.



Photo by Joshua Yospy for JSI

ABOVE: Isha F.T. Kamara, an In-Charge and Maternal and Child Health Aid, turns on a rehabilitated shower stall at the Fothernah Bana Maternal Child Health Post in Tonkolili District.

TOP RIGHT: Mbalu Kamara, In-Charge and Maternal Child Health Aid, stands in front of new disposal pits at the Magbafth Maternal Child Health Post in Tonkolili District in April of 2017.

BOTTOM RIGHT: Mbalu Kamara drinks water from the well while Hassan Koroma, Deputy Chairman of the Facility Management Committee, pumps outside the Magbafth Maternal Child Health Post in Tonkolili District.



Photo by Joshua Yospy for JSI



Photo by Joshua Yospy for JSI





Photo by Michael Duff for USAID

ABOVE: By 2015, people were staying away from health posts, as they were viewed as a potential source of EVD due to poor sanitation and infection control. After renovations, utilization of health services increased as households began trusting that they were safe, well-supplied, and staffed with capable health workers.

TOP RIGHT: Bed screens on wheels and other equipment arrived at the Murray Town Mi Room Maternal Child Health Post in Freetown. Many facilities needed the most basic equipment, such as beds, linens, gloves, privacy screens, and infection prevention supplies such as antibiotic handwashes.

BOTTOM RIGHT: Handwashing stations were installed at all facilities receiving WASH upgrades.



Photo by Joshua Yoslyn for JSI



Photo by Elie Gardner for CRS





As trust increased, so did facility utilization. By 2017, more people were seeking health care when they were sick rather than staying at home. Maternal and child health services were some of the first to rebound.



Photo by USAID



Photo by Michael Duff for USAID

ABOVE TOP AND BOTTOM: Magbafth Maternal Child Health Post in Tonkolili District, before and after renovation. Note roof, solar panels for power, paint, windows and doors, ramp, and handwashing station.

RIGHT: Children in Mayaya Village, Kaffu Bullom Chiefdom, Port Loko District. The children lost their father to EVD. All twelve of their father's children are being raised by Ma Kamara.

OPPOSITE: Newly revitalized health posts led to an uptick in utilization of services.



Photo by Indrias Kassaye for UNICEF





Photo by Joshua Yospy for JSI

HEALTH CARE PERSONNEL ROSE TO YET HIGHER CHALLENGES

With high mortality rates from EVD, community health workers (CHWs) put their lives on the line every day during the outbreak. By the end of the outbreak, they had learned a lot about controlling infection, contact tracing, isolation, prevention, and treatment of EVD. **As the backbone of Sierra Leone's community health system, CHWs are sought out first when community members are sick, pregnant, worried, or suffering from post-EVD complaints.** The Government of Sierra Leone formalized CHWs' integral role in the health system with a new policy, launched post-EVD, to define the minimum package of services to be provided by CHWs, their geographic coverage, selection criteria and processes, supervision, incentives and remuneration, an expanded standardized training curriculum, supplies, and reporting. After EVD, CHWs needed to further expand knowledge and skills, learn how to care for EVD survivors, and develop referral systems for treatment outside their scope.

Over 900 health professionals, 1,500 CHWs and peer supervisors, and members of 214 Facility Management Committees have been trained. These interventions have improved health services for an estimated two million Sierra Leoneans.⁹

ABOVE: Margaret Fofanah, a nurse at the Sussex Maternal Child Health Post in Freetown, Western Area Rural.

OPPOSITE: Community health worker Brima Bangura talks with mother Isatu Conteh, 22, with her son James Kamara, 4 months, in Maforay village, Safroko Limba chiefdom, Bombali district.

In the districts of Western Area Urban, Bombali, and Western Area Rural, USAID funded training for nearly 1,500 CHWs through Advancing Partners & Communities, implemented by JSI Research & Training Institute, Inc. Recognizing that even high-quality training with experienced facilitators does not always result in improved performance, **trainees also received clinical support to apply their knowledge and skills at work and got ongoing reinforcement through mentorship at project-targeted community health posts.**



A photograph of a woman and a man sitting outdoors against a textured, light-colored wall. The woman, on the left, is wearing a white lace headwrap, large hoop earrings, and a patterned top. She is holding a baby in a bright orange outfit. The man, on the right, is wearing a blue and white patterned shirt and dark trousers. Both are smiling and looking towards each other. The text 'ENGAGING PEOPLE AND COMMUNITIES' is overlaid in large, white, sans-serif capital letters across the middle of the image.

ENGAGING PEOPLE AND COMMUNITIES

Community health workers are the backbone of Sierra Leone's health delivery system. During the EVD outbreak, they were frequently called upon to take on extra duties. After the outbreak, EVD survivors needed extra support.



Photo by Sam Phelps for UNICEF

ABOVE: Abubakar Kamara, 35, during a training at a school in the village of Magbontor, Tonkolili. He has been a CHW since 2013 and his community is Mathapy, 17 miles from the closest health facility.

TOP RIGHT: Marie Korona, pictured here during a training, has been a CHW since 2013 and is from the village of Masosingbi. Before she became a CHW, people in her community found it hard to access health services during the rainy season due to poor roads. Now mothers and children under five years can seek treatment by seeing her directly for sicknesses such as malaria, diarrhea, and pneumonia.

BOTTOM RIGHT: Three trainees take a break, names unknown.



Photo by Sam Phelps for UNICEF



Photo by Pia Kochhar for JSI



During the outbreak, the support to CHWs was significantly affected by less supportive supervision and a decreased stock of supplies. In addition, CHWs were called upon to perform additional tasks including contact tracing, surveillance, and social mobilization on EVD-related messages. In some instances, CHWs even served as burial team members.

BELOW: Students learning about decontamination of medical devices sit inside an infection prevention control classroom run by International Medical Corps in Port Loko District on Feb. 11, 2016.



Training in infection prevention, maternal and child health services, data management and reporting, and other best practices enhanced service delivery.

Photo by Joshua Yospyn for JSI



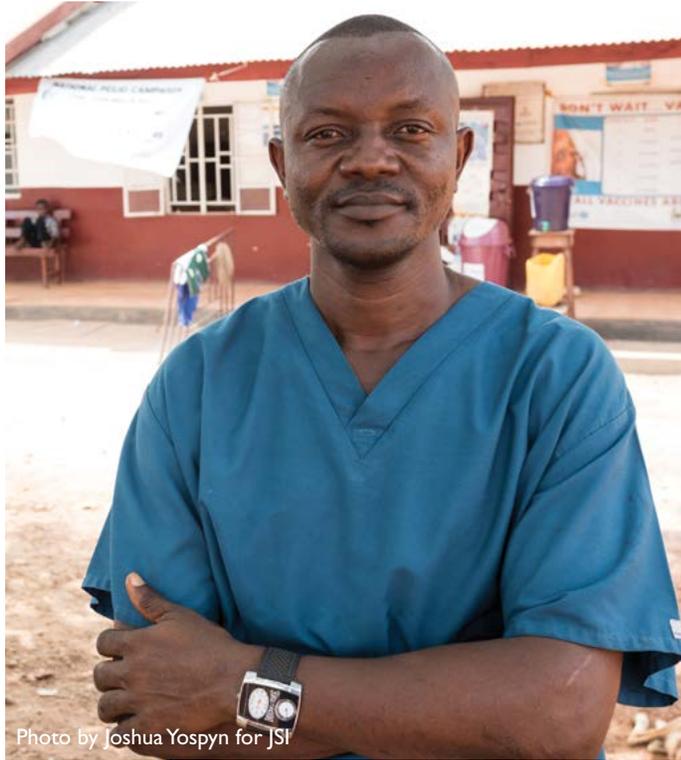


Photo by Joshua Yospy for JSI

ABOVE: Matthew Maada Moiba, the In-Charge and a state-enrolled community health nurse, outside his community health post in Juba Mi Room, Freetown on March 29, 2017.

RIGHT: Restoring maternal, newborn, and child health (MNCH) services to pre-EVD levels were a USAID priority. In addition to MNCH service training, training for psychosocial and psychiatric care was critically needed in the aftermath of EVD.

OPPOSITE: Simpson Gmunu, a state-enrolled community health nurse, holds his daughter outside the Gbanti Community Health Post in Bombali District. USAID-funded activities helped to build the strength of local health posts throughout the country.



Photo by USAID



Photo by Miro May



Strengthening local health posts through facility upgrades, training CHWs, outfitting them with essential medicines and supplies, and supportive supervision helps build a stronger health system at the community level.





ABOVE: Community health strategies, such as local surveillance and promoting better health behaviors, build community resilience in responding to outbreaks.

COMMUNITIES COLLABORATING TOWARD BETTER HEALTH

When distrust exists, community engagement is integral to health system resilience and ownership. Through the Health Communication Capacity Collaborative (HC3) activity implemented by Johns Hopkins University, USAID helped strengthen the capacity of the Ministry of Health and Sanitation at national and district levels to plan, manage, coordinate, and evaluate social and behavior change communications and health promotion interventions.

HC3 supported the training of 49 government staff in social and behavior change communications (double the target number set for the life of the activity).¹⁰ This increased number provided a critical mass of people who were capable of managing and coordinating health promotion activities. In addition, this activity contributed to the development of Sierra Leone's *National Health Promotion Strategy 2017–2021*, which provides a strategic framework and guidelines for the design, integration, and coordination of existing health promotion activities across different health areas. **At the district and community level, it promoted and fostered a sense of community ownership of project activities by engaging community members in planning, implementing and monitoring project activities in their respective communities, and highlighting their accomplishments.**

Through facility renovations, communities were given the opportunity to identify and prioritize makeover activities that would encourage use of health services. In collaboration with the activity staff, health facility staff, and Financial Management Committees, they were able to mobilize local labor and other resources to implement agreed-upon makeover activities.





USAID-funded activities supported community-based health services, local leadership, village savings and loan associations, and behavior change communications.

“The private sector is the engine of innovation, development, and growth seen in thriving economies...We have seen continued interest in developing new private sector partnerships that move beyond crisis and focus on resilience, particularly through our Global Development Alliances programs. We are excited about what the future holds for Sierra Leone.”

—Sarah Glass, Acting Director, Center for Transformational Partnerships at the U.S. Global Development Lab



PARTNERSHIPS FOR BETTER SYSTEMS





Photo by ReelMedia Film for UNICEF

LEFT: CHWs from Kambia district after a training on the use of RapidPro. CHWs can now easily send and receive information on a range of health interventions and issues.

OPPOSITE and BELOW LEFT: Staff of the Bombali District Health Management Team check data received from health facilities across the district. Tonkolili and Port Loko districts are being supported to improve their capacity for data management.



Photo by Harriet Mason for UNICEF

HEALTH SYSTEMS BRINGING SUSTAINABLE CHANGE

Essential medicines. Beds. Gloves. Infection prevention gear. First aid gear. Maternity kits. USAID funded over 348 tons of essential medicines and commodities during Pillar II.¹¹ However, **development of health systems—for ongoing medicine and commodities management, supply chains, financial services, information, human resources, and health data management—is a health governance activity.** Partnerships between the U.S. Government, private companies, NGOs, and the Government of Sierra Leone are moving them to the next level.

The introduction of **RapidPro** was a USAID Pillar II-funded open-source platform activity implemented by UNICEF to improve oversight of drug distribution and expand medical information at national, district, and facility levels—boosting data reporting from facilities. **With RapidPro, CHWs can more easily send and receive information in real time on a range of health interventions and issues** to and from staff at health facilities, District Health Management Teams, and the Ministry of Health and Sanitation’s headquarters.

Training in data management and reporting, critical for informed decision-making, was provided to more than 2,000 workers through USAID Pillar II funding.¹²

Restoring and expanding the capacity of the public health supply chain is one ongoing partnership that reaches beyond USAID Pillar II. Through the Global Development Alliance, a partnership called **Project Last Mile** is being leveraged with The Coca-Cola Company and



Health Partnerships Supported by USAID

Project Last Mile is an ongoing partnership that reaches beyond USAID Pillar II. Through the Global Development Alliance, this partnership is being leveraged with The Coca-Cola Company and its Foundation, The Bill & Melinda Gates Foundation, and The Global Fund to Fight AIDS, Tuberculosis and Malaria. It helps life-saving medicines go the “last mile” to communities in Africa. Regional Coca-Cola bottlers and suppliers to build public health systems capacity in supply chain and strategic marketing by sharing the expertise and network of the Coca-Cola system with the Ministry of Health and Sanitation.

Another USAID-funded project is implemented by University of California-Davis, EcoHealth Alliance, Metabiota, Smithsonian Institution, and the Wildlife Conservation Society. **PREDICT 2** works in more than 20 countries to conduct surveillance of human and animal populations to identify biological and ecological drivers and host-pathogen dynamics that may help identify and prevent disease emergence and spread.

its Foundation, The Bill & Melinda Gates Foundation, and The Global Fund to Fight AIDS, Tuberculosis and Malaria.

The overarching principle of **Project Last Mile** is that life-saving medicines should be within the reach of every person in Africa. This pioneering cross-sectoral partnership helps life-saving medicines go the “last mile” to communities in Africa. Regional Coca-Cola bottlers and suppliers build public health systems capacity in supply chain and strategic marketing by sharing the expertise and network of the Coca-Cola system with the Ministry of Health and Sanitation in Sierra Leone. Its aim is to reduce stock-outs of essential commodities at the 1,267 peripheral health units across the country. Project Last Mile aims to support 10 countries by 2020.¹³

BELOW: USAID-funded medicines and supplies at the Bombali District Medical Store are re-sorted and loaded onto trucks for dispatch to hospitals and peripheral health units throughout the district. The process is managed by Bombali District Logistics Officer Moses Koker in the presence of Civil Society and Anti-Corruption Commission officers and a pharmacist from the District Health Management Team. These supplies were provided in support of the Government of Sierra Leone’s Free Health Care Initiative and prescribed free of charge to pregnant women, lactating mothers, and children under five.



Photo by Indrias Kassaye for UNICEF





Photo by Michael Duff for USAID



Photo by Michael Duff for USAID

ABOVE and LEFT: One Health and PREDICT 2 recognize that identifying and characterizing pathogens of known epidemic and unknown pandemic potential requires appropriate skills in field sampling, laboratory techniques, behavioral risk characterization, and forecasting.

PREVENTING FUTURE OUTBREAKS: ONE HEALTH

Over the last three decades, many new human disease-causing organisms have been identified. Six out of ten were of animal origin.¹⁴ This is a disturbing development, particularly for developing countries where challenges to health care delivery systems persist. The establishment of a multi-sectoral coordination, the One Health platform of 2017, is a core element of the Government of Sierra Leone's Global Health Security Agenda (GHSA) five-year roadmap.

One Health recognizes that the health of people is connected to the health of animals and the environment. It is a collaborative, multisectoral, and trans-disciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.¹⁵ **The value of the One Health approach is that human health, animal health, and environmental experts, working together, have the opportunity to prevent pandemic threats before they “spill over” into human populations.** Six priority diseases have been identified in Sierra Leone: viral hemorrhagic fevers such as EVD and Lassa, rabies, zoonotic influenza, salmonellosis, anthrax, and plague.





“Today, Sierra Leone’s animal and human health works collaboratively through a national One Health platform to prevent, detect, and respond to infectious disease threats. In 2018, Sierra Leone has discovered a novel Ebola strain circulating in bats, which is providing valuable insight into Ebola outbreaks and might start to improve its global health security agenda.”

— Irene Koek, Deputy Assistant Administrator, USAID Global Health



Photo by Michael Duff for USAID

ABOVE: The PREDICT 2 project increases knowledge and strengthens functional technological capacities in local, national, and regional contexts for surveillance system design, field sampling, laboratory techniques, information management, public data dissemination, data analytics, and forecasting.

TOP RIGHT: Professor Aiah Gbakimam was the Country Coordinator for USAID GHSA’s PREDICT 2 project. He mentored a staff of young Sierra Leonean scientists in learning the skill sets necessary to identify future outbreaks.

RIGHT: The PREDICT 2 project team draws upon partners from around the world to conduct surveillance of human and animal populations to identify biological and ecological drivers and host-pathogen dynamics that may lead to disease emergence and spread.¹⁶

OPPOSITE: Fatmata Tarawallie holds her son Raymond, 15 months old, in Magburaka, Tonkolili District.



Photo by Michael Duff for USAID



Photo by Michael Duff for USAID



THE NUMBERS: HEALTH & HEALTH SERVICES

INTERVENTIONS AND ACHIEVEMENTS BETWEEN 2015 AND 2017

305

peripheral health units renovated and equipped with basic life-saving equipment

348

tons of essential medicines and commodities procured and delivered

1,491

community health workers trained and supported through mentorship and community health posts

2,539

Facility Management Committee members trained in maintenance of facility improvements

▲22%

increase in number of outpatient visits at peripheral health units

110

peripheral health units supplied with clean water, power, sanitation facilities, and waste management infrastructure

950

health facility staff, including 666 clinical, trained in reproductive, maternal and child health, infection prevention and control, WASH, and health information systems

40%

households reporting participating in activities associated with community-based health services

▲25%

increase in four antenatal care appointments in renovated health units

80%

facilities reported receiving training on infection prevention and control

▲20%

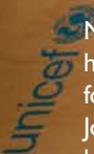
increase in number of observed handwashing stations that have water and cleansing agents

350

community health workers from 125 peripheral health units trained in psychiatric first aid

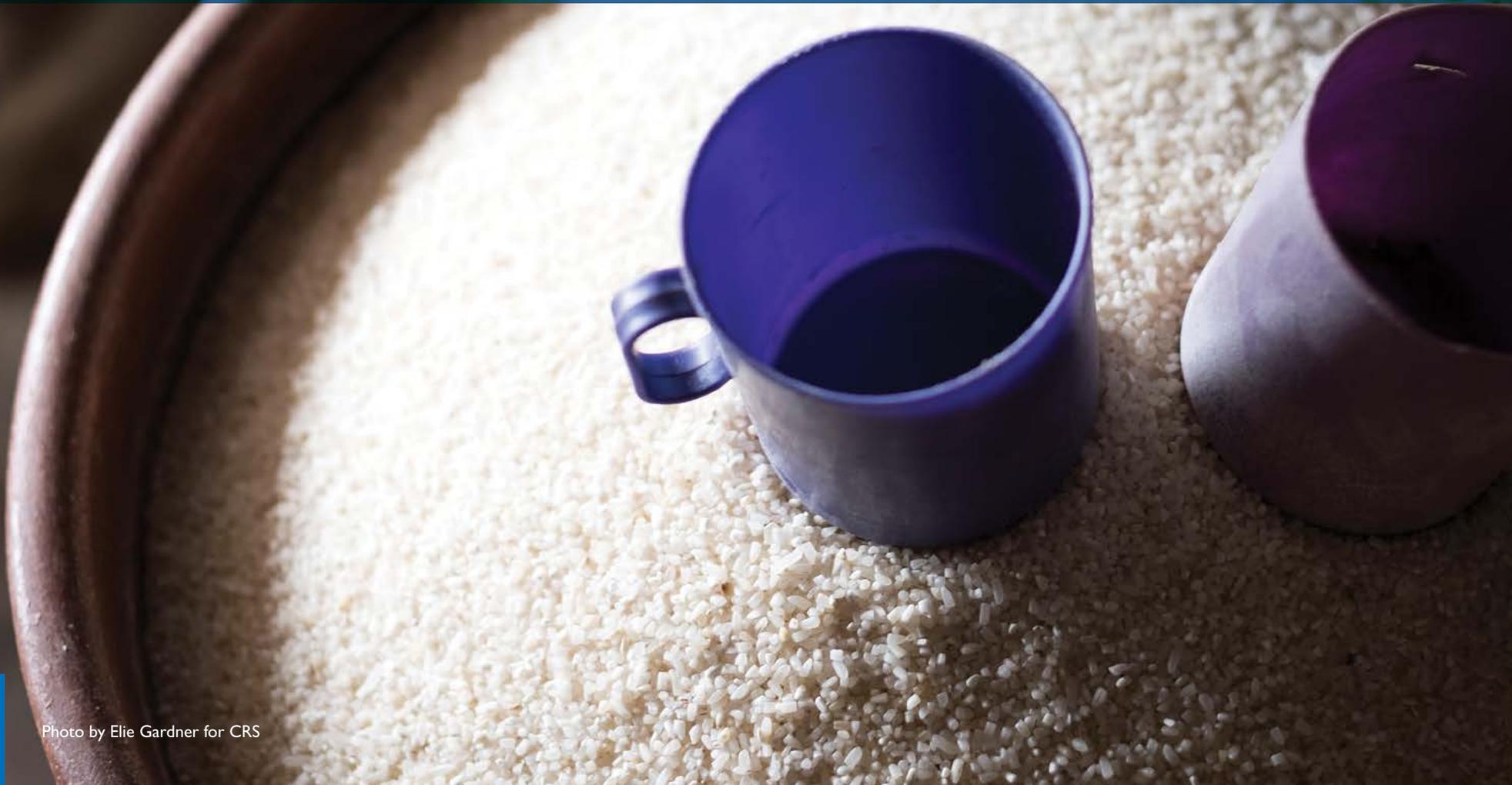


Nurse Mabinti Sherif checks the height of five-week-old Joneth Sesay for growth monitoring with the help of Joneth's mother Sylvie Tarawalie. Joneth was later diagnosed with malaria and prescribed free medication as part of the USAID-funded free health care supplies shipment.



“The overall goal of our agricultural policy is sustainable and diversified production of food, including crops and animals, on a scale sufficient enough to feed the growing population as well as providing gainful employment while maintaining the natural resource base.”

— President Julius Maada Bio, President of Sierra Leone, Excerpt from *New Direction, One Country People's Manifesto*, 2018



BUILDING BACK AGRICULTURE & FOOD SECURITY

Agriculture is the engine of economic growth in Sierra Leone and contributes almost half of the country's GDP, ensures food security, as well as employs at least 60 percent of the population.¹⁷

Working with the Government of Sierra Leone and supporting a dynamic combination of partnerships, village savings and loan associations, cash transfers, and seed vouchers, **USAID-funded activities drove growth in more than the fields of Sierra Leone.** Women's empowerment, household nutrition, household incomes, and local economies also grew.

CHALLENGE:

No seeds, no credit to buy farming inputs, no resources for building businesses—all were contributing factors to poor household food security after EVD.

JUMPSTARTING FOOD SECURITY

USAID Food for Peace programs and implementing partners successfully provided two million people with food assistance and assuaged the suffering of more than 9,000 children facing malnutrition after EVD struck.¹⁸ After this period, USAID reinforced food security by funding some of the following funding activities, bringing immediate results.

SUPPORT FOR IMMEDIATE NEED

Cash transfers were of two varieties: unconditional and conditional. Unconditional transfers provided immediate access to food for food-insecure households and helped beneficiaries avoid having to sell their assets, beg, or skip meals. These transfers made highly significant changes in household nutrition and the ability to reengage in farming. Conditional transfers targeted small traders who were selling foodstuffs in the local markets; most were women. To receive the funds, recipients needed to attend business skills training, invest a portion of their funds to restocking goods and supplies, and record their transactions as evidence. Afterward, almost all reported increased sales of their goods compared to pre-EVD levels.

The cash transfer programs had an additional positive impact on education during this period. **Ninety percent of children in cash transfer recipient households were able to return to school as a result of the program.** This was a significant change, given that some of the children had been out of school for as long as two years. Those children not in beneficiary households had a drop-out rate of 97 percent.¹⁹

Seed vouchers were also an important contribution to food security. Several USAID-funded activities provided seed vouchers to EVD-affected farming households. Households which met the selection criteria were trained on improved agronomic practices, post-harvest management, and crop diversification, among other things. Their vouchers could be used to increase the land under cultivation to grow food for sale as well as consumption.



Photo by Elie Gardner for CRS

ABOVE: Many of the beneficiaries used the cash they received to help pay their children's school fees. Ninety percent of children in cash transfer recipient homes were able to return to school.

OPPOSITE: In the village of Longeama, Sierra Leone, a group of CRS beneficiaries have started their own savings group and also work in a team on a nearby farm. They learned about these models through the CRS trainings. Peer educator Alice Conteh works in a rice field with other members of her group.





Photo by Elie Gardner for CRS



Photo by Elie Gardner for CRS

ABOVE: Winnowing is an agricultural method used to remove hay and chaff or other pests from rice. In its simplest form, it involves throwing the mixture into the air so that the wind blows away the lighter chaff while the heavier grains fall back down for recovery.

ABOVE LEFT: In the village of Longeama, a group of USAID beneficiaries started their own savings group and also work in a team on a nearby farm. They learned about these models through the USAID-funded CRS trainings. Three of the members are pictured here with the group's savings box, including Alice Conteh (right), a Peer Educator in her community who used a cash transfer to purchase goats, pay her children's school fees, and also purchase food staples.



Photo by Michael Stulman

LEFT: Cash transfer recipient Fudia Lansana is back at work at her farm after the EVD outbreak kept her in her home and without food for her household. The benefits allowed her to meet her basic household needs and resume economic activity that was halted by EVD.





Photo by Elie Gardner for CRS

In Borborbu, multiple groups of about 30 people each have come together to create savings groups and group farms. Pictured here is Bernard James Turay (center, squatting) of Catholic Relief Services with members of several groups.



Photo by Michael Duff for USAID

“With money in our purse, engagement in petty trading and farming, we are now recognized and invited to community meetings because we can contribute money to development projects within the community.”

— Mary Ann J. Kamara, Chair Lady,
“Betteh Women” Village Savings and Loan Association, Bombali District

SAVE. BORROW. REPAY. INVEST. EMPOWER. REPEAT.

A major factor in sustainable food security is the ability of farmers and petty traders to access credit to purchase seed, invest in inventory, purchase inputs, or hire help.

A village savings and loan association (VSLA) is an informal, member-owned, community-based group composed of 15–30 self-selected members who agree to save together and use their pooled savings to make small, low-interest loans to one another. In this way, for example, **a farmer can borrow from her VSLA to purchase seed and pay it back at harvest.** Expansion of small business enterprises can be financed. After EVD struck, however, these organizations were thrown into tumult as new crops were not being raised, mobility was restricted to marketplaces, and farms were not being tended.

USAID-funded activities used conditional cash transfers and other means to revitalize VSLAs and helped them resume lending.²⁰ During the recovery period, the percentage of households engaged in VSLAs went from 15 to 59 percent, a highly significant increase for a two-year period. **The majority of VSLA members are women. Evaluations showed that the percentage of female-headed households engaged in trading increased by 25 percentage points during this period.**²¹

VSLAs offer quick access to small loans for investments or consumption at low interest rates, and grants or no-interest loans from a social fund to help respond to emergencies. Members earn interest on savings, increase their financial discipline and literacy, and benefit from group solidarity and trust.



Photo by Develop Africa

ABOVE: VSLA loans enabled small businesses to resume or expand by purchasing needed stock for resale or equipment for industry.

OPPOSITE: Members of a VSLA group supported by Women Empowered for Leadership and Development (WELD) proudly show their box of savings at a monitoring evaluation visit in May 2017.





Photo by Elie Gardner for CRS



Photo by Elie Gardner for CRS



Photo by Elie Gardner for CRS

ABOVE: In Borborbu, multiple groups of about 30 people each have come together to create savings groups and group farms. Pictured here is rice harvested by the Wasabulaha group, which means “Be patient and live in peace.” Ngardie Salamu is a member of the group who helped to harvest the rice the previous day.

FAR LEFT AND OPPOSITE: Qula Massaquoi (in yellow skirt, opposite), a beneficiary in Boajibu, lost her son, his wife, and four grandchildren to Ebola. Her son’s two surviving children (one picking oranges, left) are now living with her, in addition to five other grandchildren. She has several robust gardens in her backyard and is cultivating oranges, papaya, sugar cane, coconut, potato leaf, and more.

LEFT: Ahmed Tejan Jalloh is a community leader in Boajibu who, while not a beneficiary, has seen a vast improvement in his community since the project began. He says food security has been achieved, fewer people are getting sick, and hygiene has been vastly improved.





Cluster farms create greater stability and profit in agriculture by merging several smallholder farms, which are then better able to share both the benefits and the burdens of farming.

The idea of “agriculture as business” is a way to address two of the major issues affecting rural Sierra Leoneans: Food insecurity and income generation.

CHALLENGE:

Rice, poultry, maize, and other food imports top \$120 million in Sierra Leone. Ninety-five percent (95%) of farming is subsistence.

GROWING PARTNERSHIPS



Partnerships with WorldFish and the West Africa Rice Company (WARC) are examples of creating value chains to advance economies after recovery. Expanding farming leads to stronger employment, economies, and household nutrition.

Two Agriculture & Aquaculture Partnerships Informed by Pillar II Funding

WARC Group is a Sierra Leone-based private company founded in 2011 by two Argentine entrepreneurs. WARC seeks to shape Africa's agricultural revolution through an equitable business model. The company has a farm in Southern Sierra Leone, where it produces rice, maize, and soybeans. It also consults and co-implements donor-funded projects. It is currently building capacity for 37,000 smallholders.

WorldFish, an international nonprofit research organization, harnesses the potential of fisheries and aquaculture to reduce poverty and hunger. WorldFish is one of the 15 member organizations of CGIAR, a global agriculture research partnership for a food-secure future. WorldFish seeks to improve the livelihoods of poor people who rely on fisheries and aquaculture and to achieve environmentally sustainable and affordable increases in fish supply for poor consumers to increase food and nutrition security.

During Pillar II, USAID supported activities to alleviate immediate need, as described above. A broader goal of both Sierra Leone and USAID, however, is to identify and implement interventions to improve the productivity of rice and fish farming in ways that deliver enhanced food, nutrition, and livelihood outcomes. As we explored in the Health section, public-private partnerships are one way to drive longer-term investments in farming systems, which in turn enhance their sustainability.

MOVING BEYOND SUBSISTENCE

Food crops, notably rice and cassava, and cash crops, mainly cocoa, coffee, and oil palm, are grown in Sierra Leone. Fish is the most important animal-source food in the diets of Sierra Leoneans, providing approximately 80% of the population's animal protein intake. Marine and inland fisheries contribute 9.4% to the country's gross domestic product within Sierra Leone. To achieve sustainable results, USAID Global Development Alliance activities match capital and technical support with local partners capable of building knowledge and skills.²²

In aquaculture, activities must cover the spectrum from family homestead pond production to medium- and large-scale commercial input, production, and processing operations to sustainably increase the supply and availability of fish for poor consumers. Partnerships thrive on various levels. In the case of the **WorldFish** activity implemented by World Vision, other USAID-funded partnerships are working together and overlapping to build local sourcing for industry growth. One such activity is **WELD, Women Empowered for Leadership and Development**.



The innovative aquaculture partnership with WorldFish is one example of creating value chains to advance the economy. In addition, inland fish farming provides an important protein source for better nutrition.



FISH FARMING

WELD is a consortium of four NGOs (World Vision, Action Aid, Advocacy Movement Network, and Network Movement for Justice and Development) and has the overall goal of increasing women’s social, political, and economic rights in Sierra Leone. WELD approaches include advocacy and social accountability, business management skill-building, training in gender awareness and gender-based violence, and community sensitization. WELD also supports interventions generating income for women—one such activity is making local fish feed for WorldFish farms.

WorldFish applied aquaculture programs to enhance production efficiency and sustainability via the use of fish reared on locally available feeds in production systems that have low carbon and environmental footprints. Future activities were launched through widespread dissemination and use of improved tilapia and carp seed, application of best management practices, adoption of fish disease control measures, sustainable aquafeeds—adoption of production systems with reduced greenhouse gas emissions and improved water and nutrient use.

For fisheries and aquaculture value chains in Sierra Leone, WorldFish emphasized livelihood opportunities for women and youth in fish processing and trade in the supply of inputs (such as locally-produced feed and seed for aquaculture), and in the marketing and distribution of nutritious fish-based products for maternal and child health.

RIGHT: Cluster Farmer Connector Jumatu Koroma represents the next generation of specialists and entrepreneurs in aquaculture. She has a degree in aquaculture and fisheries management from Njala University.

OPPOSITE: WorldFish inland fish farm at feeding time.



Photo by USAID



Photo by Michael Duff for USAID





Photo by Michael Duff for USAID



Photo by Michael Duff for USAID



Photo by Michael Duff for USAID

TOP LEFT: Inland fish farms frequently raise tilapia and carp for resale and consumption, as these fish are particularly suited to the ecosystem.

ABOVE: Fish food is produced locally in cooperation with WELD. Using byproducts of cassava and with other nutrients added for fish health, the mix is then sold to the fish farms. This market relationship between WELD and WorldFish is an example of a sustainable partnership for economic development.

LEFT: Christopher Runyan, Former Deputy Assistant Administrator for USAID Bureau for Africa, met lead farmer Nenneh Bah and cluster farmer groups in Manasie community. They discussed market mapping and the business plan they prepared to scale their agriculture activities. USAID Sierra Leone Project Management Specialist James Blackie, shakes Ms. Bah's hand to honor her leadership among other members of the WorldFish project.



GROWING CAPACITY



Closely intertwined with food security is the capacity of the population to cultivate, access, and market food—and then reinvest in it to sustain development.

In regions that USAID targeted for agriculture and aquaculture interventions, cultivated land area increased, household nutrition improved, incomes rose, and hunger rates dropped.



Another important partnership that was informed by the Pillar II response is with the West Africa Rice Company, or WARC Group, a Sierra Leone-based private company. Its work to improve cultivation practices to grow rice, maize, and other crops is currently expanding with assistance from the Global Development Alliance.

WARC's goal is to inspire farmers to invest in their farms and make money from agriculture as business people, rather than continue with subsistence farming. To this end, WARC runs a 1,500-hectare training farm that enrolls smallholder subsistence farmers to participate in a one-year program. Farmers earn a monthly salary—40% above the minimum salary.²³ After graduation, farmers can participate in a Household Extension Program (HEEP), where WARC finances the purchase of the same technology as in the training farm. The development and implementation of the pilot of HEEP was accelerated by investment from USAID under a Global Development Alliance agreement. Over half of those in the HEEP programs are women. Many women progressed from being subsistence farmers to becoming trainees, then supervisors, and ultimately operating the administration of the farming system—a job that has a monthly income four times higher than the average farmer.

WARC trains farmers in no-till conservation efforts, by which soil is protected from erosion and retains green matter, further enhancing nutrient uptake and preserving soil moisture for a longer time. In this way, the need for machinery is reduced, in turn limiting emissions and increasing farmers' profitability. WARC's efforts have helped convert smallholder farmers into key players and introduced conservation-minded agricultural practices. Activities are designed to boost yield, farmer income, and reduce agriculture's carbon footprint.

The WARC Ebola Recovery partnership has effectively transitioned into a sustainable private social enterprise. WARC is currently working with 600 farmers in 12 areas and is preparing to scale up to 10,000 over five years. Over half of WARC-trained farmers are women.

OPPOSITE: Upscaling farming through partnerships provides training, skills, jobs, income, and better nutrition sources for sustainability.





In the village of Longeama, a group of CRS beneficiaries have started their own savings group and also work in a team on a nearby farm. They learned about these models through USAID-funded trainings. Three of the members are pictured here, including Peer Educator Alice Conteh (center).

THE NUMBERS: AGRICULTURE & FOOD SECURITY

INTERVENTIONS AND ACHIEVEMENTS BETWEEN 2015 AND 2017

364,000

people reached with
Food for Peace cash transfers

28,000

families received seed vouchers
across all activities

4,260

farmers supplied with seed, fertilizer,
tools, and training in post-harvest
handling and storage

▲44%

percent increase in number of
members of VSLAs in two years

▲48%

of respondents reported that
their amount of cultivated
farmland increased

359

VSLAs were reactivated to
mobilize access to credit for
agricultural inputs

9,620

VSLA members received
loans or other support during
Pillar II recovery

▼40%

fewer households reported
moderate or severe hunger

490

farmers in 18 women's farmer
groups received conditional
cash transfers for agricultural
inputs and training*

16,000

people benefited from
fish farming through WorldFish
activities in Port Loko

13,588

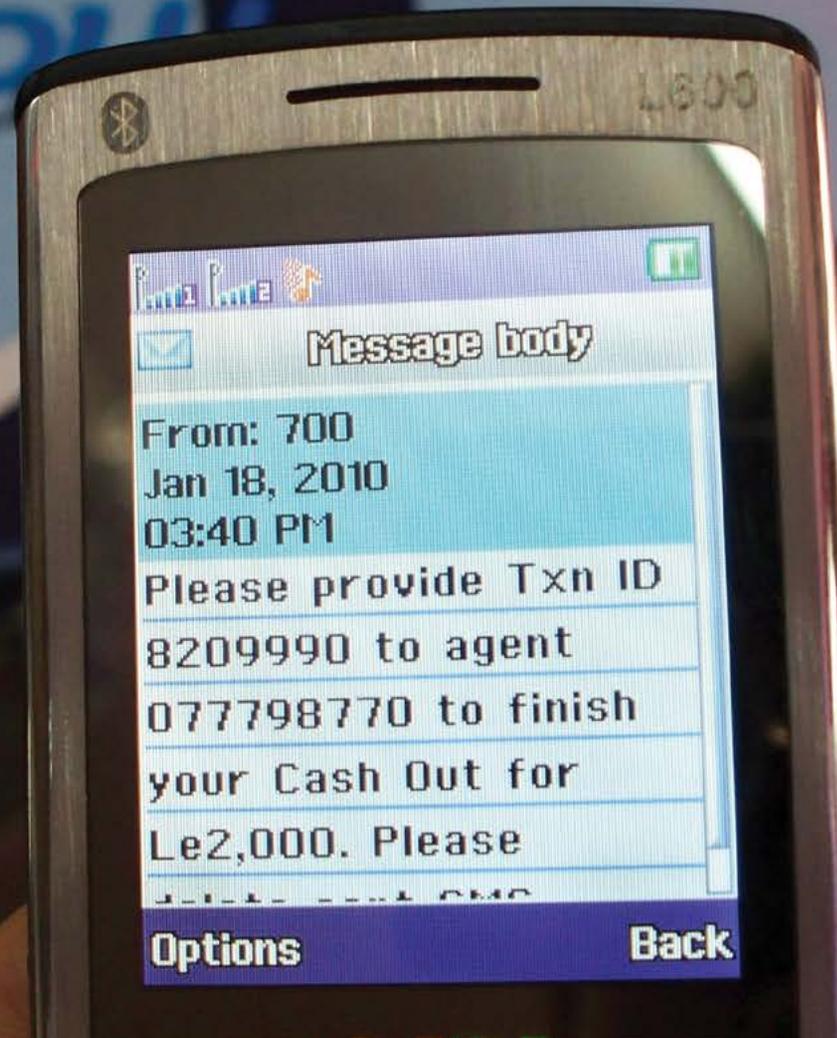
vulnerable households received
unconditional transfers for food
security

▲58%

increase in households reporting
more meals eaten per day

“ [The objective will be] to... permit the continuous realization of the developmental goals of industry and the general population...”

— President Julius Maada Bio, President of Sierra Leone, Excerpt from *New Direction, One Country People's Manifesto*, 2018



INNOVATION, TECHNOLOGY & PARTNERSHIPS

Partnerships to advance health and livelihood systems are making a difference. Capital for startups, inadequate communications, uneven access to power, information and technology infrastructure, and underutilized mobile technology are additional challenges to innovation.

USAID Pillar II funded innovations through the regionally focused **Fighting Ebola Grand Challenge** initiative out of the **Center for Innovation and Impact in the Bureau for Global Health**. USAID's Global Development Alliance is now funding even more innovations for electrical power, digital financial systems, and other strategic objectives.

CHALLENGE:

Electricity in all district headquarter towns in the country is either non-existent or erratic, with the exception of Makeni City in Bombali District and Port Loko City in Port Loko District.



GROWING THE GRID

OBJECTIVE: INCREASING ACCESS TO ELECTRICITY

Poor access to—and the high cost of—electricity are the most frequently cited challenges facing investors, who have chosen to operate their own generators rather than face frequent power interruptions.²⁴ As USAID Pillar II was not tasked with upgrading the electrical grid, but rather enhancing individual facilities, funding was applied to localized solar panels when renovating health posts and clinics to ensure consistent service.

Solar panels have a high cost of entry and require investment, maintenance, and security to succeed in large-scale applications. **For solar to make a larger contribution to electrical power nationwide, partnerships must be leveraged with an eye toward future ownership by Sierra Leone.**

In September of 2018, USAID awarded a grant to initiate a Global Development Alliance with **CrossBoundary Energy Holdings** (based in Mauritius and Washington, DC), aimed at increasing both electricity access in underserved areas and the capacity of the Government of Sierra Leone to maintain and manage a system to distribute off-grid renewable energy. CrossBoundary has instituted a model whereby African businesses can pay a monthly tariff for their power and avoid the large upfront capital costs of solar.

OPPOSITE: A view of the water tower with solar panels on top, wired into the building, at the Magbafth Maternal Child Health Post in Tonkolili District.



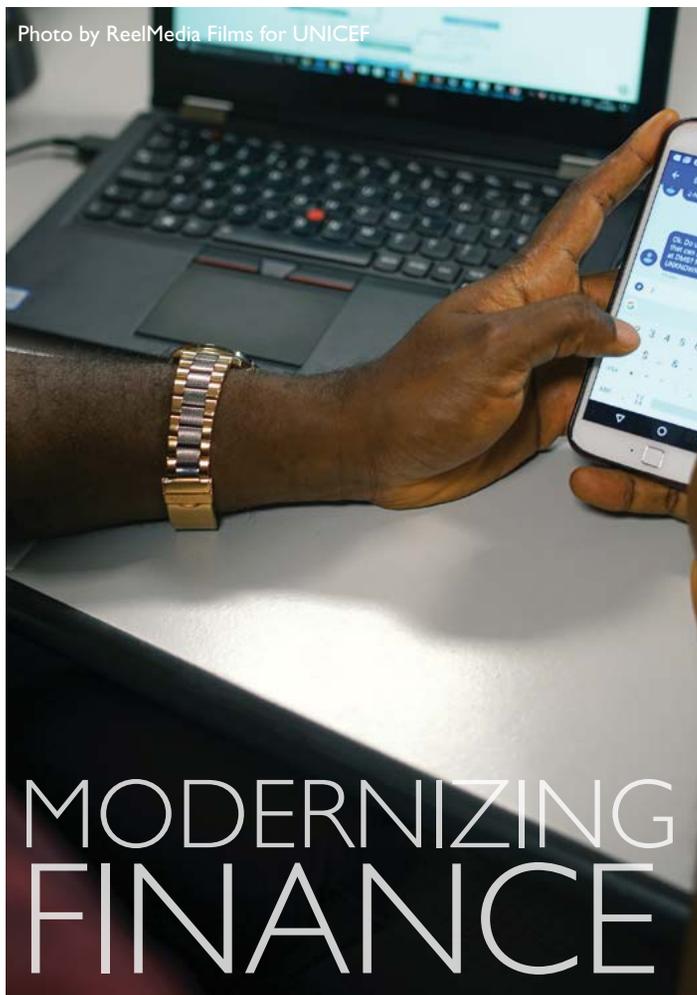
CrossBoundary LLC is an investment company whose stated mission is to use private capital to impact underserved markets. It works with investors in sub-Saharan Africa and provides opportunity sourcing, due diligence, transaction advice, and investment expertise. USAID's Global Development Alliance grant will support the adoption of solar energy practices with the objective to reduce demand on the country's power grid.

Orange and **Africell** are two telecommunications companies supported under a USAID activity aimed to extend financial inclusion of the population in capital and financial markets. **Strategic Impact Advisors/Microsave** is working with mobile network operators to strengthen these services and train staff in compensation, management, fraud prevention, liquidity management, and marketing.

Other challenges occurring in Sierra Leone include the FinTech Challenges and Government to Persons (G2P), with the goal of spurring more private sector innovation.

USAID supports investments in critical policy and infrastructure to safely bring banking and financial processes into the digital arena.

Photo by ReelMedia Films for UNICEF



MODERNIZING FINANCE

OBJECTIVE: INCREASING ACCESS TO DIGITAL FINANCIAL RESOURCES

The majority of the population of Sierra Leone does not have a bank account—and therefore is not formally engaged in the national economy, let alone in the global financial sector. E-payments and related policies provide opportunities for the population to be included in the national financial system and enjoy its benefits.

The Central Bank of Sierra Leone is establishing regulations, policies, and procedures to facilitate e-payments. These measures are designed to address a lack of transparency and increase financial inclusion in the financial sector. USAID has supported the establishment of the Digital Financial Services Working Group, led by the Central Bank of Sierra Leone. In partnership with the UN Capital Development Fund, USAID is funding an activity called Digital Financial Inclusion in Fragile and Conflict States. **This activity aims to extend financial inclusion of the general population through policy development.**

Additionally, USAID is providing technical assistance to two telecommunications companies—Orange and Africell—under an activity called Agent Network Strengthening Project. The activity aims to extend financial inclusion. The focus is on money agents who are hired by these companies to market their products in order to provide mobile financial products and services. The activity provides technical assistance to the team of managers who manage these money agents.



RIGHT: Using a mobile telephone to transfer funds between banks, deposit or withdraw funds, or pay bills makes what has been a largely cash economy more versatile. The Government of Sierra Leone is moving to increase transparency and financial inclusion by developing policies to protect users. Beyond finance, having the ability to perform typical business tasks by mobile phone may require partnerships in communications infrastructure.

BELOW: Increasing the population's access to e-payment systems accesses better resources for business growth. Finance and electricity are both crucial to growing local businesses.



Photo by Airtel



Photo by Issa Davies for UNICEF



Photo by UNICEF





INNOVATING THROUGH CHALLENGE

OBJECTIVE: PLANNING FOR FUTURE OUTBREAKS

USAID Pillar II funded 14 innovations through the regionally focused *Fighting Ebola: A Grand Challenge for Development* initiative out of the Center for Innovation and Impact in the Bureau for Global Health. Six of the 14 Grand Challenge innovations were field tested in Sierra Leone.²⁵

Innovative devices to enhance patient care and health care worker safety included Shift Labs' **"Drip Assist,"** a precision infusion monitor, and Scripps Health's personalized wearable sensor, **"STAMP,"** capable of monitoring both client and health provider vitals for multiple uses.

Improved designs for emergency health posts included Baylor College of Medicine's **"Emergency Pod"** and Makerere University's **"Epi-Tent."**

Two innovations in communications were **CommCare's** platform used for tracking individuals over time, essential in epidemic disease outbreaks, and IBM's **EPIC,** which gathers stove-piped data from such sources as the Ministry of Health and Sanitation and implementing partners to inform district-level health decision-making.

"Highlight" is a bleach additive developed through Columbia University (by KinnoS) that clearly shows missed areas when disinfecting—especially helpful in low-light areas. This is now widely used for infection prevention in clinical settings.

Together with the One Health platform and the work of PREDICT 2 (discussed in the Health and Health Services section), Sierra Leone is becoming better prepared for whatever the future may hold in terms of outbreaks.

Six of the 14 USAID-funded Grand Challenge Innovations were field tested in Sierra Leone. All six achieved their objectives.



ABOVE: USAID Grand Challenge achievements included this collapsible, movable emergency treatment unit requiring only 30 minutes training to set up. Baylor College of Medicine's "Emergency Pod" has a shelf life of 10–15 years. Makerere University also developed an "Epi-Tent": a hospital tent with improved air and heat exchange.

OPPOSITE: CommCare's open-source mobile platform allows tracking of individuals over time, so it suits the need to track symptoms of epidemic diseases such as EVD. IBM's EPIC integrates data from District Health Information System 2 and other data sources to provide health and context data.





“Specifically, we will encourage all political parties to undertake initiatives aimed at diversifying their membership across regional and ethnic divides... [and] provide training and funding for female candidates for public elections.”

— President Julius Maada Bio, President of Sierra Leone, Excerpt from *New Direction, One Country People's Manifesto*, 2018

BUILDING BACK GOVERNANCE & ACCOUNTABILITY

Good governance in the public sector means less corruption, more efficient public services, smoother elections, greater transparency, and greater gender equity in public positions. The Government of Sierra Leone is leading the way.

USAID's Pillar II-funded activities, such as VSLAs, empowered women with small business financing and household support. **The cross-cutting USAID-supported Women Empowered for Leadership and Development project is building on early successes** in livelihoods and small businesses to help develop political influence for women.



Women ran for office in 2018 in quantity; some won. Freetown has its first female mayor, and Kono District has its first female member of parliament.

Partnerships for Gender Equality

While not directly funded by USAID Pillar II, **Women for Economic and Leadership Development (WELD)** fits into the larger system of USAID programming that supported women's empowerment during the recovery from the Ebola virus outbreak. World Vision—implementing partner for the WELD activity—initially worked with Food for Peace through the Emergency Food Security Program alongside the World Food Programme, UNICEF, ACDI/VOCA, CARE, Catholic Relief Services, and Save the Children to disburse targeted cash transfers, distribute agricultural input vouchers, and develop empowering models for microfinance through their Savings for Transformation groups.

Through these groups, clusters of 15–30 marginalized people, including EVD survivors, join together to deposit regular savings into a communal village “bank” with no external resources or capital provided. This collective money is loaned out to members, allowing participants to use the capital to invest in small business enterprises, seeds, food, or other household needs. The loans are then paid back to the group at an agreed-upon interest rate, thereby allowing members to earn interest on their savings.

Historically, there have been national, regional, and local challenges to peaceful elections in Sierra Leone. The lack of appropriate legislation for quota representation, corruption, high nomination fees charged by some political parties, and a focus on regional rather than national issues have all led to dividing the population rather than unifying it. The new government, elected in 2018, has a long list of goals it wishes to accomplish. One of them is the greater participation of women in politics.

RUNNING...AND WINNING

Cultural barriers to women's participation in politics can be changed. By strengthening women's skills, experience, and will to achieve, households become stronger, family incomes increase, nutrition improves—and communities reap these benefits. USAID's cross-cutting WELD project invested in women-led enterprises and trained them in how to manage complex enterprises, engage in formal transactions, expand agricultural activities, access financing, and find strength by networking. In the area of politics, WELD supported 289 women to run in local and parliamentary elections in 2018.²⁶ This support took the form of network linkages to social groups and processes, mentorship, and the formation of a female caucus.

THE ROLE OF THE MEDIA

It is not enough to simply set up democratic institutions and processes; better governance requires creating opportunities for the people to improve their quality of life—and must be held accountable. This means encouraging everyone's participation, sharing information, and communicating messages of unity and issues of importance. As community radio remains the dominant medium in Sierra Leone for disseminating information, **radio listener groups have**



Photo by Yvonne Aki Sawyerr



Photo by Michael Duff for USAID

FAR LEFT: Yvonne Aki Sawyerr was elected Freetown's first female mayor.

BOTTOM LEFT: Rebecca Yei Kamara, 39, is both the first and youngest female member of parliament to represent Kono District.

LEFT: Aliou Kamara, a gender equity champion, went on radio to support his wife's campaign for office in Bombali District.

OPPOSITE: Election day March 7, 2018.



Photo by Christian Aid

created a healthy and safe environment to challenge gender equality perceptions and discuss ideas and concerns.

Shortly after the election, in April 2018, Internews hosted a half-day media roundtable event in collaboration with the National Electoral Commission of Sierra Leone, focusing on the experiences and lessons from the run-up to the peaceful 2018 election. Reporters, producers and editors from 21 different Freetown-based media groups attended. All agreed on the important role media plays in peaceful elections.

Men also use the media to contribute to the women's political gains. For instance, the voice and energy of a male "champion" was heard during a WELD radio-listener session in the Bombali district. **He told about his wife aspiring to a position in the upcoming elections—and supported her efforts on the air.** This type of interchange opens opportunities for the recognition of women by their husbands and communities as partners in development.

WELD initiatives and other cross-cutting activities in agriculture, small business, health, and politics have helped husbands and other men throughout Sierra Leone to recognize the importance of women to every community's prosperity. By including men in the process to empower women, the Government of Sierra Leone is making a lasting difference to the role of women in governance.

Radio listening groups have emerged as powerful agents of change in perceptions on gender and accountability in government.





“ Good governance without women’s representation is poor governance... We want to increase women’s representation in decision-making, and politics is the highest decision platform.”

—Rebecca Yei Kamara, recently elected Member of Parliament from Kono District

WELD initiatives and other cross-cutting activities in agriculture, small business, health, and politics have helped husbands and other men to recognize and support the importance of women to every community's prosperity.





Alicia Clark for USAID



Photo by Michael Duff for USAID



Photo by Michael Duff for USAID

ABOVE: LaTrisha Chappin, Team Lead for West Africa-Coastal, USAID Bureau for Africa, was given a warm welcome by beneficiaries of women's empowerment programs such as WELD in the Bombali District.

FAR LEFT: Two EVD survivors (names withheld). Government authorities and response organizations are strengthening detection and response capacities to rapidly identify and contain future cases. Active surveillance continues in high-risk areas throughout each country.

LEFT: Mariama Keita, USAID Bureau for Africa Communicator, participated in a monitoring and evaluation site visit in the Tonkolili region to observe VSLAs and document the impact of USAID governance and women's empowerment programs. Communities showcased the improvements in their livelihoods and a greater ability to pay for their children's school fees.

OPPOSITE: Binturabbi Yillah, 25 years old, and her son Yayah Bangura, 7 months old, at home in Katalan village, Gbilén Dixon chiefdom, Kambia District.





“One country, One people. Only by giving all Sierra Leoneans a sense of ownership and inclusive belonging that peace, stability, security, and development can prevail in Sierra Leone.”

— President Julius Maada Bio, President of Sierra Leone, Excerpt from *New Direction, One Country People's Manifesto*, 2018

THE NUMBERS: GOVERNANCE



SIERRA LEONE'S ELECTION ACHIEVEMENTS 2018

210

local council planning, finance, and gender desk officers trained on gender-sensitive planning and reporting

1,637

women in WELD Savings for Transformation leadership positions at the community level

14

savings groups are providing mobile money services in their communities

▲15%

increase in women in elective council positions compared with previous election

57

radio listener groups formed to discuss gender issues weekly

289

female political aspirants were trained and mentored by WELD

185

women trained by WELD who were then nominated to run for local council (165) or Parliament (20)

140

male champions have been trained to challenge norms and affect change in gender relations

LOOKING FORWARD: THE ROAD AHEAD

BELOW: Mother Fatu Kamara and father Abu Sankoh, holding their twin sons Alusine and Alhassan, 3 weeks old, in Katalan village, Gbilan Dixon chiefdom, Kambia District. The family credits the advice of Fatu's community health worker, Bai Kamara, for the safe delivery of the twins.



Photo by Sam Phelps for UNICEF

With the leadership and support of the Government of Sierra Leone, USAID has played a part in a complex and multilayered recovery to the EVD outbreak through its Pillar II activities. From broader national and district officials and international funding organizations to the many implementing partners and health workers on the ground, USAID honors all the players in Sierra Leone's journey.

Beyond Pillar recovery programs, broader partnerships are still thriving—some of which are continuing on after this publication, some which have barely begun, and some which have already transitioned into the hands of Sierra Leoneans. Successes of the past few years are too many to list here; by acting strategically and from many cross-cutting directions, the recovery team's efforts are now showing solid results. Dynamic partnerships at every level have begun to contribute to new growth in the economy, health, nutrition, innovation, governance, and livelihoods. The journey of Sierra Leone to self-reliance is truly under way.

Given the One Health platform and other dynamic research into how to contain outbreaks effectively, Sierra Leone may experience fewer health emergencies and greater preparedness for them in the future. This publication marks the end of one stage, but also the beginning of another. USAID looks forward to supporting Sierra Leone as it further advances on its journey by investing in its people—whose courage, capability, and resilience we have come to so greatly admire.



“The core of our objectives is to make every citizen of Sierra Leone feel and believe they are an integral part of an inseparable and indivisible country. It will promote inclusive politics, inclusive governance, and inclusive development as the only guarantor for enduring peace and security.”

— President Julius Maada Bio, President of Sierra Leone, Excerpt from *New Direction, One Country People's Manifesto*, 2018

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Photo by Elie Gardner for CRS



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