

## **Annual Report 2007**

### **Introduction**

The aim of the NarSarah Clinic – CITA International partnership is to strengthen the present health care facilities and services in the Koinadugu District and make them easily accessible and affordable to the people. We are committed to this aim as ever and in 2007 we pursued it with greater zeal and determination. Also in the spirit of community partnership and with a keen interest on sustainability of programs and activities, we continued our engagement with Women Against Poverty (WAP), Bendugu School, Bendugu, Agriculture and Amputees and War Wounded.. The community people are excited about these budding ventures and are willing to work with CITA International. Evidence of their participation is included in this report. The report therefore is in 2 parts: Part one is a narrative of activities and achievements in health, women's work, education, agriculture, and amputees and war wounded, and part two contains appendices of information on the various ventures.

### **Part One**

#### **1. Healthcare**

1.1 Clinic attendance and services: Over 6044 patients attended the clinic in 2007. This includes children, women, and men. Prevalent cases were malaria, diarrhoea, pneumonia, STIs, HIV/AIDS, schistosomiasis, malnutrition, and worm infestation (See appendix 6). We had 216 deliveries, 6 critical cases were referred to the hospital. 168 women were provided with contraception.

Clinic hours remained 8AM to 4PM Monday through Friday, and 8AM to 12noon on Saturdays every week. Our staff continued to provide after hours services, particularly for accidents and other life threatening cases.

Safiatu the girl that had the cardiac condition in 2005 and 2006 and was successfully treated in Israel became ill this year, and her Doctor in Sierra Leone advised her family to seek treatment abroad. One of our donor families, the Jeff Dallas family of Rhode Island that supported this particular case in 2005 and 2006 decided to take Safiatu into their family and assist with badly needed medical care. In October 2007, Safiatu was brought to the US by the Dallas family for medical care. She lives with this family and cared for as any one of their children. Our deep appreciation and thanks goes to the Dallas family.

1.2 Drugs: Our objective to provide essential drugs and primary health care services remained in sharp focus. “The Malaria Control Programme” is now part of this objective. Each month we financed the purchase of genuine drugs at a monthly average of \$400. Each month the clinic manager made at least one trip to the capital Freetown and bought the required drugs from reputable pharmacies there. Number and frequency of health cases in previous months helped determine types and quantities of drugs for subsequent months. This is of the greatest importance to the increasing growth and success of the clinic. Fake drugs continue to exist on the Sierra Leone market.

1.3 New clinic building: Construction continued in 2007 and the roofing was completed. Work on the inside has begun – installation of windows and doors, wiring, plumbing, tiling, etc.

## **2. Women Against Poverty (WAP)**

2.1 Background: The group has grown to 31 members. The women are all patients of NarSarah clinic. Back in 2005 fewer than 10 female patients were sold on the idea of banding together to seek opportunities to generate income through business activities that are possible in their community. The NarSarah clinic midwife is their facilitator. Today they call themselves Women Against Poverty and their membership stands at 31 and continues to grow.

### 2.2 Activities

2.2.1. *Agriculture*: 13 women were engaged in agriculture. They cultivated groundnuts.

They sold over Le. 400,000

2.2.2 *Tie Dye/Gara*: 7 members did tie dye. They supplied the tailoring group with materials. They are engaged in training other women in tie dying.

2.2.3 *Tailoring*: 5 Women were engaged in tailoring. They continue to make back packs. Over a dozen is being marked in Colorado and Rhode Island

2.2.4 *Weaving*: There are 6 women in this group. They are currently learning how to weave.

2.2.5 *Micro-credit*: This group was provided with seed money of \$1000 (donated by a visitor from Brown University). This money was given out to the women as loan to pay back into their organization with interest. Only members who pay back their loans and the agreed interest within the agreed period qualify for further

loan.

### 2.3 Successes

- 2.3.1 *Compliance*: The loan period in 2007 had expired and all the women qualified for new loans.
- 2.3.2 *Land Purchase*: Out of the interest paid into their general fund, the group had bought a quarter acre of land in Kabala town as a permanent development land for WAP.
- 2.3.3 *Overseas market*: A member of NKUMC had started a Boutique for WAP to market the hand made products of WAP.
- 2.3.4 *Support for NarSarah*: This year WAP contributed Le. 250,000 towards the cost of construction of the new NarSarah Clinic.
- 2.3.5 *Being my sisters' keeper*: WAP trained 12 HIV/AIDS infected women in the art and science of tie dying. Sad to report that one of them passed away before this report was written.
- 2.3.6 *Growth in capital*: Micro-credit interest has reached over Le: 400,000.00

## **3. Agriculture (Bendugu Plantation)**

3.1 Background: In 2006 the Bendugu village donated 100 acres of land for a commercial plantation. It is one of the initiatives and involvement of the local communities to support the NarSarah clinic to achieve sustainability in the near future. Work started in March 2007. The site is a forest land that had not been cultivated for over 15 years. The soil is very suitable for an oil palm plantation. It is well drained and very rich in organic matter.

### 3.2 Activities

- 3.2.1 *Clearing*: According to the farming calendar of the Bendugu Community, the month of March was a little late to start work but the people were determined. The felled trees did not attain optimum dry status, so the men cleared the land without using the traditional slash-and-burn method of clearing. They cut them into logs and manually moved them off the land. They cleared 3 acres!
- 3.2.2 *Planting*: We purchased two hundred seedlings in Freetown at three thousand Leones (Le.3,000) per seedling. The transportation cost was six hundred thousand Leones to Kabala and one hundred and fifty thousand leones. All 200 seedlings were planted. Although the seedlings arrived in good condition, some of them suffered from transplanting shock. As a result, the farmers are asking for pre-

germinated seedlets, which they could nurse for themselves, close to the farm. (see Appendix 5. for reasons). When the palm oil seedlings were being transplanted, the women took the opportunity to cultivate groundnut to intercrop it with the oil palm. The women did this for the following reasons:

- 3.2.2.1 As a pest control method. The presence of the groundnut diverted the attention of pests such as the cutting-grass (cane rabbit).
- 3.2.2.2 As a weed control mechanism. Intercropping the oil palm with arable crops does suppress the weeds.
- 3.2.2.3 Erosion control method. The groundnut plants spread out to cover the soil to prevent erosion while the oil palm seedlings are yet young and far apart.
- 3.2.2.4 Nitrogen fixing. Groundnut is a nitrogen fixing crop.
- 3.2.2.5 Immediate cash benefit for the women. The duration of the groundnut is 3 months.

### 3.3. Successes

- 3.3.1 *Quick and early pay-off:* The women received five hundred thousand Leones and purchased ten bags of groundnut seeds. They have harvested forty bags of groundnuts. From this stock they will generate seeds for the 2008 planting season (four bags). They will sell the rest to generate income for community development.
- 3.3.2. *Group motivation:* The work so far has encouraged the community that they have taken the challenge to cultivate twenty acres in 2008, in addition to the three acres in 2007. This is going to be their annual target until they achieve the one hundred acre goal.

## 2. **Amputees and War Wounded:**

4.1 Background: There are twenty-two (22) amputee or war wounded households in Kabala. Each household lives in a two-room flat, allocated to them by the government of Sierra Leone. The flats were constructed by the Norwegian Refugee Committee.

### 4.2 Activities

- 4.2.1 *Household Registration:* The name, composition, and other information of each family were recorded by the NarSarah Staff. This is necessary for communication, coordination, etc.
- 4.2.2 *Micro credit Proposals:* Our representative started drafting proposals for a

collaborating micro credit activity with Prosthetic Organization Foundation (POF).

- 4.2.3 *Micro-credit scheme:* In February 2007, Students of Colorado College provided US\$500 as grant for amputees' micro credit scheme. The NarSarah Clinic administered the funds and each amputee received the sum of sixty-eight thousand Leones (\$23.00). Each one had the freedom to invest the money according to their choices. They were divided into two groups of eleven members each. They set up their own rules and regulations and gave themselves a grace period of one month, after which they started to pay back the loan, at the rate of Le. 15,000.00 (\$5.00) per month.

In July 2007, 22 house holds of the Amputee and War wounded victims in Kabala received from Heritage High School in Denver Colorado through their representative, Kira Gruzinski \$5000.00 to increase their micro-credit, \$1000.00 for medical care at the NarSarah Clinic, a bag of 50lb rice for each house hold for four months during the hunger season, and a scholarship for 16. The children of these amputees (13 sons and 3 daughters) were awarded scholarships for school fees and text books.

For the names of recipients see appendix 1.

For the conditions for the scholarships see appendix 2.

For the first \$500.00 from the students of Colorado College, the 22 members, in the micro-credit program, 20 of them had paid punctually every month. An investigation team was set up to find out why those two could not pay their monthly dues. To monitor the use of the money give for micro-credit, a tripod record keeping system was established. Each member keeps a record book in which we keep an income-expenditure account. This keeps a personal record of all that the member receives from and pays to the credit scheme, respectively. This gives the members a clear and concrete picture of their personal performance with their groups. Another record book is kept with the group leader in exactly the same format. The Group Leader's record book has the names of all the members of that group. This helps the leader to monitor the performance of each member. The third record book is kept by the NarSarah Clinic, also in the format, as the one kept by the leader. This assists the NarSarah Clinic to monitor the performance of both the individual member and the leaders.

- 4.2.4 *Educational Supplies:* In addition to the scholarship some educational

consumables such as pens, pencils, erasers and note books were made available to the scholarship recipients. These were donated by Rochelle Jaffe of Massachusetts.

4.2.5 *Prosthetics*: Most amputees and war wounded were fitted for missing limbs. Unfortunately two could not be fitted. One is blind and the other did not want her limb to be further reduced to fit a prosthetic.

4.2.6 *Clothing*: Clothing was distributed to all amputees and war wounded

4.3 Successes:

4.3.1 *Compliance*: 20 out of 22 families are current on their micro-credit loan returns.

4.3.2 *Meeting family responsibility*: The amputees readily accepted their responsibilities to provide uniforms for their children. With the possible exception of 2 families, they all seem to be earning money from their micro-credit scheme.

### **3. The Bendugu School Project**

Background: In 2006 the community pleaded with CITA international for a school in their village. We took their plea to some UMC churches in the USA. Earlier this year, in 2007, we received \$10,000 from one of our donors to finance the construction of the school. We also approached “Operation Classroom” of the United Methodist Church of Sierra Leone and the Bishop of the Sierra Leone UMC Conference to do the construction. As part of the agreement the UMC will be the proprietors of the school.

5.1 Activities: In May 2007, Mr. Saffa Koroma, the Education Secretary of the UMC, also in charge of Operation Classroom, visited the NarSarah Clinic and Bendugu. Mr. Koroma met the members of the Bendugu community for comprehensive discussions. He outlined the terms of Operation Classroom with them and local contributions that would be expected of the local community.

In July 2007, four Board Members of the CITA International USA visited Bendugu. They held similar discussions with the Bendugu community. The community members committed themselves to collect sand and stone and fetch water and provide labour to work at the site.

CITA International hopes to provide funds to pay for all imported materials and skill labour for the construction. They also pledged to seek financial and other forms of support for the school. Efforts are now going on to put all plans and materials together to start construction in July 2008.

5.2.1 Successes: Officials of UMC Sierra Leone and UMC Indiana and Colorado are supporting the construction of this school through Operation Classroom..

**4. Visitors to the clinic**

- 4.1. Two students of Brown University, RI: on their return they sent \$1000.00 to help WAP start micro-credit scheme.
- 4.2. 12 Colorado College Students, one professor, and 2 advisers: Donated \$500.00 (Le: 1,485,000.0) to start a micro-credit scheme for the amputees.
- 4.3. Rocky Mountain Operation Classroom
- 4.4. Representative of Heritage High School in Colorado, Kira Gruzinski: Presented money for Amputee group to finance 4 bags of rice for each house hold (one per month for 4 consecutive months), medical treatment for all Amputees and their families, scholarship for their secondary school children, and \$5000.00 to increase micro-credit capital.
- 4.5. A Nurse Practitioner from Utah Charlotte Beall donated blood pressure machines and other medical supplies. She also alerted us in the US of the deteriorating condition of Safiatu Bah's health status.
- 4.6. Mr. and Mrs. Paul Kortenhoven: Upon return to the US sent \$3000.00 to CITA International as their support for the work in Kabala
- 4.7. Topher Hamblett and Andrew Koroma; they discussed with the NarSarah staff energy requirements of the clinic and made plans for possible installation of Solar panels in the new clinic building. Mr. Andrew Koroma pledged \$1000.00 to increase the capital of WAP micro-credit loans scheme
- 4.8. Maria and Noah .. spent the month of Christmas in Kabala. They plan to be involved in the work of CITA International in Sierra Leone.

**5. Suggestions for 2008**

- 5.1. Accountant for Sierra Leone

- 5.2. Agriculturist for Sierra Leone
- 5.3. CITA Country Representative for Sierra Leone
- 5.4. Full time employee for CITA USA work
- 5.5. Full time employee for CITA USA and Sierra Leone
- 5.6. Provide safe pipe-born water
  - 5.6.1. Measure the capacity of the water source.
  - 5.6.2. Measure the distance from the source to the clinic site
  - 5.6.3. Do a quantity survey and make an estimate.
- 5.7. The construction of the powerhouse and the installation of the generator.
- 5.8. The construction of a covered well at the WAP land.
- 5.9. The construction of a concrete fence around the clinic compound
- 5.10. Auditor fee (8,000000.00) for renewal of CITA operations in S/L

**6. Thanks to all**

On behalf of all of us at CITA International, I say a big thank you to all our donors, supporters, and well wishers. When we look back at another 12 months gone by we see the path we have travelled strewn with your hearts and minds as evident in your offers of prayers, money, time, and skills. Also for all the great work done this year, I thank the staff of NarSarah Clinic, members of the Advisory Board of NarSarah Clinic, and officers and members of the Board of Directors of CITA International. To God be the glory.

## Part Two

Appendix 1: List of names of scholarship recipients for 2007/2008 academic year.

Surname		Form	Sex	School Fees
KOROMA	Daniel	JSS II <sup>01</sup>	Boy	X
MANSARY	Abdul	SSS II <sup>ART</sup>	Boy	X
MARAH	Foday B.	SSS II <sup>Sc</sup>	Boy	X
MANSARY	Shekuba	SSS III <sup>COM</sup>	Boy	X
KOROMA	Saio N.	JSS I <sup>02</sup>	Boy	X

Surname		Form	Sex.	School Fees
SESAY	Moseray B	JSS II <sup>R</sup>	Boy	X
KOROMA	Sunkarie Isha	JSS II <sup>R</sup>	Girl	X
KOROMA	Balansama F	JSS I <sup>R</sup>	Boy	X
KONTEH	Lansana	JSS III	Boy	X
KONTEH	Magba	JSS I <sup>R</sup>	Boy	X
KONTEH	Babra	JSS II <sup>R</sup>	Girl	X
DABOR	Sarah	JSS I	Girl	X
MARAH	Mohamed	JSS III	Boy	X

Surname		Form	Sex	School Fees
KOROMA	Steven K.	JSS II	Boy	X
KOROMA	Magba	JSS III	Boy	X
KAMARA	Foday F	JSS II <sup>A</sup>	Boy	X

## Appendix 2: Conditions for scholarship

### 2.1 Duration.

The scholarship is tenable for one academic year and renewable, subject to:

- i. Availability of funds for the scholarship programme.
- ii. The performance of the pupil at school, home and community.

### 2.2 Performance Monitoring.

- i. Performance monitoring and assistance will be provided for the pupil by the staff members of the NarSarah Clinic and CITA.
- ii. The end-of-year evaluation of each pupil will feature significantly in the discussions to renew the scholarship.

### 2.3 Textbooks and Exercise Books.

- i. The scholarship funds will be used to provide textbooks and exercise books for the beneficiaries.
- ii. Books shall be bought by the staff members of Nar Sarah Clinic and CITA.
- iii. All textbooks that are bought by the scholarship funds remain the property of the Amputee Camp Book Collection.
- iv. All textbooks must be surrendered by the recipients to the Book Collection at the end of every academic year.
- v. Any textbook that is lost or damaged while in the custody of the recipient must be paid for by the recipient.
- vi. All exercise books remain the personal property of the recipient.

### 2.4 School Fees.

- i. The school fees for the year shall be paid in full according to the fees officially prescribed by the school.
- ii. School fees shall be paid direct to the school by the staff members of Nar Sarah Clinic and CITA, and receipts obtained.
- iii. The pupil and the parents shall keep a copy of the receipts.

### Appendix 3: NarSarah Clinic Advisory Board members

- |                            |  |
|----------------------------|--|
| 1. The Chairman            | The Paramount Chief of the Sengbeh Chiefdom<br>(Represented by the Chiefdom Speaker) |
| 2. the Vice Chairman       | The Chairman of the Koinadugu district Council                                       |
| 3. The Secretary           | The Manager/Head Nurse of the Nar Sarah Clinic                                       |
| 4. The Assistant Secretary | The Principal, Kabala Jr. Secondary School   |
| 5. The Honorary Treasurer  | Ms. Theresa F Kargbo, Nar Sarah Clinic   |
| 6. Medical Advisor.        | The Chief Medical Officer, Koinadugu District  |
| 7. Member                  | Mammy Queen of Sengbeh Chiefdom  |
| 8. Member                  | Mammy Queen of Wara Wara Yagala Chiefdom.  |
| 9. Member.                 | CITA Country Representative.   |

NB: The Advisory Board of the NarSarah Clinic met at the NarSarah Clinic Building on 19<sup>th</sup> May 2007. In his welcome and opening remarks, the Chairman commended CITA and the NarSarah Clinic for properly putting the Board in place to govern their work. He pledged on his behalf and the behalf of the other members, that they will do their best to achieve concrete results. They continue to meet regularly every month

Appendix 4: The NarSarah Clinic and the Bendugu Community Memorandum Of Understanding as they agree to develop a 100 acre oil palm plantation:

- i. That the Bendugu Community provides one hundred acres of fertile land for the development of an oil palm plantation in the community.
- ii. That the oil palm plantation is jointly owned by CITA International /NarSarah Clinic and the Bendugu Community.
- iii. That the Bendugu Community invest their time to provide the needed local skills and labour, as and when necessary.
- iv. That the CITA International/NarSarah Clinic provides any materials that are not available in the Bendugu Community, for the development, maintenance and the running of the oil palm plantation.
- v. That the NarSarah Clinic provides food-for-work, (Korndor), a traditional midday meal for people at work in the plantation.
- vi. That when the oil palm begins to yield its products, the regular running cost of the plantation comes from the proceeds of the plantation.
- vii. That when the one hundred acres of the plantation had been developed, a professional survey will map out the estate and the legal documents established appropriately.
- viii. That after the running cost of the plantation had been paid, the rest of the proceeds will be spent as follows:
  - a. Fifty percent (50%) of it will go into the regular budget of CITA International/Nar Sarah Clinic to support the work of the Clinic.
  - b. Fifty percent (50%) of it will go to development of Bendugu.

Appendix 5: Reasons for preferring seedlets over seedlings.

SEEDLINGS	SEEDLETS.
100 seedlings will provide 100 planting materials.	100 seedlets may provide only 85 planting materials.
There is the risk of transplanting shock.	Little or no transplanting shock.
Transportation cost is high.	No transportation cost for even 1,000 seeds
The cost of the nursing activities is included in the price.	The cost of the nursing activities is separate.
You cannot guarantee the quality of the nursing care.	The quality nursing care is to your taste.
There is a high risk of not getting the seedlings at the time you may need them.	You plan your own timing.

Appendix 6: Patient/Client attendance in 2007

Malaria	1147
STIs/HIV-AIDS	354
Hypertension	43
ARI/Pneumonia	909
Worm infestation	1129
Diarrhoea	528
Pregnant women	655
Deliveries	216
Referrals	32
Viscovaginal fistula (VVF) (Referred for surgery)	36
Bloody stools	48
Scabies	11
Gastroenteritis	75
Under Fives	415
Conjunctivitis	4
Contraception	168
Schistosomiasis	321
Total	6044

NB: We served 6044 patients/clients in 9 months; approximately 667 each month, 166 each week, and 24 to 33 each day.

## **Administration and Management.**

### **Board of Directors CITA International**

Hopenet SM Antoine, East Windsor, New Jersey

Jean Patrick Antoine, East Windsor, New Jersey

Ali BS Kamanda, El Monte, California

Daniel SM Kamanda, Cranston, Rhode Island

Dorcas K. Kamanda, Cranston, Rhode Island

Alice Law, Peculiar, Missouri

Cecil Law, Peculiar, Missouri

Hope Law, Golden, Colorado

Les Law, Golden, Colorado

### **Officers in the USA**

Daniel SM Kamanda, Chairman, Board of Directors.

Dorcas K. Kamanda, President, CITA International. Inc.

Alice Law, Secretary, Board of Directors

Hopenet SM Antoine, Treasurer, CITA International. Inc.

### **Officers in Sierra Leone**

Rev. Musa Jambawai, (Jan-October 2007) James Hallowell (Present) Sierra Leone CITA Representative

Mrs. Cecilia James Finance Officer

### **Clinic Staff**

Peacemaker B. Kargbo, nurse and clinic manager

Theresa F. Kargbo, midwife and assistant clinic manager

Cleaner and Day Care Person, Mrs Merrah Kargbo

### **Visiting Staff**

Mrs. Mercy Boima, a degree student nurse of the University of Liberia, worked with the NarSarah Clinic from May to September 2007. She was a volunteer staff and she worked diligently and with great commitment. Thank you very much Mrs. Mercy Boima.

### **Search for one new nurse.**

Members of the Board of NarSarah Clinic conducted an interview for one new nurse position. Seven applications came in but only two applicants were short listed. At the interview neither of the two applicants had attended any Nurses' training Institution that is accredited by the Sierra Leone Government. This position is still vacant.

## **Management structure: National and International Levels**

### **International level**

The Board of Directors governs CITA INTERNATIONAL INCORPORATED in the United States. A chairman heads the Board. He calls and conducts board meetings. The Secretary records all decisions and other pertinent information at meetings. She is custodian of all such documents. The President implements decisions of the board, is responsible for the day-to-day running of CITA, and is answerable to the Board of Directors. The Treasurer receives all monies and other gifts to CITA, and disburses CITA funds as directed by the President on the advice and authority of the Board of Directors. The Board is in constant communication with each other during the year and meets once a year to determine and/or review policy and organizational goals and objectives in consonance with our partners, plan for the next six to twelve months of funding and project implementation, approve appointments, receive reports, and take other necessary actions as influenced by the reality with our partnerships in the recipient countries. The board maintains a bank account in the US. An Independent public accounting firm audits the account annually, and our audit report is available on request. It is also reported to the Internal Revenue Service (IRS).

### **National level**

Rev. Musa Jambawai was the CITA Representative in Sierra Leone from December 1 2006 to October 31, 2007. We are searching for a new Country Representative preferably a native of Sierra Leone. This is in keeping with CITA policy to have indigenes in senior management and decision-making positions in their own countries. The Representative represents CITA to the government and people of the recipient country (Sierra Leone) and provides oversight for all ventures and activities in which we are engaged in Sierra Leone. He hires local staff on the advice of the President, and is responsible to the President. He monitors the use of all CITA money made available in the CITA bank account in the recipient country. He presents an annual audited report to the Board of Directors.

Activities and the cash flow analysis for twenty-three acres.

1.1.1 Activities.

Activity	Personnel	Objective	Duration
Brushing and tree felling	The men	To develop a micro-ecology for a healthy growth of the oil palm	Twelve days
Inter cropping with arable crops	Community	To put weed and pest control mechanisms in place. To promote immediate cash benefits for the women.	All year
Seedbed preparation.	men	To stare up the organic manure and aerate the soil for good crop growth.	Six days
Planting seeds	Women	To make optimum use of the land between the oil palm seedlings	Six days
Weeding	Women	To minimize soil nutrient and space competition.	Six days
Harvesting of the arable crops	Community	To reap the benefits of land, labour and investment.	Ten days
Processing and storage of the arable crop.	Community	To add value to the crop and preserve the value. To secure the crop and make food available through the year.	Ten days
Collar fencing of the seedlings	Men	To protect the young oil palm seedlings from rodent attack.	Six days

Budget Bendugu Oil Palm Plantation: 23 Acres

FOOD FOR SUPPORT FOR THE WORKERS.					
1	Activity	Days	Cost of rice	Cost of meat	Total
2	Brushing	6	216,000	120,000	336,000
3	Tree felling	6	216,000	120,000	336,000
4	Seedbed preparation	6	216,000	120,000	336,000
5	Planting	6	216,000	120,000	336,000
6	Weeding	6	216,000	120,000	336,000
7	Harvesting	10	360,000	200,000	560,000
8	Processing and storage	10	360,000	200,000	560,000
9	Sub total				2,800,000
LOGISTICAL SUPPORT					
10	Item/Purpose	Quantity	Yards	price	Cost
11	Oil palm seedlings	1,200		3,000	3,600,000
12	Transportation of seedlings	2		650,000	1,300,000
13	Wire Collar (size: 24 x 18 ins)	1,400	311	10,000	3,111,111
14	Travelling and consultancy	30		40,000	1,200,000
15	Seed rice	30		40,000	1,200,000
<b>16</b>	<b>Sub Total</b>				<b>10,411,111</b>
<b>17</b>	<b>GRAND TOTAL</b>				<b>13,211,111</b>

Analysis For 23 Acres Of Oil Palm Plantation

Number of acres of oil palm plantation	23	
Oil production per acre per year (gallons)	100	
Price per gallon of palm oil	6,000	
Gross Income from 23 acres per year	20,700,000	
Prolific production period of oil palm (years)		20
Gross Income in 20 years		414,000,000

## 1.2 Agricultural Project Proposals

The Rev. Jambawai and Mr. Suma have found out that it is not all amputees that may want to live in camps. Some of them want to return to their native rural communities, live and work their to make a living. Even though they may want to retain their houses inn the camp at Kabala to host their children who are attending secondary school, they want to live productive lives in their villages.

The Rev. Jambawai and Mr. Suma are now working on a proposal by the title, “Amputees Rural Resettlement Trust” (ARRT). The activities outline in this proposal are: goat raising and crop production,( carrots, groundnuts, oil palm, etc.)