ASSESSING THE CAPACITY, TRANSPARENCY, ACCOUNTABILITY, AND GENDER RESPONSIVENESS OF COMMUNITY DEVELOPMENT COMMITTEES IN THE MANAGEMENT OF SUB-NATIONAL MINING FUNDS IN SIERRA LEONE







AUGUST, 2026

A study Report on

Assessing the Capacity, Transparency, Accountability, and Gender Responsiveness of Community Development Committees in the Management of Sub-National Mining Funds in Sierra Leone

This Study was commissioned by Women on Mining and Extractives (WoME-SL) with support from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

August, 2026

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ACKNOWLEDGEMENTS

Women on Mining and Extractives (WoME-SL) expresses its sincere appreciation to the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) for the financial support that made this research possible. We are grateful to the Community Development Committees (CDCs), community members, government institutions, mining-sector stakeholders, local authorities, traditional leaders, civil society organizations, and other stakeholders who generously contributed their time, experiences, and perspectives during the data collection process. Their openness and participation were essential to generating the evidence presented in this report.

We also extend our appreciation to the research team and all individuals who contributed to the planning, fieldwork, data collection, analysis, validation, and preparation of this report. We particularly acknowledge the CDC members and community representatives across Kono, Tonkolili, Port Loko, Bonthe, and Moyamba for their cooperation and valuable insights. WoME remains grateful to all partners and stakeholders whose contributions have strengthened this research and will support efforts to improve the capacity, transparency, accountability, and gender responsiveness of Community Development Committees in Sierra Leone.

LIST OF ACRONYMS

ADF	Agricultural Development Fund
CDAP	Community Development Action Plan
CDC	Community Development Committee
CDF	Community Development Fund
CDP	Community Development Plan
CSR	Corporate Social Responsibility
DACDF	Diamond Area Community Development Fund
FGD	Focus Group Discussion
GEWE	Gender Equality and Women's Empowerment
KII	Key Informant Interview
MMR	Ministry of Mines and Mineral Resources
MDDF	Mining District Development Fund
NMA	National Minerals Agency
SLEITI	Sierra Leone Extractive Industries Transparency Initiative
TI-SL	Transparency International Sierra Leone
WoME-SL	Women on Mining and Extractives

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EXECUTIVE SUMMARY

Sierra Leone's mining sector remains an important contributor to national economic activity, employment, livelihoods, and local development. In mining-affected communities, various community development funds and benefit-sharing mechanisms are intended to ensure that communities derive tangible benefits from natural resource extraction. Community Development Committees (CDCs) play an important role in identifying community priorities, managing or overseeing development resources, supporting project implementation, and promoting accountability between communities, companies, government institutions, and other stakeholders. However, concerns remain regarding the capacity of CDCs to effectively perform these responsibilities, particularly in relation to financial management, transparency, accountability, project monitoring, community participation, and gender-responsive decision-making.

The research was undertaken to generate evidence on the institutional and operational capacity of CDCs and to identify key governance and capacity gaps that may affect the effective management and oversight of community development funds and resources.

The study was conducted in five mining-affected districts: Kono, Tonkolili, Port Loko, Bonthe, and Moyamba. A mixed-methods research approach was adopted, combining quantitative and qualitative data collection. Quantitative data were collected primarily through structured questionnaires administered to CDC members, while qualitative information was obtained through Focus Group Discussions (FGDs) with community stakeholders and Key Informant Interviews (KIIs) with relevant government institutions, mining-sector actors, local authorities, civil society organizations, and other stakeholders. This approach allowed the research to combine measurable evidence from CDCs with broader perspectives and experiences from communities and institutions.

The findings indicate that CDCs have established structures for managing community development resources, including access to formal bank accounts and defined leadership positions. However, significant differences exist in their institutional and technical capacity. Key capacity gaps identified include financial management, procurement, budgeting, project monitoring, report writing, bookkeeping, development planning, environmental management, knowledge of mining laws, and understanding of CDC roles and procedures. Respondents also highlighted inadequate and irregular training, limited funding, communication challenges, and difficulties associated with meeting arrangements and accessibility.

The assessment also identified important challenges relating to financial transparency and accountability. Although all assessed CDCs reported having bank accounts, only 62% indicated that financial records are always maintained, while 27% reported that records are maintained

sometimes and 11% reported that they are never maintained. Similarly, only 41% reported that financial reports are always shared with community members, compared to 27% who indicated that reports are shared sometimes and 32% who reported that they are never shared. These findings demonstrate that formal financial structures exist, but consistent documentation and disclosure practices remain areas requiring improvement.

Gender analysis revealed a substantial imbalance in CDC membership, with men accounting for 80% and women 20% of reported CDC membership. Respondents identified low education levels (73%), lack of confidence (48.6%), and male dominance (40.5%) as the leading barriers to women's participation. Family responsibilities, cultural barriers, and other institutional challenges were also identified, suggesting that women's formal representation does not necessarily guarantee equal influence over decisions.

Overall, the study concludes that while CDCs provide an important community-level platform for managing and overseeing development resources, capacity, financial management, transparency, accountability, and gender inclusion gaps continue to constrain their effectiveness. The findings demonstrate that strengthening CDCs requires more than one-off training; it requires continuous capacity development, practical management tools, improved reporting and monitoring systems, stronger institutional oversight, and mechanisms that promote meaningful participation of women and other underrepresented groups.

1. INTRODUCTION

1.1 Background to the Study

Mining remains one of the most important sectors of Sierra Leone's economy, contributing substantially to government revenues, foreign exchange earnings, exports, investment, and employment.[1] The economic significance of the sector remains substantial: according to the Sierra Leone Extractive Industries Transparency Initiative (SLEITI) 2022–2023 Report, mining production was valued at approximately US$1.12 billion in 2023, representing a 32.8% increase from 2022, while the value of mineral exports reached approximately US$1.20 billion.[2] Iron ore accounted for the largest share of production and exports, followed by rutile, heavy mineral concentrate, diamonds, bauxite and other minerals. The extractive sector also generated approximately US$41 million in government revenues, equivalent to 6.53% of domestic government revenue, and contributed about US$190.7 million, or 5.35%, to GDP in 2023.

Despite these substantial economic contributions, mining-affected communities do not always experience development outcomes commensurate with the value generated from mineral resources. Concerns relating to inadequate infrastructure, livelihood disruption, loss of agricultural land, environmental degradation, limited access to information, and weak participation in decisions concerning mining benefits continue to make community-level governance of mining resources an important accountability issue.[3]

Sierra Leone has therefore established various mechanisms through which mining-related benefits can reach affected communities. These include Community Development Agreements (CDAs) and Community Development Funds (CDFs), the Diamond Area Community Development Fund (DACDF), Agricultural Development Funds (ADF), surface rent payments, and mining company social investment and community development programmes. The National Minerals Agency's Community Development Management Information System (CoDMIS) which is expected to track several of these community development funding streams.[4]

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[1] International Trade Administration, U.S. Department of Commerce: Sierra Leone - *Mining and Mineral Resources: Country Commercial Guide*, accessed August 14, 2026, https://www.trade.gov/country-commercial-guides/sierra-leone-mining-and-mineral-resources.

[2] Sierra Leone Extractive Industries Transparency Initiative (SLEITI): Sierra Leone 2022 - 2023 EITI Report, accessed August 16, 2026, https://sleiti.gov.sl/reports/.

[3] Marah-Jones, J. (2023). Exposing the real 'social'side of mining-related CSR in Sierra Leone. *The Extractive Industries and Society*, *15*, 101315.

[4] National Minerals Agency (NMA): CoDMIS - Community Development Management Information System, accessed August 25, 2026, https://codmis.nma.gov.sl/.

The Mines and Minerals Development Act, 2022[5] and its associated regulations provide an important legal basis for community benefit-sharing and participation. Under the regulatory framework, qualifying mining companies are required to contribute not less than 1% of annual gross revenue to a Community Development Fund, while Community Development Committees have responsibilities relating to the identification, implementation and monitoring of projects financed through the fund.[6]

Mining companies in Sierra Leone have increasingly funded CDCs to support local, infrastructure-related, and agricultural development initiatives within their areas of operation. Recent examples include Kingho Mining Company in 2022 paid Le5.3 million to host communities in Tonkolili[7] and Marampa Mines Limited in January 2025 presented a cheque of $3.7 million (Le 83.7 million) to the Marampa and Maforki Chiefdoms as payment for their 1% CDF for the 2023 and 2024 fiscal years.[8] Additionally, Leone Rock Metals Group disbursed more than Le62 million in CDF to the Tonkolili District in April 2025,[9] and Sierra Rutile Limited supported five key chiefdoms in July 2026 with around Le2.2 million in ADF.

CDCs are therefore an important link between mining companies, government institutions and mining-affected communities in translating financial contributions into tangible local development outcomes. Beyond receiving and overseeing CDFs, CDCs are expected to support participatory identification of community priorities, project selection, implementation, monitoring, reporting and engagement with relevant stakeholders. Their effectiveness is consequently dependent on the institutional and technical capacity of their members, the strength of their financial management and accountability systems, the transparency of their operations, and the extent to which women and other community groups are able to participate meaningfully in decision-making. Where these systems are weak, the availability of community development funds may not necessarily result in equitable or sustainable development outcomes.

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[5] The Mines and Minerals Development Act of 2022

[6] Oxfam: 6 Steps to Reach a Community Development Agreement (CDA) in Sierra Leone, accessed August 10, 2026, https://oxfam.dk/wp-content/uploads/2025/07/2016-6-steps-to-reach-a-com-dev-agree.pdf.

[7] Premier News SL: Kingho Pays Le5.3bn to Develop Mining Communities, accessed August 20, 2026, https://www.premiermedia-sl.com/kingho-pays-le5-3bn-to-develop-mining-communities/.

[8] Office of the President of Sierra Leone: Sierra Leone's President, Julius Maada Bio Hands Over $3.7 Million Community Development Fund, Commissions The Marampa Mines Expansion, accessed August 20, 2026, https://statehouse.gov.sl/2025/01/25/sierra-leones-president-julius-maada-bio-hands-over-3-7-million-community-development-fund-commissions-the-marampa-mines-expansion/

[9] Concord Times: Leone Rock Disburses Over NLe62M CDA to Landowners in Tonkolili, accessed August 21, 2026, https://sierraleoneconcordtimes.com/leone-rock-disburses-over-nle62m-cda-to-landowners-in-tonkolili/.

It is against this background that, Women on Mining and Extractives (WoME-SL) is conducting this research to assess the capacity, transparency, accountability, and gender responsiveness of Community Development Committees in managing sub-national mining revenues in selected mining-affected districts of Sierra Leone. The study seeks to establish the extent to which CDCs have the knowledge, skills, governance structures and financial management systems required to effectively manage community development resources, while also examining community participation and women's representation in decision-making.

1.2 Rationale and Purpose of the Study

Mining revenues and community development contributions have the potential to significantly improve socio-economic conditions in mining-affected communities when effectively managed. However, achieving these outcomes depends not only on the availability of financial resources but also on the capacity and effectiveness of institutions responsible for managing these resources.

CDCs occupy an important position within these community-level governance arrangements. They provide a platform through which community members can participate in identifying development priorities, engaging with mining companies and government institutions, monitoring projects, and promoting accountability for mining-related development resources. However, the effectiveness of CDCs may vary according to their institutional capacity, governance structures, access to information, technical knowledge, and ability to meaningfully represent different groups within the community. Women's participation is particularly important, as women are often significantly affected by mining-related livelihood and environmental impacts while remaining underrepresented in decision-making and leadership processes.

The research is strategically designed to build upon the foundational evidence and insights gathered through REGO's Community-Based Monitoring (CBM) project and the follow-up mission on the BBC Media Action initiative, in which WoME-SL participated. These earlier engagements provide a useful basis for examining recurring issues relating to community development governance and accountability. Building on these insights, the present study focuses on CDCs operating within mining-affected communities in Kono, Tonkolili, Port Loko, Bonthe, and Moyamba Districts, assessing their educational and technical capacity, governance arrangements, project planning and monitoring practices, accountability mechanisms, and the participation and influence of women and other community groups.

The study does not seek to independently trace or audit the complete flow of mining revenues from their source to community level; rather, it examines how CDCs understand, manage, oversee, document, and account for mining-related community development

resources within their areas of operation. The purpose of the research is therefore to generate empirical evidence on the capacity and governance practices of CDCs and identify institutional and operational gaps that may affect the transparent, accountable, and gender-responsive management of mining-related community benefits. The findings will provide practical recommendations for strengthening CDC capacity, improving community participation and accountability, and increasing women's meaningful involvement in community development decision-making.

1.3 Research Goal and Objectives

1.3.1 Research Goal

The overall goal of this research is to assess the capacity, transparency, accountability, and gender responsiveness of CDCs in the management and oversight of mining-related community development resources in selected mining-affected districts of Sierra Leone, and to generate evidence-based recommendations for strengthening inclusive and accountable community-level mining governance.

1.3.2 Specific Objectives

The research seeks to achieve the following objectives:

1. To assess the institutional and operational capacity of CDCs, including their governance structures, technical knowledge, roles and responsibilities, and ability to plan, implement, monitor, and report on community development initiatives.
2. To examine CDC practices for managing and overseeing mining-related community development resources, mainly CDF, with attention to financial controls, record keeping, reporting, and accountability practices.
3. To assess community participation and inclusiveness in CDC decision-making, including the extent to community participate in identifying development priorities, selecting projects, monitoring implementation, and holding CDCs accountable.
4. To assess gender responsiveness within CDC governance and decision-making processes, including women's representation, leadership opportunities, participation, influence over decisions, and consideration of women's priorities in community development planning and resource allocation.
5. To identify key institutional, operational, and governance challenges affecting CDC performance and develop practical recommendations for strengthening CDC capacity, transparency, accountability, community participation, and gender-responsive governance in mining-affected communities.

1.4 Relevance of the Research to Community Development Governance in Sierra Leone

The research is relevant to Sierra Leone's efforts to strengthen transparent, accountable, and inclusive management of community development resources. CDCs occupy an important position in translating resources such as CDF, ADF, DACDF, CDA-related contributions, and other community development resources into local development outcomes. By assessing CDC capacity, governance systems, financial management practices, accountability mechanisms, and project monitoring processes, the study will provide evidence on the extent to which existing community structures are equipped to fulfil these responsibilities effectively.

The research is also relevant to efforts to promote gender-responsive and participatory community governance. By examining women's representation, participation, leadership, and influence within CDCs, the study will help identify barriers that may prevent women and other marginalized groups from meaningfully influencing decisions concerning community development priorities and resource allocation. The findings will be useful to government institutions, local authorities, mining companies, civil society organizations, traditional leaders, and development partners seeking to strengthen community participation and ensure that development investments respond to the needs of different groups within mining-affected communities.

Finally, the research will contribute to evidence-based advocacy, policy dialogue, and capacity strengthening in Sierra Leone. The findings will provide WoME-SL and relevant stakeholders with practical evidence on institutional and operational gaps affecting CDC performance and recommendations for improving transparency, accountability, financial management, monitoring, and inclusive decision-making. By building on evidence from previous community monitoring and accountability initiatives, the study can support more targeted capacity-building interventions and contribute to strengthening relationships between communities, CDCs, mining companies, government institutions, and other actors involved in community development governance.

1.5 Scope of the Research

This research focuses on assessing the capacity, transparency, accountability, and gender responsiveness of CDCs in the management and oversight of community development funds and resources in Sierra Leone. The study examines CDC governance structures, composition and roles, institutional and technical capacity, financial management and recordkeeping practices, project planning and monitoring, reporting and accountability mechanisms, community participation, and the extent to which women and other marginalized groups are represented and able to influence decision-making.

Geographically, the research covers CDCs operating in mining-affected communities across five districts: Kono, Tonkolili, Port Loko, Bonthe, and Moyamba. These districts were selected in line with the project's target areas and their importance to mining activities, community development, and benefit-sharing arrangements. The research examines Community Development Funds and related community development resources managed or overseen by CDCs, with particular attention to the 1% CDF associated with Community Development Agreements.

The research focuses primarily on community-level governance, management, and oversight and does not constitute a financial audit of CDCs, mining companies, or other fund providers. It does not independently verify the complete flow of funds from their original source to the community level, nor does it assess national mineral revenue collection systems. Instead, the study examines the information available to CDCs and other stakeholders, their reported experiences and practices concerning fund receipt and management, financial documentation, project selection and implementation, monitoring, reporting, transparency, accountability, and community participation. The findings are intended to identify capacity gaps, governance challenges, good practices, and priority areas for training, institutional strengthening, and empowerment of CDCs.

2. CONTEXT OF SUB-NATIONAL MINING REVENUE GOVERNANCE IN SIERRA LEONE

2.1 Overview of Sub-National Mining Revenue Sharing Mechanisms

Sub-national mining revenue-sharing mechanisms are designed to channel financial benefits from mining activities to affected communities and local authorities to support community development and improve local livelihoods. In Sierra Leone, these mechanisms include CDF, ADF, DACDF, surface rent, and other company-supported community development contributions.

2.1.1 Community Development Agreements (CDAs) and Community Development Funds (CDFs)

CDAs are an important mechanism for ensuring that communities affected by large- and small-scale mining benefit from mining operations. Under Sierra Leone's Mines and Minerals Development Act, 2022, holders of applicable mining licences are required to enter into CDAs with primary host communities to support community development.[10] The CDA establishes a

[10] The Mines and Minerals Development Act of 2022

framework for identifying community priorities and implementing agreed development programmes, while the associated CDF provides financial resources for these interventions. The Act requires the relevant mining licence holder to contribute not less than 1% of annual gross revenue to the CDF. The funds are intended to support community-prioritized development initiatives and are managed through structures established under the CDA, including Community Development Committees CDCs.

2.1.2 Diamond Area Community Development Fund (DACDF)

The DACDF was established in 2001 as a mechanism for returning a portion of diamond-related government revenue to diamond-producing communities.[11] Historically, the fund was financed from 0.75% of the value of diamond exports, equivalent to 25% of the Government's 3% diamond export tax on artisanal diamonds. The allocation to beneficiary chiefdoms has been associated with diamond production and licensing activity, thereby creating a mechanism through which diamond-producing areas could receive a share of the economic benefits generated from their mineral resources. The fund was designed to support community development projects and encourage communities and local authorities to support lawful diamond mining and revenue reporting.

2.1.3 Agricultural Development Fund (ADF)

The ADF is intended to support agricultural livelihoods and development in affected communities. The fund is particularly relevant in areas where mining activities have affected agricultural land, food production, or rural livelihoods, providing an opportunity for mining-related revenues or company obligations to contribute to livelihood restoration and agricultural development. Unlike the statutory 1% CDF, however, the legal or contractual basis, contribution requirements, and management arrangements for ADFs may differ depending on the specific company and agreement involved.

2.1.4 Surface Rent Payments

Surface rent is a statutory payment associated with the use of land for mining operations and represents an important form of economic benefit accruing to communities and landholders affected by mining. Under Sierra Leone's Mines and Minerals Development Act, 2022, surface rent is distributed among specified beneficiaries, including landowners, Paramount Chiefs, Constituency Development Funds, and District Councils, according to the prescribed allocation framework.

[11] National Minerals Agency (NMA): Government Pays Le.2.6 Billion to Diamond Mining Communities for Development, accessed August 10, 2026, https://www.nma.gov.sl/wp-content/uploads/wp-post-to-pdf-enhanced-cache/1/government-pays-le-2-6-billion-to-diamond-mining-communities-for-development.pdf.

2.1.5 Mining District Development Fund (MDDF)

The Mining District Development Fund (MDDF) is established in the Mines and Minerals Development Act, 2022, to facilitate the management of mining revenues for chiefdoms in mining districts not subject to Community Development Agreements (CDAs). The Fund is financed through the transfer of 20% of all mineral royalties and is administered by the Ministry in collaboration with Members of Parliament for the Mining District and the Ministries responsible for Finance, Rural Development, Planning and Economic Development. The MDDF is intended to ensure that communities outside the CDA framework can also benefit from mineral revenues.

2.1.6 Mining Company Social Investment Programmes

Mining companies also contribute to community development through Corporate Social Responsibility (CSR), Community Development Action Plans (CDAPs), social investment programmes and other company-supported initiatives. These interventions may include support for education, health, water and sanitation, roads, agricultural livelihoods, youth development, skills training and other community priorities. Unlike the statutory CDF, however, social investment programmes may arise from company commitments, operational agreements, CDAPs or broader corporate responsibility strategies and may not necessarily involve direct cash transfers to CDCs.

2.2 Community Development Committees (CDCs)

CDCs are community-based governance structures established to facilitate participation, representation, and accountability in the management of mining-related development benefits. In mining-affected communities, CDCs serve as important platforms through which community members engage with mining companies, government institutions, and other stakeholders. Their role has become increasingly significant with the introduction of CDAs and other benefit-sharing mechanisms that require community participation in decision-making processes.

CDCs are expected to perform several functions related to the management of mining-related community benefits. These include participating in development planning, prioritizing community projects, monitoring implementation, reviewing financial information, engaging with mining companies and government institutions, and reporting progress to community members. Effective performance of these responsibilities requires skills in governance, financial management, procurement, project monitoring, and community engagement.

2.2.1 Establishment and Legal Mandate

The establishment of CDCs is linked to Sierra Leone's evolving approach towards participatory mining governance and community benefit-sharing. Although CDCs have existed in different forms across mining communities, their importance has increased significantly under recent mining reforms, particularly through the Mines and Minerals Development Act, 2022 and the implementation of Community Development Agreements. These frameworks recognize the need for structured community representation in planning, implementing, and monitoring development initiatives associated with mining operations.

3. METHODOLOGY

3.1 Research Design

The study adopted a mixed-methods research design, combining quantitative and qualitative approaches to assess the capacity, transparency, accountability, and gender responsiveness of CDCs involved in the management and oversight of community development funds.[12] The quantitative component involved the administration of structured questionnaires to CDC members, while the qualitative component involved key informant interviews and stakeholder engagements to obtain contextual information on CDC governance practices, institutional capacity, accountability mechanisms, community participation, and gender inclusion.

The mixed-methods approach enabled the study to combine measurable information from CDC members with qualitative perspectives and experiences from relevant stakeholders. This provided a broader understanding of how CDCs operate, the systems and practices they use, the challenges they face, and the extent to which their governance processes promote transparency, accountability, participation, and gender responsiveness.

3.2 Study Areas and Timeline

The study was conducted in five mining-affected districts of Sierra Leone: Kono, Tonkolili, Port Loko, Bonthe, and Moyamba. These districts were selected because of their importance within Sierra Leone's extractive sector and the presence of mining-affected communities and CDCs involved in community development and mining-related development funds.

Data collection was conducted over a four-week period spanning July and August 2026. During this period, the research team administered CDC questionnaires and conducted Focus

[12] Schoonenboom, J. (2023). The fundamental difference between qualitative and quantitative data in mixed methods research. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 24, No. 1).

Group Discussions (FGDs) and Key Informant Interviews (KIIs) with relevant community, institutional, and other stakeholders across the selected districts.

3.3 Data Collection Methods

The study employed four main data collection methods: desk review, CDC questionnaires, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs). The use of multiple data collection methods enabled the study to obtain quantitative information from CDC members and qualitative perspectives from community and institutional stakeholders.

- **Desk Review:** A desk review was undertaken to provide contextual and institutional information relevant to the study. Documents reviewed included relevant mining laws, policies, regulations, reports, previous studies, and available literature relating to sub-national mining revenues, community development funds, CDC governance, transparency, accountability, and gender inclusion. The desk review also informed the development of the research instruments and interpretation of the findings.
- **CDC Questionnaire:** A structured questionnaire was administered to five selected CDCs. The questionnaire collected information on CDC composition and governance, members' roles and responsibilities, institutional and technical capacity, management and oversight of community development funds and resources, record keeping, reporting, accountability mechanisms, community participation, and gender responsiveness.
- **Key Informant Interviews:** Three Key institution Informant Interviews were conducted with relevant institutional stakeholders at the national level. The interviews provided qualitative perspectives on the institutional and governance context surrounding CDCs and community development resources and helped contextualize information obtained from CDC members and communities.
- **Focus Group Discussions:** A total of 10 mixed FGDs were conducted in the communities where the selected CDCs operate, with two FGDs conducted in each of the five study districts.

3.4 Sampling Strategy and Population

The study employed a purposive sampling approach to identify the CDCs and stakeholders included in the assessment.[13] Five CDCs were selected, with one CDC assessed in each of the five study districts. The selection focused on CDCs operating in mining-affected communities

[13] Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., ... & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, *25*(8), 652-661.

and involved in the management or oversight of mining-related community development funds and resources.

The CDC questionnaire was administered to 37 members of the selected CDCs, comprising 9 respondents in Kono, 10 in Tonkolili, 4 in Port Loko, 5 in Bonthe, and 9 in Moyamba. In addition, 10 mixed FGDs were conducted within the communities served by the selected CDCs, with two FGDs in each district. Three Key Informant Interviews were also conducted with relevant institutional stakeholders at the national level. The combination of CDC respondents, community participants, and institutional informants provided perspectives from different levels of the community development governance system and supported the interpretation of the quantitative findings.

3.5 Data Analysis Approach

Quantitative data from the CDC questionnaires were analysed using Microsoft Excel and Python. The analysis focused primarily on descriptive statistics, including frequencies and percentages, with cross-tabulations used where appropriate to examine patterns in CDC capacity, governance, accountability, community participation, and gender responsiveness.[14] Qualitative information from KIIs and FGDs was reviewed, organized, and thematically analysed to identify recurring perspectives, experiences, challenges, and explanations relating to CDC operations and community participation. Findings from the different data sources were considered together to provide a broader understanding of CDC governance practices. Since the dataset was still subject to cleaning and verification, the analysis was based on validated responses, with inconsistencies and incomplete responses reviewed before final interpretation.

3.6 Validation and Feedback Mechanisms

A research validation meeting was conducted with key stakeholders involved in the study to review and discuss the emerging findings. Participants included representatives of the CDCs, community stakeholders, relevant institutions, and other actors involved in community development and mining governance. The meeting provided an opportunity for participants to assess whether the findings reflected their experiences and realities, clarify issues requiring further explanation, and provide additional perspectives and feedback

3.7 Limitations of the Research

The study had several limitations that should be considered when interpreting the findings. First, the research data only focused on the 1% CDF paid by mining companies. Second, the

[14] Pinzón, N., Koundinya, V., Dowling, W. O. R., & Galt, R. (2025). From data to action: an adaptable crosstabs template for participatory survey data analysis. *Journal of Extension*, *63*(2), 17.

research covered selected CDCs and communities within five mining-affected districts and therefore does not represent all CDCs or mining-affected communities in Sierra Leone. Third, the study focused primarily on the capacity, governance practices, transparency, accountability, participation, and gender responsiveness of CDCs rather than undertaking a comprehensive assessment of the overall performance of mining companies, government institutions, or the broader mining sector. Finally, some information on financial management, funding, and accountability was based on respondents' knowledge and self-reported experiences, as access to complete financial and administrative records was not uniform across all CDCs. In addition, the availability and participation of some stakeholders also varied during data collection, which may have limited the depth of information obtained on certain issues.

4. FINDINGS AND ANALYSIS

4.1 Demographic Profile of Respondents

The demographic profile indicates that CDC representation was predominantly male, with 70.3% of respondents being men. The age distribution shows that the CDCs were largely composed of relatively experienced adults, with 56.7% aged 45 years and above, suggesting a potentially mature membership base. Educational attainment was relatively high, as 59.5% held a college or university degree and a further 18.9% had technical or vocational training, indicating a generally strong educational foundation among respondents. Respondents also brought diverse professional experience outside the CDC, particularly from government and local governance (24.3%), education (21.6%), and the mining sector (18.9%). In terms of CDC positions, 32.4% held leadership positions, while 35.1% were general members, providing perspectives from both leadership and broader membership levels. Importantly, 51.4% had served on their CDCs for three to four years, while 16.2% had served for five years or more, indicating that most respondents had substantial experience with CDC operations.

Questions		Frequency	Percent
Gender of Respondents	Male	26	70.3%
	Female	11	29.7%
	Total	**37**	**100.0**
Age of Respondents	25–34	7	18.9%
	35–44	9	24.3%
	45–54	10	27.0%
	55 and above	11	29.7%
	Total	**37**	**100.0**

Highest Level of Education	No formal education	2	5.4%
	Primary school	0	0.0%
	Junior Secondary school	0	0.0%
	Senior Secondary school	6	16.2%
	Technical/Vocational training	7	18.9%
	College/University Degree	22	59.5%
	Total	**37**	**100.0**
Expertise outside the CDC	Government & Local Governance	9	24.3%
	Education	8	21.6%
	Mining Sector	7	18.9%
	Community & Religious Stakeholders	5	13.5%
	Business & Trade	4	10.8%
	Health Sector	2	5.4%
	Agriculture & Livelihoods	2	5.4%
	Total	**37**	**100.0**
Current Position in the CDC	CDC Leadership (Chairperson, Vice Chairperson, Secretary)	12	32.4%
	Finance Admin & Treasurer	5	13.5%
	General member	13	35.1%
	Women and Youth Representatives	3	8.1%
	NMA Representative	1	2.7%
	Company Representatives	3	8.1%
	Total	**37**	**100.0**
Years of Service in the CDC	Less than a year	2	5.4%
	1–2 years	10	27.0%
	3–4 years	19	51.4%
	5 years and above	6	16.2%
	Total	**37**	**100.0**

Table 4.1: Demography of CDC Respondents

4.2 Formation of CDC and Understanding of Sub-National Mining Revenues

4.2.1 Establishment of CDC

The Table 4.2 shows that the five CDCs included in the study were established between 2022 and 2024**,** reflecting relatively recent CDC structures within the selected mining-affected communities. Two CDCs in Kono and Tonkolili were established in 2022, while the remaining three were established between 2023 and 2024.

Districts	CDC	Year Establish
Kono	Gold Lion Mining CDC	2022
Tonkolili	Leone Rock Metal Group CDC	2022
Port Loko	Marampa Mines Limited CDC	2023
Bonthe	Jong Mining Company CDC	2024
Moyamba	Foison Resources (SL) Limited CDC	2024

Table 4.2: Selected CDCs and Year of Establishment by Study District

4.2.2 Methods of Appointment of CDC Members

The findings in Figure 4.1 show that 47.6% of respondents indicated that CDC members are primarily chosen through community elections or voting, suggesting that community members have a significant role in selecting their representatives. A further 42.9% and 9.5% reported that CDC members are mainly appointed by local authorities, and company representatives within the CDC respectively.

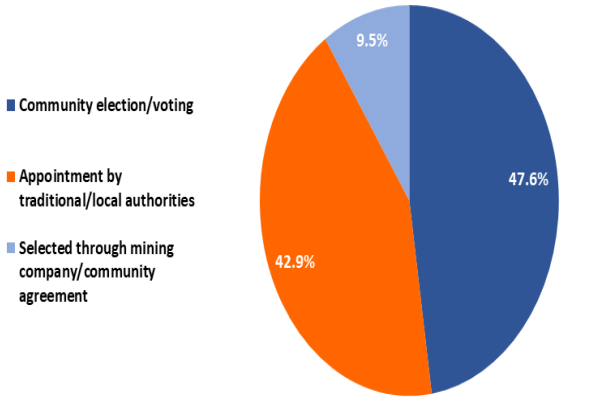


Figure 4.1 Methods of Appointment of CDC Members

4.2.3 Receipt of Community Development Funds

Table 4.3 shows that all five CDCs reported that they had received funds since their establishment, indicating that the CDCs have had some practical experience with community development resource management. However, some respondents were unable or unwilling to provide the exact amounts received, but the most recent disbursements ranged from 2024 to 2026, with three CDCs reporting receipt in 2026.

Districts	CDC	Has your CDC received CDF since establishment?	Most Recent Year CDF Was Received
Kono	Gold Lion Mining CDC	Yes	2026
Tonkolili	Leone Rock Metal Group CDC	Yes	2026
Port Loko	Marampa Mines Limited CDC	Yes	2025
Bonthe	Jong Mining Company CDC	Yes	2024
Moyamba	Foison Resources (SL) Limited CDC	Yes	2026

Table 4.3: Receipt of Community Development Funds

4.2.4 Understanding of CDC governing guidelines

The findings in Figure 4.2 indicate that 87% of respondents reported understanding the guidelines governing the functions of the CDC and the management of the funds, while 8% indicated partial understanding and 5% reported no understanding.

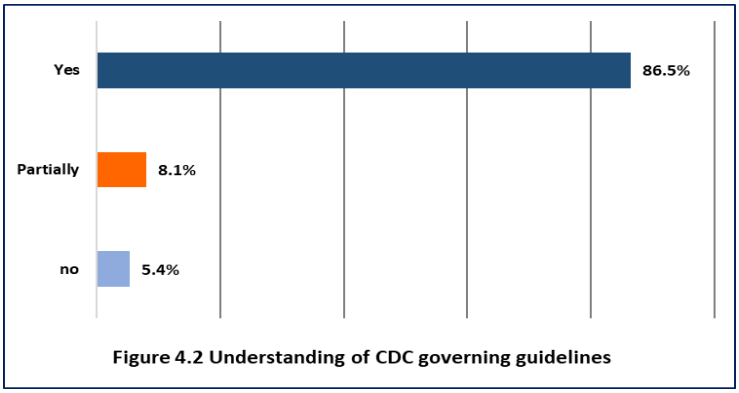


Figure 4.2 Understanding of CDC governing guidelines

4.2.5 FGDs and KIIs view on the management of the Sub-National Revenues

The FGD and KII findings indicate that the management of sub-national mining revenues is limited by weaknesses in fund management, coordination, transparency, monitoring, and access to funds. Community members confirmed that they are aware of annual payments to the CDC but have limited information on how the funds are disbursed and utilized. KIIs similarly highlighted delays in fund disbursement, government bottlenecks, inadequate CDC capacity, weak reporting and monitoring systems, and excessive influence by mining companies and other stakeholders. Concerns were also raised that some companies may still be paying less than the required 1%, further affecting the availability of funds for community development.

4.3 CDC Trainings Received

4.3.1 CDC training received status

The findings Figure 4.3 indicate in that 70% of CDC respondents had received some form of training, while 30% had not received training. This suggests that although training has reached a majority of CDC members, a notable proportion remains without training, indicating a potential capacity-building gap.

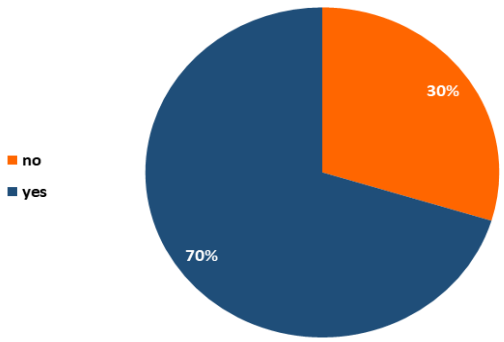


Figure 4.3 CDC Training received status

4.3.2 Number of trainings received

Among the 70% of CDC respondents who reported having received training, 46% indicated that they had participated in two training sessions, while 42% had received one training session. Only 12% reported participating in three or more training sessions. Given that 67.6% of CDC respondents had served for three years or more, the findings suggest that many CDC members have had relatively limited exposure to repeated capacity-building opportunities during their period of service.

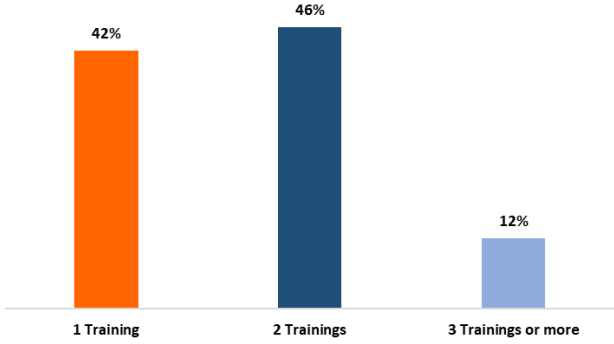


Figure 4.4 Number of trainings received

4.3.3 Types of Trainings received

Among the 70% of CDC respondents who reported having received training, the findings in Figure 4.5 indicate that training has covered several areas relevant to CDC governance and operational responsibilities. 20% of the CDC members had received trainings on the CDC roles and responsibilities, followed by financial management (14%) and record keeping and documentation (11%). Procurement procedures (7%) received comparatively less attention. However, the distribution of training across these areas suggests that CDC members do not have comprehensive exposure to all the knowledge and skills required to effectively perform their responsibilities. The relatively limited coverage of key technical areas, particularly procurement, financial management, and documentation, points to continuing capacity gaps that may affect the ability of CDCs to manage resources transparently, oversee projects effectively, and maintain proper accountability systems.

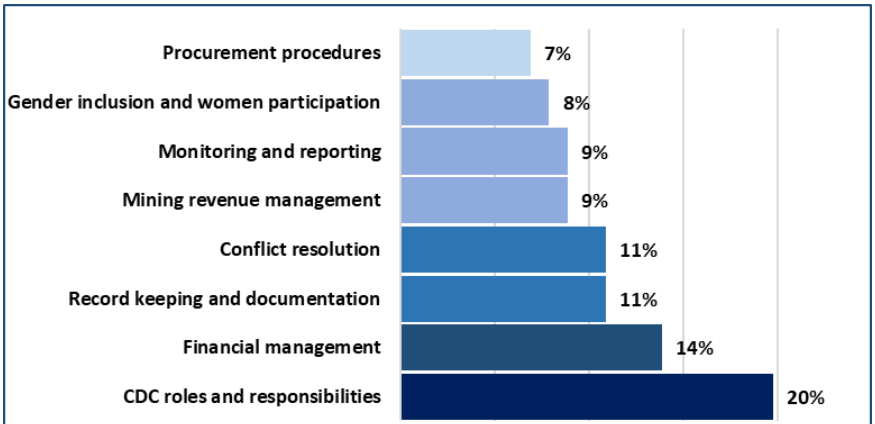


Figure 4.5 Types of Trainings received

4.3.4 Institution that provided the training

The findings show that NGOs/CSOs were the main providers of training received by CDC members, accounting for 74% of reported selections. Government institutions, including the NMA, Local Councils, and MMMR, accounted for 23%, while mining companies accounted for only 3%. This suggests that CDC capacity-building support has been driven largely by civil society organizations rather than government institutions or mining companies.

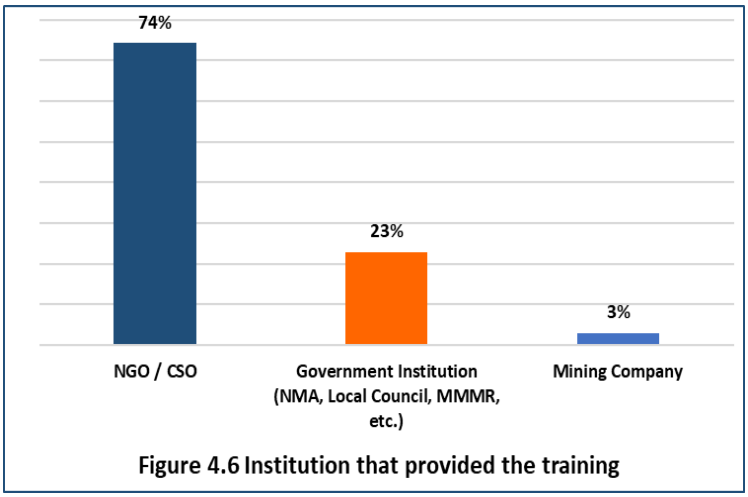


Figure 4.6 Institution that provided the training

4.4 CDC Institutional Capacity

4.4.1 CDC systems and documents available

Figure 4.7 shows that meeting minutes (76%) and constitutions/by-laws (70%) are the most commonly reported CDC owned documents. Financial records (65%) and development plans (62%) are also relatively common, indicating some basic administrative and planning systems are in place. However, the availability of annual work plans (54%) and project monitoring records (46%) is considerably lower. This suggests important gaps in systematic planning, project monitoring, and documentation, which may affect CDC accountability and effective management of community development funds.

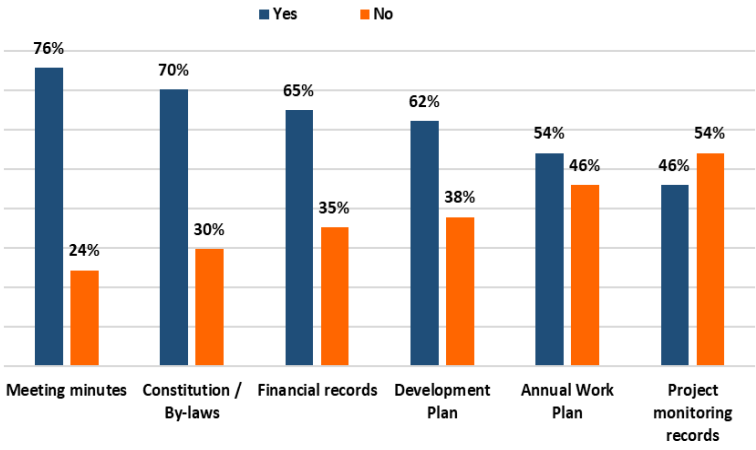


Figure 4.7 CDC systems and documents avaliable

4.4.2 Frequency of meetings held

The findings in Figure 4.8 show that 41.4% of CDCs reported meeting quarterly, making this the most common meeting frequency. This was followed by 34.5% that meet monthly, while 17.2% meet only when necessary. A smaller proportion, 6.9%, reported meeting twice a year. Overall, the findings suggest that most CDCs have some form of periodic meeting structure, although the frequency varies considerably across committees.

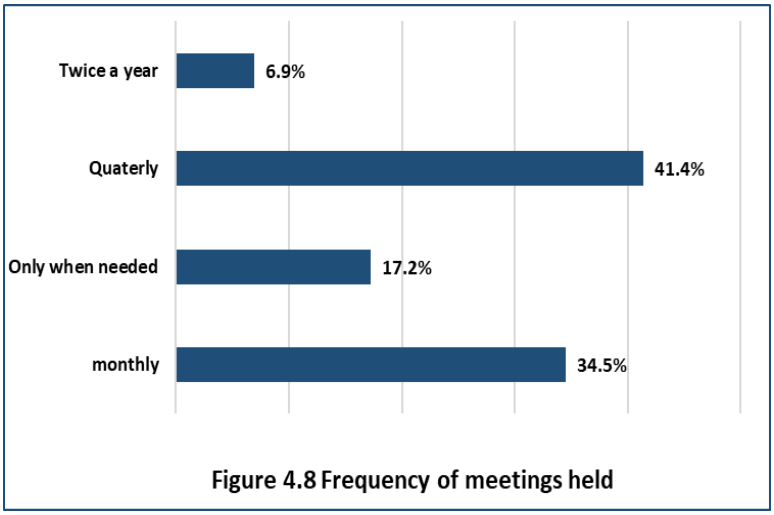
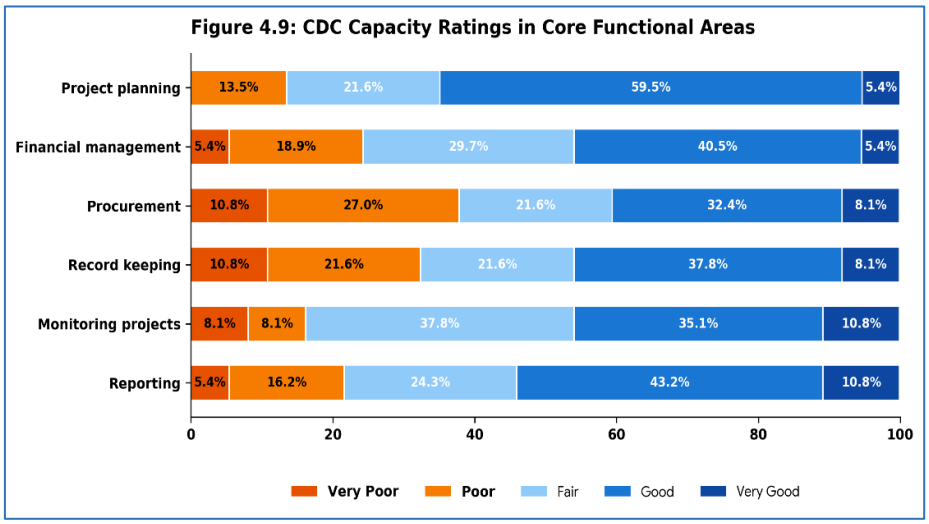


Figure 4.8 Frequency of meetings held

4.4.3 CDC Capacity ratings in core functional areas

Respondents were asked to rate their capacity CDC in various area. Project planning was the strongest area, with 64.9% of respondents rating CDC capacity as good or very good. Reporting also received a relatively positive assessment, with 54.0% rating capacity as good or very good. In contrast, procurement and record keeping showed greater capacity weaknesses, with only 40.5% and 45.9%, respectively, rating them good or very good. Overall,

the results suggest a need for targeted capacity-building in financial management, procurement, record keeping, and project monitoring to strengthen CDC effectiveness and accountability.



4.4.4 Identified CDC Capacity Gaps

The qualitative responses indicate that the main capacity gaps affecting CDCs relate to financial management, procurement, project monitoring, budgeting, report writing, development planning, environmental management, and knowledge of mining laws and CDC procedures. Several respondents also highlighted inadequate training and the need for regular refresher training, while others identified weaknesses in transparency, communication, decision-making, and adherence to proper procedures. In addition, limited funding, small operational budgets, and difficulties reaching meeting locations were identified as practical constraints affecting CDC effectiveness. A few respondents reported no current capacity gaps, suggesting that capacity levels vary across CDCs.

4.4.5 FGDs and KIIs view on the Capacity of the CDC

The FGD and KII findings generally indicate that CDC capacity remains inadequate for the effective management of Community Development Funds and community development projects, although NMA considered CDCs capable with continued training. Community members noted that many CDC members lack the necessary skills and are sometimes selected by local authorities rather than through appropriate competency-based processes. KIIs identified key gaps in financial management, needs assessment, project monitoring, reporting, community consultation, and understanding of CDC processes, with concerns also raised about political interference and unsuitable appointments. Respondents therefore emphasized the need for continuous training in financial and project management, monitoring and reporting, proposal writing, community engagement, anti-corruption safeguards, and gender-inclusive decision-making to improve CDC effectiveness.

4.5 Financial Management and Accountability

4.5.1 CDC Bank Account Ownership and Financial Recordkeeping

All CDC members confirmed that their CDCs have a bank account, indicating that formal channels exist for receiving and managing community development funds. However, only 62% reported that financial records are always maintained, while 27% indicated that records are maintained sometimes and 11% reported that they are never maintained. This suggests that having a bank account does not necessarily translate into consistent financial recordkeeping. The findings therefore highlight a capacity gap in financial management and documentation that could affect transparency and accountability in the management of CDC funds.

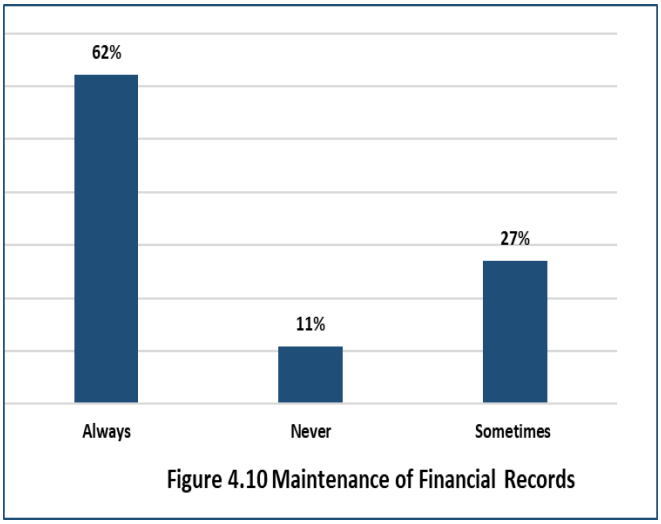


Figure 4.10 Maintenance of Financial Records

4.5.3 Financial records shared with community members

Figure 4.11 asks if financial reports are shared with community members, and the findings show that only 41% of CDCs always share financial reports with community members, while 27% do so sometimes and 32% never share such reports. This indicates that financial reporting to communities is not consistently practiced across CDCs. The relatively high proportion reporting that financial reports are never shared raises concerns about transparency and community accountability in the management of CDC funds

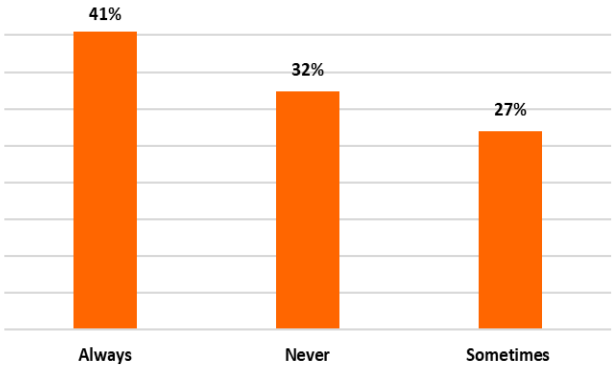


Figure 4.11 Financial records shared with community members

4.5.4 CDC Audit Status

Figure 4.12 shows that only 29.7% of CDC respondents reported that their CDC had ever been audited, while 67.6% indicated that their CDC had never been audited. A further 2.7% were unsure whether an audit had been conducted. The findings suggest a significant gap in formal financial oversight and auditing of CDC funds, which may affect transparency and accountability.

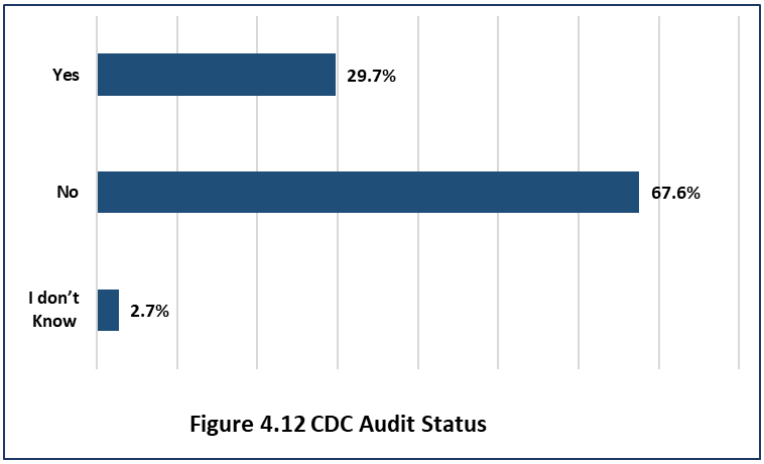


Figure 4.12 CDC Audit Status

4.5.5 FGDs and KIIs view on the Accountability level of the CDC

The FGD and KII findings present mixed but predominantly critical views of CDC accountability and transparency in the management of Community Development Funds. Community members expressed limited knowledge of how decisions on fund utilization are made, dissatisfaction with the use of funds, and low trust in CDCs due to perceived lack of transparency and accountability. While NMA reported that CDCs are generally transparent and accountable, with financial records subject to independent audits and annual reporting requirements, TI and SLETI considered transparency and accountability to be inadequate or minimal. These contrasting views suggest a gap between formal accountability requirements and their practical implementation and visibility at community level, highlighting the need for stronger reporting, monitoring, and community access to financial information.

4.6 Community Participation and Transparency

4.6.1 Community communication channels

Figure 4.13 show that Community meetings are the dominant communication channel, used by 91.9% of CDCs to inform community members about funds received and projects implemented. Radio broadcasts are used by 29.7% of CDCs, while 18.9% rely on traditional leaders for information dissemination. The limited use of public notice boards (5.4%) and other channels such as social media and district councils (8.1%) suggests that CDC communication remains largely dependent on face-to-face community engagement.

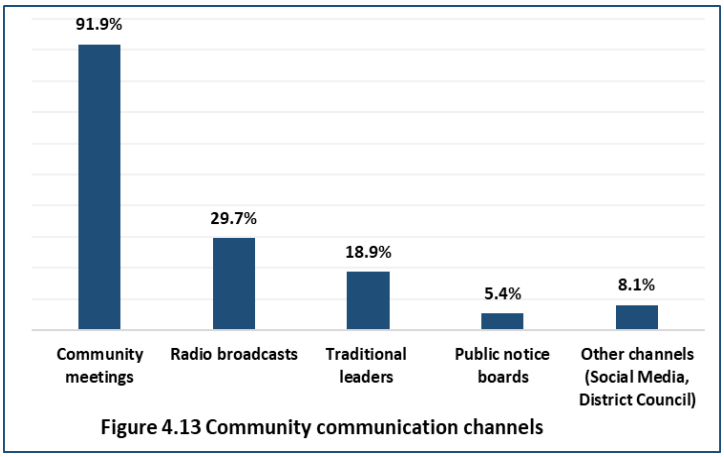


Figure 4.13 Community communication channels

4.6.2 Community Involvement in project selection

The findings in Figure 4.14 indicate a high level of community participation in project selection, with 86% of respondents reporting that community members are always involved. The remaining 14% indicated that communities are sometimes involved, while none reported that they are never involved.

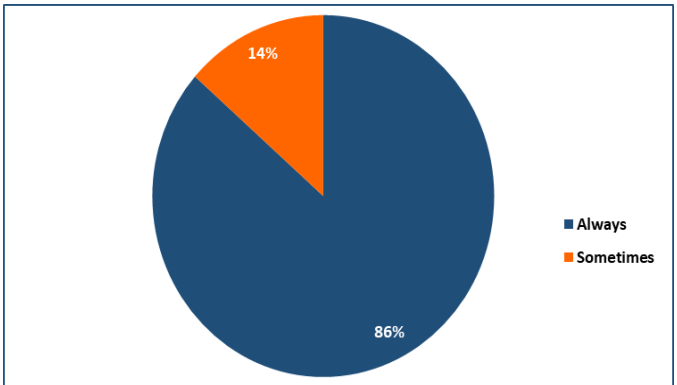


Figure 4.14 Community involvement in project selection

4.6.3 CDC members rating of CDCs' transparency

CDCs were asked to rate their transparency level. Figure 4.15 show that CDC members rated their CDC's transparency as good or very good. However, 35% rated transparency as fair, poor, or very poor, indicating that significant gaps remain. This suggests that while most CDC members perceive a reasonable level of transparency, further improvements are needed in information sharing, financial reporting, and accountability practices.

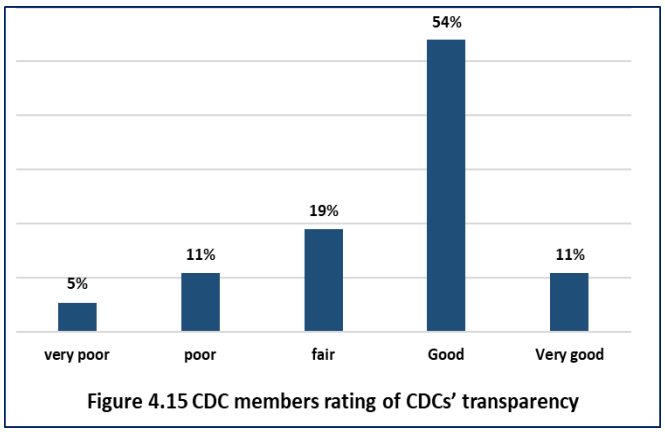


Figure 4.15 CDC members rating of CDCs' transparency

4.6.4 Monitoring of CDCs activities

The 81% of the CDC respondents indicate that community members are the most commonly monitors of CDC activities, followed by mining companies (43%) and District Councils (41%). A further 16% identified other actors, including CSOs, CBOs and the NMA, while 5% reported that no one monitors CDC activities.

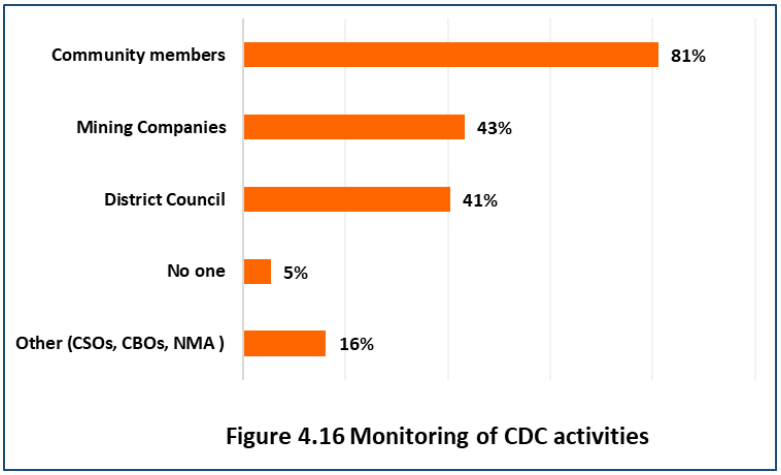


Figure 4.16 Monitoring of CDC activities

4.6.5 FGDs and KIIs view on Community participation

The FGD and KII findings show mixed perceptions regarding community participation in the management of Community Development Funds and projects. NMA reported that communities are most times involved throughout the project cycle, while community participants indicated that their involvement is largely concentrated at the initial project planning stage, with limited consultation or reporting during implementation and expenditure. SLETI similarly noted that community involvement at the planning stage remains limited, which may affect effective project implementation and community ownership. Although community meetings are used to share information, participants reported the absence of clear and accessible mechanisms for submitting complaints or concerns. Overall, the findings suggest that while participation mechanisms exist, continuous community engagement, feedback, monitoring, and accountability throughout the project cycle require further strengthening.

4.7 Gender Responsiveness

4.7.1 CDC Membership per gender

The findings in Figure 4.17 show that men constitute 80% of CDC membership, compared to 20% women, indicating a significant gender imbalance in overall CDC representation. Despite this disparity, 84% of respondents reported that there is at least one woman represented in their CDC leadership, while 16% indicated that women are not represented. This suggests that women have relatively low overall membership may still limit their representation and influence.

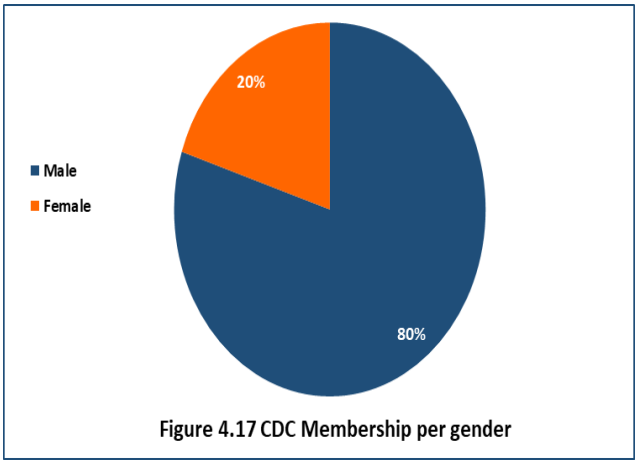


Figure 4.17 CDC Membership per gender

4.7.2 Women Inclusion in CDC Decision-Making Processes

The findings in Figure 4.18 indicate that 76% of respondents reported that women are always included in CDC decision-making processes, while 24% stated that women are included sometimes. This suggests not all CDCs have consistent participation of women in decision-making.

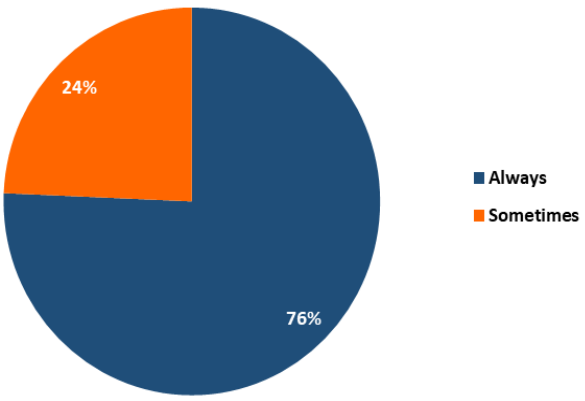


Figure 4.18 Women Inclusion in CDC Decision-Making Processes

4.7.3 Challenges limiting women's participation

The CDC respondents in Figure 4.19 identified low education levels (73.0%) as the most significant factor limiting women's participation, followed by lack of confidence (48.6%) and male dominance (40.5%). Other barriers included family responsibilities (24.3%), cultural barriers (21.6%), and other factors such as conflicts of interest and limited appointment of women by local authorities (5.4%). Overall, the findings suggest that both individual and structural factors continue to constrain women's meaningful participation in CDC governance.

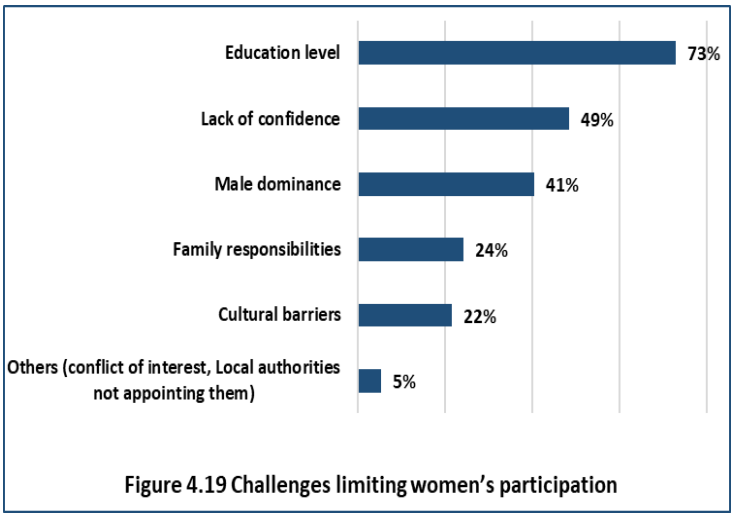


Figure 4.19 Challenges limiting women's participation

4.7.4 FGDs and KIIs view on CDC Gender responsiveness

The FGD and KII findings show that although women are represented in CDC leadership and participate in meetings, their level of influence and ability to shape community development decisions remains limited. NMA noted that the GEWE Act provides for a minimum 30% representation of women, while TI and SLEITI highlighted inadequate influence, cultural barriers, intimidation, and weak representation of women's interests. There were also mixed views on whether mining-funded projects adequately address women's priorities, with some participants reporting that only a few needs are addressed. Respondents recommended strengthening women's capacity, ensuring genuine representation, improving communication with women at community level, implementing gender quotas, and providing gender-equity sensitization to promote more meaningful participation.

4.8 Development Outcomes

4.8.1 Types of projects implement by CDCs

The findings in Figure 4.20 show that schools/education projects (51%) were the most commonly implemented by CDCs, followed by other infrastructure such as women's centres, guest houses and community halls (32%) and health facilities (27%). Water facilities (22%), markets (16%) and agriculture/livelihood projects (11%) were also reported, while roads accounted for only 3%. This indicates that CDC-funded projects have largely focused on education, social infrastructure and basic services, with relatively limited investment in livelihoods and road development.

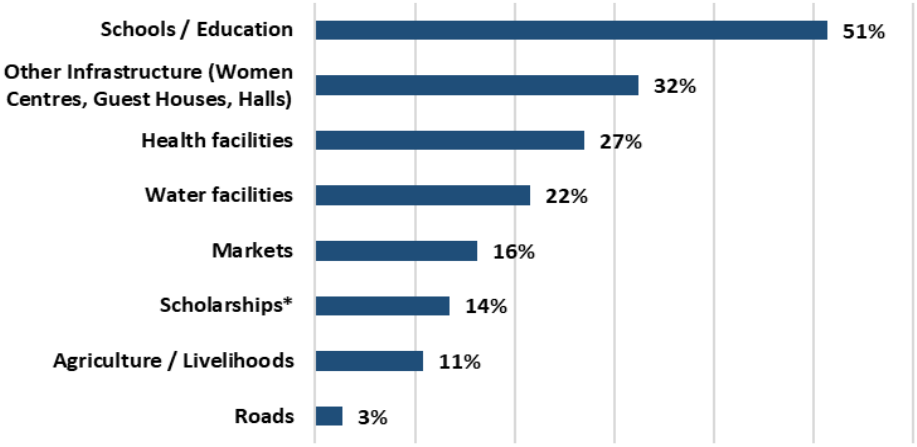


Figure 4.20 Types of projects implement by CDCs

4.8.2 Functional status of completed projects

The findings show that 32% of respondents reported that all completed projects are functioning effectively, while 30% indicated that most projects are completed and functioning effectively. However, 30% reported that only a few projects are completed and functioning effectively, and 8% stated that none of the project are completed. This suggests that although many CDC-funded projects are operational, the sustainability and effectiveness of completed projects remain a concern

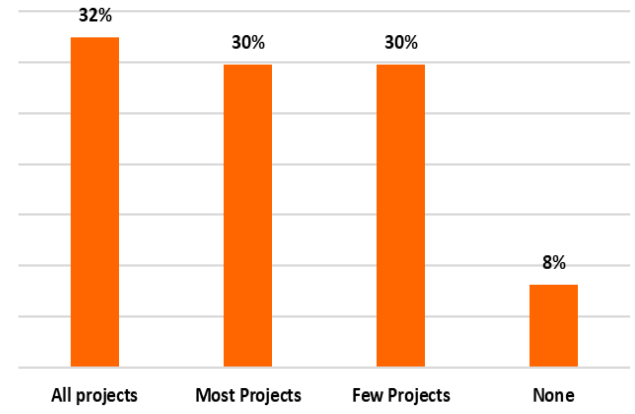


Figure 4.21 Functional status of completed projects

4.9 Challenges and Recommendations

4.9.1 Major challenges affecting CDC performance

The major challenges affecting performance identified in Figure 4.22 by CDC were delayed funds (86.5%) and limited training (83.8%), identified by the majority of respondents. Other challenges included poor coordination (32.4%), lack of transparency (18.9%), weak community participation (13.5%), and political interference (10.8%). Overall, the findings highlight funding delays and inadequate capacity-building as the most critical constraints to effective CDC performance.

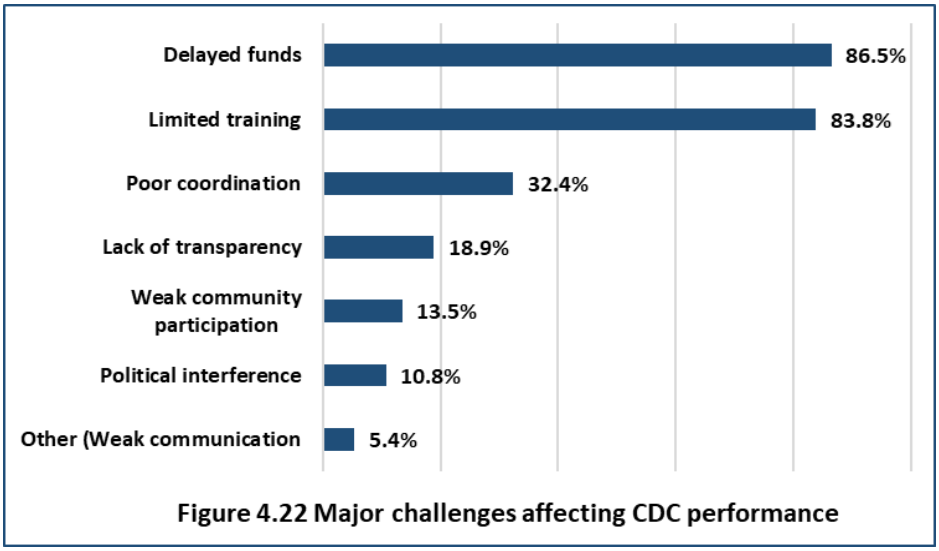


Figure 4.22 Major challenges affecting CDC performance

4.9.2 Additional trainings needed and Recommendations

The responses from CDCs indicate a strong demand for practical and continuous capacity-building, particularly in financial management, procurement, budgeting, project monitoring, report writing, bookkeeping, leadership, and understanding CDC roles, policies, and procedures. Respondents also emphasized the need for timely disbursement of funds by companies, improved access to and control over CDC funds, regular CDC meetings, and stronger participation of women in decision-making. These priorities suggest that CDCs require both technical training and institutional support to improve their effectiveness, transparency, and accountability.

4.9.2 FGDs and KIIs view on CDC Challenges and Recommendations

The FGD and KII findings identify limited transparency, weak communication, restricted access to funds, inadequate monitoring, and political and institutional interference as major challenges affecting CDC performance. Community members called for improved communication, public access to financial and project reports, and greater autonomy for CDCs in managing community development funds. Institutional respondents recommended

continuous capacity building, regular monitoring, clearer roles among government institutions, improved CDC structures, stronger financial reporting and oversight mechanisms, and reforms to the process of accessing funds. They also emphasized the need to strengthen women's participation, establish appropriate CDC structures for beneficiary chiefdoms, reduce political influence, and introduce regular performance reviews of CDCs to improve accountability and effectiveness.

5. CONCLUSIONS

The findings of the assessment demonstrate that CDCs play an important role in facilitating community development through the management of CDFs and other community development resources. However, the effectiveness of these funds is constrained by weaknesses in fund access and disbursement, transparency, accountability, monitoring, and coordination among the different stakeholders involved. Although communities are generally aware that funds are received, their understanding of the amounts received, how funds are managed, and how expenditure decisions are made remains limited.

The assessment further shows that CDC institutional and technical capacity remains uneven and, in many cases, inadequate. While some CDCs demonstrate experience in managing community development activities, significant gaps exist in financial management, procurement, budgeting, project planning, needs assessment, monitoring, recordkeeping, and reporting. These weaknesses are compounded by concerns around the selection and composition of CDCs, political or external interference, limited consultation in identifying community priorities, and inadequate systems for monitoring and reporting on the use of funds.

The findings also highlight important challenges regarding transparency, accountability, community participation, and gender responsiveness. Although women are present in many CDC leadership structures and are reported to participate in decision-making, their overall representation remains considerably lower than the expected 30% as required by the GEWE act. Education levels, lack of confidence, male dominance, cultural barriers, and family responsibilities were identified as factors limiting women's meaningful participation. Strengthening women's representation and influence, alongside broader community participation, will therefore be essential to ensuring that Community Development Funds respond to the priorities of all groups within mining-affected communities.

Overall, the assessment demonstrates that improving the effectiveness of Sub-national funds requires more than the availability or regular payment of funds. It requires capable and

properly constituted CDCs, clear financial and governance procedures, effective monitoring and reporting systems, stronger community oversight, timely access to funds, and meaningful inclusion of women and other marginalized groups. The evidence generated through this research provides a basis for developing targeted capacity-building and empowerment programmes for CDCs, while also informing government institutions, mining and other companies, local authorities, CSOs, and communities on measures needed to strengthen transparency, accountability, and sustainable community development.

6. RECOMMENDATIONS

6.1 To Government Institutions

1. **Develop and adopt a standardized national CDC training manual and capacity-building framework.** The manual should cover governance, financial management, procurement, project planning, monitoring, reporting, environmental management, and gender-responsive decision-making. This would ensure that CDC members across different districts receive consistent and practical guidance on their roles and responsibilities. Over time, the framework could be further developed into a formal legal and regulatory framework, where appropriate, to provide institutional recognition, standardization, and stronger legal backing for CDC operations and capacity-building requirements.
2. **Strengthen the technical capacity of CDCs through regular and structured training and refresher programmes.** Training should include financial management, procurement, budgeting, project monitoring, contractor supervision, environmental impacts, and understanding of mining laws and community development requirements. This is needed because limited technical knowledge was identified as a major constraint to effective CDC performance.
3. **Establish regular monitoring, auditing and performance assessment of CDCs and community-funded projects.** Government institutions should conduct periodic audits of financial records, project implementation, procurement processes, and the quality and sustainability of completed projects. This is needed to identify weaknesses early, strengthen accountability, and ensure that community funds generate lasting development benefits.
4. **Improve coordination among government institutions responsible for mining revenue and community development funds.** The Ministry of Mines and Mineral Resources, NMA, Local Councils, and other relevant institutions should establish clear coordination and information-sharing mechanisms. This is needed to reduce institutional overlaps, delays, conflicting responsibilities, and gaps in oversight identified by stakeholders.

5. **Strengthen transparency and timely access to information on community development funds.** Government institutions should require clear and accessible reporting on funds allocated, amounts received, projects approved, expenditures, and project status, with information made available to CDCs and community members. This is needed because limited access to information and weak reporting can undermine community trust and accountability.
6. **Develop clear guidelines for CDC procurement and contractor monitoring.** CDCs should be provided with simplified procedures for selecting, supervising, and evaluating contractors, including requirements for documentation, quality control, financial accountability, and community involvement. This is needed because weaknesses in procurement and contractor oversight can result in poor-quality projects, misuse of funds, and limited value for communities.
7. **Strengthen gender-responsive governance requirements within CDCs.** Government institutions should enforce the GEWE minimum standards for women's representation and meaningful participation in CDC decision-making, while supporting targeted training and leadership development for women members. This is needed because women remain underrepresented in CDC membership and face educational, confidence, cultural, and structural barriers that can limit their influence over community development decisions.

6.2 To Community Development Committees (CDCs)

1. **Allocate a defined proportion of CDC funds for continuous capacity building.** CDCs should budget for induction training for newly appointed members and periodic refresher training for existing members, particularly in financial management, procurement, project monitoring, reporting, and governance. This is needed to maintain institutional knowledge and address recurring capacity gaps as CDC membership changes.
2. **Develop and implement longer-term community development projects.** CDCs should prioritize projects that generate sustainable economic, social, and environmental benefits rather than focusing predominantly on short-term interventions. This is needed to ensure that community development funds produce lasting improvements beyond the immediate project period.
3. **Ensure meaningful representation and participation of women in CDC governance.** CDCs should work towards at least 30% representation of women, consistent with the principles of the Gender GEWE Act, while ensuring that women have meaningful influence in decision-making. This is needed to address the current gender imbalance and ensure that women’s priorities are reflected in the use of community development funds.

4. **Strengthen community participation throughout the entire CDF and project cycle.** CDCs should involve community members in needs identification, project selection, budgeting, implementation, monitoring, and evaluation, rather than limiting participation to project approval or community meetings. This is needed to improve ownership, ensure projects respond to community priorities, and strengthen accountability.
5. **Improve financial transparency and public reporting.** CDCs should regularly disclose funds received, approved budgets, expenditures, project progress, and balances through community meetings, notice boards, and other accessible communication channels. This is needed to enable community members to understand how funds are being used and strengthen trust in CDCs. CDCs should maintain updated records of funds received, expenditures, procurement processes, meeting decisions, project activities, and monitoring reports, with records made available for periodic review or audit.
6. **Establish and maintain a standardized CDC Asset Registration and Tally System.** CDCs should maintain an up-to-date register and tally of all assets acquired through community development funds, including the asset description, quantity, cost, location, date of acquisition, condition, and responsible custodian. This system would strengthen asset tracking and accountability, prevent loss or misuse of community-funded assets, and enable CDCs and communities to monitor whether development resources are being converted into and maintained as tangible community benefits.

6.3 To Mining Companies

1. **Ensure timely disbursement of community development funds.** Mining companies should release approved community development funds within agreed timelines and provide CDCs with clear information on payment schedules. This will enable CDCs to plan and implement community projects effectively and reduce delays in development activities.
2. **Establish Chiefdom-Specific CDF Accounts:** Mining companies operating across multiple beneficiary chiefdoms should consider structuring and disbursing the CDF separately for each beneficiary chiefdom, with each CDC maintaining its own dedicated bank account. Where a single mining operation covers several chiefdoms, the CDF allocation should be transparently apportioned among the respective CDCs based on an agreed and documented mechanism. This would reduce the logistical and administrative difficulties associated with managing one account across multiple chiefdoms, improve accessibility to funds, strengthen financial tracking and accountability, and enable each CDC to plan and implement projects that respond to the priorities of its own community.
3. **Strengthen communication and financial disclosure with CDCs.** Mining companies should clearly communicate the amount, purpose, and timing of funds provided to CDCs and

maintain regular engagement with CDC leadership. This will improve transparency, reduce misunderstandings, and strengthen trust between mining companies, CDCs, and communities.

4. **Support continuous capacity building for CDCs.** Mining companies should support practical training for CDC members in financial management, procurement, project monitoring, recordkeeping, and reporting. This will strengthen CDCs' ability to manage funds responsibly and improve the quality and sustainability of community projects.
5. **Promote inclusive participation in community development planning.** Mining companies should ensure that women, youth, persons with disabilities, and other vulnerable groups are meaningfully included in consultations and decisions concerning community development investments. This will help ensure that company-supported projects respond to the diverse needs and priorities of host communities.

6.4 To Civil Society Organizations and Development Partners

1. **Strengthen continuous capacity-building for CDCs.** CSOs and development partners should provide regular, practical training on financial management, procurement, budgeting, project monitoring, reporting, and governance. This is relevant to addressing the capacity gaps identified among CDCs and improving their effectiveness in managing community development funds.
2. **Support gender-responsive CDC governance.** CSOs and development partners should support initiatives that increase women's representation, confidence, leadership, and meaningful participation in CDC decision-making. This is relevant to addressing the gender imbalance and barriers limiting women's effective participation in CDC governance.
3. **Provide practical tools and institutional support.** CSOs and development partners should assist CDCs with simplified financial templates, recordkeeping tools, project monitoring frameworks, and community reporting mechanisms. This is relevant to strengthening transparency, accountability, and consistent documentation of community development funds and projects.
4. **Promote community monitoring and social accountability.** CSOs and development partners should facilitate community monitoring, social audits, feedback mechanisms, and constructive dialogue between CDCs, communities, companies, and local authorities. This is relevant to strengthening community oversight, building trust, and ensuring that community development funds respond to local priorities.

6.5 Recommendations for Local Authorities and Communities

1. **Strengthen Community Oversight.** Communities should establish regular mechanisms for jointly reviewing CDC activities, funds received, expenditures, and project implementation to strengthen transparency and accountability.
2. **Strengthen Monitoring of Community Projects.** Communities, with support from local authorities, should regularly monitor the progress, quality, completion, and continued use of projects financed through community development funds.
3. **Promote Inclusive CDC Governance.** Local authorities and communities should encourage greater participation of women and other vulnerable groups in CDC membership, leadership, decision-making, and monitoring processes.

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ANNEX

CDC Capacity Assessment Questionnaire

Research Title: Assessing the Capacity, Transparency, Accountability, and Gender Responsiveness of Community Development Committees in the Management of Sub-National Mining Revenues in Sierra Leone

Research Summary: Women on Mining and Extractives (WoME-SL), with financial support from GIZ, is conducting the study which seeks to assess the capacity of the CDCs and develop recommendations to strengthen CDC performance and improve the management of community development funds.

Consent and Confidentiality: Your participation in this assessment is voluntary. The information you provide will be treated confidentially and used solely for research purposes, and no personal information will be disclosed without your permission. By participating, you also consent to the interview and, where applicable, photographs being taken for project documentation and reporting.

Contact for Further Information

Email: wome22sierraleone@gmail.com

SECTION A: GENERAL INFORMATION

1. **Name of Respondent:** _____

2. **What is your Gender?** ☐ Male ☐ Female

3. **What is your Age:** _____ Years

4. **What is your highest level of education completed?**

☐ No formal education
☐ Primary
☐ Junior Secondary School
☐ Senior Secondary School
☐ Technical/Vocational
☐ University Degree
☐ Other: _____

5. **What is your expertise outside the CDC?** Health, Government worker, Student, etc
   …….

6. **What is your position in the CDC?**

☐ Chairperson
☐ Vice Chairperson
☐ Secretary
☐ Treasurer
☐ Member
☐ Other (Specify): _____

7. **Name of Community Development Committee (CDC):** _____

8. **Chiefdom and District: _____**

9. **When was the CDC established?** _____

10. **Which mining-related revenues or funds does your CDC cover?** (Tick all that apply)

☐ Community Development Fund (CDF)

☐ Diamond Area Community Development Fund (DACDF)

☐ Agricultural Development Fund (ADF)

☐ Surface Rent

☐ Other: _____

11. **How are members in your mainly selected or appointed?**

☐ Community election/voting

☐ Appointment by traditional/ local authorities

☐ Selected through mining company/community agreement

☐ Other (Specify): _____

12. **How many members are currently in your CDC?**

Total number of members: _____

Male members: _____

Female members: _____

13. **How long have you served as a member of the CDC?** _____ Years

SECTION B: UNDERSTANDING OF SUB-NATIONAL MINING REVENUES

14. **Which of these funds has your CDC received in the last three years?**

☐ CDF

☐ DACDF

☐ ADF

☐ Surface Rent

☐ Other: _____

15. **Approximately how much funding has your CDC received in the last three years?**

2026: _____ 2025: _____ 2024: _____

16. **When was the last time your CDC received mining-related funds? _____**

17. **Do you understand the guidelines governing the use of these funds?**

☐ Yes ☐ No ☐ Partially

SECTION C: CDC TRAININGS RECEIVED

18. **Has your CDC received any training related to mining revenue management or community development?**

☐ Yes ☐ No

19. **If yes, how many trainings has the CDC received in the last three years?**

☐ 1 training ☐ 2 trainings ☐ 3 trainings or more

20. **What types of training has your CDC received?** (Tick all that apply)

☐ CDC roles and responsibilities
☐ Mining revenue management
☐ Financial management
☐ Budget preparation
☐ Procurement procedures
☐ Record keeping and documentation
☐ Project planning and management
☐ Monitoring and reporting
☐ Conflict resolution
☐ Gender inclusion and women participation
☐ Environmental management
☐ Other: _____

21. **Who provided the training?**

☐ Government institution (NMA, Local Council, MMMR, etc)
☐ Mining company
☐ NGO/CSO
☐ Other: _____

22. **When was the most recent training received?** _____

SECTION D: CDC INSTITUTIONAL CAPACITY

23. **Does your CDC have the following systems/documents?**

Item	Yes	No
Constitution/By-laws		
Development Plan		
Annual Work Plan		
Financial records		
Meeting minutes		
Project monitoring records		

24. **How often does your CDC meet?**

☐ Monthly ☐ Quarterly ☐ Twice a year ☐ Only when needed

25. **Please rate your CDC's capacity in the following areas:**

Area	Very Poor	Poor	Fair	Good	Very Good
Project planning					
Financial management					
Procurement					
Record keeping					
Monitoring projects					
Reporting					

26. **What are the main capacity gaps affecting your CDC? ……**
……

SECTION E: FINANCIAL MANAGEMENT AND ACCOUNTABILITY

27. **Does your CDC have a bank account for managing community funds?**

☐ Yes ☐ No

28. **Are financial records maintained?**

☐ Always ☐ Sometimes ☐ Never

29. **Are financial reports shared with community members?**

☐ Always ☐ Sometimes ☐ Never

30. **Has your CDC ever been audited?**

☐ Yes ☐ No I don't know ☐

31. **If yes, when was the last audit conducted?** Year: _____

SECTION F: TRANSPARENCY AND COMMUNITY PARTICIPATION

32. **How does the CDC inform community members about funds received and projects implemented?**

☐ Community meetings

☐ Public notice boards

☐ Radio

☐ Traditional leaders

☐ Other: _____

33. **Are community members involved in selecting development projects?**

☐ Always ☐ Sometimes ☐ Never

34. **How would you rate the transparency of your CDC?**

☐ Very Poor

☐ Poor

☐ Fair

☐ Good

☐ Very Good

35. **Who monitors CDC activities?**

☐ Community members

☐ District Council

☐ Mining Companies

☐ No one

☐ Other

SECTION G: GENDER RESPONSIVENESS

36. **How many women are currently members of the CDC?** Number: _____

37. **Do women hold leadership positions within the CDC?** ☐ Yes ☐ No

38. **Are women's views considered during project selection and decision-making?**

☐ Always ☐ Sometimes ☐ Never

39. **What challenges limit women's participation in CDC activities?**

☐ Cultural barriers

☐ Lack of confidence

☐ Education level
☐ Family responsibilities
☐ Male dominance
☐ Other: _____

SECTION H: DEVELOPMENT OUTCOMES

40. **What types of projects have been implemented using mining revenues?**

☐ Roads
☐ Schools
☐ Water facilities
☐ Health facilities
☐ Agriculture/livelihoods
☐ Markets
☐ Other: _____

41. **Are completed projects functioning effectively?**

☐ All projects
☐ Most projects
☐ Few projects
☐ None

SECTION I: CHALLENGES AND RECOMMENDATIONS

42. **What are the major challenges affecting CDC performance?** (Tick top three)

☐ Limited training
☐ Delayed funds
☐ Lack of transparency
☐ Political interference
☐ Weak community participation
☐ Poor coordination
☐ Other: _____

43. **What additional training or support does your CDC need? …….**
……

44. **What has been the biggest achievement of your CDC? ……**
……

45. **What is the biggest weakness of your CDC? ……**
……

46. **What recommendations would you make to improve the management of sub-national revenues? …….**
……


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