OSIWA

Project Learning Progress Report

Introduction

Capturing lessons learned is an integral part of every project. The purpose of this template is to help the project team share knowledge gained from experience in implementing this project. This document is intended as a guide that will help your reporting process, allowing OSIWA to draw useful and substantial analysis from it. We appreciate the time it takes to generate reports and we want to support a reporting system that is useful for both us and for our partners. Our hope is that this report will help us learn more about the outcomes of your project. A successful lessons learned program will help project teams and OSIWA repeat desirable outcomes and avoid undesirable outcomes. Continuous learning means avoiding unnecessary problems, unwanted outcomes, and inefficiencies, as well as repeating successes.

We couple these narrative reports with informal and ongoing conversations and check-ins, to help us collectively understand whether what we thought would work is in fact playing out as expected, what is proving surprising or challenging, and how we and our partners are adapting to an ever-changing environment – the emphasis is on learning.

Note: Reporting frequency and due dates are included and in the grant contract. Installments are subject to review of narrative and financial reports.

Please provide illustrative examples wherever possible. Please provide newspaper clips, pictures, videos and audios where possible.

Progress Report

1. Please describe the progress you have made so far in attaining the overall objectives of the project.

Going forward we have made tremendous progress and achieve some mile stone as a team and as well gained substantial knowledge and experienced from project implementation and project beneficiaries. For the period under reviewed and for the first quarter of this project we made the following progress by successfully undertaking major project activities among other things;

- Recruitment of two project staffs,
- Holding of 4 stakeholders consultative meetings,
- One formal lunch of the project in four locations,
- Training for field enumerators,
- Development of baseline survey
- Training for community monitors,
- Conducting training for 240 on the governments free health care policy in the four chiefdoms in Kailahun District, Eastern Province Sierra Leone.
- Organization of community outreach sessions
- Hosting of radio discussion programs and cross cutting activities.

- ***Social Accountability in The Health Sector:*** Achieving social accountability remains one of our main strategies where we have engaged key stakeholders(four paramount chiefs in four in project communities) on how they (paramount chiefs) should engaged and talk to their people about the Free Health Care Services. We have achieved positive feed backs from these engagements. About 78%f FHC beneficiaries now know it is their rights to access the service (Data source: NMDHR's Baseline Survey) not a favor as they used to think before. Also, the service givers; nurses, sisters and matrons where there have been poor relationship between the have been inhospitable, hashed or very adamant in talking with patients are now communicating freely with communities concerning the FHC drugs and services. This information is confirmed from the number of people who said they are aware of the FHC and got the information from health officials. (Source: NMDHR's Baseline Survey Reports 2017)

- ***Community Ownership and Leadership:*** This was effectively another strategy we employed throughout the first phase of this project and we have achieved meaningful gains in terms of community ownership. From the start of the project, we have trained two hundred and forty community stakeholders (paramount chiefs, Traditional Birth Attendants, Nurses, youths) across the four chiefdoms and have also trained individuals as monitors and have established four independent (Monitoring Action Groups). Specific training of TBAs has helped to emphasized local community involvement in the process. Moreover, the Establishment of Community Monitoring Action Groups (CMAG) has significantly deepened CBOs, CSOs and youths ownership in the project implementation.

- ***Innovation:*** On the part of adding innovation to achieving the project objectives, we have used community radio, phone-inns show, bring some stakeholders to studio to talk to their people, engaged the Village Development Committee members. They are now part of the process. The use of community radio has proven to be one of the most effective means in reaching out to local communities. Bringing in human interest stories to inspire dialogue among vulnerable groups like the physically challenged and EBOLA Survivors as to why the free health care should benefit them.

- ***Feed Back Mechanism*:** The project team is receiving constant feedback from project beneficiaries on services related to the FHC in project locations.(Source: NMDHR's Monitoring and Evaluation Reports)

A 17 year old teen girl gave us this feedback;

> My baby was crying a lot, and had fever. Hospital had no drugs for him. The free drugs are finished for now. You need to pay money. They chased me away. I don't know who to tell!

A community Health Officer in Kailahun, Luawa Chiefdom, gave us this feed back

> Free Health Care? There are so many constraints but nobody want to pay attention to us. My problem is the irregular supply of drugs and materials. The Nurses are available to work, but there are not enough drugs. We are being given drugs that are not meant for the free health care. So how do you expect me to treat a pregnant woman? Many times, essential drugs are sent in small amount. I don't know the reason behind that!

- ***Outreach with emphasis on women/men ratios:*** The project primary targets TBAs, health care workers, pregnant women, lactating mothers and community leaders. We considered all of these categories have directly benefited from the project interventions so far in terms of knowledge, involvement, advocacy and actions. The ratio of women to men we have engaged is 2:3 which is 40% women and 60% men involvement.

- *Community Monitoring of the FHCI Assessment Chart for Four Chiefdoms(Luawa, Kissi Tongi, Kissi Teng and Kissi Kama)*

Measurables	Indicators	Grades%
KNOWLEDGE OF FREE HEALTH CARE INITIATIVE	➢ Level of awareness of the initiative; ➢ knowledge of those entitled to the initiative; ➢ familiarity	(78%) of locals are aware,knowledgeable and familiar of FHCI, whiles 44 (22%) are not aware.
ACCESS TO FREE HEALTH CARE INITIATIVE	frequency of use of FHCI, and quality of services received	(87.2%) of those who are aware of the FHCI have accessed the services, whiles 12.8% haven't. Those who haven't access the initiative include a single mother with under-5s, 2 lactating mothers (5% of them), and 4 Ebola survivors (13.3% of them).

BARRIERS TO ACCESS	user-fees, drugs supplies or refusal to supply and corrupt practices	79.4% had never been asked to pay user-fee; 78.7% of respondents have never been refused 67.6%
COMMUNITY AND NGOs PARTICIPATION	➢ Locals part of monitoring ➢ Locals part of implementation ➢ Communities play integral part in monitoring ➢ NGOs part of monitoring	90% local and community ownership of project is key

Source; NMDHR's Base Report Study

Project Funded by **OSIWA**

2. What worked well?

Looking back to the period under review, a good number of activities and events worked out well taking into consideration key measurable indicators of major achievements in terms of implementing the project;

Recruit two project officers

Terms of Reference (TOR) for the positions of Project Officer (PO) and Project Manager (PM) were developed and advertised - (**see attached TOR and copy of advert as ANNEX 1**.) Qualified candidates were shortlisted and interviewed – **See attached Interview score sheet as ANNEX 2**. At the end of the interview process two (2) candidates were selected for employment.

Holding 4 stakeholders consultative meetings

From the **11th -14th** December 2016, four (4) stakeholder's consultative meetings were organized for 240 community stakeholders 60 per chiefdom (**156** Males **65%** and **84** Females **35%**) which included participants from across the four chiefdoms in each stakeholder's consultative meetings. The meetings took place at the respective community town halls in the chiefdom head quarter towns of Kailahun, Dia, Kangama, and Buedu respectively.

Key outcome of these engagements was the gauging of existing knowledge and understanding of communities about the Free Health care Policy, and what they could do as citizens to make it work effectively. Before the sessions, participants admitted they have heard about the free health care, but were not knowledgeable about the details. The meetings were an opportunity for education and public

discussion in a non-intimidating atmosphere, and correspondingly strengthened their confidence to visit health centres when beneficiaries or their children are ill. From informal discussions with community people and health workers in the target chiefdoms, there seem to be increased awareness about the FHC policy and PHU attendance increasing; this might be a direct impact from these meetings although structured monitoring is yet to start.

Hold four (4) Formal launching of the project in four locations.

- ✓ Project official launch plan developed and implemented – (**See attached project launching plan as ANNEX 3)**
- ✓ 4 official launch events organized by project team
- ✓ 40 people participated which includes **25 Male and 15 Females** per chiefdom in the official launching Comprising District Medical Officials, paramount chief representatives, Community Health Officials, Nurses, FHC monitors, Pregnant women and Lactating mothers in the project communities. **(See Attached attendance list as ANNEX 4)**
- ✓

During the chiefdom launching ceremonies, committees were established to identify people to be trained as monitors who will monitor how the FHC initiative is been implemented in their respective chiefdoms. . The people themselves set out the criteria and agreed on terms and conditions for recruitment of monitors.

On the 10th January 2017, invitees witnessed the official launch of the project. The project was launched in each of the four chiefdoms. Below are some of the highlights of issues raised by some of the speakers

- ✓ The CHO thanked OSIWA for Funding NMDHR to implement the project and for their relentless efforts in promoting health issues in the Kissi Teng Chiefdom according to her, NMDHR in 2014 trained about 20 Tradition Birth Attendants who were placed at different Peripheral Health Units in the chiefdom. She added that she was happy that the organization has come back again to train community monitors
- ✓ The Councilor (Ms Lavalie) intimated the major challenge to the free health care initiative is the bad/poor road networks and long distances. She added that the chiefdom only have one PHU which is inaccessible to remote communities.

- ✓ The MCH aid spoke on the untimely arrival of FCHI drugs. She added that drugs are not delivered on time in the chiefdom adding that even paracitamol, syrups, syringes, other essential drugs are not available at the health centre.

Identifying and training for 12 (Twelve) field enumerators

In delivering this activity, the project team hired a consultant **(please see attached Terms of Reference for consultant, ANNEX 5**) to lead and direct the process. In collaboration with the consultant, we recruited and trained **12 (7 Male and 5 Female)** Enumerators **3** people from each of the four chiefdoms to serve as enumerators in collecting information and data in the target chiefdoms.**(See attached Contract agreement for Enumerators ANNEX 6)** The consultant provided supportive supervision for the entire process, provided data checks, verification and developed the draft report including findings and recommendations. Four separate sessions were organized to validate the initial findings, before the report was finalized.

The project team carried out a baseline survey in the four project chiefdoms on the **6th and 7th** December 2016 to gauge citizens' knowledge and perceptions of the Free Health care Policy. This exercise was done along the lines of a Knowledge, Attitude and Perception (KAP) survey. The purpose of the survey was to capture and document KAP before the intervention of the project, as well as to help the project team and partners, design appropriate strategies and messages for effective implementation of the project. The baseline information will help inform project progress against benchmarks and objectives

The survey was conducted in Kissi Teng, Kissi Kama, Kissi Tongi and Luawa Chiefdoms of Kailahun. The survey population consisted of beneficiaries (pregnant women, lactating mother, parents with under-five kids) of the Free Health care Policy, Traditional Birth Attendants, Community Health Officers, Traditional Leaders and local council authorities. A 100% response rate was achieved from the baseline survey. Males represented 12% and females made-up 88% of respondents.

(For more information, please see NMDHR'S Baseline Survey Report 2017 on the Free Health care Initiative – OSIWA- supported project) –Report can be easily accessed at; NMDHR's website; www.nmdhr.org , Will be available to the public soon.

The Government and its development partners, including the Ministry of Health and Sanitation, OSIWA and its partners can find this information useful and helpful, particularly in the health sector where there is shortage of authentic and up-to-date information like this.

The development of monitoring Framework and indicators

The Monitoring tools, processes and Indicators have been developed into a checklist that comprise 10 sections lettering from A-J (**Please see attached Monitoring Checklist ANNEX 7)** the development of the checklist was facilitated by the project team headed by the Monitoring and Evaluation Officer. The District Health Management Team in Kailahun District was consulted to provide oversight editing, reviewed and verified the checklist before developed.

Training and Deployment of Monitoring TEAMS

From the 11- 13th February 2017, NMDHR project team identified and conducted training for Forty (40) people **(25 Male and 15 Female)** 10 from each of the four project chiefdoms to serve as community-based monitors; their task is to monitor how the Free Health care Policy is rolled out in terms of citizens' access to free drugs, availability, attitude of health care workers towards patients, attendance in the health centres and PHUs, among others. The identification was done by NMDHR and the consultant/trainer in collaboration with strategic stakeholders in the affected communities such as chiefs, religious and societal leaders and councilor. Prior to selecting people for the training, a joint planning meeting was held in each of the project chiefdoms in which criteria were agreed on for selection: 1) selected people must be able to read and write because they are required to inspect diaries, delivery forms and other important documents held by health centres, as well as fill monitoring template; 2) must be credible, respected and of high integrity. This is to ensure that they will not compromise, nor will the communities have doubt in their reports; 3) selected people must be

permanent residents of their communities because monitoring is ongoing/on a daily basis; 4) they must have time to carry out the monitoring. (**Please see attached TOR for Monitors Annex 8**)

Training Manuel developed by consultant (A copy is available))

The consultant/trainer facilitated the training and served as the resource person. The three days training focused mainly on identifying what should be monitored, developing monitoring indicators, monitoring tools and processes, as well as reporting/analytical template. The training was climaxed with an essay and objective tests on the significant aspects of the training contents. The 40 best trainees were selected to serve as monitors. This was followed by the pre-testing of the monitoring checklist at the Kailahun town Peripheral Health Unit (PHU).

Deployment:

Twenty Eight (28) health centres and PHUs are being monitored in the four chiefdoms -: seventeen (17) in Luawa chiefdom, Six (6) in Kissi Tongi; three (3) in Kissi Teng; and two (2) in Kissi Kama. The project team has met with the appropriate medical staff including the District Health Management Team (DHMT) in all these health centres to discuss project monitoring and how it will help strengthen the health services in the target communities. The team emphasized that the purpose of the intervention is to add value and strengthen the health service delivery in these chiefdoms, and not to witch-hunt. So far, the team has been able to establish a good working relationship with the various health actors to the extent that they are now very supportive to the process, providing technical advice and giving relevant information.

Hold radio discussions

Throughout the first phase of the implementation of the project, the team have used the media, both print and electronic to generate public interest and debate about health services. In order to reach out to wider audiences, the team hosted regular (quarterly) radio discussions on the subject matter of the project with opportunity for phone-in facilities so that the people will participate and engage in the discussions as well. The responses from the general public during such programmes were overwhelming – people calling to ask questions, seeking clarifications and making contributions. Because we are dealing with a delicate and technical sector, we relied on the expertise of the health care workers who also served as panelists/experts in these discussions. See below a summary of radio programmes

Date	**Topic**	**Panelists**	**Radio station**
24/11/2016	Understanding the Provisions of The FHC Service	1. MelvinShaty-Assistant Project Officer-NMDHR 2. Abdul K. Habib-Project Manager-NMDHR 3. Nabieu Kamara-	SierraLeone Broacasting Corporation Kailahun(SLBC)

		NMDHR 4. Sahr Kemon- CSO	
1/12/2016	Health Education	1.DHMTKailahun -Rep 2. Sia Ganawa-CHO Kailahun 3. Melvin Sharty-NMDHR 4.Nabieu Kamara-NMDHR	SierraLeone Broacasting Corporation (SLBC) Kailahun
7/12/2016	Efficient Service Delivery at the PHUs	1. Nabieu Kamara-NMDHR 2. Hawa Sawie-FHC monitor	Radio Moa-Kailahun
14/12/2016	Who Should Monitor the free Health Care?	1.Mr. Abdul K. Habib-NMDHR 2.Melvin Sharty-NMDHR 3.Maguana Kallon-NMDHR	Sierra Leone Broacasting Corporation (SLBC) Kailahun
21/12/2016	The Right to Quality Health Care Services	1. Mr.Nabieu Kamara-NMDHR 2. Mr. Abdul K. Habib-NMDHR 3. Mr. Melvin Sharty-NMDHR	RADIOMOA-Kailahun
1/1/2017	LEh We ToK Bot Free #HealthCare	1. Nabieu Kamara 2. Melvin Sharty	Radio-Moa
4/01/2017	Social Accountability in the FHC	1. Sia Ganawa-CHO 2. Mr. Melvin Sharty-NMDHR 3. Maguana Kallon-NMDHR	RADIOMOA Kailahun
12/02/2017	Service Delivery at the PHU	1. Mr.Sellu Njaiwa-Chairman -Polio Tegloma 2. Mr. Melvin Sharty-NMDHR 3. Mr.Nabieu Kamara	SLBC Kailahun
19/02/2017	Cost Recovery and Free Healthcare Drugs		

24/02/2017	Why Monitoring the FHC System	Mr. Abdul K. Habib Mr. Melvin Sharty	Radio Moa
28//02/2017	Who are The Beneficiaries of the FHC system	Mr. Nabieu Kamara Mr. Maguana Kallon	Radio Moa

(Data Source: NMDHR'S M & E department)

In addition to the radio discussions, the team also held community outreach sessions where project goals, objectives and activities were discussed with different stakeholders, but focused on reaching out persons with disability, nurses, women groups and other CSOs and CBOs working to promote and improve health care service delivery in these communities. These sessions helped the targeted groups to better understand and appreciate the project with the ultimate objective of increasing their participation in the implementation.

They also worked with journalists from the print media who covered project activities and reported them in respective newspapers, whilst others produced video clips. This was to generate discussions at regional and national levels on the project objectives. All of this was meant to engender learning, and to increase community participation in the implementation of the project, but also, to give visibility to the project partners – OSIWA and NMDHR.

Hold 6 (six) community outreach sessions on the free health care system.

In the first quarter of the project implementation, the project team conducted a total of six community outreach sessions , Outreach Plan Strategies developed (**Please see attached Strategic Plan Annex 9)**, activities drawn out, Project Team reach out to project communities (Market places, PHUs, public schools, Bike riders, stakeholders, town hall events, community barrays etc) using a local level approach. The project team worked with community youths providing public address system to them to inform and raise public awareness on the Right to accessing the Free health care services, the project team spoke at community gathering on key measurable topics including but not limited to; Primary Health care services, Education and Information on sexual and reproductive health, postnatal health services, beneficiaries of the FHC system, to about two hundred (200) people from Luawa to Kissi Kama Chiefdom.

(Please see attached Photos and press released for community outreach Annex 10)

A community Health Officer in Kailahun, Luawa explained during our outreach sessions

Participants' testimonies

> Free Health Care? There are so many constraints but nobody want to pay attention to us. My problem is the irregular supply of drugs and materials. The Nurses are available to work, but there are not enough drugs. We are being given drugs that are not meant for the free health care. So how do you expect me to treat a pregnant woman? Many times, essential drugs are sent in small amount. I don't know the reason behind that!

From those community outreach sessions, the project team identified two central problems which they would like to feature in this report which include but not limited to problems with the supply of drugs: blockages, which lead to procurement request not being processed promptly, bureaucracy which results in delays; poor procurement practices on the part of the District Logistics Officer team who are charged with supplying free health care drugs to PHUs.

From those interventions, we learn that women and girls who are denied access to essential drugs in pregnancy and childbirth, who are denied services, have no means of complaining especially in rural communities.

NMDHR project Team found no effective mechanism or procedures to reports patient's grievances with services they received at the P H Us in rural communities. Local people living in project communities are unaware of the procedures to report or raise concern with the free health care drugs especially women and girls. Therefore, NMDHR is planning to work with other local community health institutions in Kailahun to developed a Health Governance Justice system Mechanism(HGJM) where people would be given opportunity to complain their grievances about the free health care so that prompt action is taken. We realized that it is a taboo for community people to take health officials to court. Our main aim is to educate and inform local communities that it is their rights to public talk about the health systems in their communities and hold service providers to account.

During outreach sessions in project locations; the project team underscored from the responses of community locals, the lack of justifiability of the right to health, further impedes access to remedies. When a pregnant woman at a PHU is denied access to drugs or services (Which is free according to FCHI), there are no remedies available in rural communities for individuals redress such as an apology or some form of compensation in an event there is a case of maternal death or injury.

A father of a five month old baby explained

My wife did not deliver at the PHU. She delivered at home because we are asked to pay money for emergency treatment/ medicine. We have no money. I want to complain, but do not know what to do so.

Monthly publication of data –key measurable indicator such as maternal and child mortality and morbidity either from primary or secondary sources, decisions reached at management meetings and progress reports on specific health interventions by the PHUs and the Kailahun DHMT as provided for in the local Government Act 2004 and other relevant statutory frameworks

- Monthly monitoring tools have been developed and available across the PHUs in the project communities (See annex 6)
- Community monitors are trained and have been deployed across the PHUs in the Project communities (**See attached list of monitors below)**

Monthly data publication on key measurable indicator such as maternal and child mortality and morbidity

Drugs supply and infant and maternal mortality cases updated as of **November 2016 to May 2017** in Luawa, Kissi Tongi, Kissi Teng and Kissi Kama on the project: community monitoring for accountable and effective service delivery in the health sector

NO OF PHUs	CHIEFDOM	DRUGS SUPPLY	INFANT MORTALITY	MATERNAL MORTALITY
Fifteen(15)PHUs	Luawa Chiefdom	Polio vaccine, Maculate, paracitamol, and bed nets	20 cases	25 cases
Seven (7) PHUs	Kissi Tongi Chiefdom	Polio vaccine, Maculate, paracitamol, and bed nets	12 cases	10 cases
Three (3) PHUs	Kissi Teng Chiefdom	Polio vaccine, Maculate, paracitamol, and bed nets	10 cases	15 cases
One(1) PHU	Kissi Kama Chiefdom	Polio vaccine, Maculate, paracitamol, and bed nets	8 cases	6 cases

Ref: Secondary source from Kailahun District Health Management Team (DHMT)

Press Publications, Report

NMDHR RECENT ACTIVITIES PUBLICATION

- Concord Times Newspaper

Website: www.slconcordtimes.com/

15th December, 2016

Concord Times Newspaper

Publication: Poor Road Network Impedes Free Health Care Delivery

- Concord Times Newspaper

Website: www.slconcordtimes.com/

DATE: 26TH April, 2017, Wednesday

PAGE NO. 16

Publication:Community Stakeholders trained on FHCI Monitoring across Four Chiefdoms in Kailahun District

- Premier Local News

Website: http://www.premiermedia.sl/news

DATE: 26TH April, 2017 Wednesday

PAGE NO. 7

- Premier Local News

Website: http://www.premiermedia.sl/news

26th April, 2017

Publications: "Free Health Care Monitoring...240 stakeholders Trained in Kailahun"

3. Briefly describe any broader takeaways you have (apart from grant/project-specific takeaways described above), including and especially any lessons about your theory of change and related assumptions – How might you apply these lessons going forward, either to work in this grant/project or in other related work?

For the last six months of project implementation, we have learned vital lessons in relation to our strategies, assumptions, best practices and initial perceptions which have impacted project implementation. The following are some broader takeaways we experienced.

Change to the Organization
However, we experienced some shit in the organizational structure of NMDHR as the National Coordinator got employment to serve as performance analyst in the office of the Chief of Staff; he had to relinquish his position with NMDHR. This event took place midway during the first quarter of the project implementation which slowed down project activities for couple of days. Which led to a broad shift in our administration with the programs Manager acting in capacity of National Coordinator and M & E Officer acting programs manager?

What we have learned as an organization is that strengthening the capacity of our staffs will remain a core value and this will be done eventually in the next phase of the project through workshops, meetings exchange visits and training. In order to actualize this, one of our project staffs will be going on exchange visit to the United States to build his capacity and strengthen his knowledge on variety of issues relating to project management

Finance and Budgeting: Prominent takeaways from finance and budgeting were the issues of exchange gains. The project team encountered high inflation and we didn't receive confirmation from OSIWA how to handle the situation which led to over expenditure on our part. Therefore, going forward, we have learned to communicate and get confirmation first from OSIWA before utilizing exchange gains.

Community Expectations and Ownership: During the early stage of project implementation, the project team learned that the issue of community ownership was seriously out of place in project communities. Most of the beneficiaries we contacted were with the believe that the free health care is a favor from government not a rights for them to have it. However, we were able to change/challenge these wrong perceptions by educating key communities using radio, outreach sessions teaching on rights to effective and quality health care services. Going forward as a team, we are planning to scale up our intervention during the next phase of implementation by putting emphasis on regular information sharing with all stakeholders through activity and periodic reports, monitoring reports, reflection and planning meetings, one-on-one meetings with beneficiaries etc.

Teamwork and Partnership
Our major takeaways or lessons from teamwork and partnership landed us to achieving most of project objectives. For the first six months,

NMDHR, as the project holder has collaborated with local community organized groups in the project communities, as well as other CSOs/NGOs that have been working in this or similar sector in the project communities. We learned that most community residents are fully aware of the challenges they faced and are better placed to addressing them. We employed their knowledge and experience to add value to our work in terms of planning, implementation of activities, resource management and engaging community leader who are very much important to us. Looking ahead, our team is planning to put maximum premium on emphazing community ownership and sustainability to ensure after the project ends communities will be better placed to received and request for better health services.

Communication

As a team, communication remains one of our strategies cutting across from Donor to Management to project Beneficiaries. Before our intervention, communities were not ready to talk about health issues widely. We have always been in constant communication with OSIWA country staffs in Sierra Leone, and coming down at management level to field level. Effective communications have helped us to keep in constant touch with beneficiaries, helping us to learn human interest stories about transparency, accountability ,health rights among others. Key takeaways from this adventured is open opportunity for learning and sharing which guided us profoundly in achieving project objectives. Going forward, we anticipate improving on communication especially with OSIWA project staff and project beneficiaries. I n the next phase we look forward to creating a platform where direct communication will be between OSIWA and the health care workers in project communities.

Technology

In the area of technology, our team learned that the community radio prove effective in sensitizing public about the free health care. Through radio, news about the project escalated beyond the boundaries of the four project communities. People were calling to ask why we are not engaging their communities on health issues. Going forward, we are planning to employ the use of IEC materials, painting of walls in communities, providing T-shirts printed with texts, pictures about the rights to accessing quality and effective free health care services.

Experience in working with rural communities:

Working with rural communities normally posed a serious challenge taking into consideration high level of illiteracy rate, strong traditional beliefs, wrong perceptions and myths. As a team, we have learned that working in rural communities needs patience, resilience and passion! In many cases we encountered instances where the very people you are advocating for or training see you as a stranger and not part of their tradition. Speaking the local language of beneficiaries is a plus to people implementing project-90% of NMDHR's project team members are either literate in Mende or Kissi. This helped us significantly to interact with local communities.

4. In the implementation of the project, has your initial assumptions about the project changed?

No of course most of our assumptions didn't change ; most of the realization or things we expected would be the case or would have happened did occur as outline in the M & E plan. Some were right and others were wrong as the case may be but 90% of our assumptions didn't change. Therefore, the following were few examples of our initial assumptions and why they didn't change.

Managing the **high expectations** of the project communities is an assumption that didn't change, despite the pre-project implementation engagements, the communities continued to expect monies from the project implementing team from most of project activities. Making them understand and appreciate the reality of the project has been the source of continuous dialogue and engagement.

Poor Road Condition linking Project Communities:
Initially we assumed that Poor road network in project communities would posed a serious challenged to project team. Exactly this didn't change as the project team were faced with challenged of moving from one project community to another. In most cases private motor bikes were hired to facilitate quick movement of logistics and supplies. Many bikes got damage due to the bad road condition.

Tight schedule for invitees ;
This also didn't change as the project team encountered significant challenge from Conflict of interest for opinion leaders on which programs to attend. From our observations, key stakeholders sent representatives due to tight scheduled on their part.

Enumerators failed to administered questionnaires effectively :
This was our initial assumption but it turnout positive (change) because a consultant was hired to effectively trained enumerators who are residents and familiar with the terrain of project communities. Therefore, they were able to effectively administered questionnaires totaling about 200 none encountered error or mistake as reported by consultant. Each enumerator was assigned a supervisor during the baseline survey process. This enable them to do quality work.

Community engagement/ secret society coinciding with schedule date:
In relation to the above, we initially thought that secret society activities would have coincided with major project activities but that didn't happen. The project team didn't report on any activities coinciding with project activities thereby stopping their work.

Schedule time for radio discussion programs
This assumption didn't change as it was experienced that most of our radio programs were conducted at night due to the fact that in project communities people most times have time for radio in the at night because they are engaged on their farming and other community work during the day

Also health workers willingness to give relevant information to monitors in project communities:
This was basically our initial assumption that health workers won't be willing to provide relevant information to project team but for most of the health officials we engagement they were receptive and ready to provide project team vital information about the free health care in the district.

5. Issues, Challenges and lessons learned: Briefly describe what, if anything surprised you during this period. What had you not expected? What activities did you undertake that did not have the impact that you had hoped? (Note: These may be changes internal to the organization or related to the external environment.). Please also share any specific lesson learned at this stage of the project,

In relation to lessons learned for the period under reviewed, in terms of working in rural community we didn't get any surprise because NMDHR has extended experience working on health project with rural focus. Therefore, we were prepared for most of the challenges that came up.However, in terms of project budget expenditure, we were surprised by the incessant inflation rate in the U.S dollar which had an impact on the Sierra Leone currency which led to exchange gains

Administration: Internally, we were also surprised by the leadership shift that occur during project implementation but immediate step was taken to replace the position which didn't affect project implementation.

For most of the activities we undertook starting from formal launch of project to community outreach sessions, we realized tremendous impact both on project beneficiaries , key stakeholders and surrounding communities.

For lessons learned project team would like to share the following lessons below

- Effective Communication is key to successful project implementation
- Emphasizing Community Ownership in project implementation will extend /sustain the project even when the project shall have ended.
- Working with local community action groups is also keep to promote effective outcome in terms of implementations.
- Team work and Collaboration: Team work has been one of our strengths through out project implementation and has help us greatly to be effective and resourceful in managing project funds and resources.

6. Next Step/Phase: What will be your focus for the next reporting period? Please describe how this will factor in lessons learned, or address issues (if need be).

The implementation of the project is progressing as designed. There is, therefore, no need to make adjustments to the planned activities. However, the following activities will be implemented for the next quarter:

- ✓ Hiring of local artists (to facilitation local based awareness raising in Mende and Kissi, to inform and educate project beneficiaries about their rights to accessing, monitoring the free health care etc)
- ✓ Launching of baseline survey reports
- ✓ Setting of Benchmark data to measure progress in the Free Health care within project communities
- ✓ Community outreach

NMDHR is intending to put more effort on the community outreach sessions considering the amount of people that will be targeted during the course of this activity, and also even though there is no budgeting amount for the radio programs in the next quarter of the project implementation, but we are requesting from OSIWA to see how best we would continue with the radio program as it is the most viable form of communication to the wider community.

7. What are the beneficiaries 'perception about the project?

In reaching the project communities after series of community engagement and through consultative meetings and training during the first quarter of the project implementation, we realized that community people are ready to own the process considering the fact that the community people are vigilant to monitor the free health care initiative in the project locations and a well organized community independent monitoring groups has been established to monitor Peripheral health's units(PHUs) in the project communities and even community stakeholders are giving update on current event with regards the free health care initiative. Below are some testimonies from the beneficiary communities.

Below are prove of selected beneficiaries perceptions

Mrs. Sarah Kemoh, Luawa Chiefdom

"The free health care is good for us, but it is faced with many challenges, particularly for my chiefdom where the roads are bad, the health workers are not monitored and majority of us are illiterates. When you go to the health centre, they will give you all sorts of excuses just so that they would not treat you free of charge. But the moment you give them money, the drugs will instantly become available. This has been the reason why we prefer to go to our native doctors. But with the knowledge we have gained, we now know also that it's our right to monitor these health centres and their staff"

Nurse from Project location

Free Health Care? There are so many constraints but nobody want to pay attention to us. My problem is the irregular supply of drugs and materials. The Nurses are available to work, but there is not enough drugs. We are being given drugs that are not meant for the free health care. So how do you expect me to treat a pregnant woman? Many times, essential drugs are sent in small amount. I don't know the reason behind that!

Tamba Ansumana:

Few months ago, a truck loaded with medical drugs from Freetown landed in our chiefdom and refused to disbursed drugs on the pretext that the drugs were expired. Later the vehicle was apprehended only to discover that the drugs were good. I think this your project will serve us good and will help to curtailed the corruption in stealing in the free health care sector. I personally want to say thanks to OSIWA for supporting this project in our community.

8. Are there any challenges (internal/external) that have affected the project execution? If any, how are they being addressed? : What's a current roadblock? What's keeping the team from their ideal productivity or results?

During the course of the project implementation, **Project team encountered the following challenges;**

- Everything was accomplished. However, we encountered few challenges including but not limited to;
- Low rate of attendance due to the agricultural activities of participants. Predominantly, most participants are farmers. Therefore leaving their farms to attend meeting posed a serious challenge. But we were able to overcome this challenge by informing participants for meeting for one week before meetings and we also used stakeholders to influence community people to take active part in meetings

- Giving transport refund to participants posed a serious challenge to us due to their high expectation. But in addressing this challenge, NMDHR engaged project partners and explained to them the cost of the project and its required line of expenditure, and encourage them to play active part in the project implementation so they can be assured of owning the process

- We encountered challenges with the deployment of community monitors especially communities where there are no communication coverage. This is really a challenge to communicate with monitors. But we created an atmosphere wherein all community monitors report to the office in **LUAWA** Chiefdom to submit their monthly monitoring checklist

- However, time variation versus listening time posed a serious challenged. Residents in project communities go to farm early in the morning hours and come back late in the evening Therefore, the radio programmes were conducted at 8:00 p.m to 9:00 pm so that most people will have access to listen to the radio talk show, and we also used an approach wherein we do invite key stake holders in the district that has made meaningful contributions on social accountability outcomes in the district.

- The poor road conditions in the project communities adversely affected the movement of the project implementing team, as well as citizens who participated in project activities. The situation is worse off in the rainy season when some sectors of the road form pole holes. But the project team most times do hire motor bikes in order to facilitate the movement of project community.
- Receiving funding to carryout project activities also posed significant challenge to project team. For instance, we signed contract in September and it was late November we received funds from OSIWA which delayed our work.

9. Has your initial strength, weaknesses, opportunities and threats stated in the proposals you submitted changed? Please provide additional details if they have changed.

Prior to the project implementation, NMDHR did an analysis on its strength, weakness, opportunity and threats, therefore, we realized that;

Our strength remain the same as it was in the project document

- Staff, offices, logistics, etc.;
- Experience in working with rural communities;
- Experience in implementing health-related projects;
- Administrative and operational structures;
- Internal control systems for sound resource management.

NMDHR have been able to combat some of its weakness. E.g. the issue of filling system, and communication skills and for which other highlighted weakness are still out of control

- Managing the high expectations of local communities;
- Inadequate logistics such as vehicles, computers, etc.
- Resource Mobilization

NMDHR have been able to utilize the following opportunities as highlighted in the project document because we have been in constant engagement with project partners and community structures e.g. District Health Management team **(DHMT)**and also our existing partners in the project communities.

- . Room for collaboration and partnership;
- Good working relationships with local communities;
- Legal Space to operate

Our threats still remain the same as it was in the project document

- Irregular funding – project-tied funding;
- Shrinking civil society space e.g. new NGO policy;
- Public Order Act of 1965;
- State of Public Health Emergency;
- Donor fatigue/focus shift

10. Additional Information: Beyond the programmatic and/or org health outcomes you identified in your proposal are there any other updates you are proud of or want to flag?

NMDHR would like to flag the following activities that are considered to be very keen to strengthen community visibility in the project communities

- Painting of wall, there is greater importance in the designing / painting of walls in strategic places around the project communities because it will help raise community awareness and influence significant health outcomes and also a way of popularizing the project funding agency

- Development of Information Education and Communication(IEC) Materials. Over the years, NMDHR has gained knowledge on implementing health's project and knows the manner in which significant impact can be generated. Therefore, we would like to see a situation wherein OSIWA will fund the process of developing IEC Materials with clear free health care messages that will be posted in strategic locations in project communities such as hospitals, health centre's / PHUs market places etc.

- Development of jingles. With NMDHR health project related experience in working in rural communities, it is evident that Jingles also have the purpose of creating a familiarity with the project and the wider project targeted communities and even beyond which may have been previously unknown to the community people. In some sense, the jingle can break down or remove knowledge of the unknown and create a familiarity with the project through song. In another words, Songs have a way of appealing to our inner sensitivity better than words on a page or the spoken word. The warmth of a song helps to overcome any barriers people may have that prevent us from knowing about the project.
- Establishment of the Health Governance Justice System Mechanism: As a team, we want to see a situation where people are discussing publicly about the heath systems in project communities and are bold to report grievances and complains to us. Therefore, we are drawing OSIWA 's attention to that very seriously in the next phase of this project.NMDHR want to emphasize the need for the Health Governance Justice Systems pioneered by NMDHR and local community groups.

ANNEXES

Annex1: Terms of Reference and Copy of Adverts

Annex2: Project Officers and Project Manager's Interview Score Sheet

Annex3: Project Launching Plan

Annex4: Project Launching Attendance List

Annex5: Terms of Reference for Consultant

Annex6: Enumerators Contract Agreement

Annex7: Monitoring Checklist

Annex8: Community Monitors Contract agreement

Annex9: Strategic Plan for Outreach

Annex10: Photos and copy press release for community outreach sessions

Annex 11: A Copy of Videos, and radio discussions audio is available in hard copy

ANNEX 1 (One) Copy of Job Advert

NETWORK MOVEMENT FOR DEMOCRACY AND HUMAN RIGHTS

The Network Movement for Democracy and Human Rights (NMDHR) has received funding from Open Society Initiative for West Africa (OSIWA) for the implementation of an eighteen (18) months project title: ***Community Monitoring for Accountable and Effective Service Delivery in the Health Sector*** in kailahun District.

The key methodologies that will be used in the implementation of the project will include but not limited to: stakeholders' consultations, regular reflection, learning and information sharing, conscientization, effective use of community radio, focus group discussions, policy simplification, partnership, collaboration and training. These strategies will be applied singularly or collectively at different stages of the implementation. Collectively, they are meant to build synergy, facilitate the process of planning and working together, building citizens' confidence and ensuring that communities take collective actions to address the problems that affect them.

POSITION Project Officer

LOCATION Kailahun District

DURATION One year, six months

REPORT TO programs manager

Job Purpose

The purpose of advertising this position is to identify qualified personnel with proficient skills and knowledge that can easily influence the increase citizen's access to good quality free medical services. And to also see that there is increased transparency and accountability in the implementation of the Free Health care policy in the health sector in four chiefdoms in the Kailahun district Eastern Province of Sierra Leone.

The specific objectives of the project are:

Main/specific responsibilities:

To train 240 people on the Government's Free Health care Policy in the four chiefdoms in Kailahun district;

To develop baseline data on how project communities are accessing services relating to the free health care system;

To establish and deploy four independent monitoring teams in the four chiefdoms in Kailahun district;

To organize community outreach session

To generate interest and public debates around the free health care system;

To organize monthly radio discussion programs

To identifying and training enumerators that will administer the survey/research tools,

To organizing four validation meetings (one in each chiefdom) and

To formally launch the baseline report to share the survey findings**.**

EXPERIENCE Not less than two years experience as a project officer in a credible national or international NGO in Sierra Leone with previous knowledge and experience on health sector

COMPENTENCES REQUIRE:

Ability to conduct research at community level on health issues

Organize training workshops and focus group discussions

Good skills in communication and report writing

Knowledge in data analysis and data design

Good analytical skills and excellent interpersonal skills

Proven ability to work effectively with team or group in a multi social sector

Ability to work under pressure

Good computer skills

Minimum Academic Requirement: A bachelors Degree in public health, sociology and or related fields.

Application procedure:

All applicants should be required to

1. submit a letter of application in hand writing
2. attach to the application curriculum vitae with copies of academic certificate and other relevant documents
3. provide names, address and contact of three (3) referees

Methodology of Delivery

Please send your application to the:

Programs manager

Network Movement for Democracy and Human Rights (NMDHR)

148 Circular Road Freetown, Sierra Leone

Closing date..... 2016

Only shortlisted candidates will be contacted!

POSITION Project Manager

LOCATION Kailahun District

DURATION One year, six months

REPORT TO programs manager

Main/specific responsibilities:

Liaze with Donor to meet with project objectives

Monitor project implementation through frequent field visit to project locations

EXPERIENCE Not less than five (5) years experience as a project Manager in a credible national or international NGO in Sierra Leone with previous knowledge and experience in the health sector

COMPENTENCES REQUIRE:

Ability to conduct research at community level on health issues

Project designing and implementation skills

Good skills in communication and report writing

Knowledge in data analysis and data design

Good analytical skills and excellent interpersonal skills

Proven ability to work effectively with team or group in a multi social sector

Ability to work under pressure

Good computer skills

Minimum Academic Requirement: A Masters Degree in public health, sociology and or related fields.

Application procedure:

All applicants should be required to

1. submit a letter of application in hand writing
2. attach to the application curriculum vitae with copies of academic certificate and other relevant documents
3. provide names, address and contact of three (3) referees

Methodology of Delivery

Please send your application to the:

Programs manager

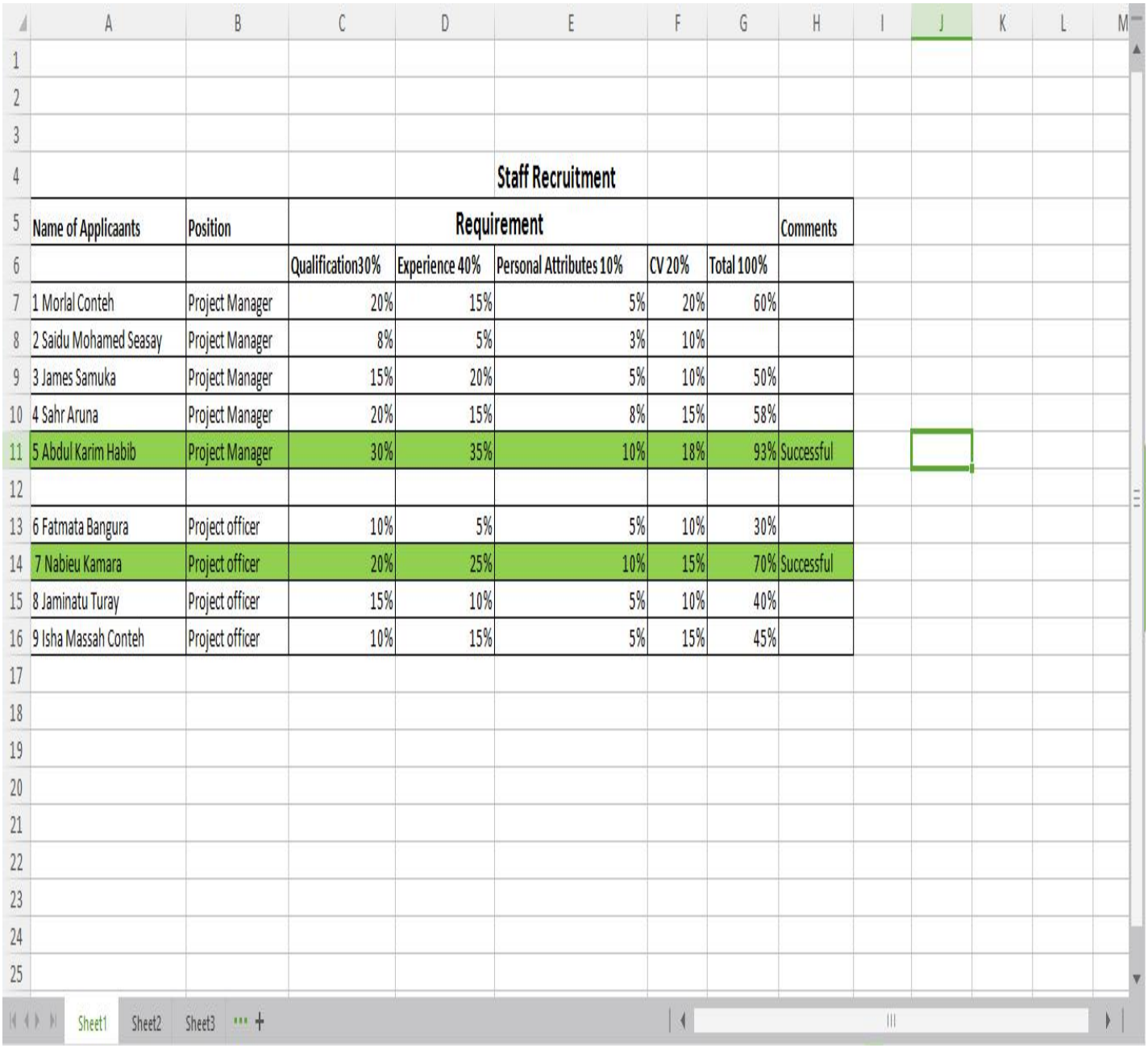
Network Movement for Democracy and Human Rights (NMDHR)

148 Circular Road Freetown, Sierra Leone

Closing date..... 2016

Only shortlisted candidates will be contacted!

Annex 2(two) Staffs Recruitment Score Sheet



	A	B	C	D	E	F	G	H
4					Staff Recruitment			
5	Name of Applicaants	Position	Requirement					Comments
6			Qualification30%	Experience 40%	Personal Attributes 10%	CV 20%	Total 100%	
7	1 Morlal Conteh	Project Manager	20%	15%	5%	20%	60%	
8	2 Saidu Mohamed Seasay	Project Manager	8%	5%	3%	10%		
9	3 James Samuka	Project Manager	15%	20%	5%	10%	50%	
10	4 Sahr Aruna	Project Manager	20%	15%	8%	15%	58%	
11	5 Abdul Karim Habib	Project Manager	30%	35%	10%	18%	93%	Successful
12								
13	6 Fatmata Bangura	Project officer	10%	5%	5%	10%	30%	
14	7 Nabieu Kamara	Project officer	20%	25%	10%	15%	70%	Successful
15	8 Jaminatu Turay	Project officer	15%	10%	5%	10%	40%	
16	9 Isha Massah Conteh	Project officer	10%	15%	5%	15%	45%	

(Source: nmdhr's Administrative department)

Annex 3(Three) Project Launching

Plan

Date &Time	Activity	Venue	Purpose	Chiefdom
6th January, 2017	**Invitation Letters drafted**	**78 Pendembu Road ,Kailahun -NMDHR's Office**	**To formally inform and invite key stakeholders about the Launching and OSIWA -NMDHR partnerships in the Health Sector**	**Letters to be sent to the four Chiefdoms (Luawa,Kissi Tongi, Kissi Teng and Kissi Kama)**
7th January 2017	Invitation Letter drafted	DHMT Office Kailahun Town	To make a courtesy call and to discuss possible implementation partnership with the District Health Management Team on how project monitors will be given free access to monitor peripheral health's units(PHUs)within the four Chiefdoms	Luawa
10th January, 2017	To Formally Launch project in four locations	Kailahun, Buedu, Dia and Kangama,	To brief community stakeholders and project partners about the implementation of the NMDHR - OSIWA funded project title community monitoring for accountable and effective service delivery in the health sector	Luawa,Kissi Tongi, Kissi Teng and Kissi Kama
11th January 2017	Radio discussion Concept Drafted and Reviewed	Radio Moa Kailahun	Radio discussion program will be held at Radio Moa 105.5 mount kenewa, for wider listening of the project campaign	Luawa, Kailahun town
13th January	Evaluation	148 Circular Road Freetown-NMDHR Office		

ANNEX4(Four)Project-Launching-AttendanceList

NO	NAME	CHIEFDOM/INSTITUTION	SEX
1	Haja Mariama Sesay	Kissi Tongi	F
2	Mohamed E Mangeda	Kissi Tongi	M
3	Ahmed B Kamara	Kissi Tongi	M
4	Sia Bundor	Kissi Tongi	F
5	Peter S Gborie	Kissi Tongi	M
6	Tamba K Samu	Kissi Tongi	M
7	Jibba Gamana	Kissi Tongi	M
8	Ibrahim S Bongay	Kissi Tongi	M
9	Moinina Kamara	Kissi Tongi	M
10	Pastor M Fafiah	Kissi Tongi	M
11	Samuel Nabieu	Luawa	M
12	Brima Momoh	Luawa	M
13	Fallah Konjur	Luawa	M
14	Lucy Charles	Luawa	F
15	Hallie Saffa	Luawa	M
16	Sia Sengu	Luawa	F
17	Mariama Tablet	Luawa	F
18	Kadie Sengu	Luawa	F
19	Kadiatu A B Sumiala	Luawa	F
20	Sheku Kaikai	Luawa	M
21	Fallah Bayoh	Kissi Teng	M
22	Mariama Lady	Kissi Teng	F

(Source: nmdhr's Project Launching Minutes)

Annex5(five) TOR for Consultant

The Network Movement for Democracy and Human Rights

TERMS OF REFERENCE (TOR)

1.0 Source of Funds

Network Movement for Democracy and Human Rights (NMDHR) has received funding from the Open Society Initiative for West Africa (OSIWA) as per project objective NMDHR intends to apply part of the proceeds for eligible payment under the contract for consulting service s for the selection of a consultant. The overall objective of this project is aiming at increasing transparency and accountability in the implementation of the free health care initiative for improve and efficient service delivery in four chiefdoms in Kailahun District, which includes ***LUAWA, KISSI TONGI, KISSI TENG AND KISSI KAMA*** *chiefdoms.*

2.0 Objective of the Assignment

The objective of this assignment is to provide consultancy services in the area of baseline survey study under the ***Programme Cooperation Agreement (PCA) between NMDHR*** *and* ***OSIWA*** *for the implementation of an 18 months project which aims at increasing transparency and accountability in the implementation of the free health care initiative for improve and efficient service delivery in* ***LUAWA, KISSI TONGI, KISSI TENG AND KISSI KAMA. The study will conducted to address the following challenges KNOWLEDGE OF FREE HEALTH CARE INITIATIVE, ACCESS TO FREE HEALTH CARE INITIATIVE, BARRIERS TO ACCESSING FREE HEALTH CARE INITIATIVE AND COMMUNITY PARTICIPATIN.***

3.0 Main Task and Responsibilities

- *The Consultant will be charged with the following responsibilities*
- *To develop baseline tools*
- *To conduct training for Enumerators*

- Ensure Pretesting of baseline tools
- Ensure Pretesting of baseline tools
- To analyse baseline data
- To write baseline report

6.0 Qualification and Experience

Preference will be given to individuals with proven relevant experience in undertaking similar tasks. The consultant/consultancy firm should have the following desire qualification and experience:

- Masters degree in development studies, Statistics or sociology or related fields
- Knowledge in writing and implementation/monitoring and evaluation
- Adverse knowledge in conducting research
- Proven initiatives, flexibility and ability to prioritize in a demanding environment and to tight deadlines
- Strong analytic report writing and presentation skills including the ability to present complex issues clearly and concisely
- 5 years and above hands- on experience in conducting research project
- Resourcefulness, thoroughness, and strong problem solving skills
- A practical experience in participatory approaches strategic planning, project design implementation, monitoring and evaluation
- Very good knowledge on standard of computerized software packages
- Passionate and enthusiastic about the subject with an ability to communicate the value of this work to others as well as influence and encourage others to new concepts and ways of working within an environment of change

Application procedure

To undertake this role the consultant should have:

1. A proposal showing: - How the consultant meets the specification, A proposed concept/ prototype for the baseline tools and training added value that the consultant can bring to the process

Up to date CVs of lead consultant and or any team members where applicable should be address to the programs manager Network Movement for Democracy and Human Rights(NMDHR) 148 Circular Road Second Floor or on Email nmdhr1@gmail.com

Annex 6(Six) TOR for Field Enumerators

Network Movement For Democracy & Human Rights

148 Circular Road Freetown 87 Pendembu Road Kailahun District

Tel: +23276698279/+23276410137/+23277/543865

Email: nmdhr1@gmail.com www.nmdhr.org

Our Ref……

Your Ref: ……

Date……./……/……

Contract No: ……

Date: ……

Enumeration Area: ……

Project Title: ***"Community Monitoring for Accountable and Effective Service Delivery in the Health Sector"*** **(Ref.G03027 covering** four Chiefdoms in Kailahun District **which** includes Luawa, Kissi Tongi, Kissi Teng and Kissi Kama respectively..

CONTRACT OF EMPLOYMENT AS ENUMERATOR

NAME……
Date of Birth:……..Place of Birth……..

I am pleased to offer you a contract of employment as an Enumerator in the ……district for a period of ……. working days with effect 5th December, 2016. NMDHR is an equal opportunity employer who offers the best working space to its staffs and volunteers without prejudice or sentiment. We value individuals who are determined to protect the rights of women, youth and children and promote good governance so that development can take place.

DURATION OF YOUR CONTRACT

The duration of your contract as Enumerator is from the 5th - 8th December 2016.

DUTIES:

- Report directly to the supervisor who is in charge of supervising your work.
- Identify yourself and explain the purpose of your work in a polite and tactful way to the people in your Enumeration Area (EA) thereby obtaining their willingness to corporate..
- Ask question about the free health care initiative taking into account every section on your questionnaire
- Tell the respondent that you are asking question about the implementation of the free health care initiative in their communities and that data received will be averaged and used for the improvement in the FHC initiative.
- Ensure you ask questions that are necessary for the completion of the questionnaire only
- Make every effort to obtain complete and accurate answers and shade them clearly and correctly
- No unauthorized person(s) should fill in any part of the questionnaire.

- Return all questionnaires, whether used, spoil or unused, and all other returnable materials to your supervisor.

GENERAL PROVISIONS

Renumeration will be paid the amount of ..... for the period

Advance payment to Enumerator is ..... plus the complete transport allowance will be paid before commencement of the work.

Final payment of Enumerator will be done after the completion of the work and all questionnaires,working materials submitted to the supervisor.

CODE OF CONDUCT

- Exhibite maturity and sense of responsibility in the discharge of your duties
- Information obtained is confidential and will only be used to compile reports on a general bases for the free health care initiative. You are not permitted to disclose it to anyone who is not authorized officer, nor should you leave it where others may have access to it
- Maintain good relationship with the community your are working
- At all time wear your work cloth,dress neat and presentable to show that you are working for NMDHR and OSIWA to support the Government of Sierra Leone and the commu ity people.
-

NOTE: If you are in agreement with the terms of this contract,please sign and return this letter to the M & E Officer NMDHR's Office.

Yours faithfully,

Sign.....

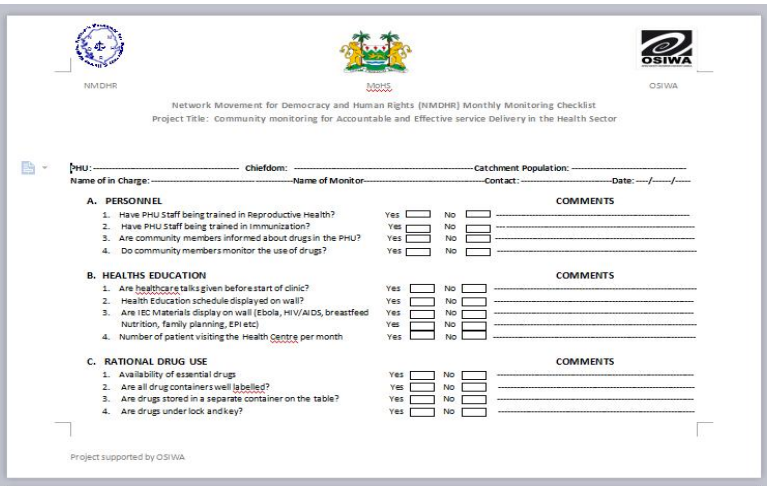
Abdul Karim Habib

Programs Manager.

I..... Accept/Decline this Job offer from Network Movement for Democracy and Human Rights(NMDHR) on ..... 2016.

Sign.....

Annex 7(Seven) Copy of Monitoring Checklist/ Tool



NMDHR MoHS OSIWA

Network Movement for Democracy and Human Rights (NMDHR) Monthly Monitoring Checklist
Project Title: Community monitoring for Accountable and Effective service Delivery in the Health Sector

PHU: ---------- Chiefdom: ---------- Catchment Population: ----------
Name of in Charge: ---------- Name of Monitor ---------- Contact: ---------- Date: ----/------/-----

A. PERSONNEL — COMMENTS

1. Have PHU Staff being trained in Reproductive Health? Yes ☐ No ☐ ----------
2. Have PHU Staff being trained in immunization? Yes ☐ No ☐ ----------
3. Are community members informed about drugs in the PHU? Yes ☐ No ☐ ----------
4. Do community members monitor the use of drugs? Yes ☐ No ☐ ----------

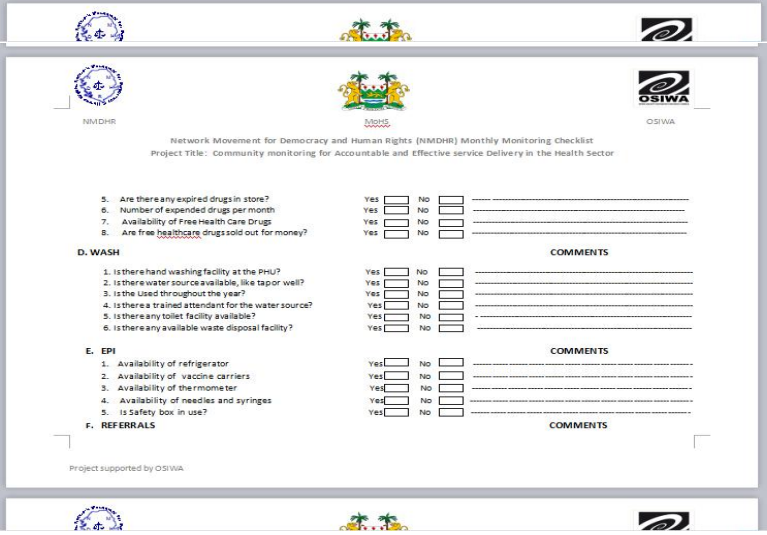
B. HEALTHS EDUCATION — COMMENTS

1. Are healthcare talks given before start of clinic? Yes ☐ No ☐ ----------
2. Health Education schedule displayed on wall? Yes ☐ No ☐ ----------
3. Are IEC Materials display on wall (Ebola, HIV/AIDS, breastfeed Nutrition, family planning, EPI etc) Yes ☐ No ☐ ----------
4. Number of patient visiting the Health Centre per month Yes ☐ No ☐ ----------

C. RATIONAL DRUG USE — COMMENTS

1. Availability of essential drugs Yes ☐ No ☐ ----------
2. Are all drug containers well labelled? Yes ☐ No ☐ ----------
3. Are drugs stored in a separate container on the table? Yes ☐ No ☐ ----------
4. Are drugs under lock and key? Yes ☐ No ☐ ----------

Project supported by OSIWA



NMDHR MoHS OSIWA

Network Movement for Democracy and Human Rights (NMDHR) Monthly Monitoring Checklist
Project Title: Community monitoring for Accountable and Effective service Delivery in the Health Sector

5. Are there any expired drugs in store? Yes ☐ No ☐ ----------
6. Number of expended drugs per month Yes ☐ No ☐ ----------
7. Availability of Free Health Care Drugs Yes ☐ No ☐ ----------
8. Are free healthcare drugs sold out for money? Yes ☐ No ☐ ----------

D. WASH — COMMENTS

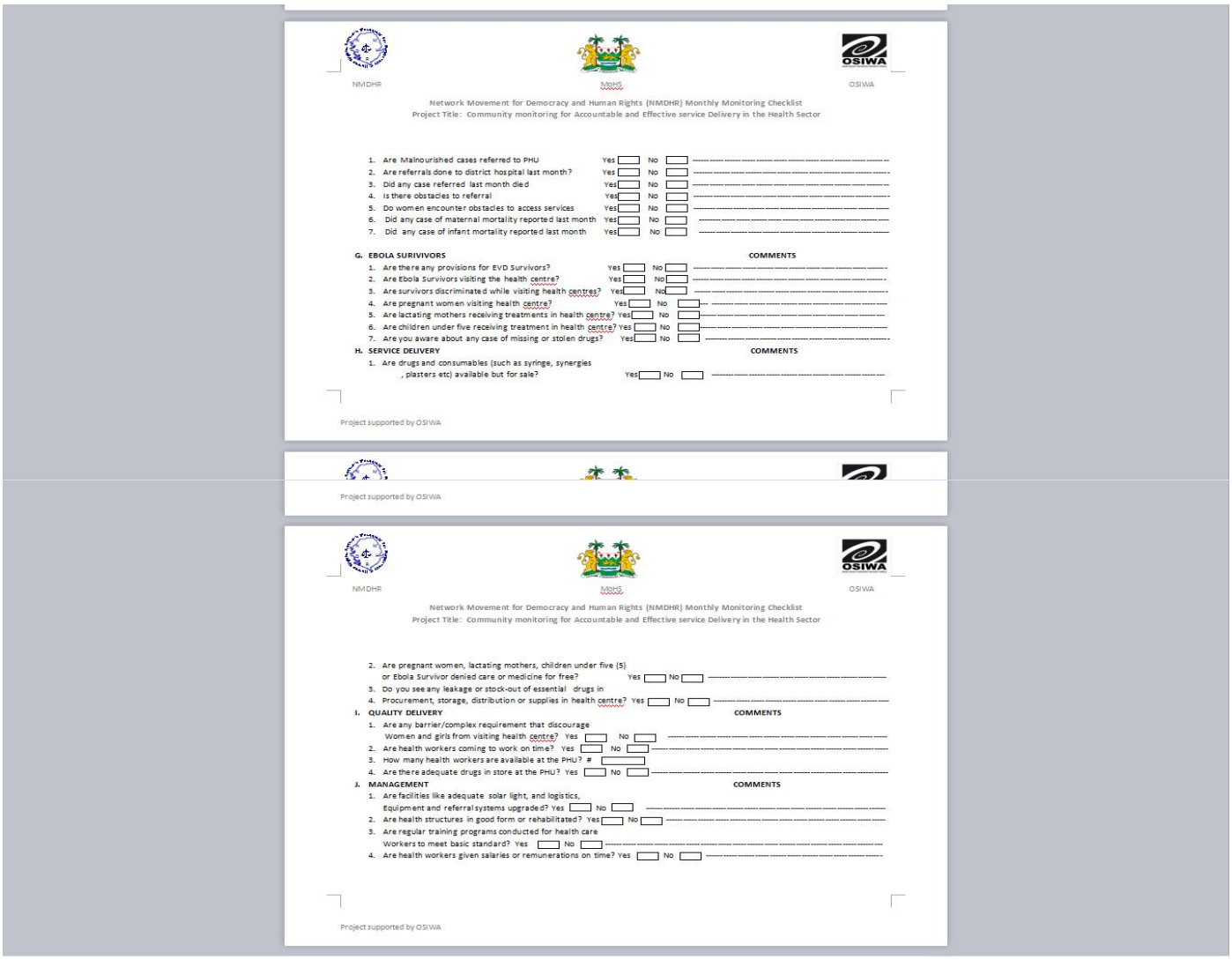
1. Is there hand washing facility at the PHU? Yes ☐ No ☐ ----------
2. Is there water source available, like tap or well? Yes ☐ No ☐ ----------
3. Is the Used throughout the year? Yes ☐ No ☐ ----------
4. Is there a trained attendant for the water source? Yes ☐ No ☐ ----------
5. Is there any toilet facility available? Yes ☐ No ☐ ----------
6. Is there any available waste disposal facility? Yes ☐ No ☐ ----------

E. EPI — COMMENTS

1. Availability of refrigerator Yes ☐ No ☐ ----------
2. Availability of vaccine carriers Yes ☐ No ☐ ----------
3. Availability of thermometer Yes ☐ No ☐ ----------
4. Availability of needles and syringes Yes ☐ No ☐ ----------
5. Is Safety box in use? Yes ☐ No ☐ ----------

F. REFERRALS — COMMENTS

Project supported by OSIWA



NMDHR MoHS OSIWA

Network Movement for Democracy and Human Rights (NMDHR) Monthly Monitoring Checklist
Project Title: Community monitoring for Accountable and Effective service Delivery in the Health Sector

1. Are Malnourished cases referred to PHU Yes ☐ No ☐ ----------
2. Are referrals done to district hospital last month? Yes ☐ No ☐ ----------
3. Did any case referred last month died Yes ☐ No ☐ ----------
4. Is there obstacles to referral Yes ☐ No ☐ ----------
5. Do women encounter obstacles to access services Yes ☐ No ☐ ----------
6. Did any case of maternal mortality reported last month Yes ☐ No ☐ ----------
7. Did any case of infant mortality reported last month Yes ☐ No ☐ ----------

G. EBOLA SURIVIVORS **COMMENTS**

1. Are there any provisions for EVD Survivors? Yes ☐ No ☐ ----------
2. Are Ebola Survivors visiting the health centre? Yes ☐ No ☐ ----------
3. Are survivors discriminated while visiting health centres? Yes ☐ No ☐ ----------
4. Are pregnant women visiting health centre? Yes ☐ No ☐ ----------
5. Are lactating mothers receiving treatments in health centre? Yes ☐ No ☐ ----------
6. Are children under five receiving treatment in health centre? Yes ☐ No ☐ ----------
7. Are you aware about any case of missing or stolen drugs? Yes ☐ No ☐ ----------

H. SERVICE DELIVERY **COMMENTS**

1. Are drugs and consumables (such as syringe, synergies , plasters etc) available but for sale? Yes ☐ No ☐ ----------

Project supported by OSIWA

NMDHR MoHS OSIWA

Network Movement for Democracy and Human Rights (NMDHR) Monthly Monitoring Checklist
Project Title: Community monitoring for Accountable and Effective service Delivery in the Health Sector

2. Are pregnant women, lactating mothers, children under five (5) or Ebola Survivor denied care or medicine for free? Yes ☐ No ☐ ----------
3. Do you see any leakage or stock-out of essential drugs in
4. Procurement, storage, distribution or supplies in health centre? Yes ☐ No ☐ ----------

I. QUALITY DELIVERY **COMMENTS**

1. Are any barrier/complex requirement that discourage Women and girls from visiting health centre? Yes ☐ No ☐ ----------
2. Are health workers coming to work on time? Yes ☐ No ☐ ----------
3. How many health workers are available at the PHU? # ☐
4. Are there adequate drugs in store at the PHU? Yes ☐ No ☐ ----------

J. MANAGEMENT **COMMENTS**

1. Are facilities like adequate solar light, and logistics, Equipment and referral systems upgraded? Yes ☐ No ☐ ----------
2. Are health structures in good form or rehabilitated? Yes ☐ No ☐ ----------
3. Are regular training programs conducted for health care Workers to meet basic standard? Yes ☐ No ☐ ----------
4. Are health workers given salaries or remunerations on time? Yes ☐ No ☐ ----------

Project supported by OSIWA

Copy of Checklist(NMDHR's M & E officer)

Annex 8(eight) TOR for Community Monitors

Network Movement For Democracy & Human Rights

148 Circular Road Freetown 87 Pendembu Road Kailahun District

Tel: +23276698279/+23276410137/+23277/543865

Our Ref……

Your Ref: ……

Contract No: ……..

Date: ……

Job Location: ……

Project Title: ***"Community Monitoring for Accountable and Effective Service Delivery in the Health Sector"*** **(Ref.G03027 covering** four Chiefdoms in Kailahun District **which** includes Luawa, Kissi Tongi, Kissi Teng and Kissi Kama respectively..

CONTRACT OF EMPLOYMENT AS COMMUNITY MONITOR TO PERIHHERAL HEALTH UNIT

NAME…….
Date of Birth:……..Place of Birth……..

I am pleased to offer you a contract of employment as a community monitor in the ……Chiefdom, Kailahun District for a period of …….. Months with effect ……20……..but with renewal after every three months base on performance in your job and your desire to continue working with us. NMDHR is an equal opportunity employer who offers the best working space to its staffs and volunteers without prejudice or sentiment. We value individuals who are determined to protect the rights of women, youth and children and promote good governance so that development can take place.

DURATION OF YOUR EMPLOYMENT

The duration of your employment is for one year six months starting from the …….. 20…… to……..including weekends and in accordance with the exigencies of the monitoring process at your PHU.

DUTIES: Your duties as a community monitor at the PHU include the following but not limited to:

- Report directly to the M & E Officer who is in charge of supervising your team or work
- Identify yourself and explain the purpose of your work in a polite and tactful way to the workers at your PHU thereby obtaining their willingness to corporate.
- Complete the M & E form filling every sections as appropriate at your PHU
- Record all relevant information that are related to the Free Health care Drugs and methods of administration at the PHU where you are located
- Ask question (necessary for the completion of the Monitoring Form Only), respond to sensitive situations with a sense of professionalism and intelligence

- Make all the entries on the monitoring form personally. No unauthorized person(s) should fill in any part of the form.
- Return all Monitoring forms, whether used, spoil or unused, and other returnable materials to your M & E officer/supervisor. Remember they shall be used for inspection by our Donors.
- Maintain good working relationship with the health workers

GENERAL PROVISIONS

Your Monthly stipend will be one hundred and seventy five thousand leones(175,000)

CODE OF CONDUCT

- Exhibite maturity and sense of responsibility in the discharge of your duties
- Information obtained is confidential and will only be used to compile reports on a general bases for the free health care initiative. You are not permitted to disclose it to anyone who is not authorized officer, nor should you leave it where others may have access to it
- Maintain good relationship with the community your are working
- At all time wear your work cloth,dress neat and presentable with NMDHR'S ID CARD to show that you work for us.

NOTE: If you are in agreement with the terms of this contract,please sign and return this letter to the M & E Officer NMDHR's Office

Yours faithfully,

Abdul Karim Habib

Programs Manager.

I..... Accept/Decline this Job offer from Network Movement for Democracy and Human Rights(NMDHR) on ..... 2016.

Sign.....…

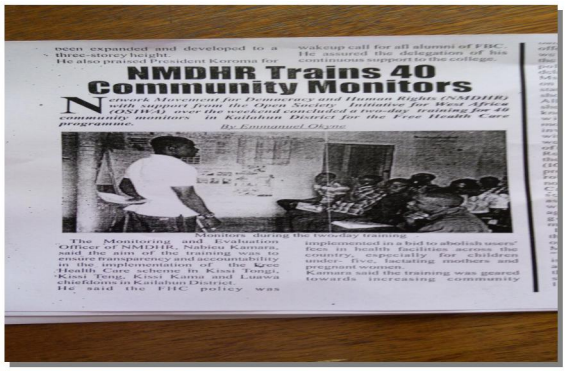
With support from OSIWA

Annex 9(Nine) Photos and Copy Of Press Release-Community Out Sessions

Outreach

Outreach session at Kangama (Kissi Tongi Chiefdom; Kailahun District)-Session of stakeholders

Outreach Session Kissi Tongi- Locals



NMDHR Trains 40 Community Monitors

OSIWA Supports NMDHR to Monitor FHC in Kailahun

Publication (Awareness Times paper)

Poor Road Network Hinders Health Service Delivery in Kailahun

WHO Reports Strong Progress in Fighting Malaria

With Proliferation of Small Arms, Absence of War Does Not Equal Peace

Community Stakeholders Trained on FHC Monitoring

Project beneficiaries in Kissi Tongi Chiefdom

Community stakeholders witnessing community outreach sessions at Kangama

Community outreach sessions


Community Monitors
AFTER TRAINING
OSIWA
with support from Open Society Initiative for West Africa (OSIWA)


Radio Discussion
session

Community monitors training facilitation

RADIO PANELIST SHEET ON THE PROJECT: COMMUNITY MONITORING FOR ACCOUNTABLE AND EFFECTIVE SERVICE DELIVERY IN THE HEALTH SECTOR IN FOUR (4) CHIEFDOMS IN KAILAHUN DISTRICT

Date	Topic	Panelists	Radio station
24/11/2016	Provisions of The FHC	1. MelvinShaty-Assistant Project Officer-NMDHR 2. Abdul K. Habib-Project Manager-NMDHR 3. Nabieu Kamara-NMDHR 4. Sahr Kemon- CSO	SierraLeone Broacasting Corporation (SLBC)
1/12/2016	Health Education	1.DHMTKailahun -Rep 2. Sia Ganawa-CHO Kailahun 3. Melvin Sharty-NMDHR 4.Nabieu Kamara-NMDHR	SierraLeone Broacasting Corporation (SLBC)
14/12/2016	Who Should Monitor the free Health Care?	1.Mr. Abdul K. Habib-NMDHR 2.Melvin Sharty-NMDHR 3.Maguana Kallon-NMDHR	Sierra Leone Broacasting Corporation (SLBC)
21/12/2016	The Right to Quality Health Care Services	1. Mr.Nabieu Kamara-NMDHR 2. Mr. Abdul K. Habib-NMDHR 3. Mr. Melvin Sharty-NMDHR	RADIO MOA-Kailahun
4/01/2017	Social Accountability in the FHC	1. Sia Ganawa-CHO 2. Mr. Melvin Sharty-NMDHR 3. Maguana Kallon-NMDHR	RADIO MOA
		2. Mr. Melvin Sharty-NMDHR 3. Mr.Nabieu Kamara	
19/02/2017	Cost Recovery and Free Healthcare Drugs		
	Why Monitoring the FHC System	Mr. Abdul K. Habib Mr. Melvin Sharty	RADIO MOA
	How are The Beneficiaries of the FHC system	Mr. Nabieu Kamara Mr. Maguana Kallon	RADIO MOA

(More information will be provided upon request)