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. 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.

This learning and progress report covers the second phase of the Project implementation (June 30th to November 30th 2017) with the general objective to increase citizens access to improved healthcare services through increasing community participation in local governance, accountability, empowerment and awareness raising initiative.

However, during the first phase (November 10th to May 31st 2017) of the project implementation, we shared and reported on some major successes including;

- Held 4 stakeholder's consultative meetings,
- One Formal launched of project,
- Training organized for 40 Community Monitors and being deployed across PHUs
- Developed 200 copies of Baseline Report Booklets
- 24 Community radio programs held within project scope.

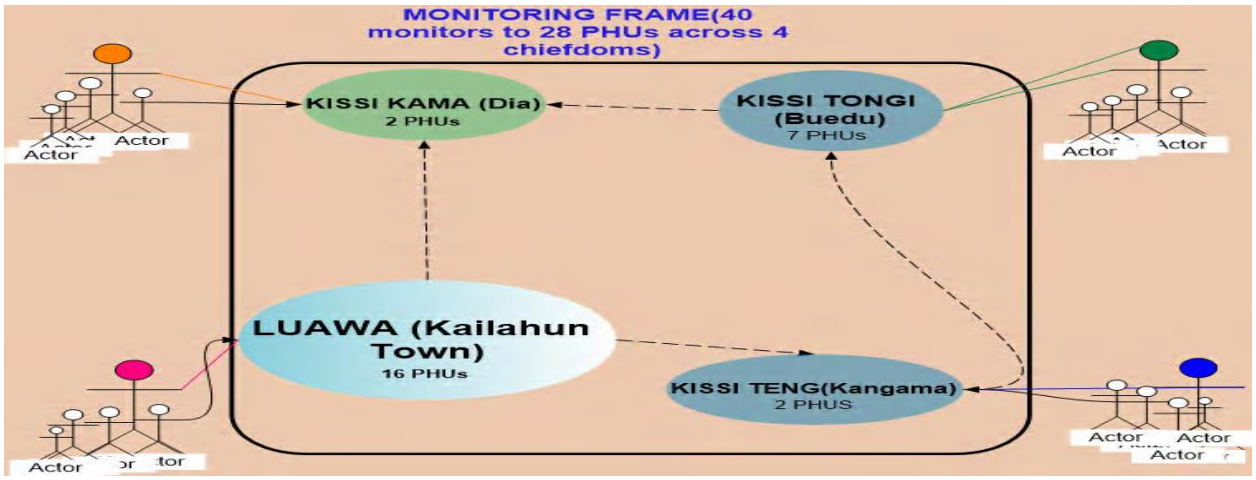
For the period under review for which this report is being compiled (6th September 2017- 7th January 2018), we have conducted the following activities including;

- Formal Launch of Baseline Assessment Reports within four chiefdoms
- Distribution of Report Booklets
- Hiring of Local Artists for Community Outreach Session
- Conducting of 16 Community Radio Programs/Phone-Ins Show:

The Project Team work significantly to addressing the challenge of excluding citizens from benefiting from the free health care services especially women and teenage girls. Our team connected 4 independent monitoring teams aggregated to about 28 PHUs across project communities. These monitors are now monitoring every PHU within their chiefdoms.

The purpose for seeking local communities participation in the process was to ensure that some of the barriers that stood in the way of thousands of people to the full realization of the objective of the policy are removed, thereby giving the poor people free access to good quality health care services; allowing their vibrant young people to monitor the process within the remote corner of project communities.

This diagram illustrates local communities' participation (the Strategic Placement of Monitors at PHUs in their communities.)



Achieving accountability was one of our major goals to ensure policies are being implemented, the numbers of people (pregnant women, lactating mothers, children under 5s) visiting the clinics had increased significantly and the quality of services (drugs supplies, treatment, delivery) delivered to the people also increased.

The table below illustrates FHC Services at Luawa, Kissi Teng, Kissi Tongi & Kissi Kama respectively from June to December 2017.

Medical Supplies	Kissi Tongi	Kissi Teng	Kissi Kama	Luawa
Infant Mortality	003	003	003	003
Referrals	000	008	000	001
Patient attended PHUs	00	015	00	00
	0800	0315	0305	0984

Ultimately, we saw significant reduction in infant, under-5 and maternal deaths in the project communities. Our innovative radio programs built and generated interest and public debates around the free health care system reaching about thousand people.

Pregnant women and girls who continued to face serious challenge to accessing drugs and medical care previously in project communities, are now freely accessing services that are crucial to ensure safe pregnancy and childbirth at respective Peripheral Health Units (PHUs).

Over the last one year, our project team has introduced innovative community action initiatives including effective monitoring steps (Me to Me Text Messaging) to increase monitoring, women's access to health services, improve accountability and delivery in project locations.

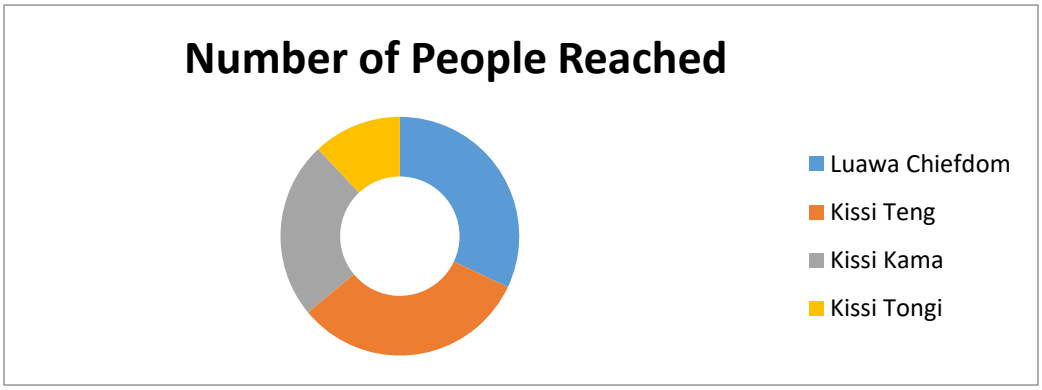
To achieving those milestones specifically within four project chiefdoms, three specific/major activities were implemented including but not limited to;

- Official Launching of NMDHR's Baseline Survey Reports. Please click here to view full report
- Community Outreach Sessions (Local artists educated their communities through songs, dialogues on FCHI policies) click here to watch clips of the session
- Radio Discussion Programs; please click here to view/access Radio Program Plan and topics discussed for the period under review.

About 500 Community people reached through our Health Education Awareness: The sensitization was done by hiring two local artists together with 40 community monitors within the project chiefdoms in who raised awareness about the free healthcare beneficiaries and rights to care. The local artists communicated to their communities in Mende and Kissi, the artist targeted strategic places such as

market, hospital and center part of towns. Through this activity, approximately, 500 community people were reached including women, youth and children.

The diagram illustrates number of people reached per chiefdoms



LUAWA	KISSI TENG	KISSI KAMA	KISSI TONGI
32%	32%	24%	12%

The objective of the outreach was to engage beneficiaries of the free healthcare initiative (FHCI) to keep them aware of the fact that the free health care is purposely in existence for them and they must make sure they utilize the facility and they also encourage pregnant women and lactating mother to serves as agent of change if they are to achieve greatly in the reduction or eradication of maternal and child mortality in that part of the country.

They further emphasized that the Ebola survivors and people with disability have also being included in target beneficiaries of the free healthcare initiative (FHCI) considering the fact that Ebola survivors do sometimes face with health complications and that is the ultimate reason why they have being included and they must adhere to that positively equally for the people with disability.

Image shows local artists during outreach sessions

- Launching of Baseline Assessment Reports:

  One of the major activities that worked out well was the formal launch of NMDHR's baseline reports within the four project locations; Luawa, Kissi Tongi, Kissi Teng, and Kama in Kailahun District: This event for the first time in project communities inspired hope and open room for more debate around the FHCI after key findings in the reports were shared with project communities.

  Image shows sharing of Baseline Booklets to Stakeholders

The report findings were launched and shared with cross section of healthcare personnel at the District Health Management Team (DHMT), Councilors, Paramount Chief Representatives, Section Chiefs and Social Mobilizers, World Health Organization (WHO) Representative and Members of the Civil Societies within the scope of the project. Key findings of the reports were designed in simple flyers, translated into Mende and Kissi and a good translator was selected during the lunching to explain clearly important findings in the reports.

A total of 25 copies of base line reports (5 copies for each chiefdoms) were distributed and supplied reaching Paramount chiefs, the DHMT, CSOs, school authorities and Chiefdom Development Committee members. After sharing of the report's findings, lot of recommendations came out, some attendees were surprised on the outcome while others were ready to embrace it and move forward to sharing the findings with their communities.

The diagram illustrates Baseline Survey Booklets Distribution as per chiefdom

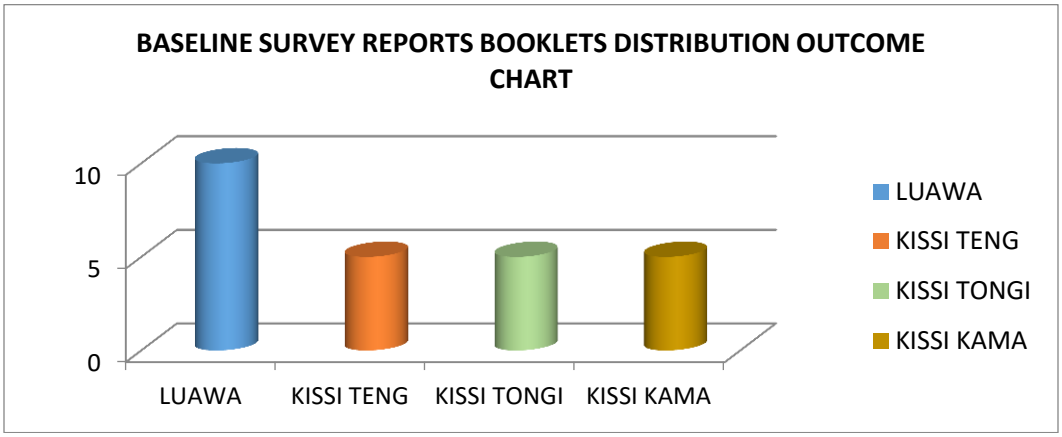


Table shows baseline report booklets distribution as per chiefdoms

LUAWA	KISSI TENG	KISSI TONGI	KISSI KAMA	TOTAL
10	05	05	05	025

However, we decided to compile and record significant contributions made by attendees during the baseline reports launching;

Sister Sylvia Khobbie;
Senior Nurse in charge (Sister)

"I want to specially say a thank you to OSIWA that funded the Network Movement for Democracy and Human Rights (NMDHR) to conduct this study. It represents a true voice of our local people in such a critical sector in the country. The health sector is very important which needs quality Partners with pro efficient track records that will add value to the implementation of National health policies in the district."

Morlai Kamara;
Monitoring and Evaluation Manager; DHMT Kailahun

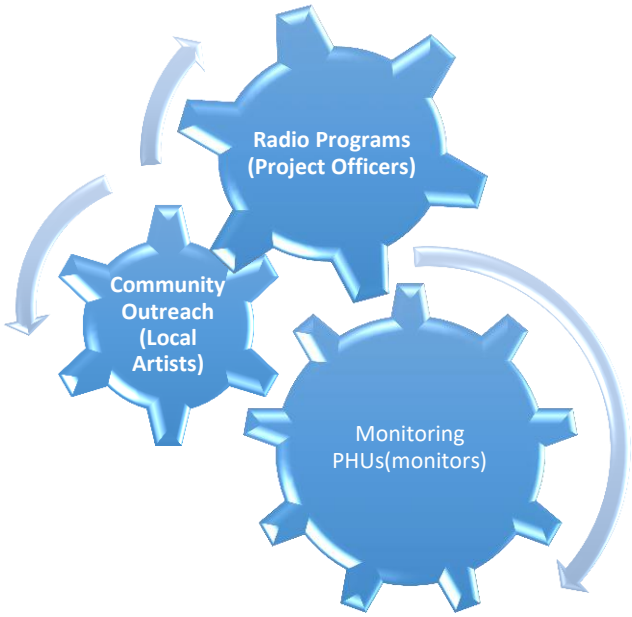
I will ensure that the M & E unit work with the your community monitors at the PHUs across the four chiefdoms to ensure that they have access to information that will give them required and appropriate result they would want in the future. I want everybody to know that there are numerous challenges in the implementation of the free healthcare within the chiefdoms with drugs becoming expired due to late arrival of drugs to the district but with the support OSIWA gives to NMDHR to implement this project I think we have started to see some improvements lately.

Adekalie Bangura;

> "One of the key project objectives to launch this report in your community among other things is to provide a base line information on the quality of public service in the health sector in Kailahun District so that everyone would become aware."

2. What worked well?

At the center of our work in project communities, are three major activities in progress to complement each other for desire outcome. The gear spins from bottom where Community Based Monitors engaged in weekly follow-up of activities at their respective placement at PHUs to measure progress, record, observe and interview patients-In extreme cases; they intervened to settle disputes between patients and caregivers. The provided key data concerning how services are rode out at PHUs to Project Officers who in turn compiled and used data to inform communities, developed radio discussion topics related to issues folding up at PHUs and designed advocacy messages for hired local artists to craft songs related to key issues around the free healthcare. These interventions proved successful and effective because there is consistency and a flow of information in terms of monitoring, advocacy, and participation among key actors working on project.



However, project team was able to actually track deliverables that turned out well and we are proud to share with OSIWA. They included the following;

- Lunching of Baseline Survey Report and Booklet Distribution worked out well: We have achieved an increased awareness of community people about transparency and accountability related issues.

- Collected more than 50 Monitoring Checklists from monitors: Benchmark data available to project team for effective monitoring at the 28 PHUs.

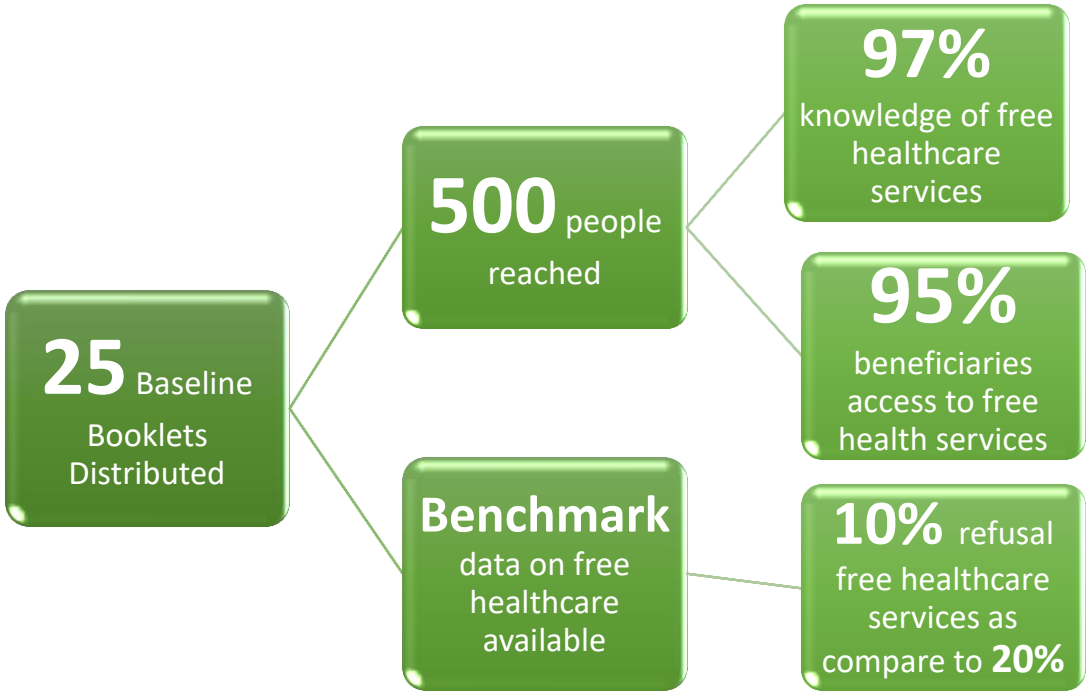
- About 500 people mobilized and engaged through our innovative community outreached sessions.

- 95% increased access to free health services by pregnant women, lactating mothers and under 5s in the targeted communities as compare to 87.2% in NMDHR's Baseline Survey Reports 2017 page 19

- 97% increased knowledge of service provided as compare to 90% in our baseline survey reports 2017 page 17

- 10% of beneficiaries are refused treatment or asked to pay user fee as compare to 20% previously in Baseline Survey Report Page 21.

The diagram below illustrates project impacts



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 period under review, we have learnt significant lessons and takeaways from a broad spectrum of interventions. Looking back at our initial assumptions and theory of change encapsulated in the M & E plan, going forward we will integrate these lessons to scale up our intervention. Below are few takeaways

Change to the Organization

The need for capacity building for staffs and volunteers have always been top priority for NMDHR; keeping them in touch with recent development. Recently, one of our staffs returned from United States after participating in the Community Solutions Program for half a year. He's now an asset to the organization. Going forward this year, NMDHR's Program's Manager will be participating in a Leadership Development Program in the United State. Our organization has received young and proactive volunteers, and interns who are working in project communities to increase local participation in our programs.

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 contacted were with the belief that the free healthcare 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 came from teamwork and partnership landed us to achieving most of project objectives. For the period under review,

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 emphasizing 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

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?

Most of our assumptions didn't change; A good number 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 pose 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.

Monitors failed to handle monitoring checklist effectively:
This was our initial assumption but it turnout positive (change) because a consultant was hired to effectively trained monitors. 80% of monthly checklists were in good order while 20% were erroneous or damage

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 our monitors at PHUs reported that they were receptive and welcoming.

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.

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 throughout project implementation and has helped us greatly to be effective and resourceful in managing project funds and resources.
- Using Technology is effective to reaching more people

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:

NMDHR is intending to put more effort on the community outreach

Keeping 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

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

In reaching the project communities, we realized that beneficiaries perception are key to our work; after series of community engagement and through consultative meetings and training during the first quarter of the project implementation unto now, 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. .

Below are few of recorded perception capture by monitors;

Baimba Sheriff; Local Community Chairman; Kailahun town

> "There is no culture of accountability here. Health is not considered a Human Right therefore, no one complains and don't know where to complain but thanks to OSIWA for supporting this project. Now I am seeing our young people coming to the PHUs to ask questions. I think it is a good step in the right direction. I hope NMDHR will continue with this project in our community."

Brima Sellu; Dia

> "I have problems but it's now even getting better; Drugs are sometimes available at the PHU here for pregnant women but our wives don't receive enough medication until you buy before you get adequate treatment. You ask, I think OSIWA is doing a great job supporting NMDHR in Kailahun District to monitor the healthcare. My worry is how sustainable this is going to be."

"Before this time, nurses would shot at you when you ask about free treatment but now they talk to patient hospitably especially when monitors are around. I would want the monitors to keep coming to the PHU in the future."

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?

   Basically, challenges are part of human efforts that provide opportunity for learning and readjustment. As a team, working in rural communities always posed challenge due to the following factors;

   - 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 are still encountering 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 (Me to Me Text Messaging) wherein all community monitors anonymously 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.

- Delay in reimbursing funds: Receiving funding late to carryout project activities also posed significant challenge to project team. For instance, we submitted progressing reports in March 2017 and it was late September 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 2nd phase of 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
- Change of Government :

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?

- As a team, NMDHR look forward to expanding on the scope of the project with OSIWA building on the impacts we have achieved; we want to see a situation where people are discussing publicly about the health systems in project communities and are bold to **report grievances and complain to a set up committee of paralegal**s that would be in charge to dialogue and educate their communities about local act laws, enactments governing healthcare in Sierra Leone.

- Going forward, the new initiative will establish A **Health Governance Justice System Mechanism (HGJSM)** which will **build on the successes that the Network Movement for Democracy and Human Rights (NMDHR) has gained from the implementation of previous project in the proposed project locations.**

- NMDR would like to flag in 19th September 2017 Press Statement for Immediate Release where we called on Government of Sierra Leone to remedy the situations that lead to seat down strike by Community Health Officers (CHOs) in Kailahun District. A week later, the government was able to look into the concern of CHOs to resume work after NMDHR's Press Statement raised public concern over the unprecedented strike government and authorities concern immediately took action. To read press release please see link here

ANNEX

1. Baseline Report Booklet PDF link click here
2. NMDHR's Press Release, please click here to view
3. Radio Activity Plan click here
4. Monitoring Plan click here
5. Baseline Reports Launching Attendance List click here
6. Please click here to view Gallery
7. Please click here for highlights of Community Outreach video