APPLICATION FOR AN OSIWA GRANT

Please use this template to guide your proposal creation which must be based on the following guidelines. Proposals should not exceed 20 single-spaced pages (excluding appendices). Additional details on how to prepare a proposal are available on the OSIWA website http://www.osiwa.org/grants.

Section 1: Project Background

Project Title: Community monitoring for Accoutable and Effective service Delivery in the Health Sector

OSIWA Thematic Issues (Please mark the relevant one(s) for your project with "x"):

X Economic governance and advancement	Drug Policy	Human rights and democratic practice
Justice reform and rule of law	Journalism, information and digital rights	

Project Geographic Location: Kailahun District (Kissi Teng, Kissi Kama, Kissi Tongi and Luawa chiefdoms) Sierra Leone.

Organization Name: Network Movement for Democracy and Human Rights (NMDHR)

Organization Head: James Matthew

Project Duration: One Year six Months (18 Months)

Amount Requested: One hundred and twenty five *thousand, six hundred United States Dollars* **($125,600)**

Date of preparation of the project proposal: March 2016

PROJECT SUMMARY:
Provide a brief summary of your project (no more than one page)

The Government of Sierra Leone has made laws and policies that are aimed at increasing access of the poor to good quality healthcare services. The free healthcare policy targets children under-5, lactating mothers and pregnant women across the country. Despite the implementation of this policy, the benefits to the poor are still marginal because of a number of reasons that includes barriers in information and communication strategy of the Ministry of Health and Sanitation, weak supervision and monitoring systems, corruption, citizens' apathy and citizens' low knowledge of the provisions of the policy and of their rights. This project would, therefore focus on sensitizing and educating citizens in the proposed project communities on the free healthcare system, organizing and mobilizing them into independent monitoring groups, training the groups on how to monitor and report on public services in the health sector that are delivered to their communities. This engagement is aimed at improving the quality of public services in the health sector and ensuring that citizens hold duty holders to account for their actions and inactions or inertia through increased citizens' active participation in the public service delivery pipe in their communities.

References :
http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_sle_en.pdf
http://mysierraleoneonline.com/sl_portal/site/news/detail/2485
http://www.mamaye.org.sl/en/blog/safe-clinic-conference-ends-freetown-new-un-report-estimates-sierra-leone-remains-country
https://www.healthpovertyaction.org/wp-content/uploads/downloads/2012/07/SierraLeoneFHIbriefingweb12.pdf
http://www.thisissierraleone.com/ernest-bai-koroma-the-free-health-care-initiative-is-making-a-difference-in-sierra-leone/

PROBLEM / ISSUE /CHALLENGES DEFINITION:

What specific problem are you trying to solve, where, and why. How do you plan on moving towards a solution or contributing to a collective movement towards a solution?

The Millennium Development Goal 5 (*Infant mortality*) seeks to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate, whilst target 6a of the MDG 6 (*Improve maternal health*) seeks to reduce by three-quarters the maternal mortality rate by 2015. The MDG initiative was a welcome step for Sierra Leone, a country that has one of the worst social indicators in the world with under-five mortality rate standing at 140 per 1000 live births, infant mortality at 89 deaths per 1000 live births and maternal mortality at 1,300 per 100,000 live births[1].

It was against this background and also against the global collective efforts to improve citizens' access to good quality healthcare systems around the world that the Government of Sierra Leone introduced the free healthcare initiative for under-five children, lactating mothers and pregnant women in April 2010. The free healthcare initiative seeks to abolish user fees in Government hospitals, clinics and Peripheral Health Units (PHUs) across the country. This also ebola survivors. After extensive reflection and critical analysis of the health situation in the country, the Government came to the realization that user fees could stand in the way of millions of Sierra Leoneans to access quality healthcare facilities. Therefore, in order to improve citizens' access, particularly those in low income bracket, to quality healthcare systems and in order to encourage citizens to go to hospitals and clinics to seek medical attention, user fees must be abolished.

There have been some improvements in the health sector as a result of the introduction of the free healthcare initiative, though, but a lot of challenges are still inhibiting the full realization of the intended objectives. In Government hospitals, clinics and PHUs, health workers continue to demand payment for services that they render to children under-five, lactating mothers and pregnant women despite the abolition of user fees by the government. Corruption is also very rife in the health sector: cost recovery drugs are often misappropriated by storekeepers and pharmacists, drugs leaving the medical stores in Freetown often end up in private pharmacies that are main owned by practising octuors who also use hospital facilities for the treatment of their private patients[2]. Sometimes, parents go to the clinics and PHUs with their sick children only to be told that there are no free drugs available. But no sooner they pay, their children will be treated. So the use of "no drugs" is only a ploy to force parents to pay for the treatment of their children.

There are several factors responsible for this state of affairs. The free healthcare initiative was introduced in haste. At the time it was introduced, the Government had not put adequate mechanisms in place to make it work fully for the intended beneficiaries. There was not enough time and resources to effectively disseminate the information about the policy to the targeted beneficiaries and to strengthen their capacity so that they would be part of the implementation and monitoring process. Civil society organizations were also not fully engaged in the process of educating the masses, even though the government did not have enough capacity to adequately cover the entire country with its messages.

The overarching problem that the project is seeking to address is the low/non-participation of citizens, particularly in remote communities, in the management and utilization of the services that the free healthcare policy covers. This could be as a result of one or all of the factors above. As a result of citizens' non-participation, many intended beneficiaries do not know much about provisions of the policy and the processes associated with it, thereby making them less confident and less assertive in demanding their due. Supervision and internal control systems in Government MDAs are weak and poorly equipped. These challenges are denying hundreds of thousands of Sierra Leoneans of their rights to good quality healthcare services resulting in poverty, illiteracy, under-development, poor governance and human rights abuses.

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[1] *Report of the status of the MDGs in Sierra Leone presented by Mrs Hawa Musa, Head of Social Services Unit (Senior Planning Officer), Ministry of Finance and Economic Planning, at a civil society retreat held in Bo on 24-16 May 2010*

[2] *Towards a better healthcare delivery system: Systems review report of the Anti-Corruption Commission*

PROJECT CONTEXT

There has been unprecedented international focus in recent years on improving the social indicators In the health sector of developing countries like Sierra Leone. This is coming against the backdrop of the belief of world leaders that even though the MDGs have helped to save the lives of millions of men, women and children, as well as lifting millions of people out of poverty[3], the targets that they set to achieve by 2015 will not be met. As a result, the focus is now on the Post-2015. All over the world today, governments, civil society, religious organizations and other stakeholders are working collaboratively to position themselves enough to address the factors that served as barriers to the full realization of the MDGs after 2015.

In doing so, conscious efforts must be made to identify the gaps that stifled global efforts to achieve the MDGs. As a member of the global village, Sierra Leone has also been working very hard to improve the lives of its citizens, particularly the poor and vulnerable. These efforts saw the making of policies and laws that are aimed at increasing access of citizens to good quality free healthcare system. The making of this policy was deliberate, targeting mainly poor people whose earnings are not enough to afford them good quality public services such as healthcare and education. The Government identified user fees in the health sector as a key barrier to many people across the country to go to public hospitals and clinics to seek medical attention. This resulted in high death rates of infants, children and women. It was as a result of this that the Government introduced the Free Healthcare System to address these challenges.

Since it was introduced, the policy has contributed towards saving the lives of many, mainly children and women, across the country. But recent studies by the Anti-Corruption Commission, civil society groups and the Ministry of Finance and Economic Development show that the implementation of the policy is fraught with numerous problems that are believed to be responsible for the non-realization of the objectives of the policy, thereby denying citizens access to essential public services. The problems associated with the implementation of the policy are many including corruption, weak supervisory and monitoring systems, poor information dissemination and poor state infrastructure like road network and internet connectivity.

However, the focus of this project will be on increasing the participation of beneficiary communities in all aspects of the delivery and utilization of public services in the health sector in their respective communities. The non-participation of the people in the entire process is the core factor that is responsible for the many challenges that inhibit citizens from realizing the full benefits of the free healthcare policy. Without citizens involvement in the process, there is room for corruption whereby hospital workers will collude with the community teams that are set up to defraud the people; medicines that are supposed to be supplied to needy people free of costs are sold out to them. In the final analysis, the purpose for which the policy was established is defeated.

The non-involvement of community beneficiaries can be attributed to the low knowledge of these communities of the free healthcare policy and their rights as citizens to health and education. The publicity and education mechanisms that the Government set up to popularize the policy were not effective and sustained enough to reach out to all remote communities of the country. Most of the work was done in urban centres. This is because the Government did not have the capability in terms of personnel, resources and time to undertake this work all by itself effectively and adequately, and at the same time it failed to delegate some of this responsibility to civil society groups and other partners. Because of this lack of knowledge, even the most vibrant communities are not confident enough to ask questions, demand explanations from hospital/clinic workers or resist paying for drugs that they know they are meant to be given to them free of costs. In addition to the lack of

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[3] *"The World We Want - Beyond 2015": A Toolkit for National Deliberations*

knowledge, these communities are not organized.
References :
http://news.sl/drwebsite/exec/view.cgi?archive=9&num=22928
http://www.anticorruption.gov.sl/all_news.php?p=0&pn=News&nt=News

RATIONALE/JUSTIFICATION

This section focuses on discussing the justification of this project and should respond to questions such as why this project is important. Why should your specific organization provide this solution and how does this project relate to OSIWA and its objectives and/or why should OSIWA support this project? What is your contribution to addressing the challenges, gaps and problems identified, what is your contribution using this project to the building of Open Societies? What evidence do you have that these problems are pressing? How do the organization's objectives relate to OSIWA's grant making strategies/priorities? What makes the project unique, catalytic and innovative?

We consider the project to be not only important, but also relevant and timely. This is because the project is seeking to address issues that have direct correlation with the poor whose Rights to good quality healthcare system have been denied for a very long time. It also seeks to address a cardinal principle of good governance, which is citizens' participation in the processes of making decisions that affect them.

The Government and its development partners are spending huge sums of money to improve the health sector, but these sums of money are not truly reflective of the health situation in the country today. This calls for concern because the health sector is critical to the overall development and growth of the country. It is an undisputable fact that the Government's budgetary allocation to the health sector is still very little, but if that little allocation is used judiciously and not misappropriated as it is happening now, the health situation in the country will have been better than what we have today. There is abundance evidence of the above situation in the proposed project communities, which can be seen through observation and discussions.

Also, we strongly believe that this project fits into OSIWA's objectives, in that OSIWA seeks to broaden the frontiers of democracy and governance in countries across the world to enable citizens to actively participate in decision-making processes. The overriding objective of OSIWA for promoting citizens' participation is to see that there is peace, improved living conditions, respect for human rights and the rule of law and accelerated growth. There is more likelihood of peace, stability and high standard of living of people in open societies than those in countries where the governance system is poor. This project seeks to reinforce this analysis.

The Network Movement for Democracy and Human Rights (NMDHR) has some experience and knowledge of the proposed project community, as well as the project area. With support from Cordaid, we have implemented an advocacy project on healthcare services for pregnant women, lactating mothers and victims of teenage pregnancies. In fact, the experiences and lessons that we learned from this inspired us to write this proposal, which seeks to improve service delivery in the health sector in the project communities. We will use this experience, as well as our resources such as computers, vehicles, offices and staff towards the full realization of the project objectives.

The uniqueness of the project lies in the fact that it is the people themselves that will be doing the monitoring and reporting. The communities will be organized into small groups that will be trained on the Free Healthcare policy and related processes. This will be followed by facilitating a process whereby the people themselves will develop indicators and monitoring templates. Periodically, these groups will come together to present their findings to the larger community where discussions on key emerging issues will take place. It is a slight deviation from what appears to be the norm; instead of us (CSOs/NGOs) monitor and report our findings, it is the people that do the monitoring and then report back to themselves.

Section 2: Project Description

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ALIGNMENT WITH OSIWA's GOALS & PROJECT JUSTIFICATION:

PROJECT DESCRIPTION:
The section below allows you a free flow narrative of your project. Following sections would request specific responses to questions. You may include project methodology or detailed implementation plan in the box below.

Broadly, the project seeks to improve the governance systems relating to the delivery of public services in the health sector in the project communities. It is our belief that the non-involvement of citizens in decision-making processes in their communities and in supervising and monitoring community projects adversely affects the quality of services that are delivered to them. Most often than note, information about community development projects is shared with a few people only, who normally do not represent the interests and aspirations of the wider community. They are there to seek and promote their personal interests; they care very little whether the project is moving in the right direction or not, as long as they are getting something out of the process. As always, the first step towards depriving the wider community of participation is to deny them the appropriate information. This is exactly what has happened or is happening with the free healthcare policy.

The beneficiaries have little knowledge about provisions of the policy and what role they are required to play in the process in order to achieve the intended objectives. The Government facilitated the setting up of committees comprising hospital/clinic staff and host community people to supervise, monitor and man the operations of the clinics particularly as they relate to the delivery of free healthcare. This in itself is good as it seeks to bring community people onboard the governance of the hospitals, clinics and PHUs across the country. But one of the challenges of this action was the failure to allow local communities to choose those that they believed could represent them well. There was also an absence of clear criteria that were collectively developed with the people, which would have been used to select members of these committees.

It is common to see that the people that are chosen to constitute the committees are those that are close to community leaders, relatives of chiefs and wealthy people. As a result, they do not see themselves as representatives of their people and are therefore not answerable to them, but to their godfathers. They hardly listen to and take actions on the complaints and cries of the wider community. This insensitivity and callous disregard of these committees does not only exacerbate the sufferings of the people in terms of mortality, but it also serves as a recipe for community conflicts and deep-seated divisions. Community development will stagnate and poverty deepened.

It is an established fact that projects/initiatives in which the beneficiaries are actively involved in the planning, supervising and monitoring of the implementation stand the likelihood of achieving the intended objectives more than those in which the people's participation is marginal. The Free Healthcare system is a case in point. The initiative has not been able to realize its goal to the fullest because the involvement of the beneficiaries is very marginal from the outset. This is the challenge that the project seeks to address.

1. Methodology and Implementation
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.

Overall	*This short section should provide the overall general objective(s) of the project. The general objective should state*

Objective	*the development goal being pursued by the project; and what the project seeks to achieve as final/long term objective* Increased transparency and accountability in the implementation of the Free Healthcare policy in the health sector in four chiefdoms in the Kailahun district Eastern Province of Sierra Leone. The specific objectives of the project are: 1. To train 240 people on the Government's Free Healthcare Policy in the four chiefdoms in Kailahun district; 2. To develop baseline data on how project communities are accessing services relating to the free healthcare system; 3. To establish and deploy four independent monitoring teams in the four chiefdoms in Kailahun district; 4. To generate interest and public debates around the free healthcare system; 5. To increase citizens knowledge, and access to good quality free medical services.
Specific Objective 1	*The specific objectives should indicate the specific types of outputs to be produced, the impact/effect on target audience to be reached and the capacity to be reinforced. These objectives should be concrete, measurable and achievable.* *To train 240 (Two hundred and forty people), that is 60 (Sixty) per Chiefdom in the first quarter of the project implementation (May, June and July 2016). (This would include Community health officers, Counsellors, Paramount Chiefs, Ward Development Committee Members, Teachers, Journalists etc) on the Government's Free Healthcare policy in the four chiefdoms in Kailahun district, Eastern Province of Sierra Leone.*

Activities	*This section should present the different activities and describe **HOW** the organization intends to implement them; **WHO** will be in charge of the implementation of the activity (organization, partner, external contractor etc.) and **WHAT** resources will be used for the implementation.*
	
	Programs Manager and Project officers *Will be in charge of the implementation of this Activities*
	
	Activities
	The activities that will be implemented to achieve this objective will include :
	▪ **Consultative meetings and formal launching of the project. This would be a two fold activity namely :**
	    ➢ **stakeholders' consultative meetings**- NMDHR aims at conducting 2 meetings in each chiefdom, giving a total of 8 consultative meetings) with different stakeholders including women, youth, PHU staff and community leaders to discuss the project and how it will be rolled out. The role that is required of the communities will be clearly defined during these meetings.
	
	    ➢ **Formal launching of the project-** In each of the four chiefdoms. This is to share the project with the wider community and to increase citizen's interest and understanding of it. During the launchings, communities will identify people that will be trained using agreed criteria.
	
	▪ **Four trainings** will be conducted in the four chiefdoms with 60 people participating in each

	training. Each training will last for two days. One of the tasks of the trainees is to share the knowledge that they have acquired with other people in their communities.
Outputs	List all the deliverable and possible result in accordance with the activities: The following are the deliverable and possible results of the activities listed above: ▪ 240 people trained on the effective and efficient monitoring of the Government of Sierra Leone Free Health. ▪ Project launch in each of the four chiefdoms ▪ Identification of 240 people to be train as Free Health monitors
Outcome	What is expected if this specific objective is achieved? 240 people trained on the Government's Free Healthcare policy in the four project chiefdoms in Kailahun district.
Specific Objective 2	To develop baseline data in the 4th month of project *implementation in the 4 (Four) Project Chiefdoms namely Luawa, Kissi Teng, Kissi Kama and Kissi Tongi to guage the knowledge of the people in accessing services relating to the free healthcare system*. M&E Officier and consultant *would be in charge of the implementation of this Activities*
Activities	The activities under this objective will include : ▪ identifying a consultant (consultance) to lead the process, ▪ developing Terms of Reference for the consultant, ▪ developing and signing Memorandum of Understanding, ▪ identifying and training enumerators that will administer the survey/research tools, ▪ organizing four validation meetings (one in each chiefdom) and ▪ formal launching of the report to share the survey findings**.** ▪ Effective and efficient management of the data collected from the Baseline Survey
Outputs	The possible outputs of this activities are as follows: ▪ A consultant been recruited for the survey ▪ Terms of reference develop for the consultant ▪ A well define and signed Memorandum of Understanding between NMDHR and the consultant. ▪ A list of trained enumerators for the survey ▪ Four validation meeting conducted and ▪ Launching of the survey report
Outcome	Baseline data on the benefits of, access to or otherwise of the FHC system on the project communities established. This will serve as a baseline to measure progress in this area; The outcome of these activities is that there will be an improvement in the Free Health Care delivery in Sierra Leone which in turn will help improve on the socio-economic situation and well-being of rural women in the Kailahun district.

Specific Objective 3	*To train and deploy 4 (Four) Community based development (CBOs) independent free health care* monitoring teams (10 per each team) in the four chiefdoms in Kailahun in the **5th month of project implementation.** *National Coordinator , Programs Manager and M&E officer would be in charge of the implementation of this Activities*
Activities	The activities in this objective will include : ▪ the development of monitoring Framework and indicators-A **three days training** will be organise for 40 people (10 from each chiefdom) in a centrally located area that is easily accessible by all. The training will focus on developing indicators, monitoring tools and processes, identifying what should be monitored, developing reporting framework and providing resources that the committees will require to carry out the monitoring. ▪ Deployment of trained monitors in their respective monitoring arears.
Outputs	The Following are the outputs of these activities: ▪ A monitoring framework develop ▪ Forty (40) people trained ▪ Trained monitors deployed
Outcome	Four Independent Monitoring Groups established and deployed in the four project chiefdoms in Kailahun district to monitor the FHC system. Also an establishment of a transparent and accountable mechanism of monitoring the Free Health Care delivery in the Kailahun district. This in turn will improve on the maternal health and infant mortality rate in the Kailahun district, Eastern Province of Sierra Leone.
Specific Objective 4	**To generate interest and public debates (between free health care givers and receivers) on the free healthcare system in the 4 (four) Project Chiefdoms in Kailahun District in the** Programs Manager and Project officiers *would be in charge of the implementation of this Activities.*
Activities	The main activities required to achieve this objective include : ▪ radio discussions- One radio discussion per week on the Free Healthcare Policy will be held throughout the first six months of the project, and then trimmed down to two radio discussions per month for the rest of the life of the project. ▪ Community Outreach Session. 24 (Twenty four) sessions made up of (6 sessions per community). Community Outreach Sessions would be organized to target all stakeholders in the Communities including staff of the PHUs. ▪ Hiring of Local Artists. Local artist would be hired to draw attention of people in the Project implementation chiefdoms about the importance and utilisation of free health care services
Outputs	44 radio discussion held throughout the 18 (Eighteen) months and 40 (Forty) Community Outreach Session

	conducted.
Outcome	More than 500-1,000 people will be reach out through the use of the radio on the importance of monitoring the Free Healthcare service delivery.
Specific Objective 5	To increase Citizens knowledge, and access to good quality free medical services within the 4 (Four) Project Chiefdoms namely Luawa, Kissi Teng, Kissi Kama and Kissi Tongi. Project Officers, Healthcare workers and Programs Manager *would be in charge of the implementation of these Activities.*
Activities	There are no specific activities for this objective. A combination of all of the activities listed above will contribute towards achieving this objective. **Cross-cutting activities** One of the strategies for implementing this project is regular reflection and information sharing. This is not limited to one objective; it cuts across. Regular reflection during implementation will help us to answer key questions such as: what went well and why; what did not go well and why; what do we need to do differently and how can we do that, etc. These meetings will also be used to share findings of the monitoring teams with staff of hospital/clinic workers. Therefore, during the life of the project, we will organize quarterly reflection and information sharing meetings in each of the four chiefdoms. These meetings will bring together NMDHR staff, community members and PHU staff. Also, two persons will be recruited to serve as project officers to ensure effective supervision, coordination and good quality reports in terms of contents, analysis and timeliness. Because of the difficult terrain in the project communities, two officers will be hired or staff already in the employ of the organization assigned to the projects. One project officer will be in charge of two chiefdoms so as to ensure hands-on supervision and effective coordination.
Output	Some of the outputs of this activities include the following : six reflection and information sharing meetings held, two project officers recruited.
Outcome	It is anticipated that the strategic outcome under this activities is a broard base understanding of the project success.
TARGET BENEFICIARIES: *Who would benefit from this project? A few comments on how they would benefit would be useful.*	
Youth	*Are youth or youth related groups (targeted) beneficiaries of this project? Does this project have any relevance for the youth? Does it highlight specific youth related issues? Please give a brief description of how the project is relevant to the youth and how youth may benefit from its implementation.* Yes, the project has some relevance to youth in the proposed project communities. The official age bracket for youth in Sierra Leone is 15 – 35 years old. This is the age that is very active sexually and in rural Sierra Leone where the project will be implemented there is the practice of early marriage. It is common to see male youth and young people in these communities marrying more than one wife; in fact some have three wives or more. Imagine all of these wives giving birth every three years, which they normally do, and the burden that this will bring to the family. So, with this project whose main focus is to ensure that citizens maximize the benefits from the free healthcare policy, the youth will be a big beneficiary as parents and as husbands. Besides, the project has a capacity building component through which trainings will be organized. Some of the trainings will be geared towards enhancing citizens' knowledge and skills to monitor the delivery of

	services in hospitals and clinics. The youth are a prime target for this because of their ability and strength to move from one community to another quicker, as well as their desire to explore and learn.
Women	*Does this project have any impact on gender related issues? Are women and girls (targeted) beneficiaries of this project? Briefly specify how women and young girls will benefit from this project.* Women are the centrepiece of this project; they are the mothers, they are the pregnant women and it is they that look after the children. Everything about the project relates to women. But that in itself is not enough to ensure their full involvement in rolling out the project in terms of decision-making and capacity strengthening. Conscious efforts will be made throughout the life of the project t by the project implementing team to ensure that women do not only participate, but also their voices are heard and respected. One of the ways that we are going to do it is to make it a policy that women should make up at least 35% of participants in all activities of the project, unless where it is not feasible such as meetings with community leaders or hospital staff. This and other initiatives will form part of the orientation and introductory meetings that will herald the full implementation of the project. Because if the communities are to succeed in holding duty holders and service providers accountable, then the women who go to the hospitals and clinics more frequently and who interact directly with PHU staff should have a big role to play in this.
Vulnerable & Marginalized	*Are other vulnerable and marginalized group's beneficiaries of this project? Please specify how and why the group(s) is vulnerable or marginalized and briefly describe how the project will impact or provide solutions to their situation.* No. Apart from the groups mentioned above, there are no other vulnerable groups that the project is targeting

EXPECTED OUTCOMES
What particular intermediate and ultimate outcomes are you trying to achieve and how do these outcomes relate to addressing the problems you have identified?

The project seeks to achieve the following intermediate outcomes:
1. Increased access of citizens in the project locations to good quality free healthcare services;
2. Numbers of pregnant women, lactating mothers and children U-5 in the project communities accessing free healthcare services have increased;
3. There is partnership and collaboration between health workers and local communities in the implementation of the free healthcare Policy.

The projet immediate outcomes are as follows :
1. 240 people trained on the Government's Free Healthcare Policy in the four project chiefdoms in Kailahun district;
2. Six Independent Monitoring Groups established and deploy in the four project chiefdoms in Kailahun district to monitor the FHC system;
3. Baseline data on the benefits of, access to or otherwise of the FHC system on the project communities established. This will serve as a baseline to measure progress in this area;
4. four chiefdoms level public accountability forums held to discuss and take actions on the findings of the Independent Monitoring Groups;
5. End of project evaluation carried out and report shared.

The following is the **ultimate outcome** of the project:
- Reduction in infant, under-5 and maternal mortalities/deaths in the project locations.

The project seeks to address the challenge of excluding citizens from the implementation of the free healthcare policy whose main objective is to leverage poor people across the country. The purpose for seeking citizens participation in the process is to ensure that some of the barriers that stand in the way of millions of people to the full realization of the objective of the policy are removed, thereby giving the poor people free access to good quality healthcare services.

Once there is partnership in the implementation of the policy, the numbers of people visiting the clinics will increase significantly and the quality of services delivered to the people will also increase. Ultimately, there will be a significant reduction in infant, under-5 and maternal deaths in the project communities.

STRENGTHS/WEAKNESSES/OPPORTUNITIES/THREATS (please be specific and short, not more than ¼ of page)

	HELPFUL **To achieving the objective**	**HARMFUL*** **To achieving the objective**
INTERNAL FACTORS	- 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.	- Communication system; - Filing system; - Managing the high expectations of local communities; - Inadequate logistics such as vehicles, computers, etc. - Resource mobilization
EXTERNAL FACTORS	. Room for collaboration and partnership; - Good working relationships with local communities; - Legal space to operate.	- Irregular funding – project-tied funding; - Shrinking civil society space eg new NGO policy; - Public Order Act of 1965; - State of Public Health Emergency; - Donor fatigue/focus shift.

Please indicate what will be your plan to mitigate the threats you have identified:
Our anticipated mitigation plan to militate against the treats that we have identified is that we plan to work closely with the community people especially those in the health sector to improve on communication and information sharing. Also NMDHR plan to work very closely with the other CSOs in the anticipated project locations in the country. We also plan to ensure that we adequately inform the local communities about the project especially the project budjet to lower their high expectation.
As Non-Governmental organization, we will work strictly within the laws of Sierra Leone to avoid violating the public health emergency. Finally NMDHR will work with the local communities to improve on resource mobilization.

NMDHR is aware of the fact that the chain of distribution of the free health care drugs is very challenging,, taking into consideration the value chain involve in the distribution of drugs from national head quarters to regions. From Regions to District,, and from Districts to Peripheral Health Units (PHUs).

This Project aims at adding value to the chain of distribution of the free health care drugs in the 4 (Four) Project Chiefdoms

in Kailahun District by ensuring that the chain of distribution is monitored from Central Government Medical Stores to Peripheral Health Units (PHUs).

PROJECT PARTNERS AND AFFILIATES:

What partners or affiliates would you work with in order to achieve the defined objectives? List each partner and their role in the project. Perhaps there are components of the overall project that you may be unable to deliver, please list other partner contributions to the overall project objective. You may also specify coalition partners in cases where the project was developed by a coalition. You may want to list partner contribution in kind here as well. Details of financial contributions can be provided in the budget.

NMDHR will implement this Project with its already existing Partners. Example, Save the Children, Send Foundation, Committee on health at the Kailahun District Council, Council of Paramount Chiefs, District Health Management Team (DHMT) and the Kissi Bendu ChildrenFoundation. Since this Project is a Community led development Project, NMDHR would sretegically work with Ward development Committees and Chiefdom Development Committees in each of the Project locations.

However, NMDHR, as the project holder, will collaborate with 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. The purpose of collaborating with them is to use their knowledge and experience to add value to our work in terms of planning, implementation of activities, resource management and engaging community leaderships. We can also access their reports where they are available and try to draw lessons from them.

Additionally, other Partners would be communicated with to replicate the results of this Project at National level especially the Base line data.

Meanwhile, a person with the prerequisite knowledge and skills in the project area would be recruited to guide and accompany the entire implementation process. Also, an experienced researcher and/data analyst will be brought onboard to lead this aspect of the project. The objective of working with people of varied experiences, skills and knowledge is to ensure that the objectives of the project are fully realized.

COMMUNICATION AND ADVOCACY
Please answer the following questions: What are your communications and advocacy plans for this project? Do you have dedicated communications and advocacy staff for this project or are they shared with other organizations or projects? What communication and advocacy tools will you use? Who are your communication and advocacy targets? What percentage of the budget is dedicated to communications and advocacy? How do you think OSIWA can support your communications and advocacy plans?

The communications strategy for the project will include: regular information sharing with all stakeholders through activity and periodic reports, monitoring reports, reflection and planning meetings, one-on-one meetings, focus group discussions, newspaper articles, radio discussions and community outreach sessions. In all of these events, premium will be put on sharing information on the progress or otherwise of the project, celebrating the successes and identifying challenges and developing/reviewing plans to address them. The communities and all other stakeholders will be at liberty to ask questions and seek clarifications.

Also, apart from making public the findings of the independent monitoring teams, a small group of people comprising different stakeholders will be formed and tasked with the responsibility to make follow-ups on the issue(s) raised. They will be engaging the different stakeholders depending on how involved they are with the issues raised. For instance, if it is an

issue that has to do with the hospital/clinic, the group will meet with the leadership of the hospital/clinic to discuss the problem and to develop actions that will address it. NMDHR will operate "a door always open" policy that aims to encourage feedback from the wider society in the project locations.

PROJECT SCHEDULE AND DURATION
Please provide an estimation of the project duration.
Project Activity Timeframe

Activity	Who	When	Remarks
Recruit two project officers	Board of NMDHR	4th week 1st month of project implementation in 2016	The position will be advertised and all other recruitment procedures followed.
Hold 8 stakeholders consultative meetings	Programs Manager & Project officers	2nd week in the 2nd month of the project implementation	These meetings will be held in all the four chiefdoms where the project will be implemented.
Hold four (4) Formal launching of the project in four locations.	Programs Manager & Project officers	4th week in the 2nd month of project implementation	The launching will be done in all the four project chiefdoms
Organize trainings on free healthcare system for 240 Persons	Programs Manager & Project officers	2nd week in the 3rd month of project implementation	These trainings come immediately after the launching.
Contract a Consultant to Develop baseline and end line data on citizens access to free healthcare services	National Coordinator & Programs Manager	$1^{st} - 4^{th}$ in the week 4th month of project implementation.	Efforts will be made to recruit a person with knowledge and experience that relate to the subject area
Develop Terms of Reference for Consultant	National Coordinator & Programs Manager	. 2nd week in the 4th month of project implementation	The ToR will spell out clearly the roles and responsibilities of each partner to the Agreement.
Conduct training for field enumerators	Consultant M&E Officer and Programs Manager	4th week in the 4th month of the project implementation	This training will involve an orientation on the survey tools, as well as pre-testing them.
Collection of data (field work) from Enumerators	Consultant/enumerators	1st week in the 5th month of project implementation e	The consultant will supervise the field work to ensure it is done properly and as planned.
Organise four (4) validation meetings	Consultant/Programs Manager	. 1st to 4th week in the 7th month of project implementation	The validation will be held in all the four chiefdoms.

Formal launching of the survey report (baseline) in four locations.	Programs Manager & Project officer	*2nd week in the 9th month of project implementation.*	The launching will focus more on the key findings; it will be held in the four chiefdoms.
Hold meetings with stakeholders to share survey findings eg clinic staff, chiefs and women	Programs Manager & Project officer	*4th week in the 10th month of project implementation.*	These meetings are meant to discuss the key findings as they relate to each category of stakeholders.
Organize 4(four) days training for 40 (Forty) CBOs as independent monitoring group on monitoring and reporting on the free health care	**Programs Manager, Project officiers and M&E officer**	***2nd – 4th week in the 5th month of project implementation.***	**This training is to equip the monitoring groups with the necessary knowledge, skills and tools to monitor service delivery in clinics and PHUs.**
Deploy monitoring groups to monitor citizens' access to and quality of free healthcare services	Project officer and M&E officer	*1st – 2nd week in the 13th month of project implementation onwards.*	This is the thrust of the project; all the previous activities are meant to lay solid foundation for this aspect of the project. It will continue throughout the life of the project, and even after it will have ended.
Hold radio discussions	Project officer and monitoring teams	*From 2nd month of the project implementation onwards.*	This is an ongoing process.
Hold 24 (Twenty four) community outreach sessions on the free healthcare system.	**Project officer and monitoring teams**	**2nd week in the 14th months of project implementation,**	**This is an ongoing process.**
Hold quarterly reflection and information sharing meetings.	Programs Manager, Project officer and M&E officer	*1st and 2nd week after every three (3) months in the project implementation onwards.*	This is an ongoing process.
Monitoring and evaluation of the project	National Coordinat, Programs Manager, M&E officer and external evaluation officer	*From 2nd month of the project implementation onwards*	Monitoring will be done at different levels and it is an ongoing process, whilst evaluation will be done mid-term and at the end of project.
Activity 1: Final Evaluation	National Coordinat, Programs Manager, M&E officer and external	3 months after the project implementation	end of project. evaluation will be done at different levels in project

		evaluation officer		communities

SUSTAINABILITY

How does your organization intend to sustain this project?

Sustainability is a key factor in designing this project. In order to ensure sustainability, the project is centered on capacity building and strengthening of citizens groups. The focus of the project is not necessarily to establish new groups/coalitions, but to strengthen and support existing ones that are already working around issues of health. The implementation of project activities will be made as participatory as possible to enable beneficiaries to take ownership of the process and its results, which is vital to the sustainability of any project. Further, lessons drawn from the implementation of the project will be integrated into future plans of the Independent Monitoring Groups, or become the subject of a follow-up action/project.

MONITORING AND EVALUATION

Pélasge propose a mechanism for monitoring or following up the specific activities you have defined. How do you intend to evaluate the results and/or impact of the project? Please ensure that monitoring and evaluation mechanisms are within the timeframe and budget of the project.

The project will be managed by NMDHR, as the grant holder, and will take full responsibility for the overall implementation and accountability of the project, with regards the quality of interventions and the judicious use and management of project resources. Specifically, the Programs Manager will oversee the general implementation of the project, whilst the project officers will directly supervise and coordinate project activities.

The project officers will receive reports from all the groups that are involved in the implementation, including activity reports.They would process these reports and submits monthly and quarterly reports to the Programs Manager, who in turn processes these reports for submission to the National Coordinator. Both the National Coordinator and the Programs Manager make periodic visits to the project locations to monitor progress and to triangulate the information that they receive from the field.

Assessment of the project will be essentially qualitative and participatory. Precise monitoring and evaluation criteria and indicators will be agreed through a participatory process at the beginning of the project. NMDHR will design a monitoring framework that will be used to monitor the project at all levels. Evaluation reports will be shared with other stakeholders and the findings will be used to inform further planning.

Section 3: Budget

This section should be completed using the budget form which is downloadable from the OSIWA website. This includes personnel salaries, office equipment, administrative support for project implementation, meetings or conferences, phones, faxes, and similar costs. Please also ensure you include budget notes to each budget line item. All budgets must be provided in US$. You may indicate your local currency and the exchange rate used in the section provided for such. This form provides just a summarized version of the budget form.

Section 4: Organizational Information

In this section, OSIWA seeks to understand the objectives of your organization and its structures. The likelihood of your grant being considered lies very much with the information provided in this section. Please include additional certification, incorporation documents.

ORGANIZATION GOVERNANCE STRUCTURES
In this section, explicitly specify the following:

Name of Organization: Network Movement for Democracy and Human Right(NMDHR)

Mailing Address: 148 Circular Road (2nd Floor).Freetown. Sierra Leone or 78 Pendembu Road, Kailahun Town. Kailahun District.

Telephone: +232 76698279 or 076 410137   Fax: None   Email:nmdhr1@gmail.com

Website (If any):www.nmdhr.org

Mission and Vision: Our Vision

The Mission of NMDHR is as follows:

Network Movement for Democracy and Human Rights is a Non-Governmental Civil Society and Human Rights organization. Our mission is to promote human rights and Governance issues through advocacy, lobby and campaigns to change the mindset of the people and increase people's participation in governance so that development and peace can take place.

Our Vision

Is to become an outstanding and credible Non-Governmental organization in promoting good governance and democratic values in Sierra Leone.

Creation date: July 2002

Number of personnel: Six (6)personnel

X National		Regional	

Type of Organization (Please mark the relevant one(s) for your project with "x**):**

Board (Yes/No) – Describe the board, its members and the board chair of the organization. Include full details including their names, designation within their respective organizations, position held in your organization and their responsibilities)**:**

NMDHR has an advisory board of five (5) reputable and responsible Sierra Leoneans with outstanding proven track record of promoting democracy and good governance in Sierra Leone. The board is the highest decision making body as far as NMDHR management is concern. The strategic role of our board is to advise on the day-to-day running of the organization. The board meet every quarter to discuss issues affecting the growth of NMDHR.NMDHR board is chaired by Mrs.Mercella Samba Sesay –the Program Director for the Campaign for Good Governance(CGG)in Sierra Leone and at the same time she is the chairperson of the National Election Watch(NEW)in Sierra Leone.
The full names and designation of NMDHR board members within their respective organizations is as follows:

1. Mrs. Marcella Samba Sesay-Programme Director -Campaign for Good Governance (CGG).Chairperson NMDHR advisory and she is directly responsible for chairing all advisory board meetings and advice on all decisions that NMDHR make. She holds a Masters Degree in International Relations.

2. Mr.Sallieu Kamara- Knowledge Management communication Manager -Network Movement for Justices and Development (NMJD)-Deputy Chairperson of NMDHR advisory board. His responsibilities within NMDHR include among others chairing of advisory board meetings in the absence of the chairperson and act as a special advisers on fund raising.

3. Mr.Brima A. Sheriff-Chairman Human Rights Commission of Sierra Leone (HRCSL)-Member of NMDHR advisory responsible for advising on programs planning and monitoring and evaluation within NMDHR.Prior to his appointment as a Chairman of

the Human Rights Commission of Sierra Leone, Mr Brima Sheriff was the Director Amnesty International-Sierra Leone Office.Mr Sheriff has contributed immensely towards the promotion and protection of human rights in Sierra Leone.Mr Sheriff hold a Master degree in Development studies from Njala University(University of Sierra Leone-USL)

4. Ms Alice M.Lahai- Formal Programme Manager-Access to Justices Sector Project (ASJP)-Member NMDHR advisory board. Her main responsibilities include among others adviser on program planning and implementation with NMDHR.Mrs.Lahai is a specialist in program planning and management. Prior to her appoint as an advisory board member of NMDHR she has worked as the Programme manager for the Voluntary Service Overseas (VSO) in Sierra Leone.

5. *Mr Ambrose James: Formal country Director Search for common ground Sierra Leone now work as a private consultant also student at Havard school member NMDHR advisory board. He main responsibilities include Attending board meetings and making viable decision on progress of the organization*

Yearly budget:$300,000 - $350,000.00

Main funders:NMDHR past main funders are as follows: Cordaid Netherlands, DFID/ASJP

Major projects and accomplishments:

The following are some of the major project that NMDHR has implemented in the past and their achievements:
1. National advocacy on preventing violence against women. The major accomplishments of this project were as follows:
Was supported by UNIFEM now UN WOMEN cost :$ 85,000

Train fifty (50)civil society organization on advocacy to prevent violence against women
- Train thirty Paramount chiefs on the three genders laws in Sierra Leone
- Carry out three based line surveys
- Established twenty school clubs in Kailahun and Pujehun on preventing violence against women.
- Sensitized more than five thousand people by the use of community radio on preventing violence against women in Sierra Leone.

2. Enhancing the capacity of Religious and Traditional Leaders to Prevent Violence against women in Sierra Leone. The major achievements of this project were as follows:
Was supported by CORDAID cost : 101,000 Euro

- NMDHR was able to train six hundred and fifty religious leaders (including clergies and Muslim clerics) on preventing violence against women at community level in Sierra Leone.
- Conduct human rights training for one hundred traditional leaders within four chiefdom in Kailahun District, three chiefdoms Koinadugu District and three chiefdoms in Pujehun District respectively on the use of national and regional legal instruments to prevent violence against women.
- Train twenty media house on advocacy and lobby.

3. Promoting Political Tolerance and Gender Participation in Governce.
The Major accomplishments of this project were as follows:
Was supported by ENCISS cost: Le 19,000,000

- Establishment of the Political Parties Registration Commission Act
- Training of ten political parties in Sierra Leone on the strategic importance of political tolerance and women participation in governance in Sierra Leone.
- Train more than three hundred youths (including men and women) on preventing youth violence during elections.
- Conduct district and regional dialogues and consultations with political parties and members of parliamentarians on promoting political tolerance and women participation in governance.
- Training of fifty five youth groups on the negative impact of electoral violence in Sierra Leone.

- Conduct twenty community dialogue forums with traditional and youth group on the importance of promoting political tolerance and women participation in governance.

4.Strenthening the capacity of Community Based Organizations to Monitor and Hold Informal Justices Institution Accountable
Some of the Major accomplishments of this project were as follows:
Was supported by DFID/ ASJP cost: 49,000 Pound staling

- Improving on the capacity of fourty community Based Development organization on local court monitoring in the Tonkolili district Northern Province of Sierra Leone.
- Establishing proper court monitoring mechanisms in six local courts in Tonkolili district.
- Improving on the capacity of foutry local count official on accountability.
- Training of one hundred civil society members on court monitoring.
- Training of twenty journalists on court monitoring and reporting
- Help improving the dispensation of justices by helping local court chairperson understand the local court Act.

5.National Advocacy on Health Care services for Rural Pregnant women, Lactation Mothers and Victims of Teenage Pregnancy-This project was supported by Cord Aid Netherland and the project was strategically focus on advocacy for the improvement in health care service delivery for rural pregnancy women ,lactation mothers and teenage mothers.
Some of the major successes of that project were as follows: cost 119,868 Euro
- Facility development initiatives in three Districts. i.e. Kailahun, Pujehun and Koinadugu
- Working intensively in four chiefdoms in Kailahun District, three chiefdoms in Pujehun District and three chiefdoms in Koinadugu District.
- Trained fifty (50) Traditional Births Attendants(TBAs) in Kailahun, Pujehun and Koinadugu Districts
- Trained ninety five (95) free healthcare monitors in Kailahun, Pujehun and Koinadugu Districts
- Trained fifty (50) Peer educators Kailahun, Pujehun and Koinadugu Districts
- Trained fifty Healthcare workers in Kailahun, Pujehun and Koinadugu Districts
- Trained fifty (50) Teenage mothers in income generating skills in Kailahun, Pujehun and Koinadugu Districts
- Trained 50 medical personnel including MCH Aid, and CHOs. on managing the free healthcare policy and the distribution of FHC Drugs to the targeted beneficiaries.

Financial Management:
- How often does the organization produce audited financial statements?
NMDHR produce audited financial statements annually/yearly.
- What is the mechanism in place in the organization to ensure financial management and monitoring of the grant is done? (Please list name, position and highest qualification of each team/committee member

The mechanism we have in our organization to monitor any project or Grant is done through by requesting for our Bank statement from the bank and do our Reconciliation to track our expenditure from or cashbook and out statement. We do this in two ways though Excel and quick book after that we print and take it to the Programs manager to review and then file.
Our team of financial officers are as follows:

Name	Qualification
1.James D. A. Rogers	IFA, BA (Hons), GADAFM, (MBAOn-going)
2. Elizabeth Yombo	HND-Accounting and Finance.

- Name of Financial management system, (accounting packages)
The Financial Management system the organization has is Quick Books and also Microsoft Excel.
- What is the mechanism in place in your organization for tracking grant expenditures from donor funding? Is the organization able to keep separate records for each donor?

Yes.NMDHR strategy for tracking grant expenditure from donor funding is that every project has its own Internal project code and any expense is carried out or paid using the internal controls of NMDHR and also through the bank account of NMDHR. Every month a bank reconciliation statement is prepared as well as a financial report in respect of each project. With this, NMDHR finance department

can easily trace financial expenditure of all grant or donor funds in the organization. There is computerized and manual systems of recording transactions on a daily basis.

Why are you best suited to do this?
Because of our experience in working on similar intervention over the past years with international funding agencies. E.g. Cordaid Netherlands. And it has being a successful working relationship with our partners and beneficiaries in our respective project communities. NMDHR has more than 10 (Ten) years expérience working as National Non Governmental Organisation in Sierra Leone

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Section 5: Project Management Structure

Project Lead (Primary Contact): Abdul Karim Habib: 232 76 410137 akh@nmdhr.org)

Qualifications and Experience of Project Team

KEY MEMBERS OF PROJECT TEAM
For each member of the team attach brief curriculum vitae

Team Member	Position	Time allocation to Project	Main Responsibilities
Mr. James Matthew	National Coordinator	5 hours per day	- Act as one of the signatory to the project account. - Responsible to ensure that the project objectives are properly executed. - Responsible for signing the project contract
Mr. Abdul Karim Habib	Programs Manager	10 hours per day	- Takes a leadership role in the project implementation. - Meeting with project communities on the project implementation and to ensure we meet the objective. - Work with project officers to writ donor report. - Meeting with donor to update them on progress and challenges facing the project implementation
Mr. James D. A.Rogers	Finance Manager	8 hours per day	- Responsible for managing the project funds - Preparing project financial reports

Ms. Eva Mansallay	Administrative Officer	8 hours per day	▪ Provide Administrative role in the office ▪ Assist in preparing all project Administrative roles in the project implementation .
Mr. Nabieu Kamara	Monitoring and Evaluation Officer	8 hours per day	▪ Responsible for conducting monitoring and evaluation. ▪ Ensuring that project targets are met. ▪ Preparing M&E report for the project
Ms. Elizabeth Yombo	Assistant Finance Officer 2	8 hours per day	▪ Assist in putting all financial record of the project in place. ▪ Handle all the daily project expenses ▪ Ensure that all the project invoices are properly kept.

Conflict of Interest
Please state any relationship, friendship or association with any OSIWA board or staff member. The list of Board and staff members is available on our website http://www.osiwa.org
None

Please ensure that your answers are concise and that the entire application is not more than 20 pages long.