

COVER PAGE

Name of the Organization:

Network Movement for Justice and Development

Title of the Project: Promoting Increased Access to Quality Health and Education Services
Through Policy Advocacy

Trocaire Project Number: SIE09-01-02

Location of the Project: Bombali, Kono and Western Area Rural Districts,

Project start date and end date:

April 2007- March 2012

Overall Objective:

Increased transparency and accountability in the budgetary and policy processes in the health and education sectors

Specific Objectives of the Project:

1. Increased ability of civil society to demand better services in health and education
2. Improved performance of service providers to deliver goods, works and services in health and education sectors
3. Increased ability of both government and civil society to provide relevant, reliable, accurate, up-to-date data to inform health and education policies and programmes
4. Effective and accountable results-based management in programme planning and implementation

Number of Direct Beneficiaries of the Project (male and female):

Male: 3,367 Female: 1, 927

Type of Report: Annual Narrative Report

Period Covered by the Report:

April 2009 – March 2010

Authors of the report: Programme Supervisor, Manager, Animators and IMT Focal Persons

Date of submission of the report: April 19, 2010

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LIST OF ACRONYMS

Abbreviation	Description
ACC	- Anti Corruption Commission
BAN	- Budget Advocacy Network
CSOs	- Civil Society Organizations
CBOs	- Community Based organizations
CA-SL	- Christian Aid Sierra Leone
CASDGG	- Citizens in Action for Service Delivery and Good Governance
CGG	- Campaign for Good Governance
DBOCs	- District Budget Oversight Committee
EFA	- Education for All
FOIC	- Freedom of Information Coalition
IMT	- Independent Monitoring Team
KonDEPA	- Kono District Education Parents Association
MCH Aide	- Maternal Child health Aide
MDAs	- Ministries, Department and Agencies
MDGs	- Millennium Development Goals
M&E	- Monitoring & Evaluation
MOFED	- Ministry of Finance and Economic Development
MoU	- Memorandum of Understanding
NMJD	- Network Movement for Justice and Development
NER	- Net Enrolment Rate
NPPA	- National public procurement Authority
PM	- Programme manager
PS	- Programme Supervisor
PHU	- Peripheral Health Units
SLTU	- Sierra Leone Teachers Union
SLNA	- Sierra Leone Nurses Association
SLCS	- Sierra Leone Consumer Society
SLUDI	- Sierra Leone Union on Disability Issues
WANEP	- Western African Network for Peace building
WARD	- Western Area Rural District

1. Progress against key conclusions, recommendations and action points from October 2009-March 2010

Community Radio talk shows

It was recommended that joint radio discussions should continue with CSOs, Councils and MDAs. It was also recommended that Animators needed to do proper planning if the radio talk shows and community meetings are to achieve greater impact. The planning might include setting up session objectives and outputs, disaggregating callers by gender and picking up some of their comments for advocacy purposes as well as documenting attendants and some of the key outcomes of the ward level/ community meetings.

In addition to what has been reported on in the previous reporting period, 21 radio talk shows were hosted in all three districts involving IMT, Animators and the relevant MDAs. It is equally important to note that some councilors and government officials were reluctant to participate in some of the radio discussion programmes for fear of being challenged by listeners especially when they were not adequately prepared. To mitigate this and to build up confidence in the MDAs, Animators ensured that radio programmes were well planned with clear objectives and outputs. In addition, callers were disaggregated by gender (see table 3.7), comments picked up for advocacy and some of the key outcome of the ward level / community meetings were documented during the period under review. This is evident in the Animators report.

Reflection and report writing

It was an action point that reflection and report writing should be factored into the activity plan and budgeted for. This was included in the activity plan and budget.

Monthly monitoring by PM. The previous report recommended that the PM should make sure that his monthly monitoring visits are regular as planned because the visit would be beneficial to the Animators and IMTs who required more coaching at that time.

During the last six months of the project, the PM conducted three monitoring visits. His monitoring visits were intended to see the level of progress against plans and to what extent these plans and activities relate to the budget for the period. It was also to assess the level of supervision, operational and other project management related issues. Equally important was to see how project M&E, reporting and documentation were undertaken. The visits also discussed IMT monitoring reporting format and launch in Kono and Bombali, and community/ ward level meeting in WARD.

The outcomes of some of the visits were as follows:

- More insight was gained by PM into the Animators level of progress against the quarterly plans
- PM provided coaching support to Animators through feedback to enhance their monitoring, documentation and reporting skills.

- Animators and PM identified the emerging issues in the monitoring process as well as discussed possible recommendations, action points and agreed on how to take the project forward.

Formalizing relationship with the executive of the sector -based actors

The report revealed that the programme team should consider having MoU with the National and local executives of SLTU and SLNA as well as strengthening follow up activities with them at district level.

IMT training

In the previous reporting period, it was agreed that IMT should be further trained in decentralized policies on education, health and procurement, and how to apply specific tools to gather quantitative and qualitative data/ information.

IMT in all three districts were trained on the decentralization policies in health and education and the Procurement Act during the period under review. What could not be done is training on data collection and analysis skills because of limited time and resources. It is important to note however that activities not carried out have been factored into the 2010/2011 activity plan and budget.

Formalizing relationship with the Local Councils

It was learnt that the need to sign MoU with the local Councils was urgent and crucial for the smooth implementation of the project. In respect of this, it was recommended that the programme team should fast track the process before the end of the year.

Formalizing partnership relationship with the local councils across the operational districts is on course. In January 2010, a draft MoU was presented to the councils to peruse and make comments. According to Animators' reports, councils are committed to signing the agreement and in carrying out the specific responsibilities assigned to them. Signing the MoU was delayed because of lack of follow up on the part of the Animators.

Staff and IMT participation in planning and report writing

From the previous reporting period, it was learnt that involving staff and IMT in planning and report writing would ensure quality report and sound planning. As a matter of fact, staff and IMT participation in planning activities and writing reports was considered an action point for reporting on successes and planning future activities.

Staff and IMT participation in reporting their successes and planning for the subsequent year started during the period under review. For instance, from the 6th - 13 April, programme staff including the PS, PM, Animators and IMT Focal Persons converged in Makeni to write the end of year report for 2009, plan and develop a budget for 2010/11. Though the exercise was

challenging and time consuming, it created the desired impact because the objectives were met.

2. PROJECT CONTEXT

2.1 A Brief Update on Project Context

The previous report highlighted some of the changes that have dramatically affected project partners and NMJD's ability to implement project activities. These included:

The Local Councils' role in financing and managing District Hospitals and PHUs to enhancing quality health service delivery; Increase in access to health facilities- making 867 public health units operational; prompt payment of school fee subsidies for the first as enforcement of the free and compulsory basic education policy for children in primary and JSS; increase in the Net Enrolment Rate (NER) from 42% - 66.20% and the significant increase in the number of girls accessing secondary schools; challenges of inappropriate management of public finances; and civil society and international organizations increasingly becoming interested in monitoring government budgets.

In addition to these, the second half of the project also saw some significant changes that have influenced project partners and NMJD's ability to perform.

First and foremost, the government of Sierra Leone has recognized the strategic importance of health to economic growth, poverty reduction, and, in full commitment to the MDGs, formulated a five- year policy for the free quality health care service that benefits vulnerable categories of the population. For instance, the first phase of the strategy will see the provision of free quality health care for pregnant women, lactating mothers and under-fives. Moreover, government has announced salaries and performance - based incentive scheme for health workers. These changes will facilitate quality and timely delivery of services in the health sector which is the focus of this project.

Secondly, withstanding these laudable policies, NMJD baseline work suggests that many of the categories within this population were not taking advantage of these policies largely due to ignorance of their existence. In addition to this, there are high levels of illiteracy and poor information flow between and among the various institutions and the communities. With the new dispensation, the free health care will enhance poor people's understanding of the policy and so utilization may be higher. There will be abundant drugs and drugs may be used for the intended purpose. On the other hand, it is apparent that the quality of service including attitude of staff may fall because services are free. If this happens the project expected results will not be achieved. That notwithstanding, NMJD can explore the opportunities available and develop new strategies that will enhance not only the current monitoring work but also how to involve other key stakeholders more vigorously in its advocacy work .

Another significant change that affects NMJD's work and is fundamental in its budget advocacy work is BAN's ability to influence the MoFED to provide space for CSOs including NMJD in the various committees that design and approve ministry, department and agencies' annual budgets. This has created the opportunity to enhance civil society participation in the budgetary processes for greater impact.

2.2 Risks Identified

As stated in the previous report, the project identified 20 risks in the project logframe. During the previous reporting period, three risks occurred namely, domestic currency inflation, the inability of IMTs to share their learning with other members of their own organizations, and the inadequate number of radio handsets available in the communities.

In addition to these, a number of risks also occurred during the second half of the project year. They include 1) Unwillingness on the part of the leadership of SLTU and SLNA to cooperate, 2) inability of SLTU and SLNA to apply the knowledge and skills acquired, 3) staff turn-over.

These risks affected the project in different ways. The uncooperative attitude of the district level leadership of SLTU and SLNA for instance undermined the purpose of the partnership framework i.e. the horizontal linkages and joint activities for effective service delivery.

In addition to this, the advocacy training provided for SLNA and SLTU was fruitless due to their inability to apply the knowledge and skills. This implies that NMJD's engagement with these structures did not yield the required result and therefore further engagement with these structures can also be counterproductive.

With regards to staff turn-over, during the period under review, Christabel Adama Decker, an Animator in WARD terminated her service with NMJD. The reasons she gave were both personal and programmatic. Programmatic in the sense, she would not accept the challenge of leaving her family in Freetown to stay in Waterloo which was her area of operation as demanded by management. The implication for the programme was additional cost for capacity enhancement for new staff that will come on board because of the need to be at par with other members of the project.

2.3. Unforeseen Risks

No unforeseen risks occurred.

2.4. Significant changes

Significant Changes to the following:

- a) **Project design** - we have expanded our objective to include water and sanitation and social protection.
- b) **Project context** (the policy environment) Because of our work the government has operationalized the health exemption policy for pregnant women, lactating mothers and under-fives. Government has also increased the salaries of Doctors and nurses including the

Maternal Child Health Aide Nurses. These are nurses specialised in Maternal and Child Health Care . They are mostly placed at the Community Health Centres (CHC) , Community Health Post (CHP) and Maternal Child Health Post(MCHP)/ PHU

Project partners - we have removed SLNA and SLTU on the logframe as one of the partner groups. We have focused our attention to the MCH AIDE nurses that constitute the majority of nurses in the country and operate at district and chiefdom levels. In the education sector, we will focus on teachers who are dissatisfied and disgruntled with the national leadership of the SLTU but also passionate and interested in NMJD advocacy work.

2.5 Changes to the Project Logframe

The following changes have been proposed to the project log frame:

Impact level: Expanded the impact to include water and sanitation

Outcome level: Outcome 1, 2 & 3. Expanded the outcome to include water and sanitation

Output level: Output 1.1, 1.2, 2.1 & 2.2 changes include Sierra Leone Union on Disability Issues (SLUDI), Sierra Leone Consumer Society (SLCS), Health and Education for All coalitions

Output 3.1 Includes water and sanitation and social protection

Activity level: Output 1.1 & 1.2: Added participatory video, semi- annual district level meetings on community concerns, joint planning and advocacy with councils and devolved MDAs, mentoring of IMT leadership, IMT budget, contractor monitoring and expenditure tracking activities

Output 2.1: Added capacity assessment & training and follow-up training of emerging groups, advocacy - based activity support to emerging group, supervision and mentoring of emerging advocacy groups

Output 2.2: Added advocacy training and follow up training for SLUDI, SLCS etc and advocacy based activity support to SLUDI SLCS etc

Output 2.3: Added District and national brainstorming sessions around contract and management systems and follow up activity on district and national brainstorming sessions

Output 3.1: Added position papers on policy implementation in health education, water and sanitation and social protection and research on thematic issues

Output 3.2: Added 'let the people know' session, policy and budget dialogue sessions and joint CSO and councils information sharing and advocacy with relevant MDAs.

The rationale for the changes can be attributed to two things. Firstly, we have learnt that water and sanitation are connected to health issues that we have been working on for the past three years. Secondly, we want to explore raising an equal level of awareness on civil society concerns as people in communities are questioning that if we are talking about health and education, why can't we also talk about issues related to water and sanitation and social protection. Therefore, it is high time we begin to talk about policies related to water and sanitation as well as social protection for disabled persons victims of war and the marginalized as a result of the 10 year war Sierra Leone has gone through. We intend to look at the reparation framework and the implementation.

3. PROJECT PROGRESS

3.1.1 Activities and outputs (What was done)

- Organized community radio discussions
- Hosted Ward level/community meetings
- Provided Government policy documents on health, education, budget and procurement for Animators and IMT
- Organized district budget hearing sessions
- Trained IMTs on M&E systems, health & education policies and Procurement Act
- Provided quarterly support and supervision to IMTs
- Organized reflection, learning and sharing for staff and IMTs
- Conducted capacity assessment for SLTU and SLNA
- Conducted SLTU & SLNA training and follow-up training
- Provided advocacy based support to SLNA and SLTU
- Validated contractor monitoring report
- Interfaced with DBOCs, Education & Health for All, FOI coalitions
- Staff supervised by PM and the programme Supervisor(PS)
- Procured XL motor Bike for the programme
- Produced policy pamphlet on health
- Launched contractor monitoring report
- Engaged the media during the report launch
- Interfaced with members of parliament, paramount chiefs and Councilors

3.1.2 Have the activities carried out met the plan?

Most of the activities were carried out as planned except for few that include the following: This means that the activities were not implemented as planned. The reasons for the late implementation have been stated below.

- Production of policy pamphlet on health
- Report launch
- Media engagement

- Budget hearing sessions(WARD)

3.1.3 Have any new activities been introduced?

The following activities were introduced:

- District level launching of IMT six monthly monitoring report
- Mid-term review of project

3.1.4 Activities not carried and Why (table 3.1)

Activities not carried out	Why?
Produce policy pamphlet on the education policy	The activity was not carried out because to produce the health policy pamphlet required reliable, up to-date and relevant data which took much of our time. Secondly, there was no money to do the survey and produce the policy pamphlet on education.
Mobilize Civil society for advocacy	The purpose of this activity was to amplify the voice of NMJD in their engagement with Government on advocacy issues that have emerged as key findings of the report. Apparently, the report was delayed which in turn delayed the activity implementation.
Project Audit	The approved budget did not cover all planned activities. As a result, this activity was not done. We are of the view that this activity might no longer be necessary because NMJD Annual Audit covers all the programmes including Governance and Accountability.

3.1.5 Difficulties or problems faced and how they were dealt with

- The absence of a centralized and coordinated structure posed difficulties in accessing accurate and credible data especially on health and education service delivery at district level. This was due to poor record keeping and management systems within the MDAs. This problem was addressed by triangulating data collected from MDAs and councils.
- IMT dependence on NMJD for logistical and financial support was also a major challenge. Programme staff continued to re-orientate the organizational heads and IMTs on the concept of IMT and on NMJD's project to address the problem. This strategy was followed by joint planning and activity implementation with IMTs.

- Staff turnover was another challenge faced during the period under review. For 2008-2009, four staff members left the programme. This implies additional cost for capacity enhancement for new members that are coming on board. To mitigate this, the programme staff have introduced and would like to institutionalize feedback mechanisms between and among programme staff, animators, IMT and donors. As it was stated above, the reasons were personal as well as programmatic. Most importantly staffs have the freedom to leave the organization as and when they desire.
- Sustaining the high cost of consultancy for a local organization like NMJD was also a huge problem. Towards this end, NMJD is considering developing a policy on consultancy. Though the consultancy is being covered by the MAPs budget and it is beneficial to the project the fact remains that the consultancy fee is high.
- The quality and timeliness of quarterly, half-yearly and annual reports submitted sometimes did not meet the organizational requirements. This is because reporting was the sole responsibility of the PM. Collective reflection and report writing involving key staff members is an approach explored, found interesting, productive and adopted as a way of addressing the problem.
- Variations in capacity levels of animators and IMTs in terms of supervision, monitoring and reporting skills also posed a major challenge. To address this, it was agreed that the PM's monthly monitoring visits should be regular as planned because the visit was beneficial to the Animators and IMTs who required more coaching at that time. Part of the supervision and staff capacity development process also involved coaching Animators and IMT on how to draw lesson from their work. The reasons for conducting less monitoring visits during the last reporting period emanated from the understanding that monitoring/ coaching and mentoring were done during meetings, trainings and reflection session not necessary because there were challenges or problems that hampered the monitoring visits. This approach was found to be less time consuming and cost effective.
- The absence of case studies in reports was another key challenge though there was huge potential for picking up useful case studies in this project. To address this issue, the PM & PS have ensured and strengthened collective reflection and report writing so that we can report our successes. It was also agreed that the Makeni team will train others on how to identify and develop case studies because they have benefited from the training offered by Trocaire.

3.1.6 Comparisons between Proposed Project Direct Beneficiaries and those Actually Reached

Propose number of beneficiaries:

Male: 3,367

Female: 1,927

Direct beneficiaries (table 3.2)

Categories	Proposed # of Beneficiaries	M	F	Actual # of beneficiaries reached
DBOC	49	37	12	49
IMTs	42	25	17	42
SLTU	3,296	180	120	300
SLNA	1,232	61	200	261
WDC	770	124	49	173
Councils	105	87	22	109
Total	5,294	514	420	934

Variance: male 2,853 Female 1,507

Reasons for the variance

- The project has not covered all the chiefdoms/wards in the operational districts therefore the project could not reach out to all the direct beneficiaries.
- The project is in the third year of implementation and it has two more years to end. This means that the proposed number of target beneficiaries will be reached by the end of the fifth year of the project.
-

The challenges to reaching SLNA and SLTU members are the following: In the first place, the structures are at Chiefdom/ Ward level in the operation districts. Reaching all of them meant expanding the operational areas, which has cost implications for the programme. Secondly, these structures hardly meet to deliberate on issues affecting effective service delivery in health and education. Their focus has been on conditions of service; low salaries and incentives. Bringing them together to discuss NMJD advocacy agenda was one of the major challenges. Similarly, WDCs have not been meeting in the different WARDS across the operations districts. Beside, some had the view that their term of office will soon end and the possibility of serving the second term of office was uncertain. These and many other factors stifled progress.

3.2 Outcomes

Outcome 1: Increased ability of Civil Society to demand better services in health and education. Indicator 1.2: Government allocation, disbursements, subsidies and expenditures for free compulsory education and health exemption policies

The Local Council in NMJD operational districts were not used to the idea of sharing information from their budget with civil society. During the 2nd year of the implementation of the project, the idea was introduced but there was some reluctance by some Council to share budget figures. In WARD, general figures were shared verbally by the Public Relations Officer of the District Council. In Bombali, relevant figures were written on flipcharts as a reference point for discussion. In Kono, copies of the budget were distributed to all. It was on the basis of this comprehensive sharing of information that Kono was able to develop an action plan at their

meeting. Bombali decided that Councils should plan meetings about the budget with civil society on a regular basis.

Moreover, to improve greater collaboration between the local Council and civil society in the provision of goods, works and services, it was agreed that budget review meetings needed to be planned well in advance by both NMJD and Councils. Moreover, meetings needed to be chaired with a clear understanding of objectives and with the purpose of discussing budget issues on education and health. During the period under review, Councils shared the following budget figures with CSOs in all three districts:

District Councils Budgets, Health Sector (table3.3)

District	Amount Allocated	Amount Disbursed	Expenditure	Percentage
District. Council-Kono	433,610,000	319, 626,704	319, 626,704	73.7%
District. Council-Bombali	559,759,000	564,762,814	564,762,814	100.8%
District Council-WARD	233,418,974	233,418,974	233,696,227.35	100%
Totals	1,192,478,971	1,060,796,109	1, 118,085,745.35	

Source: NMJD survey Oct.2009

The table shows that In WARD, Kono and Bombali expenditure is equal to disbursement

Using the Western Area Rural District Council as a case study, the study shows the following expenditure for both health and education (table 3.4):

Budget line description	Expenditure(Le)	%
Budget on health awareness campaigns	20,000,000	8.6
Fuel and lubricant	19,997,500	8.6
TBA & PHUs trainings	25,000,000	10.7
Admin Cost	14,000,000	5.9
Incentive monitoring and supervision	14,850,000	6.4
Stationery	15,250,000	6.5
Drugs	40,660,950	17.4
Withholding tax	2,941,100	1.3
Lap top computer	4,750,000	2.0
M&E Data collection tools	6,000,000	2.3
Rain gears	5,700,000	2.4
Local travelling	7,400,000	3.2

Sensitization on community based deliveries	31,000,000	13.3
Furniture for PHUs	4,750,000	2.0
Rehabilitations(Masorie Health Centre)	9,452,500	4.0
Child health programmes	10,000,000	4.3
Bank charges	823,777.35	0.4
Electricity connections (Ogoo Farm PHUs)	1,120,400	0.5
Total Expenditure	233,696,227.35	

Source: NMJD survey Oct. 2009

In the health sector there is a defined priority with the highest sum of money spent on drugs supplied and on sensitization on community based delivery. This means that the WARD Council is working towards addressing community needs and priorities.

District Council Budgets, Education Sector (table 3.5)

District	Amount Allocated (Le)	Amount Disbursed (Le)	Expenditure (Le)	Percentage
Dist. Council-Kono	194,000,000	79,044,157	79,044,157	40.7%
Dist. Council-Bombali	2,139,000,000	243,772,862	243,772,862	11.4%
Dist. Council-WARD	251,856,279	251,856,279	138,731,302	100%
Totals	490,320,159	375,364,316	461,548,321	

Source: NMJD survey Oct. 2009 Like the district council budget on health, NMJD's investigations on income and expenditure for WARD Council on education were reported as follows:

(Table 3.6)

Budget line description	Expenditure	%
School inspections (monitoring and supervision)	9,049,000	6.5
Revalidation (school & teachers survey)	5,351,000	3.9
Motor bike registration	317,500	0.02
Monitoring NPSE exams	715,000	0.5
Grant in Aid interview/Media publications	2,300,000	1.7
Utility and Official vehicle	76,000,000	54.8
Withholding tax	2,700,000	1.9
Distribution of teaching and learning materials	12,860,000	9.3
Office furniture	9,500,000	6.8

Computers and accessories	16,150,000	11.6
Fuel and lubricant	1,480,000	1.1
Sport activities	1,774,000	1.3
Bank charges	534,802	0.4
Total expenditure	138,731,302	

Source: NMJD survey Oct.2009

Table 3.6 shows that a large sum of money was spent on utility and official vehicle at Le 76,000,000 and computer accessories Le 16,150,000, which accounted for 54.8% and 11.6 % respectively. However, it also indicates that Le 12,860,000 was spent on teaching and learning materials and Le 1,774,000 was spent on sport activities which constituted 9.3% and 1.2% respectively. It is therefore evidenced that less priority was given to actual school activities and more priority in terms of administrative expenditure. This suggests that there was a misplacement of priority by council. This was not followed up in terms of advocacy. However, it was ear marked as one of the IMT advocacy issues for 2010/11. The information about utility and cost of vehicle were not also investigated.

The percentage of disbursement (out of the total amount allocated) to health for Kono District was 30.1 %, Bombali 41.7 % and WARD 28.2 % in 2008. In 2009, the budget allocation and disbursement in Kono was 73.7%, Bombali 100.8% and WARD 100% . This means that there is an increased allocation of resources in all the districts.

In 2008, the percentage of allocations to education for Kono district was 39.6%, Bombali 39.0% and WARD 21.4%. In 2009 the percentage of disbursement to education for Kono District is 21.1 %, Bombali is 51 % WARD is 27.9 % which means that there is an increased allocation of resources in Bombali. The analysis of the previous reporting period shows that WARD had the least percentage of both disbursement and allocation. It also shows that Bombali had more allocation to the education sector than Kono district. To establish the fact, reasons for the variation needs to be investigated during the next visit to the Councils.

During the interviews respondents stated that District and City Councils to some extent spend the money according to their annual budgets and relevant budget lines and this is evidenced by the councils' implementation plans and budgets that are shared with communities and CSOs during accountability forums.

Respondents also revealed that councils divert funds from one sector/activity to another especially when there are emergency issues, for example when there was an epidemic (outbreak of cholera) in Bombali District in 2009.

Output 1.1: Increased knowledge and awareness on existing health and education policies, budgets, and Procurement Act

Indicator 1.1.1: People in communities who understand the messages communicated in the project radio sensitization efforts

In the previous reporting period, 12 radio discussions were aired and hosted in all three districts. During the period under review, 57 radio talk shows were hosted all together; 20 in Bombali, 20 in Kono and 17 in WARD. From the radio discussions, the following table shows a study on people in communities who listened and understood the radio messages communicated in the last reporting period.

(Table 3.7)

District	# of respondents	Total # of people who listened & understood	Male	Female
Kono	200	179	100	79
Bombali	200	162	85	77
WARD	150	95	50	45
Totals	550	436	235	201

Source: NMJD survey October 2009

From the table, the report indicates that there was a significant increase in the number of women who listened and understood radio messages as compared to the 2008/2009 end of year report. The survey also shows that the number of women and men who listened to radio programmes was 235 and 201 respectively. This was a clear indication that more men were listening than women.

The table also shows that out of 550 respondents interviewed in sample communities across the districts, 114 did not understand the radio messages. The variance of 436 people who listened and understood the radio messages can be attributed to the increased number of monthly radio discussions. This was evident by some of the respondents who stated that the radio programmes were becoming more interesting with the involvement of parents, nurses, teachers, councils and ministry representatives. Another important contributing factor was that the programmes were aired at the time that was most suitable for listeners. For example, Bombali and Kono after 8p.m., WARD on Fridays after 5:00 p.m. respectively.

From October 2009-March 2010, there was no assessment of this indicator because it was too involving and needed a lot more resources to carry out the survey. Nevertheless, we learnt from the field visits and monitoring activities that more people have understood the messages

communicated because more concern citizens' groups, individuals and communities are now emerging and engaging Councils, MDAs and Contractors on issues related to shoddy work, uncompleted contracts, school fee subsidies, extra school charges, child abuse and contract awarding and management systems in health and education.

This is a clear manifestation that radio talk shows aim at not only creating awareness on the policies but also empowering project citizenry and stakeholders to demand for the full implementation of the policies. It also indicates that sustained community sensitization can unify groups to talk with one voice against issues affecting them.

Output 1.2 Increased mobilization of civil society to hold Councils and MDAs accountable for health and education services

Indicator 1.2.1 IMT knowledge in budgetary process, Human Rights, and health and education policies, and procurement

IMTs are the cornerstone of this project because they are the link between the people and the service providers. As stated in the previous reports, their mandate is to monitor service delivery in the operational districts. Organizational capacity assessments were accomplished in the first year of the project. Individual staff members were assessed as to the trainings they had already undertaken and their training needs. Training needs that stood out were Monitoring and Evaluation, Report Writing and Advocacy. During the period under review, training needs identified included training on health and education policies, the Procurement Act and data analysis.

During this reporting period, it was reported by Animators that a survey was carried out on IMT knowledge in budgetary and procurement processes, health and education policies and M&E systems and that out of 42 IMTs, 27 were interviewed. According to that report, 2 out of 12 IMTs in Kono were not knowledgeable in budgetary and procurement processes. For WARD, all knew about the budgetary and procurement processes except that the level of knowledge varied from low, medium and high. For Bombali, the IMTs interviewed all had average knowledge i.e. not too high, not too low. Based on these assessments it was recommended that there was a need for improvement in their level of knowledge on budgetary and procurement processes in all three districts.

On the issues of IMT knowledge on the health and education policies, the report described IMT in all districts as being more knowledgeable on the education policy than the health policy because the Education Policy and Act 1995 and 2004 respectively were more accessible than the health exemption policy documents. Another reason was that IMT were very much dependent on NMJD for information and were not proactive in terms of searching for further information independent of NMJD.

The report also highlighted the fact that only one training was hosted in all three districts on Monitoring and Evaluation systems. Table 3.8 illustrates data collected on IMT Knowledge of M&E systems.

(Table 3.8)

District	# of women who attended	# of men who attended	Total # of IMTs who attended	Pre-test scores > 50%	Post test scores > 50%
Kono	7	4	11	1	8
Bombali	2	12	14	3	9
WARD	7	7	14	8	14
Total	16	23	39	12	31

Source: NMJD survey October 2009

Nevertheless, the report showed that a myriad of lessons could be learned from this but critical among them was the lesson that IMTs are having an appreciable level of knowledge on the budgetary and procurement processes, health and education policies and M&E systems but that there is need for refresher trainings to make them more effective and efficient in carrying out their tasks.

To integrate these lessons into the project work, during the last six months the project improved the knowledge level of IMTs on the budget and procurement processes, and data analysis but with emphasis on the free health care services for pregnant women, lactating mothers and under-fives, which is the Governments' agenda for reduction in infant and maternal mortality. The training on the health policy discussed the policy statement, objectives of the policy, provisions in the policy, target beneficiaries, implementation strategies and monitoring mechanisms. The training also set out strategies how to jointly monitor and hold government accountable for the task they wish to undertake.

There was no pre- and post-tests given during the last trainings. However, the evaluations conducted by Animators at the end of the training reveals that the majority of IMT members understood the concepts and could apply them. This was evidenced by IMT articulation of issues relating to health, education, and procurement policies and processes during the reflection, end of year report writing for 2009/2010 and planning session for 2010/11.

Indicator 1.2.3 Quality of IMT monitoring reports

Monitoring reports have been collected from IMTs during the period under review. Provision of IMT support in all three districts was based on submission of reports made directly to the Community Animators as required. Initially, reporting was done on an ad hoc basis with no

systematic format. The M&E training provided basic report writing skills for IMTs. For example, the reporting template developed for IMT contained location, reporting period, title of the project, date report submitted, author(s), introduction/ background to the report, activities undertaken, outcome/ output result of the activity, analysis, lessons learnt, recommendations and action plan for the next quarter. To facilitate analytical and summarization of data the PM and PO of Christian Aid developed the 12 steps monitoring guide. The guide consisted the following: indicators; information required; method of collection; tools to collect information; recording method; who will collect data; how often; sampling from whom; who will compile raw data; how will information be analysed; who will analyse information and who will disseminate information.

Table 3.9 indicates a summary of IMT reports during the period under review

(Table 3.9)

District	Number of Reports	Marks before and after report writing training
Kono	4	48%, 54% 58% & 62% before
WARD	3	55%, 50%, & 64 %
Bombali	4	36%,51%, 60% & 64%

According to the report, **Kono IMTs** achieved 48%, 54%, 58% and 62% on their report. The report followed the guidelines but the content of the monitoring findings were not properly analyzed and the lessons learnt were more of recommendations than lessons. Kono IMTs achieved 62% in the last reporting period (December- March 2010) . Though this shows that Kono is gradually improving, there is more room for improvement especially in the area of making reports progressive i.e .building on the previous one

WARD IMTs received 55%, 50% & 64%. Their reports followed the reporting template and the objective was consistent with the project objectives. The lessons captured were to a greater extent related to issues analysed. IMT in WARD need to learn how to integrate new learning into the action plan. In WARD the monitoring report also needs to be progressive.

The Bombali, IMTs have remarkably improved from 36% to 51%, 60% and 64% because their reports now follow the reporting format and they have designed their monitoring tools in line with the performance measurement guide, but their analysis is weak. They are comparatively doing well in terms of the use of photos. They however need to relate photos to the context being discussed. In terms of timeliness of reporting, IMTs in all three districts were given two weeks to complete and submit their reports. From all indications, it was noticed that IMTs do not submit their reports within the stipulated framework.

One of the lessons learnt from this exercise as reported previously which remains a challenge is that IMT information data collection skills are still inadequate. In addition, gathering qualitative and quantitative information and techniques for analysing the information remain a challenge.

In this regard, and as recommended previously, IMT still need further training on how to develop and apply the monitoring framework. Coaching support after the training is also necessary to help them internalize and use the relevant tools.

Outcome 2. Improved performance of service providers to deliver goods works and services in health and education

Output 2.1 Improved ability of SLNA and SLTU to effectively deliver services in health and education

The initial objective of this project was to work in partnership with SLTU and SLNA at district, ward and chiefdom levels. The purpose of engaging these CSOs was to help them understand the government's pro-poor health and education policies, and to strengthen them to mainstream policy advocacy in their work. It was expected that when these structures are capacitated they would be able to track the inputs provided for health and education, and other physical projects delivered by contractors.

The two unions are established at district levels and they have their members at chiefdom levels as well. Currently their main focus is to agitate for the welfare of their members. Since its inception the project has strengthened some members of sector-based actors such as the district executives of the structures and ordinary members training on community monitoring, health and education policies, procurement processes and advocacy and lobbying skills with support for advocacy based activities. During the training on advocacy and lobbying skills in July 2009, SLTU and SLNA prepared action plans but failed to implement the plans because people who really matter did not attend meetings or created time and space to carry out activities planned. This implied that the leadership of both sectors was not prepared to broaden their scope. As a matter of fact, we have not achieved much from our interaction with SLNA and SLTU over the years. This is the case because they are not properly 'organized' at district and chiefdom levels and do not meet. Therefore they lack the ability to act collectively. If this continues, it will hinder progress and the project objectives will not be met. Therefore, working out of this partnership is crucial for effective implementation of the project. The new strategy is to work with the community nurses preferably the MCH Aide and individual community teachers already identified as people who are interested in NMJD advocacy agenda.

Output 2.2: More effective and transparent contract awarding systems

The project has successfully monitored the work of contractors involved in 31 projects across the operational districts; 18 in Bombali, 8 in Kono and 5 in WARD. The monitoring prevented

shoddy construction work in some communities, it also named and shamed contractors for doing poor work in the operational district.

The Good Governance practices report of NMJD reveals in Table 3.10 that the contractors have very low confidence in the procurement system. The report also revealed that 47.8% of respondents stated that contracts are awarded without advertisement, which is one of the basic requirements of the public procurement system. Of the total respondents, only 13% indicated that the tender information is made available to the public in a manner that is fair to all interested contractors.

**Rating of Tender Information Made Available to the Public by the Procurement Unit Table
(table 3.10)**

Criteria	% of Respondents
Very low: Contracts awarded without advertisement	47.8
Low: Tender documents are not made available in good time for all interested contractors, and the media used is not accessible to the general public	30.4
High: Timing is okay and the media is accessible but the conditions are biased towards selected contractors	8.7
Very high: Timing and media are okay and the terms and conditions are fair for all	13.0

Source: NMJD Survey, April 2009

In addition, staff of the Procurement Units also expressed concern that the integrity of the procurement system is being compromised. The districts are implementing many small scale projects that are not subjected to open tender because they are funded by internally generated funds. On average each of the councils implemented in 2008 four projects. In 2009 no new contracts were awarded by the councils. The reasons according to Procurement Officers is that many construction projects completed in 2006 or 2007 were in the state of collapse and had to be rehabilitated in 2009.

3.2.3 The Community and Contractor Relationship

From our monitoring and study done in communities it was revealed that the majority of the contractors do establish working relationships with beneficiary communities of the projects but the quality differs as indicated in Table 3.11. For example, 30.4% of the respondents indicated involving chiefs, councilors and other local leaders in decision making whilst 13% used local labour in their projects. However, 26.1% of the community was not involved in the implementation phase. Community members interviewed pointed out that contractors prefer to recruit labour from outside because it is cheaper and creates fewer problems for their management.

Table 3.11: End User and Contractor Relationship

Indicators/Criteria	% of Respondents
Not collaborative: Community is not involved in the implementation of the project	26.1
Collaborative: Community members are involved in some key decisions-making but involvement is limited to leaders such as the chief and councilors	30.4
Very collaborative: Contractors involve interest groups such as youth, women and farmers in planning who actively participate in the implementation of the project	30.4
Highly collaborative: Community leaders and representatives of interest groups are involved in the implementation of the project and local labour is mobilized and used.	13

Source: Survey NMJD, 2009

3.2.4: Contractor Performance Report Card

There are two significant issues that are highlighted by the performance assessment of the contractors presented in Table 3.12: First, 56.5% of the contractors surveyed confirmed work done by contractors does not last long mainly because the companies are using untrained staff, inappropriate equipment and poor materials – in the table it says under *Fair*: building materials are good. According to Procurement Officers, many construction projects completed in 2006 or

2007 were in the state of collapse and had to be rehabilitated in 2009. Second, only 4.3% of the contractors consider their work to be very good.

Table 3.12 : Contractor Performance Report Card

Indicators/Criteria	PC %	EU %	PU %	CON %
Poor: Mostly do shoddy work using inferior materials, do not have most of the equipment required and work with untrained staff	6.7	32.7		4.3
Fair: Building material is good but engineering is poor and completed work will likely not last for long, do not have required equipment and work with untrained staff	46.7	39.8	33.3	56.5
Good: Materials and engineering are good, staff is trained and the required equipment is available but there are very poor relations with end users	40	21.4	50	34.8
Very good: Materials, engineering and community relations are good and staff are well trained	6.7	6.1	16.7	4.3

Source: NMJD Survey, 2009

3.2.5: Improving the Performance of Contractors

Respondents made four key suggestions that would improve the performance of contractors: (i) technical and management training, (ii) setting up of local associations by contractors, (iii) strengthening of the contract awarding system by the NPPA, and (iv) improving supervision and management of contractors.

Outcome 3 Increased ability of both government and civil society to provide relevant, reliable accurate, up-to date data to inform health and education policy and programme

Output 3.1 Response from government to civil society publications

The following activities were undertaken by CSOs: Budget and contractor monitoring, validation of reports, national and district level launch of report, media engagement on report (electronic print and radio discussion programmes) policy brief on health, quarterly interface

with DBOCs and the district level meeting with parliamentarians, Paramount Chiefs and Councilors.

During and after the above mentioned civil society interventions, the following were responses from government. In Bombali District, IMT and Animators have been sharing progress reports including budget, operational areas and activity schedule with the Local Councils. In response, Councils have provided and wish to continue to provide quality and up to-date data on their budget and expenditure for 2009, development and activity plan for 2010.

During the period under review, the programme staff including the PS and PM visited each of the councils across the operational districts. The Bombali Local councils wholeheartedly accepted NMJD and promised to work with it because they perceived its operations as empowering, and complimentary, particularly in monitoring service delivery in the district.

In September 2009, the Deputy Mayor of the city council and the Paramount Chief of Bombali Shebora Chiefdom were invited to the Staff and IMT Reflection, Learning and Sharing Sessions. At the opening session, the Mayor and the Paramount chief commended NMJD for their commitment to monitoring service delivery in the health and education sectors and that NMJD has built the capacity of many CSOs including the Paramount chief.

Similarly, in WARD, district officials acknowledged publications and internal discussions. For example, The chief administrator acknowledged that if CSOs like NMJD are not part of any programme then people outside will not know what is happening “ I see NMJD complimenting the council’s effort”.

The procurement officer in WARD during the report launch also said that “it is good that NMJD keeps us on our toes which enables us to do our work efficiently and judiciously.”

The chairman of the education committee noted that NMJD and the DBOCs have been influencing councils to perform especially through monitoring service delivery and it has helped them improve structures and systems for effective service delivery.

Like Bombali and WARD, Kono government officials also acknowledged publications and internal discussions. For example, during IMT first report validation meeting, one Councilor noted “I appreciate the work of the IMT and the Animators in the district as they compliment the effort of government, because government does not have proper monitoring systems in place. I used to see IMT as a witch hunt but now I know they are helping us in our work making sure that the right thing is done”.

During interface with Parliamentarians, Paramount Chiefs and councilors, another Councilor commented that “the IMT should continue to monitor us so that we can know what is happening and make us accountable.”

The representative of the members of Parliament also commented that they thank NMJD for such a gathering as it kept them well informed about problems in the district and that such gatherings help them to plan for changes they would like to see in the district as well as and pass on the right information to the people.

During the launching of the contractor monitoring report in Freetown, the representative of the NPPA said that though monitoring contractors is a big fight he encouraged NMJD to continue the good work.

The actions and responses of the state authorities mentioned above are important because they indicate a responsiveness on the part of government as well as their appreciation of civil society interventions in the district. They are also important because they have promoted dialogue and transparency as well as strengthened the relationship between civil society and government.

Output 3.2: Enhanced interaction and information flow between civil society and state actors

3.2.1 Frequency, type and quality of information sharing between civil society and state actors

During the period under review, 3 information sharing sessions were undertaken in all three districts. They include the district level budget hearing sessions, report launch and interface with Parliamentarians, Councils and Paramount Chiefs. In March 2010, project staff, other civil society organizations and state actors participated in the launching of the contractor monitoring report entitled, “Good Governance Practices Short-Changed in Sierra Leone? The

civil society organizations present at the launching of the report were Network Movement for Justice and Development, National Accountability Group, Centre for Democracy and Human Rights, Christian Aid, Campaign for Good Governance, Amnesty International, Education for All Coalition, Health for All Coalition, Independent Monitoring Teams, Media Houses and Radio Stations. Civil Society contributions were related to corrupt practices in government Ministries, Departments and Agencies, deplorable health and educational systems, free health care delivery services and challenges, the performance of the DBOCs, PU and Councils as agents of accountability and lack of confidence in the Judiciary.

The state actors that were present included the Anti Corruption Commission, National Public Procurement Authority, Budget Bureau of the Ministry of Finance and Economic Development, Local Councils (WARD, Bombali and Kono), Ministry of Health and Sanitation and Ministry of Education, Youth and Sports. The state actors' contributions were related to the need for strengthening collaborative linkages with government MDAs, Joint monitoring and planning, concerted efforts in the fight against corruption, complexity of contractor monitoring and NGO accountability of the money they receive on behalf of the people.

After the national launch, the report was launched at district level. During the sessions, Councils noted that the intervention of NMJD was timely but admonished NMJD to ensure that recommendations were put into practice. About the quality of information that was shared it was acknowledged among various stakeholders like civil servants, local councilors and civil society that report on Good Governance Practices is one of the best civil society initiatives on good Governance in Sierra Leone.

Outcome 4: Effective and accountable results-based management in programme planning and implementation

4.1.1 Timely disbursement and spending of funds

The year three budget was developed with the aid of a task sheet which provided details of resources needed for each activity. The budget was easily broken down and tracked by month and quarterly based on a detailed Gantt chart thus facilitating the disbursement and spending of funds in a timely manner.

4.2.1: Staff performance appraisal grades

A performance appraisal system for Animators and the Programme Manager was completed and signed between each programme staff and line manager for the period December 2008-December 2009. The appraisal outlined duties and responsibilities of the staff, activities undertaken, key contributions of the staff to achieving results and self assessment by rating 1-5. One being the lowest and 5 the highest. On the whole, staff performance was above average.

Staff therefore needs considerable coaching and support to improve timeliness of report submission.

4.3.2. Quality of report

During the period under review, programme staff wrote and submitted progress and activity reports. The quality of reports from each animation team was calculated in terms of documenting: activities achieved, use of M&E information, lessons captured, recommendations and action points with a target of 90% as acceptable quality.

7 monthly progress reports were critiqued by line manager across all the districts, for the month of October 2009. The total average score was 45 out of 100 % .

$$\frac{45}{7} = 6.4$$

7

This means that the overall scores for all aspects of the seven monthly reports critiqued was 6.4, out of the possible score of 9. The 7 animators need some coaching and support to improve the quality of their reports.

In addition, the former Programme Officer of Christian Aid noted that the overall quality of Animators' reports was good. And that this could only be attributed to the immense training support received by Animators on *report writing* carried out by NMJD over the past months. He continued that there are however critical aspects of the reporting process that Animators' still need support in. This concerns how to **draw lessons** from the outputs achieved and translating these into recommendations and proceeding to develop action points for consideration and integration into future plans. The importance of lesson learning regarding the implementation of the project could not be overemphasized he concluded.

Have there been any unanticipated changes, positive or negative, as a result of your project work? Please describe.

There was no unanticipated change brought about or influenced by the project.

3.3 Impact of the Project/ Significant Changes that have occurred in the Lives of the Beneficiaries

The project made five significant changes in the lives of beneficiaries during the period under review. Firstly, teachers, parents, school children, nurses, pregnant women, lactating mothers,

members of CBOs, CSOs and village heads are increasingly becoming aware and knowledgeable about the health and education policies, budget and the Procurement Act in Bombali, Kono and WARD.

This has led to the springing up of CBOs that amplify community voices in the districts. These organizations and individuals are presently engaging District Authorities and the devolved MDAs on issues of education and health. An example is KONDEPA (Kono District Educational Parents Association), a CBO, that has been very successful in mobilizing parents to engage the District Education Authorities on matters of school fees and learning materials.

In WARD, students in the Peninsular Secondary School, Waterloo, organized themselves into what they called “Change of Name”. The main objective of the group is to get teachers to teach during the normal school hours. With support from the Vice principle, teachers who are found wanting are organizing extra lessons at no cost to compensate for lessons not taught. One of the successes of the students’ action, which cannot be underestimated, is the dismissal of one Mr. Paul B. Sesay from the school for absenting himself from normal class teaching while focusing on extra classes for a fee.

Secondly, the number of supervised deliveries in Peripheral Health Units (PHUs) across the districts is gradually increasing. During the period under review the Mayata Health Centre in Gbandebu Ngowahun chiefdom, Bombali District and the Bandasuma Health Centre in Fiana Chiefdom, Kono District were monitored from 1st March- 31th September 2009. The reports show that about 7 women delivered in each of the health centres every month, which was more than any time in the past as stated by the nurses. The age distribution of those who were delivered falls within the bracket 18-35 years. A common factor in this progress has been attributed to improved relationship between the communities and the health workers. Such move within the local communities can be value addition.

Thirdly, as stated earlier, the project has successfully monitored the work of contractors involved in 31 projects across the operational districts; 18 in Bombali, 8 in Kono and 5 in WARD during 2009-2010. In all these areas the project has helped to prevent shoddy construction work and in some places it has named and shamed contractors for doing poor work. For example, one Mr. Turay, of the Northern Engineering Construction Company was named and shamed for poorly constructing the WCSL Primary School in Kalamgba Town, Gbendembu Ngowahun Chiefdom in Bombali District, and the Quantum International Construction Company Limited was also named and shamed for poorly constructing the BDEC primary school, Rogboreh in Sandal Tendaren Chiefdom, Bombali District. Similarly, the Rogbureh village community, in Sandal Tendaren chiefdom in Bombali District abandoned a school because the school was poorly constructed.

Fourthly, IMT offices are now serving as reporting centres for issues relating to school related gender based violence, other human rights abuses such as unfair trials in the Kangaroo Courts

and poor construction work in the health and education sectors. In WARD, the IMT functions as a community watch dog. When the chiefs observe poor service delivery in health and education, they warn the officers that they will tell the IMT. The IMT is seen as the voice of the people in the community. Traditional leaders, village heads and other concerned citizens also refer and report cases to the office of the IMT focal person.

In Kono, the IMT formed a sub-monitoring group in each of the six Chiefdoms called 'Citizens *in Action for Service Delivery and Good Governance*' (CASDGG). An average of four people is selected in each of the six Chiefdoms to form the CASDGG. They support the IMT monitoring work in the chiefdoms. As residents of their communities, they are able to follow closely the activities of service delivery agencies and projects initiated in their respective Chiefdoms and report developments to the IMT.

They also help in planning monitoring work. The CASDGG members have equally been trained in their monitoring support roles. The idea of CASDGG is to create awareness at the relevant Chiefdoms about Government exemption policies towards promoting increased access to health and education as well as transparent contract awarding systems.

In addition to this role, the CASDGG have been involving community members themselves in monitoring processes of accountability and transparency and having a say in issues related to their lives and livelihoods.

Fifthly, the project has established good rapport with relevant Ministries, Departments, Agencies (MDAs) and the Local Councils. This is evident by the councils' willingness to provide information to programme staff and IMT on budget and related issues as compared to the situation at the start of the project in 2007. This was also confirmed by the Chief Administrator, Kono District Council who said, "I see NMJD in what I describe as partners in development and Kono is blessed to have an Organization such as NMJD" (*Christian Aid Governance programme Officer Monitoring report September 09*). It is equally important to note that, though the project has established good rapport with relevant Ministries, Departments and Agencies (MDAs) and the Local Councils as stated above, formalizing partnership relationships with all six councils is yet not complete.

Finally, at the beginning of this project, only WARD had an association of contractors. As a result of the project activities during the period under review, an independent association of contractors has been established in Kono and Bombali Districts in addition to WARD with the aim to regulate the work of contractors in the districts.

3.3.2 Are the changes that have been achieved likely to be sustained?

In addition to the myriad of reasons stated in the previous report, it is expected that changes are likely to be sustained because of the following reasons:

In the first place, NMJD has adopted a phasing out strategy which involves strengthening the IMTs to take over from NMJD. Strengthening IMTs means they will engage state authorities and will begin to occupy the central stage of championing development. It also means that they will reconfigure themselves to become their own monitors, efficiently and satisfactorily apply the knowledge and skills acquired to become more organized to champion development in the district and have the capacity to deal with different categories of actors.

To achieve this objective, the project has adopted a learning by doing mechanism. This implies that for year 4 of the project, Animators will do absolutely nothing without involving IMT executive committees from planning to implementation of planned activities. In the final year of the project NMJD will gradually hand over to the IMTs. IMTs will remain as IMTs and they will take responsibility and continue the monitoring exercise they have been doing. In subsequent years IMT will in turn hand over to the communities.

3.3.3. Unanticipated Changes

There was no unanticipated change brought about or being influenced by the project

4. CROSSCUTTING ISSUES

4.1: Cross cutting Issues

The project has managed to mainstream gender. The strategies adopted include:

- Ensuring that equal numbers of men and women participate or are represented in all programme activities. For example, the IMT constitutes 19 women and 23 men
- Information collected during surveys are disaggregated according to sex – For example indicator 1.1.1
- Ensuring that both men and women's needs and priorities inform the programme because in the planning and monitoring both women and men are consulted and listened to.

4.2 Plans to Enhance these Areas of Work

The major plan to enhance this area of work includes involving more women in decision making within the programme. It is acknowledged that this area is a bit weak as gender is not only about representation or having women participate in making decisions. It is also about thinking about the impact on men and women in planning and implementation. For subsequent reports the Deputy Executive Director or our partners will be consulted for more details or for more Ideas.

5. MONITORING AND LEARNING

5.1: Organizational Capacity

There have been no staff changes related to this project or organizational difficulties during the reporting period except that one of the animators in WARD left.

5.2: Staff training / capacity building:

The previous report indicated one staff training attended by the PM and details of the training were given in the report.

In recent months the PM also participated in a four- day workshop, organized and sponsored by Tiri / Network for Integrity in Reconstruction, in Monrovia, Liberia. The workshop brought together civil society organizations who are engaged in communities in monitoring reconstruction programmes. The workshop drew on the participants' experience to develop a guide for community-led monitoring and accountability initiatives in post-war settings. It also enabled participants to learn from each other's experiences. The knowledge and skills acquired will inform advocacy training for partners during the 2010/11 activity implementation.

Four programme staff also participated in the Budget Analysis and Advocacy Workshop organized by Christian Aid. The workshop discussed basic advocacy and budget analysis skills including the social package for scientific studies (SPSS). Participants also developed and produced a press statement on the 2010 government budget.

The programme has also benefited from training on how to identify and develop case studies organized by Trocaire in Makeni. Skills and knowledge gained are yet to be shared with other staff members.

Finally, 7 Animators benefited from the Participatory Video workshop hosted by NMJD. The purpose of the training is to give face value to whatever work the programme does particularly doing advocacy. The skill and knowledge acquired are yet to be applied to programme work.

5.3: Monitoring & Evaluation (Project monitoring)

The project has been monitored in several ways during the period under review.

- The inter- programming team meeting, during which time programme staff present key achievements or progress made as a result of the project interventions, lessons learnt, challenges and recommendations and next steps. Other members of staff are given the opportunity to contribute by asking questions or commenting on the entire process. This meeting is attended by Senior Management and Programme Managers and it is held every six months.

- Joint monitoring of the project by NMJD, Christian Aid and Trocaire. The team decides what to monitor and where. Monitoring findings and recommendations are shared with partners and staff. Such recommendations inform future plans or guide the process.
- Finally, the PM monitors the project budget monthly to determine the extent to which the money has been spent against the activities planned.

5.4: Follow up on baseline surveys

To measure changes brought about by the project interventions, survey on the baseline was conducted during the period under review. For example, Outcome 2, Output 2.2.: According to the baseline study, the picture of contractor's performance shows that communities / beneficiaries were not getting value for money for resources targeting health and education sectors. For instance, the study conducted on HIPIC funded projects across the country in 2005 indicates that only 24% were properly completed, 33% not completed, 26% awaiting supply, 5% awaiting implementation and 2% incomplete and abandoned projects respectively. During the period under review, a lot has happened to make contractors more accountable and transparent as stated above. However, end user assessment of contractor performance shows 32.7% poor, 39.8 fair, 21.4% good and 6.1% very good. This shows that improving contractor's performance still remains a challenge.

5.5. Evaluation

There was no evaluation carried out during the period under review because it was not planned and it is expected that this will happen at the end of the project.

5.6. Lessons learnt

- Increased knowledge on health and education policy, budget and Procurement Act makes communities more confident and willing to ask duty bearers for benefits that are their entitlement.
- Sustained community sensitization can unify groups to talk with one voice against issues affecting them e.g. high school charges levied on parents.
- The radio talk shows and community meetings aimed not only at creating the awareness of people on policies but also served as a medium for empowering beneficiaries and community stakeholders to demand the full implementation of the policies.
- There is no transformative or empowering link between the executive and the general membership of the SLNA and SLTU. This means the Unions are not fighting for the interest of their members

- Deep rooted fear of the generality of the leadership and intimidation exists among the sector based actors especially the SLNA.
- Constant engagement of duty bearers / service providers by CSOs increases information flow, minimizes conflict and enhances joint working relationships.
- Lack of commitment on the part of either government or CSOs undermines the production of reliable, adequate and up to-date data to inform health and education policies and programmes.
- Willingness of the government to share relevant, reliable and up to- date data with CSOs and commitment of CSOs to engage constructively can produce and result in accountable and transparent quality delivery.
- The absence of a centralized and coordinated structure posed difficulties in accessing accurate and credible data especially on health and education service delivery at district level. This is due to poor record keeping and management systems within the MDAs.
- Identifying staff weaknesses and coaching and mentoring them on these weaknesses can enhance staff capacity for effective performance.
- Frequent learning and sharing sessions by programme staff enhances staff confidence in reporting their successes, challenges and lessons learnt for inclusion in reports.
- An inflexible budget in an inflationary environment affects the smooth implementation of project activities and hence the achievement of the project stated goals.
- Innovative ways of analysing project outputs and outcomes can enhance staff confidence and integrity for reporting their successes.
- Institutionalizing feedback mechanisms in the governance programme will enhance team work.

5.7. Partnership with Trocaire and Christian Aid

The role of Christian Aid in partnership with NMJD comprised:

- Strengthening partner’s capacity on project design, monitoring and evaluation, and reporting
- Providing funds for project activities
- Coordinating linkages between partners to facilitate learning and sharing.
- Peer/ joint monitoring of project activities

Weaknesses observed are the following:

- Field visits have not covered all the operational districts
- Field visits are not frequent.

6 LINKAGES AND ADVOCACY

NMJD has gained a wealth of experience working with partners on issues of Governance in this project. During the period under review, the project has worked closely with partners at district and national levels on issues of budget, contract and contractual processes and organizational learning. It has also worked with partners to increase the level of interaction between district and national actors for a free flow of information, and for the policy process to be informed by the reality on the ground. Advocacy opportunities have been created through meetings, workshops and publications.

The major partners are Independent Monitoring Teams (IMT), Budget Advocacy Network (BAN), Campaign for Good Governance (CGG) and West African Network for Peace Building (WANEP). As a result of these networks, the partners including NMJD have gained insight, experience and knowledge on governance and related issues.

6.1 Trocaire and Christian Aid Assistance in Advocacy Required.

The project has identified several advocacy issues for which continuous financial support is required from Trocaire and Christian Aid. One of the advocacy issues is related to strengthening anti-corruption measures in the procurement systems by passing a law banning politicians and chiefs from serving as contractors of government sponsored projects.

7. Recommendations and Changes Required

7.1 Recommendations from beneficiary feedback, and staff consultations

The recommendations are as follows:

- Programme staff should institutionalise and factor into the activity plan and budget the team approach to reflection, quarterly, half-yearly and annual report writing and planning
- NMJD should continue the radio discussion programmes and community/ward level sensitization meetings focusing on organising and mobilising emerging, marginalised and less privileged groups in the health and education sectors.
- Programme staff should discontinue the partnership relationship with SLTU and SLNA and focus on working with the MCH AID nurses and the teachers who are angry and dissatisfied with the national structure of SLTU.
- The programme team should ensure finalization and formalization of the MOUs with the local Councils.
- All Animators should be trained on how to identify and document case studies for sharing in the half yearly and annual reports. Training on how to apply specific tools to

gather quantitative and qualitative data/ information should also be organised be for Animators.

- NMJD should institutionalize feedback mechanisms between and among programme staff and IMTs on one hand and between and among programme staff, Senior Management and Donors on the other hand.
- NMJD should strengthen its phasing out strategy to ensure the independence of IMTs and sustainability of the project.
- Staff should be coached and supported by the PM to improve on late submission as well as the quality of reports.

8. SUSTAINABILITY

To promote sustainability, the project design and development required partnership relationships and capacity building of the project partners like the IMTs. During the period under review, capacity building of IMTs has been one of the areas of focus of this project so that IMTs can become more organized and empowered to take over from NMJD in monitoring government spending and policy implementation in health and education. Currently IMT focal persons in Kono, Bombali and WARD are giving 85%, 90% and 45% of their time respectively. In addition, IMT focal organizations host IMT meetings and financially support IMT monitoring activities though minimal.

Moreover, should Trocaire and Christian Aid phase out, CBOs springing up at community level are being conscientized to continue to monitor and advocate on issues affecting them in health and education.

Appendix: Case Study

Case study 1: Civil Society Led Action of IMT Participation in Ensuring Accountable Leadership in the Western Area Rural District (WARD)

The Western Area Rural District (WARD) is found in the west-east rural part of Freetown, with Waterloo as its district headquarter town. Waterloo is 20 kilometres from Freetown. The District has 20 wards and the main economic activities of the people include petty trading, fishing, woodcutting, quarrying, farming, gardening and palm wine production. The district medical records supplied 16 government Peripheral Health Units (PHUs) and four private hospitals. There is the District Health Management Team (comprised of community health officers, the village heads, religious leaders, community elders, youth representatives the council and teachers) the health sisters, a midwife, a nutritionist, community health officers, the logistics officer and a water and sanitation specialist. There is no resident medical doctor in the district. According to the 2004 census report, the district has a population of 171,024.

The Governance and Accountability programme of the Network Movement for Justice and Development started operations in WARD in April 2007. The following case study demonstrates IMT participation in ensuring accountable leadership in the Western Area Rural District.

The Tombo community in WARD has seen the emergence of a group of women called Join de line. These women are working around health issues but particularly campaigning against extra charges levied on the children during exams. For example children were asked to pay the sum of Le 2,000 per subject. In June 2009, during the third term examinations, IMT and Animators met with one Mr. J .K Davies, the principal of the school, and a member of the community, to investigate the matter and advise accordingly. The first step he took to investigate and address the issue was to hold a meeting for teachers and parents. The meeting proved that teachers were guilty of taking money from children. He therefore advised that they must refrain with immediate effect. The value addition is that teachers are now cautious not to levy extra charges during exams and parents do not pay when extra are requested.

Also, after one of the radio discussion programmes in the Western Area Rural District, students in the Peninsular Secondary School at Waterloo organized themselves into what they called “Change of Name”, aimed at addressing the problem of teachers who absent themselves from class. The overarching objective of the students was to get teachers to teach during normal school hours. When the school club was formed the IMT was consulted. In response, the IMT advised and exposed the students to the use of the 3 Cs- campaign, collaboration and confrontation. The exposure and learning helped the students to identify the Vice Principal as somebody they could lobby to achieve their objective. Fortunately, the action taken by the students was legitimized by the Vice Principal of the school and teachers were warned that any teacher who absented him or her self from classes for four consecutive days without excuse would be suspended. To practicalize this, the students formed groups in each class. Teachers who were found wanting organized extra lessons to compensate at no cost lessons not taught. As a result, one Mr. Paul B. Sesay was dismissed from the school for absenting himself from normal class teaching while focusing on extra classes for a fee.

In addition, the monitoring activities and radio talk shows have helped to stimulate discussions in the communities on the health and education sector. These have led to the identification of community members with passion and anger to see effective service delivery in these sectors. 47 of such community members are now organized into 8 groups called the “Concern Citizens’ Group”. The groups are now engaged in monitoring.

For example, the Concern Citizens’ Group in Lumpa have helped to minimize the abuse of the girl child by school authorities. The study reveals that teachers in the R.E.C. School, Bassa Town, Lumpa perpetually took girls from school for domestic work particularly during school hours. During one of their monitoring visits to Lumpa, the concerned Citizens and IMT picked

up the issues and after thorough investigations into the matter, the issue was discussed on the radio followed by a consultative meeting of stakeholders. The meeting brought together the councilor, CTA members, school teachers and parents, concern citizens and the IMT. The meeting discussed the effect of the action on the girl child, the family and the community at large. It also helped the community to understand that this was not only violence and discrimination against the girl child but also a crime under the three gender acts. Based on this experience, the IMT and the Concerned Citizens' groups have organized and set up groups to inform them of cases of violence and abuse of children, lactating mothers and pregnant women.

Case study 2: Civil Society Led Action on Community Driven Project in Bombali District

Bombali District is situated in the northern part of Sierra Leone and Makeni City, the district headquarter town is 163 miles from Freetown. The economic activities of the people in the district are subsistence farming, petty trading, cattle rearing and low scale mining (diamond and gold). According to the Sierra Leone Integrated House Survey, 8 out of every 10 people in the district are poor.

The focus of the case study is how a community claimed ownership in the construction of school structures in the Mapaki Junior Secondary school, Pakimassabong Chiefdom, Bombali District. The study reveals that during the period under review, the Abenty Construction and General Suppliers construction company was awarded two contracts in the school community driven development project. The contracts involved the construction of a six classroom block and an administrative building. According to the community's needs and priority, the classroom block was urgently needed because the community wanted the children to go to school and had advised the contractor accordingly. But on the contrary, the contractor failed to follow the community instructions and with the support of the IMT the contract was withdrawn and the Man Power Construction Company was awarded the contracts. The reason for the withdrawal was that the community considered the attitude of the contractor as a breach of contract as well as misplacement of community needs and priorities.

Unlike the previous contractor, the study reveals that the new contractor followed the instructions of the community but failed to follow the specifications or bill of quantity (BOQ). The community complained that there was poor mixture and the sizes of the classrooms were reduced. As a matter of fact the work was considered substandard and shoddy. Invariably, the contractor was also dismissed. Towards the end of 2009 the contract was re-advertised and the work is at the completion stage.

