

Mid-Term Evaluation

Project: Knowledge, Skills, Action and Networking for Social Accountability

SAKSAN



Concern Universal Mozambique
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ACRONYMS

ME – Mid-Term Evaluation

WB - World Bank

FONAGNI – Provincial Forum of Organizations from Niassa

DG – District Government

GPSA - Global Partnership for Social Accountability

PG –Provincial Government

NAFEZA – Nucleon of Female Association from Zambeze

CBO – Community Based Organizations

CSO – Civil Society Organizations

UNDP – United Nations Development Program

DHS – District Health Services

MIH – Maternal and Infantile Health

ART – Anti-Retroviral Treatment

I. EXECUTIVE SUMMARY

This report presents the findings of External and Mid-Term Evaluation of the Programme – Knowledge, Skill, Action and Networking for Social accountability – SAKSAN, implemented by Concern Universal Mozambique and funded by the World Bank under the GPSA initiative.

The proposed evaluation study follows three basic objectives. The first one consists in the evaluation and observation of the relevance, effectiveness, innovation, impact and sustainability of SAKSAN; the second concerns the verification of compliance with the objectives and the reach of the results proposed by the project; The third requires the presentation of conclusions, lessons learned and recommendations to implementation partners and programme managers.

In order to conduct this evaluation, the evaluation team adopted methodological procedures that conform to a mixed model, resulting from the combination of approaches and qualitative and quantitative research techniques. The fieldwork covered 4 of 6 target districts namely Nicoadala and Quelimane in Zambézia province, Maúa and Marrupa in the province of Niassa.

I. Key Evaluation Questions (summary)

1) Programme performance against the activities, results and changes projected in the approved action plan.

The SAKSAN Programme has shown a rather satisfactory level of implementation of the activities and in accomplishment of the goals. If the current level of performance is maintained it is very likely that by 2017, SAKSAN will reach outcomes above the projected.

2) Relevance of the SAKSAN focus and goals under the World Bank programme,

government strategy for the Health Sector in the context of support to decentralized governance and poverty reduction.

The activities undertaken under SAKSAN has contributed significantly to the social accountability of the health authorities in provision and improvement of the quality of services provided to the most vulnerable groups.

There is a strong relationship between the SAKSAN social accountability approaches and the pillars of governance of GPSA, particularly transparency, representation and voice, accountability and learning from the results.

3) Cost-effectiveness of the methodologies used in SAKSAN for achieving the goals and objectives of the programme:

SAKSAN has been in implementation for about 18 months and from our point of view it is early to determine the relationship cost/benefit. However, we've identified a huge potential, through local partnerships, for the programme to reduce significantly the financial burden during the implementation.

4) Adjustment of the programme schedule for achievement of the objectives and goals

The programme managers are strongly confident that by the end of this evaluation, the 4-year period will continue valid for the achievement of objectives and goals set in the SAKSAN. In this evaluation we did not identify any evidences that justify a need to extend the programme beyond the 4 years.

5) Effectiveness of the mass media activities and coverage in sensitization and mobilization of citizens and key stakeholders

- The Project has been effective in the communication of its achievements and outcomes to key stakeholders, both at central and local level, as well as at the international level (World Bank).

II. Main findings

SAKSAN managed to bring together a group of highly qualified professionals, from programme managers (Concern) to the focal points of partner organizations at provincial level. At local level the civic health groups have managed to conquer their space and demonstrate their relevance to the Health Authorities and beneficiary communities.

III. Conclusion

From the data collected we concluded that the programme will achieve the goals and outcomes planned (or more) within the prescribed period. Therefore, it will not need any extension;

The activities, outcomes and goals remain relevant to the context and it does not justify any change or adjustment. The changes and projected impacts will, if no unexpected incident takes place, be achieved or even exceeded within the planned period.

With regard to the assumptions of the Theory of Change advocated in the programme according to which "*strengthening the capacities of stakeholders on the demand side, pressurize and demand social accountability from public services provider, results in the increased capacity of response by public policies related to health, with impact on access and quality of health services*". The evidences show that such assumptions are still valid.

IV. Recommendations

Our final conclusion is that SAKSAN is on a good track and should maintain and consolidate the good practices they have demonstrated throughout the programme implementation; however, we think it is relevant to consider certain aspects that still need to be corrected.

At the level of Project Management

2. For the monitoring of the business plan, we recognize the role and relevance of the mid-year reports from the GPSA matrix, however, we recommend that also be used the Most Significant Change Charter (MSCC), a matrix that permits progressive abstraction and systematization of significant changes generated by the programme (including those not planned);
3. We recommend the permanent update of the risk management matrix considering types of risk (1) human (e.g. demotivated Civic Groups), (2) natural disasters (e.g. Flooding in Zambézia), (3) political (e.g. Military Political Tension);

At the level of methodological approaches:

4. To continue and consolidate the use of social audits and public Auditorium as a key instrument.
5. SAKSAN should abdicate the instruments and trainings oriented to monitoring the health sector budget at the level of districts, taking into account that the financial decentralization process of the budget in the health sector at the district level is not yet effective.

At the level of capacity building and consolidation of “Health Civic Groups”

1. Concern Universal, FONAGNI and NAFEZA should hold an open-ended and honest discussion session with the civic groups of health about their condition as a volunteer;
2. SAKSAN should prepare the manual of activists to guide and update the Civic Groups on methodological aspects during work on the ground.

Dissemination of lessons learned and exchanges

SAKSAN should accelerate the accomplishment of the agreement with the Parliamentary Study and Training Center aiming at training for working committees and SGAR staff on lessons learned in the project. We have noted that the programme took significant steps by sending the SGAR staff to attend training about the SAKSAN approach, however, in the second phase we recommend establishing an agreement that extends to the members of the 4th Committee (Public Administration and Local Government).

SAKSAN should increase the number of exchange sessions between the "Civic Groups" (from district to district or between provinces). This was a common request in all the districts where we made the evaluation.

Post-SAKSAN perspectives 1

We recommend that Concern Universal Mozambique and the World Bank use the lessons and experiences from SAKSAN 1 to draw a post-SAKSAN programme (or SAKSAN 2) in order to expand their good practices to other districts.

II. INTRODUCTION

This report presents the outcomes of the External and Mid-Term Evaluation of the programme – Knowledge, Skills, Action and Networking for Social accountability – SAKSAN, implemented by Concern Universal Mozambique and financed by the World Bank, under the GPSA initiative.

This evaluation was considered one of the key steps in the monitoring process of the progress made in the implementation of the first phase of the SAKSAN programme, bearing in mind that the project has the duration of 4 years – December 2013 to December 2017.

The proposed evaluation study follows three basic objectives. The first one consists in the evaluation and observation of the relevance, effectiveness, innovation, impact and sustainability of SAKSAN; the second one concerns the verification of compliance with the objectives and reach of the outcomes planned by the project; The third requires the presentation of conclusions, lessons learned and recommendations to the implementation partners and programme managers.

In terms of results from the consulting the following outcomes are expected: a) Preliminary Report containing the mid-term evaluation of the SAKSAN Programme, which should highlight the relevance, efficiency, effectiveness, impact and sustainability of the programme; and b) Final report containing the mid-term evaluation of the programme which should highlight the relevance, efficiency, effectiveness, impact and sustainability of SAKSAN, including the executive summary, conclusions and recommendations for correction of the course.

Table1. Summary of the Programme

Name of the Programme	<i>Knowledge, Skills, Action and Networking for Social accountability – SAKSAN</i>
Implementer	<i>Concern Universal Mozambique</i>
Funder	<i>World Bank</i>
Location	<i>Niassa and Zambézia</i>
Length	<i>4 years</i>
Overall objective	<p><i>Improving the quality of life of the most vulnerable people (women, children, people with disabilities, people with HIV/SIDA, etc.) in the provinces of Zambézia and Niassa through strengthening the social accountability and the level of response to social needs of the services provided by the Health Sector in Mozambique.</i></p> <p><i>a) To increase the capacity of CBOs / CSOs for a socially</i></p>

<p>- Key components</p>	<p><i>responsible engagement</i></p> <p><i>b) To improve and increase in citizen's influence on the quality of provision of health services and access to them</i></p> <p><i>c) Production and management of knowledge and learning</i></p>
<p>Basic assumption of SAKSAN</p>	<p><i>By strengthening the capacities of stakeholders on the demand side (beneficiaries), these will put pressure on supply-side stakeholders (public provider) to allow greater social accountability in the management of public resources, causing as a result improvements in access and quality of health services, with a focus to the most needy groups (women, children, etc.).</i></p>
<p>Outputs</p>	<p><i>(1) Grassroots Survey and Mapping of stakeholders;</i></p> <p><i>(2) Training to members of the beneficiary organizations in Social accountability, Cycle and Planning and budgeting processes ;</i></p> <p><i>(3) Training in Budget Analysis and Monitoring tools and techniques (including community score cards/by the citizen, social auditing, tracing and monitoring expenditure, monitoring of the procurement process, public hearings);</i></p> <p><i>(4) Promotion of internal dialogue within the CSOs/CBOs (including internal governance principles, communication, transparency, gender, compliance with the legislation).</i></p> <p><i>(5) Increase citizen access to public information on local health issues (SMI and ART). Support for civic groups in the use of social accountability tools for</i></p>

	<p><i>monitoring the health sector;</i></p> <p><i>(6) Provision of support in the collection of evidence-based information on the sector;</i></p> <p><i>(7) Promotion of effective dialogue and engagement based on evidence;</i></p> <p><i>(8) Support to local media in educating the general public about social accountability, dissemination of information and findings of the project;</i></p> <p><i>(9) Preparation of lessons learned to share information, challenges, experiences and good practices;</i></p> <p><i>(10) Organization of Workshops for sharing information, lessons learned and challenges with the different stakeholders;</i></p> <p><i>(11) Establishment of a partnership with the working groups of the Assembly of the Republic.</i></p>
<p>Outcomes</p>	<p><i>1) Community-Based Organizations (CBOs) and Local Civil Society Organizations (CSOs) in the two provinces – Niassa and Zambézia – with skills, techniques and tools for an engagement based on evidences in social accountability (including Budgets monitoring).</i></p> <p><i>2) Increased engagement among the stakeholders on the demand side and delivery of quality health services (public), particularly, ART services, PVT (SMI), financial decentralization and humanization of health services.</i></p> <p><i>3) Good practices, lessons learned on how to measure the performance of service providers (with a focus on maternal and child health, and access to anti-retroviral, the</i></p>

	<i>decentralization of the budget and humanization of health services delivery) on the basis of the project experiences identified, disseminated and used to influence national and international policies.</i>
Key stakeholders (partners)	<i>NAFEZA and FONAGNI, Community-Based Organizations from Marrupa, Maúa, Muembe, Nicoadala, Quelimane and Mocuba, District Health Services and local governments (of the targeted districts in the programme)</i>
End beneficiary	<i>3000 people</i>

III. METHODOLOGY

To conduct this evaluation, the team adopted methodological procedures that conform to a mixed model that results from the combination of approaches and qualitative and quantitative research techniques. To safeguard the reliability and accuracy in the methodologies used and consistency with the internationally accepted evaluation standards, the evaluation followed the recommendations set out in manuals developed by the experienced and reputable development agencies internationally accepted, such as the United Nations Development Programme – UNDP, USAID, WORLD BANK.

Therefore, within this frame of reference, the methodology used in this evaluation was developed in three stages:

A first phase which consisted of the exploratory research sought to familiarize with the Project – the approaches used, the assumptions of the Theory of Change, their power and their projections and desired impact. In this step the evaluation used the *Rapid Appraisal* approach, a technique that allowed us to combine a set of evaluation methods to quickly and systematically collect data, including: desk review, interviews with key informants, identification of the target group.

The second phase consisted of the fieldwork. In this step we visited 4 of the 6 target districts - Nicoadala and Quelimane in Zambezia province, Maúa and Marrupa, in Niassa

province. We favored interviews and direct contact with the key stakeholders particularly, civic groups of health from the district, SAKSAN focal point in the target districts, permanent secretaries at district level, heads of the district health services, focal point of the programme at the district directorates of health, chief medical doctor, nurses, representatives of NAFEZA and FONAGNI (including social bodies and focal point), programme coordinator at Concern Universal. In addition to the interviews, in this phase, we also privileged the observation and collection of evidences (pictures) of progress registered. We observed and witnessed the delivery of a “maternity hospital” as a result of the performance of public auditoriums of health.

In the third phase, we did the systematization and analysis of the data collected. And then, we drafted the preliminary report to submit to the discussion with Concern and get the feedback for the final report.

IV. EVALUATION QUESTIONS

I. PROGRAMME PERFORMANCE AGAINST THE ACTIVITIES, OUTCOMES AND PROJECTED CHANGES IN THE APPROVED ACTION PLAN:

1.1. TO WHAT EXTENT HAVE THE OUTCOMES AND ACHIEVEMENTS, REACHED SO FAR, IN SAKSAN ARE ABOVE, BELOW OR IN LINE WITH THE OUTCOMES AND ACHIEVEMENTS PLANNED?

Overall, the outcomes and achievements reached so far show that SAKSAN has enormous potential to reach, by the end of the programme, a number and variety of results above the planned. Evidence shows that in 4 (four) districts where SAKSAN completed the first public auditoriums cycle generated a variety of results beyond what was Projected for this initial phase.

SAKSAN expected to achieve a variety of results in the following key components:

First Component - Increase the capacity of CSO/CBO to engage in social

accountability.

Indicator: Number of CBOs/CSOs representing vulnerable groups trained and using instruments of responsibility to monitor and influence the delivery of health services.

Goal in year 1: 25 and year 2: 70

Observed number: 85

Note: the programme planned to reach 105 CBOs in 4 years; 35 in the first year, plus 35 in the second year totaling 70 and 35 more in the third year. According to the data above, this goal has already been reached and surpassed, with 15 CBOs above the projected.

A) As first intermediate result of this component it was planned that "*local Community-Based Organizations (CBOs) and Civil Society Organizations (CSOs) in both provinces – Niassa and Zambezia – with skills, techniques and tools for an evidence based engagement on social accountability (including Budgets monitoring)*".

The data collected show that during the 18 months of implementation, SAKSAN recruited and trained a considerable number of CBOs engaged in social accountability activities. The project managed to mobilize the engagement 85 CBOs in 6 districts (see table below) and an average of 3 courses have already been administered in each district:

1. Training (and monitoring) of the CBO/CSO members in social accountability and Budget Analysis and monitoring tools and techniques;
2. Promotion of internal democratic dialogue within the CBO/CSO;
3. Training (and monitoring) of the CBO/CSO members in social accountability and budgeting cycle and processes.

Table 2: No. of CBOs engaged in the programme/district/Province

Province	CBOs			
	District	Year 1	Year 2	Total
Zambézia	Quelimane	5	8	13
	Nicoadala	6	8	14
	Mocuba	6	8	14
Niassa	Muembe	7	8	15
	Marrupa	6	8	14
	Maua	7	8	15
Total		37	48	85

The outcomes and achievements of the CBOs trained by SAKSAN are pretty impressive. From these CBOs, they created vibrant and very active 'civic groups' of health, with a great capacity of community mobilization for the demand of social accountability of the Health services provider at the local level.

In all districts visited, the 'civic groups' (CG) of health, proved to have a great acceptance from the Government (offer) and the Community (demand). Testimonies obtained from the local governments institutions where the CG work show that they have already conquered their valid and relevant space of interlocutor among the providers of health services at the local and communities level.

With regard to the increased capacity of the CSOs engagement, in particular FONAGNI and NAFEZA, the programme has demonstrated quite satisfactory progress. Judging from the information gathered, in the period under review, the SAKSAN programme contributed to:

- 1) Improving the ability of FONAGNI and NAFEZA to intervene and influence (based on evidence) the health services in the districts where the current project is being implemented;

- 2) Raising the ability of the forums to strengthen their members (CBOs) and, above all, the relevance of their service agenda of assisting member CBOs;
- 3) Increasing its acceptance as a valid interlocutor in facilitating dialogue between the health services and the beneficiaries (the communities);
- 4) Strengthening their community development strategies and programmes;
- 5) Increasing the visibility of their programmes;

"This programme came at a right time and helped us realize fulfill what was already on our strategy but we had no instruments yet to operationalize it. SAKSAN helped professionalize our local advocacy work based on evidence and showed us it is possible to create change through social accountability" NAFEZA corporate bodies.

"In short time, FONAGNI enhanced and consolidated its relationship with member organizations. Today they no longer question the relevance and role of FONAGNI in the development of its members. And, as member organizations FONAGNI we also feel that, thanks to SAKSAN, the Government takes us as key partners in the improvement of services provided to the communities" Member of Maúa civic group.

"Today, FONAGNI is seen as a great partner of the Government, at least in our Marrupa district, in the improvement of health services. We can feel the benefits of the work that they have done in the Health Centers through the Civic Groups. Today, with this project the Government already has the sensitivity of the communities about our performance in this sector and this is very important in the planning of our priorities. We want this to be extended to more sectors, as for example the Education Sector" Permanent Secretary Marrupa District.

In general, SAKSAN has been demonstrating a good performance in skills transfer to CSO/CBO. Through the skills and instruments acquired under the SAKSAN project, CBOs and CSOs have shown significant levels of influence and social accountability for improving access and quality of Health services.

B) As a second intermediate outcome of this component we have planned "*improved*

internal governance and accountability mechanisms in the CBOs and CSOs. The data collected show that it is early to assess the effects of the assistance provided by SAKSAN under the organizational development of CBO and CSO engaged in the programme. However, the programme has registered activities with enormous potential to cause changes in the mid-term at the level of internal democracy of SAKSAN partner organizations. From the initiatives we highlight:

a) Reflection sessions on internal governance mechanisms in each partner, particularly the internal mechanisms of accountability, internal communication and other pillars of organizational development.

b) Meetings for promotion of internal democratic dialogue in Civil Society Organizations (CBO and NGOs). At this stage SAKSAN covered the 6 districts targeted by the programme, with a participation of 160 people (84 women and 76 men) representing 37 CBOs/CSO.

c) Visits for monitoring and internal reflection (within the organizations) on the general principles of democracy and good governance. These visits were made by NAFEZA and FONAGNI since all member associations of the Civic Groups are under the umbrella these organizations and these networks/forums are committed to the institutional welfare of these CBOs/CSOs.

Therefore, it is expected that in the final evaluation of the programme it be possible to capture and demonstrate good internal governance practices in the SAKSAN partner organizations.

Component 2: increased engagement between the stakeholders on the demand side and supply of quality health services (public), particularly ART services, PVT (SMI), financial decentralization and humanization of health services.

Indicator: Percentage of service providers (with focus to ART and SMI, but not limited to these) that have improved their services due to the return and participation of beneficiaries.

Goal expected for the year 1:5 and for year 2:10

Number reached 14 (meaning 140%).

This means that the program has achieved above the planned target and with a huge potential to increase the percentage by the end of year 2.

For this component we planned two intermediate outcomes, such as:

A) The first outcome refers to "*the effective monitoring of the quality of services provided in the health sector (with focus to SMI and ART, decentralized finance, humanization of services*".

To monitoring this outcome the programme elected, as an indicator, the percentage of health units monitored (evaluated) in the areas and provinces concerned. The data collected show that in a year and a half of programme implementation around 14 health centers were monitored (Nicoadala – 2, Quelimane – 3, Mocuba – 2, Mocuba – 2, Maúa – 2, Muembe – 2, Marrupa -3) against the target of 10 in 2 years. This means that the programme exceeded the goal in about 40%, six months before the end of year 2.

In general the data collected show that in the two provincial (Niassa and Zambezia), there is a quite satisfying level of progress in the engagement of the CBOs to monitor the ART and SMI services and humanization of health services.

In the interviews held with health professionals (including Chief Medical Officer, Nurse, Head of Health Services at the District and Provincial level) and representatives of local governments prevailed the perception that there is a direct correlation between the level of engagement, the supply and demand of health services, improvement of the quality and provision of ART and SMI services, and Humanization of the services.

For the health practitioners the introduction of **community survey/consultation practices and public Auditorium of Health** represents a major achievement for increasing the level of approximation and dialogue between communities and Health

technicians. As regarding direct consequence of improvement of the levels of communication, our respondents mentioned most frequent examples:

- a) Significant increase in demand for ART and SMI services;
- b) Change the attitude of health technicians for greater responsibility and humanization in patient care;
- c) Increase the level of mobilization of the community action in support for hospital units: e.g. opening the hospital landfill, cleaning in hospitals...);
- d) Reduction of waiting time;
- e) Identification of sector priorities based on the community interests;

The cycle of public health auditoriums – raising concerns, community consultation, report compilation, validation and return, public auditorium, monitoring of achievements – proved to be a very effective tool in the engagement of providers and beneficiaries in social accountability in the health sector.

With regard to the testimonies gathered from beneficiaries of the programme, the prevailing perception is that there is a significant improvement on the interaction with health services and such improvement has a direct relationship with the work of the civic groups linked to the SAKSAN project.

In short, both the demand and offer agree there have been significant changes in communication/interaction from both sides around the discussions on ART and SMI and the merit is due to the performance of the project SAKSAN.

B) The second outcome planned in this component "*enhanced effective and informed dialogue between the CBO/CSO and the Government around health services*". Our respondents (supply and demand) showed a high level of satisfaction regarding the effectiveness of the dialogue. The merit of SAKSAN is on introduction of public health auditoriums (preceded by surveys of the main users' concerns and community consultations) as main instruments to facilitate the dialogue. The community survey/consultation (including the systematization and writing reports from findings) enables you to produce a base of information and evidence relevant to an informed

discussion and effective dialogue in public auditoriums. On the other hand, the government and health authorities find in public auditoriums spaces to inform, clarify and share the priorities of their plans. And, above all, negotiate with communities/beneficiaries future priorities for the health sector.

Component 3. Knowledge and Learning

Indicator: Number of lessons learned, case studies shared and discussed through global platform for knowledge, exchange and research in national and regional networks.

Planned goal in year 1: 3 and in year 2: 5

Number achieved in one year and a half: 8

In this component the programme have planned two intermediate outcomes *(1) Good practices, lessons learned (through case studies and stories of life...) and common challenges in the use of tools and approaches of social accountability and (2) Field experiences that influence health policies.*

The data collected on the ground show that the programme achieved 3 in year 1 and plus 5 in the middle of the second year. This shows that the programme has achieved the goal in 100% but with a huge potential to increase records at the end of year two, taking into account they are preparing, at the moment, 2 video documentaries on public health auditorium, 1 in Zambezia and 1 in Niassa, plus 1 newsletter and 3 digital stories, making a total of 6 more by the end of the second year.

Up to the period in analysis they produced a newsletter, 2 digital stories, 1 case study, 1 publication in the daily newspaper – Notícias - (sharing of information and experience of the public Auditorium from Nicoadala) 4 documentaries/videos that were broadcasted in 2 programmes of the National Television, one local and another national (Ver Moçambique and Bom dia Moçambique) in the districts of Nicoadala, Marrupa, Muembe and Maúa. They shared the experience on implementation and engagement with the government, specifically with the health sector, in the launching event of the third call for proposals of the GPSA in Mozambique with the participation of various

Mozambican CG organizations and World Bank representatives both from Mozambique and Washington.

Although it's still early to make any conclusive judgment on the performance of the programme in this component, it should be noted, based on evidence on the ground, that although SAKSAN has been running just for a year and a half, it has a huge potential to continue generating lessons and learning, not just to local stakeholders, but also to the level of health policies (central and international level).

Whereas the objective of this component is "to promote the use and sharing of good practices and lessons learned so that the issues identified and lessons learned locally can feed into the dialogue and influence similar initiatives both in-country and internationally" we believe that the systematization of lessons will be more visible in the second phase of the implementation of the project because all of these will feed into the discussion process of health policies, especially policies on humanization of the provision of services.

At this stage we noted that the project team has participated in several events for exchange of experience at international level, particularly events in Washington, Mexico etc. Here you only speak of the civic groups and you can reconcile the information with this. At the local level, we noted that some districts have already initiated activities aimed at sharing experiences with other districts or central level stakeholders, with particular focus to the civic groups of Marrupa, which had the opportunity to receive a representative of NAIMA from Maputo, invited by the Ministry of Health to participate in the public health auditorium in this district. The civic group had the opportunity to share their practice as well as their experiences. In Zambezia, the civic health group of Quelimane participated in the public auditoriums of the two health units from Licuari and Nicoadala sede.

However, a significant part of the respondents, in the context of this evaluation, believe that the second phase of the project should increase these initiatives with special attention to promotion of learning among civic groups, through knowledge exchanging meetings among civic groups from different districts.

In terms of methodologies and knowledge and learning management tools, we believe

that the reports prepared by civic groups and provincial forums are quite important to the process of knowledge and learning management, but not sufficient. The content of these reports does not provide sufficient data for documentation of an experience or learning. Therefore, we think it necessary that the programme starts, from phase two, the discussion and introduction of new components that will make it possible to gather data for the materialization of component 3. For example, matrixes such as MSC – Most Significant Changes, Fact Sheets, Case Studies, QMC may facilitate the documentation and registration of important events throughout the project.

In short, at this stage the outcomes defined by SAKSAN continue valid and achievable. SAKSAN fulfilled quantitatively (with a potential to exceed) the goal expected in the programme. However, for the potential of lessons that the programme may produce, SAKSAN is challenged to introduce new tools to raise the level of capturing the lessons produced, particularly at local level. These tools aim, on the one hand, to maximize the ability to capture the lessons produced, but on the other hand, integrate within their standards to be transmitted to the national and international level.

As stated previously the programme has been showing a great potential to achieve results above those planned by the project. In the list below we present some results collected on the ground:

Registration of results witnessed in the field

- Landfill along the two sanitary units: Marrupa and Maúa;
- Maternity hospital and Waiting Homes for Pregnant Women;
- Construction of a pharmacy ;
- Adherence to ARV and SMI services;
- Reduction of waiting time for service;
- Behavior change by the health technicians in attending to ART services and assistance child delivery services;
- Report and reduction of illicit charges in child delivery care services;
- Reduce the distance to the delivery services;
- Awareness raising for participation in ART services;

- Community mobilization for support services to health centers: cleaning in hospitals and water supply;
- Awareness raising for involvement in family planning;
- Behavior change by girls and caregivers with regards to good Sexual and Reproductive Health practices;
- Improvement of assistance to patients suffering from tuberculosis;
- Change of mindset about the diet of children and postpartum lactation;

1.2 WHICH ACTIVITIES HAVE NOT BEEN IMPLEMENTED IN ACCORDANCE WITH THE AGREED UPON ON THE MOU AND BUSINESS PLAN APPROVED? WHAT WERE THE REASONS AND THE IMPACT OF SUCH DEVIATIONS?

Despite the late start of the activities due to the late disbursement of the first installment and because of an interruption caused by floods (Zambezia), overall the project had great merit to recover lost time and adjust to the new schedule. The activities are taking place in an acceptable pace and without prejudice to the results planned.

(a) In order to materialize the first component of the project (objective 1), we planned the following key activities: (1) Baseline Survey and Mapping; (2) Training (and follow-up) to members of the CBO/CSOs on Social accountability and cycle and budgeting process; (3) training (and follow-up) to members of the CBO/CSOs on Social accountability, budget analysis and monitoring techniques and tools (including community score card, citizen report card, social audit, budget tracking and monitoring, procurement monitoring, PETS, public hearing); (4) Promotion of internal democratic dialogue in the CBOs/CSOs (including principles of internal governance, communication, transparency, gender and regulatory compliance).

In both provinces SAKSAN has been demonstrating a satisfactory level of compliance with the planned activities. As regards the delays (due to delay in disbursement of funds and natural disasters) observed in the implementation of micro-activities the project

has shown a very flexible level of management to adjust and recover the lost time without prejudice to the main activity (*milestones of SAKSAN*).

By the time of this evaluation 4 (Maúa, Muembe, Marrupa and Nicoadala) of the 6 districts covered in the programme had concluded with merit the cycle of social audits and public auditoriums. In General (in the 6 target districts) 14 health facilities were audited, the findings raised in 9 of them were taken to public health Auditorium, hoping to perform public health auditoriums about 5 health units, 3 in the District of Quelimane and 2 in Mocuba District. Although the districts of Quelimane and Mocuba could not carry out the public Auditorium, according to NAFEZA these activities will be completed still in this fiscal year.

It is, however, at the technical and methodological level that the programme has undergone readjustment. The Programme managers, in an attempt to refine approaches and instruments and, above all, adjust to the reality on the ground, felt the need to select, from the range of tools listed in the programme (community score card, citizen report card, social audit, budget tracking and monitoring, procurement monitoring, PETS, public hearing). This exercise culminated in the selection of the Social Audit and Public Auditorium as the key tools of the Project. For better effectiveness of selected tools the programme combined some components of Community Score Card, particularly the community interface stage (provider and beneficiary) and the public hearings.

Another readjustment made was at the level of training and monitoring tools aimed at tracking local budgets. The decision not to move forward with the training and application of budget tracking tools is justified by the fact that the health sector has not yet created a budget base (through the process of financial decentralization) that justifies an activity for its monitoring.

(b) To materialize the second component of the project (outcome 2), we planned the following key activities: (1) Increase access to information by the citizen on health issues at local level; (2) support the CBOs/CSOs in the use of tools and techniques of social accountability to monitor health issues at local level; (3) provide assistance and

logistics for the CBOs/CSOs in collection of data about health services at community level; (4) promote effective dialogue and engagement based on evidence around health issues between CBO/CSO and Government.

Overall, the activities are taking place in a very satisfactory pace, without significant changes or that threaten the achievement of the expected outcomes. In some cases the calendar of activities of the 'Civic Groups' of Health at the level of districts (e.g. Public Auditoriums) has experienced delays due to the need to adjust to the calendar and internal procedures of the health sector (e.g. Availability of health technicians, members of the government). However, all cases reported did not constitute an obstacle in implementing the global plan. In Zambézia province we found that the districts of Quelimane and Mocuba, up to our evaluation had not yet carried out the sessions of public Auditorium, however, there was significant progress made towards preparation of the sessions, particularly raising concerns using the tool designed by the management team and files/surveys for users of health units; they produced reports and held validation meetings with the communities.

However this does not constitute a threat to the goals because according to the revised timetable, they will be held in this fiscal year.

(c) In order to materialize the third component of the project (outcome 3), we planned the following key activities: (1) support to local media, (2) identify and produce lessons learned to share information, challenges, experiences and good practices; (3) Organize Workshops for information sharing and establish partnership with the working groups from the Assembly of the Republic.

It has been 18 months since SAKSAN was initiated and, although the programme is demonstrating enormous potential of learning and production of lessons, it is too early to consider the progress visible in this component. The project started with activities to support local media (community radios, local newspapers), contacts have been made and partnership has been established with the Assembly of the Republic (through the partnership established, 2 members of the training center of the Assembly of the Republic, attended training on fundamentals of social accountability, through the PSAM

in Rhoads University). However, a large part of the activities under this component will bring visible results in the second phase of the project since in the last two years they have identified and created synergies for greater engagement. At the time of this evaluation they were preparing activities for a workshop where the participants will have the opportunity to share their experience and perspectives related to aspects of social accountability with their peers, MOH and other stakeholders.

Overall, there is a rather satisfactory level of progress of the activities. SAKSAN managed to create a dynamic interaction and constructive dialogue between health providers and clients, it managed to audit 14 health facilities, it managed to carry out public auditoriums in most districts, and the auditoriums are perceived as the key activity that represents and determines the success at the end of a sequence of activities within the framework of social accountability approach of SAKSAN.

1.4. WITH REGARDS TO PROJECT PARTNERS – THE KIND OF INSTITUTIONAL ARRANGEMENTS AND AGREEMENTS (PARTICULARLY WITH PARTNERS FROM GOVERNMENT AND IMPLEMENTING ORGANIZATIONS), DO THEY FACILITATE OR HINDER THE ACHIEVEMENTS OF THE PROJECT?

SAKSAN project was successful in the kind of institutional arrangements and agreements both with the Government and the provincial partners (FONAGNI and NAFEZA). Relationships, governed by the agreements and institutional arrangements, have proven to be quite satisfactory in facilitating the achievements of the programme.

At the Government level the SAKSAN programme established a partnership with the health sector from the central level to the local level. In terms of agreements, Memoranda of Understanding were signed with representatives of the health sector at provincial level, in the provinces referred to in the programme, particularly the DPS of Niassa and Zambézia. Such agreements define and guide the role of health representatives in the lower levels (DDS and Health Units). In the two provinces covered in the project we witnessed a good relationship between Universal Concern, local partners and local governments on the implementation of the MoU. Universal

Concern, completed other agreements with provincial partners (FONAGNI and NAFEZA) under the implementation of the project in the respective provinces and districts.

1.5. TO WHAT EXTENT HAS THE PROGRAMME ADOPTED OR USED APPROPRIATE AND SUSTAINABLE MEANS IN TERMS OF INFORMATION TECHNOLOGIES IN THE ACTIVITIES PLANNED?

In terms of use of information technologies in the activities planned, the programme has adopted low-cost technologies, accessible to local partners and more effective in communication. SAKSAN has used such means as e-mail, Skype, SMS, mobile phone to communicate with the main stakeholders of the programme.

2. RELEVANCE OF THE FOCUS AND OBJECTIVES OF SAKSAN PROGRAMME UNDER THE WORLD BANK PROGRAMME, GOVERNMENT STRATEGY FOR THE HEALTH SECTOR IN THE CONTEXT OF SUPPORT FOR GOVERNANCE AND POVERTY REDUCTION:

2.1 WHAT HAVE BEEN THE KEY CONTRIBUTIONS OF SAKSAN UNTIL NOW TO STRENGTHENING LOCAL GOVERNANCE IN THE REGIONS/DISTRICTS COVERED BY THE PROJECT?

From testimonies provided by representatives of local governments (provincial and district), the programme has contributed to strengthen local governments in several areas, with emphasis to:

- 1) Strengthening of dialogue mechanisms and communication government-community;
- 2) Strengthening the planning and provision of services targeting the needs of road users and the most vulnerable groups;
- 3) Improving the capacity of health units specifically on quality and humanization of the services rendered to the citizen;
- 4) Increasing the capacity of local governments for monitoring and mitigation of illicit practices in health services;

Testimonies of local governments

SAKSAN, by introducing the public auditoriums, brought us closer to communities. Now we are sure that the when health services plan they already have support to define priorities. PS Marrupa;

SAKSAN civic groups of health are the ears and eyes we don't have. In fact, they help us to see and hear the concerns that the communities have on health services. PS Nicoadala.

2.2 WHAT HAVE BEEN THE KEY CONTRIBUTIONS OF SAKSAN UNDER THE GPSA PILLARS OF GOVERNANCE?

Up to now SAKSAN has demonstrated significant progress in terms of contribution to the GPSA pillars of governance. In the table below we have mentioned some examples and the potential SAKSAN has to contribute to the GPSA.

Pillars of governance in the GPSA	SAKSAN's contribution
Transparency	The social audits and public auditoriums have enabled communities to access systematic and consolidated information on the plans and priorities of the health sector.
Representation and Voice	In public auditoriums the communities have the opportunity to express their voice and influence decisions and improve services.
Accountability	The public auditoriums have been the moment when authorities are held to account – give clarifications, explanations, commitments and priorities – on the performance of the health sector.
Learning from the results	SAKSAN has an approach with great potential for production of experience and learning from the

2.2. WHAT ACTIVITIES HAVE/DO NOT HAVE THE POTENTIAL TO BE EXPANDED AND/OR CONTINUED IN FUTURE COMMITMENTS?

The public auditoriums are a great achievement of the programme and can be replicated to several districts, both in the health sector and other services, such as water and sanitation, education, etc. The respondents of our research, especially on the government side recommend that the auditoriums be expanded both for other districts and other sectors.

Right now, it doesn't seem appropriate to focus on budget tracking activities in the health sector at district level. The financial decentralization has not yet reached a level of progress that justifies budget tracking at this level of the health sector. If possible, please elaborate more, I mean explain a little more about the process of budgeting in the health sector and do triangulation with the monitoring difficulties.

2.3. WHAT OPPORTUNITIES OR CHALLENGES WERE IDENTIFIED IN THE WORK WITH LOCAL AND TRADITIONAL AUTHORITIES?

The challenges identified in the work with local and traditional authorities:

- Increased expectations of local governments about the civic groups;
- Pressure on the civic groups to extend their activities to other districts/provinces and outside the scope of the project. For example, expand the public auditoriums to the sectors of education and water and sanitation;

2.4. HOW DOES THE PARTICIPATION OF COMMUNITIES IN ACTIVITIES (SOCIAL AUDIT AND PUBLIC AUDITORIUMS) FACILITATED BY SAKSAN AFFECTED LOCAL DECISIONS AND PROVISION OF HEALTH SERVICES IN THE TWO AREAS OF PROJECT FOCUS? HOW ARE THEY SUSTAINABLE?

The participation of communities in public auditoriums is the key element of the SAKSAN strategy. Evidences and testimonies obtained in the districts showed that the participation of the communities was crucial to influence decisions and to improve the delivery of health services. In Nicoadala, Maúa, and Marrupa we obtained testimonies of local governments who say that after listening to perceptions and ideas of communities during the auditoriums sessions, it influenced their decisions in relation actions to prioritize humanization and improvement of the quality of health services.

One example quoted was the acceleration of processes to inaugurate a maternity hospital in Marangira community and improve child birth services. According to the representative of the District Health Services of Marrupa, the construction of the maternity hospital arose from complaints made by the community during a session of SAKSAN Auditorium. "The maternity hospital had been built but the inauguration had been conditioned by the lack of equipment. But with the complaints of the community we decided to collect equipment from the old maternity (on the same location) that doesn't work for lack of enough space and transfer to the new maternity and it actually worked," Said the representative of district services.

At the community level, our respondents claimed to have enough proof/evidences that their participation in public auditoriums influenced the decisions of the local government and district services. As examples they mentioned the reduction of waiting time, humanization of services (change of behavior by health professionals), and construction of waiting houses for pregnant mothers, community consultation in the definition of priorities of the sector, introduction of disciplinary measures against health technicians who carry out illegal charges or who treat the community patients inappropriately.

2.6. WHAT CHALLENGES WERE ENCOUNTERED WHEN CARRYING OUT PUBLIC AUDITORIUMS?

From the most common challenges the outstanding are: (1) Adequacy of public auditoriums to the calendar of Health Sector; (2) climate of mistrust by the local authorities before the first session; (3) raising awareness of the communities and local

governments about the advantages of a public audit; (4) delays associated with delay in the disbursement of funds to the provincial level (this challenge was raised in Zambézia).

Nevertheless, the programme was able to respond adequately to the challenges raised and minimize their impact to the normal course of the programme.

3. COST-EFFECTIVENESS OF THE METHODOLOGIES USED IN SAKSAN TO ACHIEVE THE GOALS AND OBJECTIVES OF THE PROJECT:

3.1. QUAL É O CUSTO/BENEFICIO DE PARCERIAS LOCAIS PARA A IMPLEMENTAÇÃO DO PROGRAMA?

The program began its implementation just over a year ago (December 20th, 2013), so we think it is too early to determine, through precise data and calculations, the cost/benefit of the project. However, we identified a huge potential, through local partnerships, for the project to significantly reduce the costs of the project.

The FONAGNI and NAFEZA are well established partners, they hold an operating budget provided by other partners, and staff expenditure comes from projects with other entities. This has contributed to reduction of the SAKSAN burden. The civic groups come from NAFEZA and FONAGNI member organizations and they work on a voluntary to SAKSAN activities, without receiving any allowance or permanent salary (and systematic).

In short, the strategy of using local partners in the implementation of the activities has contributed significantly to the reduction of the burden of the program and could, by the end of the programme, reach quite satisfactory levels in the cost/benefit relations and Value for Money.

3.2. WHAT OPPORTUNITIES AND CONSTRAINTS ARE THERE IN TERMS OF LOCAL PARTNERS BE ABLE TO CONTINUE OR REPLICATE THE INTERVENTIONS DESIGNED AND IMPLEMENTED WITHIN SAKSAN?

With the expertise and skills transferred by the programme, there is huge potential for partners to gather enough capabilities to continue with the interventions after the project period, for they will be induced to respond to the demand of the community and the health sector. This demand already is felt from the moment when both the sector and the communities – civic groups engaged in monitoring/social accountability. This movement will increasingly grow and because the partners represent key stakeholders in the process of changing laws and policies there is no doubt that one way or the other this movement will continue. In addition, at every stage of implementation, the project has been created good practices that call the attention and sympathy of the government and representatives of the health sector and this is a great opportunity to create a favourable environment for partners to benefit from government support in the continuity of post-programme interventions.

Another very important element is the fact that the programme itself establishes, as one of the great priorities, the identification and production of lessons and learning for further sharing at all levels – local and central. Thus, the continuum of registration and documentation of experiences, with no doubt will help organizations to have a base for post-SAKSAN orientation. As an example we can refer to the participation of National representatives and stakeholders from Maputo province in public auditoriums of health and advocacy so that these also take place in Zambezia province.

Some challenges and constraints may be found at the level of resources mobilization for interventions at the level of the member organizations of the Forum. The CBOs, showed an enormous ambition to continue the interventions, however, they lacked clarity on the minimum funds mobilization strategies that would enable them to create logistics for their activities.

4. ADJUSTING THE CALENDAR OF THE PROGRAMME TO ACHIEVE THE OBJECTIVES AND TARGETS:

4.1. DOES THE 4-YEAR PERIOD STILL PROVE TO BE SUFFICIENT TO MEET OBJECTIVES AND GOALS OF THE PROGRAMME?

At the end of this evaluation the programme managers showed a strong belief that the period of 4 years is still valid for the achievement of objectives and goals set in the SAKSAN. Despite the delay in the initial phase of the programme (due to the late disbursement of funds) and the interruption of the normal course of activities in Zambézia (due to floods), it is believed that the programme might not need to change the goal initially planned for its termination.

4.2 CONSIDERING THE KEY ASPECTS OF THE CHANGES/IMPACTS MAY TAKE PLACE AFTER THE PROJECT, QUE RECOMMENDATIONS, IF ANY, INCLUDING POSSIBLE EXTENSION I TERMS OF TIME AND COST, CAN BE MADE TO ENSURE THAT RESULTS ARE CAPTURED AND SUSTAINABLE CAPACITY THE PARTNERS BE CREATED?

Based on the analysis of the project, business plans, outcomes, outputs and reports from SAKSAN we suggest that the goals initially planned be kept because the project showed a great potential to reach the goal within the period scheduled. However, we suggest the introduction and implementation of an annual or semi-annual matrix of record of significant changes at each stage of the project (Most Significant Change Charter-MSCC). This may help capture not only the results and projected changes, but also changed associated with that SAKSAN that were planned in the initial project.

We recommend that in future the managers from Concern Universal should draw a post-project plan and consolidation of practices in the districts covered and expansion to new districts or another sector (e.g. education). This plan would serve as basis to inform the future programme after the 4 years of implementation of SAKSAN.

5. EFFECTIVENESS OF THE MEDIA COVERAGE ACTIVITIES AGAINST THE AWARENESS RAISING AND MOBILIZATION OF CITIZENS AND KEY STAKEHOLDERS:

5.1. WHICH MEDIA HAS BEEN MORE EFFECTIVE IN REACHING CITIZENS IN TERMS OF COST, CAPACITY TO MOBILIZE THE COMMUNITY AND IN WHICH CONTEXT?

Community radio stations and local newspapers have been more effective in terms of cost and capacity of community mobilization for actions and relevance of Public Auditoriums as well as social auditing in SAKSAN. SAKSAN has shown a great merit in involving journalists and local reporters in training the group of activists, and in sessions of public auditorium and this has contributed to increase the quality of news articles and radio programmes (community radio) not only in terms of coverage, but also in awareness raising, mobilization for community participation in auditoriums, mobilization to look for answers about the quality of service and social accountability.

5.2. HOW EFFECTIVE HAS THE LEVEL OF INFORMATION TO CITIZEN BEEN ABOUT THEIR RIGHTS AND RESPONSIBILITY IN RELATION TO SOCIAL ACCOUNTABILITY IN THE HEALTH SECTOR?

SAKSAN has a strong component of awareness and training on the rights and responsibilities associated with social accountability. The training sessions to CBOs in topics linked to citizenship and social accountability in the health sector has been quite effective and its impact is visible in the quality of the dialogue in public auditoriums. Before the public auditoriums, civic groups carried out a preparatory work of community consultations and information sharing (e.g. dissemination of information on the objectives and goals of the health sector at the local level). And, as some health sector representatives in the districts covered witnessed in this evaluation, the communities have been raising relevant issues and show a level of positive information.

5.3 HAS THE PROJECT COMMUNICATED THE ACHIEVEMENTS AND OUTCOMES OF THE PROJECT SUFFICIENTLY TO KEY STAKEHOLDERS?

The project has been effective in communicating its achievements and outcomes to key stakeholders. In the relationship between Concern Universal and GPSA the programme has reported semi-annually to the World Bank, through completing the matrix approved under the programme. In the period under review, Concern managers had constant communication, almost on weekly basis with the TTL of the World Bank – Task Team Leader, Staff from Washington, through joint meetings, conversations via Skype, conference calls and monitoring visits by the World Bank team in Washington DC.

At the level of local stakeholders, partner organizations from province have prepared quarterly reports, containing the main achievements. The quarterly report is shared with Universal Concern and district governments.

V. FINDINGS

The team from Universal Concern is highly qualified, with good experience working with CBOs and Government institutions. The focal points of the local partners (FONAGNI and NAFEZA) show a strong mastery of programme approaches, high capacity of community mobilization and excellent relationship with government authorities.

The civic groups won their space at the level of supply and demand. Representatives of local government and the health sector have demonstrated recognition for role played by civic groups in community mobilization and promotion/facilitation of dialogue between communities and the health sector. On the other hand, the communities have awarded to civic groups the merit of having created and strengthened mechanisms of dialogue and influence the decisions of health services.

The use of Social Audi along with public Auditorium has proved to be effective in producing outcomes, but also for being instruments of easy learning. The civic groups and communities have demonstrated a high level of ownership on the process of social accountability.

The kind of relationship and agreements made with provincial governments, district governments and representatives of the health sector under the SAKSAN proved to be crucial for the success and consolidation of good practice. The local authorities, impressed with the benefits generated by the programme, have supported and encouraged the work of civic groups and focal points of the programme.

There was a significant progress made in the fulfillment of the first, second and third objectives of the programme. The third objective about learning and producing lessons, despite being achieved early, can progress beyond planned along the second phase, where you expect the documentation of experiences that have been generated by the programme. The introduction and adoption of registration matrix of most significant changes – MSC, may strengthen the existing instruments of knowledge management.

SAKSAN has played an important role in strengthening the supply-demand dialogue on health services. It's a new experience in the sector in the sector but with huge potential to continue assistance even after the end of the programme.

VI. CONCLUSION

We believe that the 4 years planned for the implementation of the programme is enough time to meet the objectives and goals of the project. In this evaluation we did not identify any basis or constraint that requires the extension of the project period. Despite the delay observed in the beginning of the program, it was flexible enough to recover and adjust the activities to the schedule without prejudice of the goals and objectives.

The strategy, activities, objectives and the expected outcomes remain unchanged. However, the programme was forced to correct some methodological aspects to adjust the project to reality and circumstances on the ground. These adjustments, from our point of view, do not undermined the achievements and goals planned, on the contrary, they made the programme more effective.

The programme and the expected outcomes remain relevant to the health sector and government policies. During the period under evaluation the program has proved to be quite effective in producing results. This continues to be an innovative project in the health sector with enormous potential to produce new learning and practices to replicate.

The changes and projected impacts can, if there is no unexpected incident, be achieved in the period. However, we recognize that SAKSAN has an enormous potential to achieve outcomes beyond projected.

With regards to the assumptions of the Theory of Change advocated in the Programme according to which *"the strengthening of stakeholders capacities on the demand side, to pressurize and require the social accountability of the public services provider, results in the increased capacity of response of the public policies related to health, with impact on access and quality of health services,"* evidences show that such assumptions are still valid.

Although it is too early to evaluate the outcomes and changes generated by the programme based on evidences collected in the field it is possible to see that the programme has a huge potential to achieve the expected outcomes and produce changes above the projected.

The approaches in terms of methods and instruments used to stimulate social accountability demonstrated easy ownership for local implementation partners and this creates great potential for sustainable interventions. However, the availability of minimal resources for community-based organizations will continue as a major challenge for continuity of post-SAKSAN interventions.

The management of expectations and the definition of a voluntary policy (benefits and duties), is one of the major challenges that the programme should be able manage in the coming years. The use of "civic groups" remains a key element of the programme. It was easy to attract them the question that now arises is how to keep them active and motivated?

The programme aims to recruit as a goal 105 CBO and at the moment the program has 85 CBOs, which means there is a huge potential to achieve this goal at any time. However, with the current number of CBOs, the program has demonstrated tremendous effectiveness and efficiency level and, we believe that the effort to recruit missing

organizations is no longer relevant. There are no evidences that shows that the addition or not of CBOs missing will significantly affect the results of the program.

Despite the delay in the beginning of the programme and the interruption due to floods in Zambézia, SAKSAN continues to demonstrate a satisfactory level of implementation of its activities. In Zambezia province where the floods had a higher effect, the level of progress has been relatively slow compared to Niassa, however, it is expected that activities will occur within the goals set for this year.

VII. RECOMMENDATIONS

Our general conclusion is that SAKSAN is in a good track and should maintain and consolidate the good practices that it has demonstrated throughout its implementation; however, we think it is relevant to consider certain aspects that still need to be correct:

At the level of project management:

1. In order to monitor the business plan, we recognize the role and relevance of the semi-annual reports from the GPSA matrix, however, we recommend that the Most Significant Change Charter (MSCC), a matrix that allows the collection and systematization of significant changes generated by the programme (including those not provided for) also be used;
2. We recommend the frequent update of the risk management matrix considering the types of risk (1) human (e.g. civic groups unmotivated), (2) natural disasters (e.g. Flooding in Zambézia), (3) political (e.g. Military Political Tension);

At the level of methodological approaches:

3. Continue and consolidate the use of the social audit and public auditoriums as a key tool.

4. SAKSAN should abdicate the tools and training oriented to monitoring of the health sector budget at the level of districts, because the process of decentralization in the health sector budget at the district level is not yet effective.

At the level of capacity-building and consolidation of the "Civic Groups"

1. The Concern Universal, FONAGNI and NAFEZA should hold an open and honest discussion session with the Civic Groups about their condition as a volunteer;
2. SAKSAN should prepare the activists manual to guide and update the civic groups on methodological aspects during their work on the ground.

Dissemination of lessons learned and exchanges

SAKSAN should accelerate the conclusion of the agreement with the Parliamentary Studies and Training Center, in order to train Parliamentary Committees and SGAR staff on lessons learned in the project. We observed that the programme gave significant steps by sending the SGAR staff for training about SAKSAN approach, however, in the second phase we recommend the formalization of an agreement that extends to members of the 4th Committee (Public Administration and Local Government).

SAKSAN should increase the number of exchange sessions between the "Civic Groups" (from district to district or between provinces). This was a common request in all the districts where we made the evaluation.

Post-SAKSAN Perspective 1

We recommend that there should be a SAKSAN 2, because SAKSAN proved to be a relevant initiative, and with great impact on the health sector. Given the great merit of the programme and experiences generated we recommend that in the next phase a reflection be initiated in order to develop a SAKSAN Programme 2, aimed at consolidating the achievements obtained in SAKSAN 1 for longer, since accountability

initiatives and change of practices and actions take time to be institutionalized /consolidated within the communities. The ideal is another 4-years cycle so that more people, more health facilities and more districts are covered.

I. ANNEXES

1. Terms of Reference of the mid-term evaluation