



Name of Project:	Social Accountability Knowledge, Skills, Action and Networking - SAKSAN
Grant amount:	US\$ 700,000
Expected completion date of grant:	20 of December 2017
Project Manager and Executing Organization:	Domingos Vidal, Concern Universal Mozambique

Reporting period: 21 of June 2014- 21 of December 2014

Progress made during reporting period (include information on meeting milestones identified in Annex 4 of the Project's Disbursement Letter):

Social Accountability Knowledge, Skills, Action and Networking (SAKSAN) Project is implemented by international NGO Concern Universal in partnership with the local CSO/CBOs networks: FONAGNI in Niassa and NAFEZA in Zambézia Province. The overall goal of the intervention is improvement of quality of life of the most vulnerable (women, persons with disability, people with HIV etc.) through enhanced social accountability and responsiveness to social needs of service delivery in health sector. In the heart of the intervention is promotion of spaces for constructive dialogue between health providers and community members in order to identify problems and promote solutions ensuring the rights of all constituents, especially the most vulnerable and not just the easiest to reach or the most cost effective. In that line this Project is focusing on some of the most remote and vulnerable communities in Mozambique.

The Project contract was signed in December 2013, but due to the last disbursement of funds (end of March 2014) Project activities initiated in April 2014.

Context wise, in October 2014, the Mozambique's access to information (ATI) law was approved, establishing new rules related to the disclosure of public documents (plans, reports, etc.) and aiming to repel the culture of secretism in Mozambican public institutions. In that way Mozambique became the fifteenth country in Africa to specifically pass a law guaranteeing the right of access to information. From the SAKSAN perspective, we believe that a new page turned regarding access to relevant information and documentation will be enormously beneficial for social accountability monitoring activities. Furthermore, in Mozambique general elections took place in November 2014 and changes are expected in early 2015 at national and sub-national Government levels.

During the reporting period (July –December 2014) the major focus was placed on the Component 1 of the Project - Increasing capacity of local CBOs/CSOs for social accountability engagement. The first training activities carried out during the reporting period addressed issues related to internal good governance in CBOs/CSOs and the concept of social accountability. Further training activities with more focus on social accountability tools (social audit and public hearings) will begin in the first trimester of 2015. Some of the activities in the reporting period were related to Knowledge and Learning aspects whereas the Project Researcher Aly Lala participated in a conference on New Directions of Governance, on invitation by the GPSA. Two main lessons from the conference relate to the need to adapt social accountability interventions to local

context, in one hand, and, on the other, the relevance of political economy analysis to ensure the localization or adaptation of interventions to local context.

SAKSAN baseline survey was carried out in the first trimester of the Project implementation and its main findings were:

- a) There are deficiencies in the **legal framework** related to civic participation and access to information;
- b) Public Financial Management processes are enrolled with **limited civic participation**;
- c) There are some **risks and challenges for the health sector** in target provinces and risks related to the project. Challenges for the sector include availability, conditions, storage and transport of ART **drugs**;
- d) Limited **capacity** of the sector to provide adequate services;
- e) Limited ability to identify, track, mitigate and correct irregularities in the use of public resources;
- f) There has been, at national and provincial level, an increasing interaction between civil society and oversight bodies (e.g. Provincial Assemblies and Parliament with CSOs) but such relationship is not yet reflected in the way planning is done or in the civic oversight of supply side actors. It is, thus, important to reinforce the **communication between oversight bodies and civil society** around Public Resources Management issues.

A full PDF version of the baseline (in English and Portuguese) can be accessed through the following link: http://www.concern-universal.org.mz/index.php/en/publicacoes/doc_details/41-versao-em-ingles-baseline-study-provin...

Main Activities implemented during the last semester were as follows:

1. Promotion of internal democratic dialogue within the CBOs/CSOs (including internal governance principles, communication, transparency, gender, compliance with regulations).
2. Training (and follow up) of members of CBOs/CSOs in SA and Budget cycle and processes and tools.
3. Mapping of the health units that will be monitored by CBOs/CSOs.
4. Support to local media to educate general public about social accountability and disseminate Project information and findings.
5. Visit of World Bank Task Team Leader to Project activities.
6. Working in coalition and alliances with other CSOs.
7. Permanent interaction with the district, provincial and national Government and with horizontal accountability agencies.
8. Participation in International Conference on “New Directions on Governance”.

Activity 1 – Promotion of internal democratic dialogue within the CBOs/CSOs (including internal governance principles, communication, transparency, gender, compliance with regulations)

In this semester 37 CBOs (versus 35 planned) have been trained by SAKSAN team of trainers in internal governance principles through the democratic dialogue approach. 17 CBOs covered are from Zambézia Province (5 from Quelimane, 6 from Nicoadala and 6 from Mocuba district) and 20 CBOs are from Niassa Province (7 from Muembe, 6 from Marrupa and 7 from Maúa district). In total 160 people (84 women and 76 men) participated in the democratic dialogue and training sessions.

The following are main outcomes of the trainings:

1. Participants acknowledged the importance of improvement of internal governance principles in their respective organization in order to have credibility necessary for undertaking of the governance monitoring work of the state institutions (in line with “practice what you preach” approach).
2. The participants designed work plan for dissemination of existing policies to members of their CBOs/CSOs, as it was found that very few members were familiar with organizational internal policies and tools (i.e. financial and administrative manuals and procedures, articles of associations etc.).
3. CBOs/CSOs started preparing their organizational gender policies and identified the clear strategies for incorporation of gender aspects in their activities.
4. CBOs/CSOs committed to undertaking General Assemblies in their respective organizations as the strategy to avoid the situation of lifetime mandates of their leaderships, undermining in that way the core principles of accountability.

Activity 2 – Training (and follow up) of members of CBOs/CSOs in SA and Budget cycle and processes and tools

The same 37 CBOs mentioned above were trained in the social accountability system and tools. During the training, participants learned about the Social Accountability cycle, comprising five processes (i) Needs Analysis, Strategic Planning and Resource Collection & Allocation; (ii) Expenditure Management; (iii) Performance Management; (iv) Public Integrity Management and (v) Oversight.



The participants concluded that currently in Mozambique there are big gaps in all processes, starting from very important Needs Analysis component because there is no clarity on the criteria used for the definition of intervention priorities. During the performance management review process, the participants mapped policies governing the civil servant activities focusing the General State Agents regulations. During the practical sessions, participants analysed the health sector plans for the year 2014.

For many participants this training session was the first exposure to social accountability concept and it was important for participants to understand that the social accountability model is based on the Universal Declaration of Human Rights and the Constitution of the Republic of Mozambique in order to gain more confidence about the relevance/ legitimacy of the monitoring work.

After discussing different social accountability tools and approaches it was concluded that the most appropriate tools for the current Mozambican context would be **Social Audit and Public Hearings**. The Public Hearing is a privileged space of social accountability of government to its citizens. It is an innovative model of participatory governance. During the Public Hearing, the government officials undergo the scrutiny of citizens, and account for their performance in the previous year. The main steps of a Public Hearing are as follows:

- 1. Request from the Government health department the Business Plan, Budget and Balance Report.*
- 2. Select activities to be monitored and audited by the social audit committees.*
- 3. Request authorization from the Government to conduct monitoring and audit.*
- 4. Conduct a desk analysis.*
- 5. Members of monitoring committee meet with the district government officials, to clarify some issues encountered during the analysis of the Business Plan.*
- 6. Conduct field work to confirm the information and collect evidence.*
- 7. Each audit committee prepares its own report.*
- 8. Compile general report and share with the Government.*
- 9. Elaborate the Public Hearing program and send invitations.*
- 10. Public Hearing event.*
- 11. Elaborate the matrix of the follow up commitments made by Government*

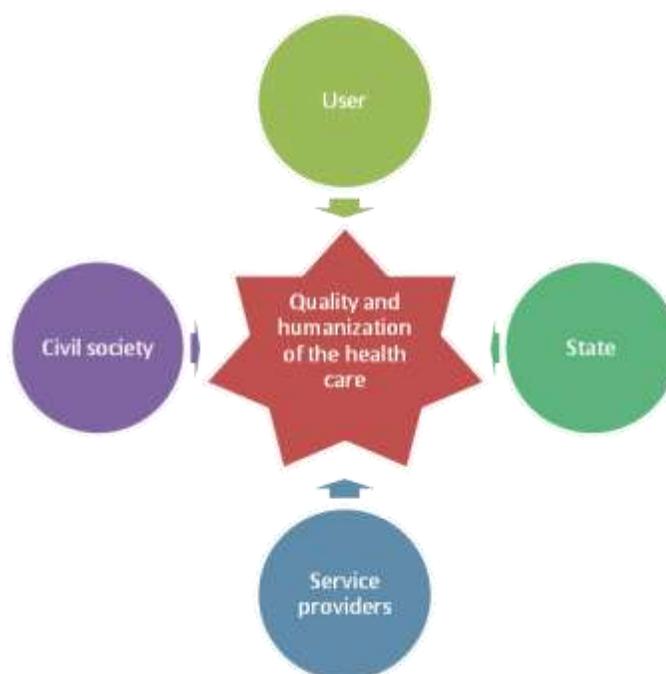


Training sessions in Zambézia, November 2014

In order to ensure greater alignment and adherence of the Government to the Project activities, the training included the sessions facilitated by the Government officials of Humanization of health services Program. SAKSAN Project is aligned with **National Program for Improving Quality and Humanization of health service** that stipulates the importance of the active participation of citizens in the definition and monitoring of health policies. The National Program argues that the real improvement of health care can be achieved just through

the proactive and continuous engagement of all stakeholders in identifying problems and finding possible solutions. The program defines the user, the state, the service providers and civil society as key players in the desired improvement and humanization of the health care. Ministry of Health recognizes that the quality and promotion of human care in health services is a major challenge in the context of the country health sector reforms, and in achieving the Millennium Development Goals.

Key players in the humanization of the health care



The National Program for Quality and Humanization places emphases on standards of the health professional courtesy such as: (i) Treat others as you want to be treated; (ii) Always have a smile; (iii) Be well presented; (iv) Listen to patients; (v) Talk in a tone that shows respect, education, kindness and patience; (vi) Always be punctual; (vii) Make sure that there is no noise in the working environment and maintain good working conditions, lighting, ventilation and hygiene of the environment; (viii) Always ensure privacy, intimacy and confidentiality of the user; (ix) Always explain to the user the procedures to be performed and (x) Always use the words "you are welcome", "If your permit," "thank you". The Program also indicates the following rights of the patients: (i) Be treated with respect; (ii) Patients cultural, philosophical and religious convictions must be respected; (iii) Receive the treatment appropriate to his/hers state of health, in the context of preventive, curative, rehabilitative medicine; (iv) Be informed about their health status; (v) Get a second opinion on their health situation; (vi) Give or refuse consent before any medical procedure or participation in research or clinical trial; (vii) Confidentiality of all clinical information and personal details which concern him; (viii) Access to data registered in their medical records; (ix) Privacy in the provision of any medical procedure and (x) Right to make suggestions and recommendations.

Activity 3: Mapping of the health units that will be monitored by CBOs/CSOs

37 CBOs through the participatory process and in close collaboration with the Government officials selected and visited health facilities that will be monitored through the SAKSAN project. The selection process was participatory and included target CBOs as well as the local government. Indicators that will be monitored at health units, include availability and access to ART Drugs; patient waiting times and the presence of health staff in health units during normal attendance hours.



CBOs visit the pharmacy of the health centre of Maiaca-Muembe, Niassa Province

Activity 4: Support to local media to educate general public about social accountability and disseminate Project information and findings

SAKSAN is in the final stages of signing of partnership agreements with Community Radio Rurumana - Maúa, Community Radio Luvila - Muembe and Community Radio and Television - Marrupa, all in the province of Niassa. In Zambézia, contacts are also underway and MoUs should be signed with Community Radios in Quelimane, Nicoadala and Mocuba. The media will play an important role within the advocacy strategy, monitoring and social audit of health services.

In January 2015, the project willt organize digital storytelling workshop for making of short form of digital films that will allow project beneficiaries to share aspects of changes brought by the Project. The very first stories will be shared in February 2015.

Activity 5: Visit of World Bank Task Team Leader to Project activities

World Bank Task Team Leader, Dionisio Nombora visited Niassa Province in November 2014. During the visit he had opportunity to interact with the Concern Universal team, implementing partner - Forum of Non-Governmental Organizations of Niassa-FONAGNI, Director of Provincial Health Department of Niassa Province and civic groups of Muembe, Marrupa and Maúa districts. In the meeting with the Provincial Health Directorate, the provincial director conformed government's commitment to collaboration with the Project activities. He expressed his satisfaction with the important support that the World Bank provides to the health

sector through direct budget support and direct contribution to the Niassa province especially in terms of health infrastructure.

kActivity 6: Working in coalition and alliances with other CSOs

The project is in ongoing contact with organizations that plan to initiate implementation of activities related to monitoring of quality of health care in Niassa and Zambézia Provinces in order to establish an efficient advocacy network and to influence their approach making sure that all agencies apply the **constructive** engagement approach, avoiding undermining results of the work developed so far. Moreover, Concern Universal is an active member of the Forum of Monitoring of Drugs (*Fórum de Monitoria de Medicamentos*) which envisages to conduct advocacy processes to enable that policies, strategies, regulations and plans are adequate to Mozambicans context. It also envisages the establishment of a constructive dialogue with the Ministry of Health. In 2014 the Forum designed an advocacy plan for improving access to drugs. Its activities were somehow dormant in the second half last year due to the electoral period. It is, however, expected that advocacy activities resume in the first weeks of February 2015.

Activity 7 – Permanent interaction with the district, provincial and national Government and with horizontal accountability agencies

The Project team interacts regularly with Government institutions on the status of implementation and for obtaining clearances for field visits.

In November 2014, the brigade of the Provincial Health Directorate of Niassa, including Head of Quality and Humanization Program visited the project activities in three districts. In addition to contacts with district governments and civic groups they visited health facilities selected for the monitoring.

Institution	Contacted Persons	Role/department
Ministry of Health	Dr Ana Cala	Head for the Program for Improving Humanization and Quality in Health Services
Administrative Court	Our first formal contact with the TA was with Moisés do Amaral and Jeremias Zuande.	Head for the Subsection of the General State Accounts and Main Accountant at the Section of Public Accounts (Third section), respectively
Justice Provider (Ombudsman)	The team has met with Dr. José Abudo, and we agreed that a first way forward was to share with their Office our project documents containing findings and lessons learnt.	Mozambique's Ombudsman
Parliament	We met with representatives from the National Parliament – Committee of social affairs, gender, technology and media	Members of the Committee of social affairs, gender, technology and media
Zambézia Province		
Provincial Directorate of Health	Dr Barbara Augusto Matos	Head of Public Health Department
District services of health, women and social action of Quelimane	Odete António Gomes	Technician
District services of health, women and social action of Nicoadala	Octávio Lampião	Social assistant

District services of health, women and social action of de Mocuba	Dr Oriana Francisco	Phycologist of rural hospital of Mocuba
Niassa Province		
Provincial Directorate of Health	Dr Canela Pastola	Planning and Cooperation department
District services of health, women and social action of Mueembe	Jeremias Mueride	Community involvement department
District services of health, women and social action of Marrupa	Nillton J. Jone	Community involvement department
District services of health, women and social action of Maúa	Jacob Daniel	Community involvement department

Challenges encountered / course corrections:

During the reporting period the presidential and parliamentarian elections took place (on 15 October 2014) and pre and post-election time was marked by the tensions and conflicts between the Government and the main opposition party (Renamo). Therefore, the Project made strategic decision to reduce the field visits and activities during that critical period.

Key lessons learned:

We hope that the implementation of SAKSAN will create a good base for learning that could be useful for existing and new social accountability practitioners. We can mention some learning generated so far by the Project:

1. It is important to take into consideration local knowledge levels and gaps and incorporate comprehensive and continuous capacity building, technical assistance and follow up strategy into social accountability interventions.
2. It is necessary to understand that the implementation of social accountability programs needs to apply a systematic approach to ensure that the implementation phases of "pre-engagement, engagement and follow-up", are systematically operationalized in order to effectively bring the desired results.
3. Implementation of social accountability programs depends on context. Local context varies and these specificities must be taken into account in the implementation. Specific differences may depend for example on levels of knowledge and literacy, organization and capacity of the civil society to interact with the local Government, political influence, among others. Therefore monitoring of the real time context is crucial for the success of governance programs

Assessment of expected results/impact:

After 9 months of Project implementation it is still early to assess the Project impact, but the first reactions of Government, oversight bodies and CSOs show that there is a space for engagement and for achieving positive results as identified in the Project design.

Success stories or personal stories:



“My name is Américo Abilio and I am president of Maponda community Association, based in Chiuanjota community in Mueembe district. We recognize that the government and health technicians are doing a lot for the good functioning of Chiuanjota hospital, however there are still many aspects that need improvement. We are asking for explanation and justification from the government about the laying off of the hospital servant leaving in that way the hospital with only the technical staff and a midwife. Perhaps those who decided to make redundant the servant position forgot that Chiuanjota Health Center is type 2 centre and that nurses also work in the evenings and nights and it is difficult for the technical hospital staff to be in charge of cleaning as well. SAKSAN has taught us how to dialogue with the government and we will present our concern to government in constructive way, as we learned during the training in social accountability.”



Albertina Arthur Luis, member of NIKOWANE from Mocuba district says "I think that the social accountability approach is a way forward. In this training I learned what it takes to reconcile the strategic plans, I learned about budget allocation, budget execution and it will help me monitor and supervise the government plans and reports. I see myself as a health sector collaborator and I would like to contribute to creating enabling environment that will boost the performance of the health personnel. Regarding the analysis of the health sector activities and budgets it is necessary that the monitoring agents have access to the health sector business plan and reports. During the training we analysed the performance report of Mocuba district and we noticed many gaps, unclear information and lack of concerted indicators. In this training I learned how to give opinions and suggestions to the health sector officials in order to improve their performance and provide better services to the patients.



Teresa Quilele, Member of Health Civic Group of Administrative Post Nungo says “I read in newspapers and hear on radio and television the health officials saying that our greatest value is life. For us population of Nungo and patients of the health center, it is somehow difficult to understand the true meaning of these messages. Us women, we are afraid of going to the maternity ward due to the poor service. As a member of the civic group and the participant in the training I have learned about my rights and duties as a citizen and as a user. I encourage women in my village to approach the midwives and give them advice on how to better receive women who seek the assistance in the health centre.”



Aurélio Meperule, head of Administrative post of Marranjira in Marrupa district believes that the presence of SAKSAN project is an opportunity for communities to stop being mere passive users of health services and to take the active oversight role in monitoring the performance of the health professionals. “We as local government, we have to ensure that the dialogue between communities and professionals has a spirit of equality, knowing that the population is well informed about their rights and duties. I personally have no doubt that the project will help promote this engagement and help overcome some chronic problems of poor health care in our hospitals.”

Terms
 Information: Targeting data (priority service facilities to be included in the project's targeting; service indicators the government is monitoring through its MIS; budget transfers to service facilities; contracts under preparation and awarded for provision of services and infrastructure in facilities targeted by the project, etc.

Collaboration: Diagnosing problems; defining activities and reaching out to other government officials including at lower-levels of government and service staff such as School Directors, Health Clinics personnel, Administrative staff at the district and municipal level, etc.

Project's Feedback: Examples include monitoring reports, recommendations, action plans, etc.

Horizontal accountability institutions: Examples include Parliamentary Committees, Supreme Audit Institution, Anti-Corruption Agency, Ombudsman, etc.

Course corrections – deviations from original operations plan

In the last 6 months...	Choose one	Additional comments
Have you been able to formalize the terms of collaboration with the government counterparts that you need to engage for the project to start or make progress during implementation?	<input checked="" type="radio"/> Yes <input type="radio"/> No	YES - In addition to MOU signed between Provincial Directorate of Health of Niassa and Concern Universal in June 2014 in November 2014, two institutions signed the performance agreement which will be evaluated on the annual basis. The agreement stipulates as obligation of the Provincial Directorate of Health the active collaboration with SAKSAN Project in promotion of right to social accountability and humanization of the health sector with the focus on maternal and child health and antiretroviral treatment and states that the government officials will visit project activities on the quarterly basis
Have you been able to meet with the government counterparts to agree on the specific details for the project to make progress during implementation?	<input type="radio"/> Yes <input type="radio"/> No	YES – The Project staff has regular meetings with Government at National, Provincial and District levels. During this semester, meetings were held with Ministries of Health, the provincial governments, provincial directorates and district services of health, women and social action. Due to the changes brought by October 2014 general elections, the contacts will be reinforced with the new government officials from the early 2015.
Have you been able to obtain the information that you need for the project's operational plan to make progress?	<input type="radio"/> Yes <input type="radio"/> No	YES - It was possible to obtain the information necessary for the baseline survey and mapping that is used to measure the Project progress. At operational level, district government showed full collaboration and provided all the information requested. However, there are still many issues with the quality and accuracy of the information obtained
Has there been collaboration from specific government officials with whom you need to coordinate the project's activities?	<input type="radio"/> Yes <input type="radio"/> No	YES -There is good collaboration with the government officials at both managerial and technical level. Humanization department at the national level is the direct partner in the project. The contact list can be consulted on the page
Has any public sector institution engaged in the project responded to the project's feedback?	<input type="radio"/> Yes <input type="radio"/> No	NO- There is still no feedback as such produced by the Project.
Overall, how would you rate your satisfaction with the level of collaboration exhibited by the government counterparts?	4: satisfied	We are satisfied with the level of collaboration from Government, though there are still some challenges especially related to the communication swiftness.
If you have rated negatively any of the above, please indicate the reasons?	Reason	
Have you been able to obtain information with any of the horizontal accountability agencies/institutions that the project had planned to target?	<input type="radio"/> Yes <input type="radio"/> No	No. We have met with the National Parliament – Committee of social affairs, gender, technology and media, with the Ombudsman's Office as well as with the Mozambican supreme audit institution (Administrative Court), but so far we have not

		got to the stage of receiving information related to findings by these entities. They affirmed that the general public and civil society need to be informed about their findings.
Have you been able to engage in dialogue or collaboration with any of the horizontal accountability agencies/institutions that the project had planned to target?	<input type="radio"/> Yes <input type="radio"/> No	YES - We have established the working relationship with National Parliament – Committee of social affairs, gender, technology and media. We also established contacts with the TA and the Ombudsman’s Office in order to seek a partnership for dialogue and exchange of information The TA welcomed the initiative and asserted that we need to start working together towards a similar partnership but we need to find ways to implement such a partnership. With both institutions we agreed that we could start by keeping them updated with relation to our activities and findings on the ground.
Have you received help or guidance from any WB staff in the process of engaging with public sector institutions?	<input type="radio"/> Yes <input type="radio"/> No	YES- Mozambique WB TTL Dionísio Nombora has provided all the assistance needed for the swift project implementation.
If needed, has the WB staff helped you to access information and people in the public sector that you need to engage for the project?	<input type="radio"/> Yes <input type="radio"/> No	YES- WB TTL Dionísio Nombora has scheduled the meeting of the Project staff with the Deputy Director of the National Public Health Directorate, MISAU.
Have you used or contributed to any GPSA knowledge product or participated in knowledge activities?	<input type="radio"/> Yes <input type="radio"/> No	YES –The Project team has been participating in webinars and regular users of the tools available on the platform. Recently, a member of the team participated in a conference on new Directions on Governance in London where he participated on a panel discussion on social accountability.
Have you been able to apply or use any of the knowledge obtained to your project operations and analytical work?	<input type="radio"/> Yes <input type="radio"/> No	YES- we have used Social Accountability Sourcebook - tools section in adaption of tools to be used by our Project.
Have you been able to learn from experiences of CSOs working in contexts that are similar to yours?	<input type="radio"/> Yes <input type="radio"/> No	YES- through work in coalitions and alliances with other COSs in country.
Has any collaboration with a GPSA Global Partner helped your project?	<input type="radio"/> Yes <input type="radio"/> No	NOT yet – hope to have opportunity for the exchange visits with some of the other GPSA grantees.

List of Acronyms:

ARV	Anti-retroviral
CBO	Community Based Organization
CSO	Civil Society organization
DPS	Provincial Directorate of Health
FONAGNI	Forum of CSOs operating in Niassa Province
MCH	Maternal and Child Health
MOU	Memorandum of Understanding
NAFEZA	Nucleus off female associations in Zambézia Province
NAIMA+	Network of organizations working in HIV and health
SAKSAN	Social Accountability Knowledge, Skills, Action and Networking
TTL	Task Team Leader

Description of attachments (if any): ANNEX 1 - List of CBOs and respective health units that will be engaged by the Project.

Please attach updated Results Framework

Filled in by:
Domingos Vidal

Date: January 15, 2015

ANNEX 1 - List of CBOs and respective health units that will be engaged by the Project.

Province	District	OCB/OSC	Health Unit that will be monitored
Zambézia	Quelimane	Azipec	Centro de saúde 17 de Setembro Centro de saúde Chabeco Centro de saúde 24 de Julho
		Parlamento Juvenil	
		Amora Pfuna	
		AMME Kubesa	
		Ajopem Namwali	
	Nicoadala	Josina Machel	Hospital distrital de Nicoadala Centro de saúde de Licuar
		AMUDZA	
		Maningue	
		Mude moné	
		ACOVs	
		Combate a Pobreza	
	Mocuba	AMUDZA	Centro de saúde de Mocuba sede – infantiário Centro de saúde 16 de Junho Centro de saúde de Muanaco
		AMME	
		Nikoyane	
		Namuali	
AnaMocuba			
Wiwanana			
Niassa	Muembe	Associação 3 de Fevereiro	Centro de saúde de Muembe sede Centro de saúde de Chiconono
		Grupo Mãe para Mãe	
		Associação Shamuko	
		Associação Ngalinje	
		Associação Maponda	
		Associação de Radio comunitária Luvila	
		Parlamento Juvenil	
	Marrupa	Radio comunitária Marrupa	Hospital rural de Marrupa Centro de saúde de Nalicha Centro de saúde de Nungo
		Associação combate a droga	
		Associação ASSANTE	
		Grupo cívico de Nungo e Marangira	
		Associação UDAMAR	
		Associação Mulher e Género	
	Maúa	Conselho Cristão de Moçambique (CCM)	Centro de saúde de Maúa sede Centro de saúde de Maiaca
		Associação de radio comunitária	
		Associação AMUJAMA	
		Rede Crista de Moçambique (RCM)	
		Associação dos deficientes de Moçambique ADEMO	
		Associação de jovens para o desenvolvimento AJODES	
		Aro Moçambique	