



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

**Reporting period:** 20 of December 2013- 20 of June 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 just in April 2014. During first months of the Project implementation focus was placed on: (i) Project presentation to relevant authorities and communities; (ii) establishment of links with Government and CSOs for joint and coordinated intervention through coalitions and alliances; (iii) undertaking of base-line survey and mapping and (iv) capacity-building of targeted CSOs and CBOs with focus on institutional strengthening.

**Main Activities implemented during this reporting period were as follows:**

1. Presentation of the Project to the Ministry of Health, Provincial Government and Provincial Directorates of Health of Niassa and Zambézia Province, district Government and district services of health, women and social action of Muembe, Marrupa, Maúa, Quelimane, Nicoadala and Mocuba districts.
2. Signing of MOUs with local partners – FONAGNI in Niassa and NAFEZA in Zambézia Province.
3. Undertaking of the base-line survey and mapping of CSOs/CBOs.
4. Undertaking of the organizational assessment of CSOs/CBOs in the target districts and promotion of first internal democratic dialogues within the CSOs /CBOs.
5. Establishment of partnership with the National Assembly working committee of Social Affairs, Gender, Technology and Media.
6. Working in coalition and alliances with other CSOs through Forum for monitoring of drugs supply chain, NAIMA+ etc.

**Activity 1 - Presentation of the Project to the Ministry of Health, Provincial Government and Provincial Directorates of Health of Niassa and Zambézia Province, district Government and district services of health, women and social action of Muembe, Marrupa, Maúa, Quelimane, Nicoadala and Mocuba districts**

In both targeted provinces the Project staff presented the Project objective and activities to the most senior officials in the health departments – Provincial Directors of Health of Niassa and Zambézia who have welcomed the initiative as *“it will complement the efforts of government by promoting citizens participation in co-management of health services and thus ensure service provision improvement”*. The Provincial director of Health Department of Niassa recommended the signing of a Memorandum of Understanding between Concern Universal and Provincial Health Directorate setting out clearly the roles and responsibilities of the signatories. In line with that recommendation Concern Universal prepared the draft MOU that has been discussed with DPS and final version was signed in June 2014. In both Provinces, directors of DPS indicated technical and coordination focal points for SAKSAN Project within their institutions. Moreover the both directors stated that the World Bank is one of the most important strategic partners of the health sector in Mozambique. Jointly with the health governmental departments, the Project staff has identified the main intervention districts: Mocuba, Nicoadala and Quelimane in Zambézia and Muembe, Marrupa and Maúa in Niassa Province.

**Activity 2: Signing of MOUs with local partners – FONAGNI in Niassa and NAFEZA in Zambézia Province**

Immediately after the Project funds reception (end of March 2014), Concern Universal signed MOUs with local partners – FONAGNI in Niassa and NAFEZA in Zambézia. MOUs state clearly obligations and responsibilities of each party.

**Activity 3: Undertaking of the base-line survey and mapping in the provinces of Zambézia and Niassa**

During the first months of the Project implementation, the Project consultant-researcher has undertaken field visits and desk review of relevant documents and produced a draft baseline and mapping study that has been shared with the World Bank Mozambique Task Team Leader, Dionísio Nombora. Once revised and closed, the baseline document will be translated to English and shared with MISAU, National Assembly, provincial and district health departments, CSOs and other stakeholders.

The report offers an analysis and baseline information on the situation of social accountability in the health sector in the provinces of Zambézia and Niassa generally considering civic participation in public resources management processes and the engagement - if any - between local health authorities and civil society / civic groups / service users and how it influences the provision of ARV and MCH services at the level of the community, the health facility and province. Baseline information will be used to frame the measurement of progress and impact through SAKSAN and it may also be subject to update due to data access constraints faced during the exercise. The analysis addresses legal and policy constraints, especially regarding participation and access to information, including in PFM terms. Some challenges and risks were identified. Challenge-areas include access to medication, capacity to provide adequate health services, limitations related to the current legal framework, poor engagement between oversight bodies and citizen groups. Identified risks are related to, amongst other, the commitment to undertake social accountability work, availability of relevant public information and the capacity to capture lessons learned from implementation.

#### **Activity 4: Undertaking of the organizational assessment of CSOs/CBOs in the target districts and promotion of first internal democratic dialogues within the CSOs /CBOs**

In order to identify current levels of organizational development of the targeted CSOs/CBOs and the needs for institutional strengthening, the Project staff has undertaken the assessment of the current capacity of the 105 CBOs/CSOs in 2 Provinces. The topics covered by the assessment included internal accountability mechanism, gender aspects, legal status of the organization, constitution of board, internal communication, frequency of meetings, accountability to the constituencies etc. On the basis of the assessment results the capacity building package was designed and the training initiated in Niassa Province, Maúá district.

#### **Activity 5: Establishment of partnership with National Assembly working committee on Social Affairs, Gender, Technology and Media**

The Project staff established the contacts with the National Assembly-Parliament, specifically with 3<sup>rd</sup> committee – Committee of social affairs, gender, technology and media that is in charge of the health sector. The best space and time has been identified for channeling of the evidences generated by the Project to Assembly enabling it to better perform its oversight role. Assembly members have offered their assistance in ensuring access to documents of difficult access.

Moreover through partnership that Concern Universal has with PSAM (Public Social Accountability Monitor, South Africa), 2 members of the National Assembly training center will be trained in principles of social accountability, during 2-weeks training in Grahamstown, South Africa in October 2014. The general (presidential and parliamentary) elections that will take place in October 2014 are expected to bring a new political dynamic in country, and from January 2015 there will be a new set of parliamentarians that will need skills for performing their oversight tasks during the new governmental cycle (5 years).

#### **Activity 6: Working in coalition and alliances with other CSOs through Forum for monitoring of drugs supply chain, NAIMA+ etc.**

6 CSOs (including Concern Universal) members of NAIMA+ (network of organizations working in health and HIV) created a Forum for drugs supply chain monitoring with objective of joining forces for a concerted and effective action ensuring quick response to the drugs stock rupture in the health units. In the first meeting organizations discussed different approaches for advocacy for improved access to ARV and priority medicine for mother/children, and discussed ideas for elaboration of Advocacy Action Plan. The meeting counted with participation of representatives of MISAU and International Cooperation partners.

Moreover the Project team has identified local media that the Project will collaborate with: Community radio Ruruana - Maúá, Community radio Luvila - Mueembe, Community radio - Marrupa, Radio Esperança – Lichinga, local newspaper Faísca – Niassa, Community radio - Mocuba, Radio Paz, Radio Quelimane FM, Radio Zambeze FM, Television and Radio of Mozambique.

#### **Challenges encountered / course corrections:**

One of the biggest challenges faced by the Project in this period was related to the late disbursement of the Project funds (end of March 2014), so the Project activities initiated just in April 2014 and therefore this report cover activities implemented during the 3 months (April-June 2014).

#### **Key lessons learned:**

The experience showed us that in order to successfully implement social accountability initiatives it is not only important to be on the ground and have a good working relationship with the various governmental

institutions, but it is also necessary to ensure that all stakeholders understand the essence of the social accountability work, “speak the same language” so there are no misunderstandings about the main essence of the intervention. It is especially important to place emphases on constructive dialogue and results orientated aspects of the Project implementation.

### Assessment of expected results/impact:

After 3 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:

Human Interest Story documented on 19/06/2014 in Maúá District, Niassa Province

*“My name is Esperança Alberto, I am 27 years old and mother of one daughter. I live in Maiaca community, about 90 kilometers distant from the town of Maúá, capital of the district with the same name. Here in Maiaca we have a school and a hospital. I was happy when I heard that the SAKSAN Project came to assist associations and teach us how to talk to the government about our perceptions in relation to how we are treated in the hospital. It will be good because there are many problems in our hospital but the government does not solve them because the community maintains silence. Sometimes the government transfers nurses from Maiaca health post to other hospital during a long time (a month or two) and we are attended by servant. Often, the person makes an appointment and then the nurse says there is no medicine. In Maiaca hospital we have a midwife but many women and children die because of delays in the arrival of the vehicle - ambulance that transfer complicated cases to hospital, were there is a physician. Those are some of the things we would like to discuss with the government. I have confidence that at least the district government will accept to sit with us in the same room or under a tree to discuss our problems related to healthcare. In these meetings and in order to help the government, we will bring both the community concerns and proposals for solutions.*

**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 - As a way of ensuring greater interaction, cooperation and commitment of the government, the Project staff has drafted MOU establishing principles of our work with the Provincial directorates of Health. MOU defines the collaboration principles and obligation of each party. DPS Niassa and Concern Universal signed MOU in June 2014. MOU is governing the guidelines for partnership and collaboration between both parties.
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 met with Government at National, Provincial and district levels and agreed on the specific details relevant to the project implementation such as the target

		districts, indicators, approaches etc. Meetings were held with Ministries of Health, the provincial governments, provincial directorates of health and district services of health, women and social action.
Have you been able to obtain the information that you need for the project's operational plan to make progress?	<input checked="" type="radio"/> Yes <input type="radio"/> No	YES - It was possible to obtain the information necessary for the baseline survey and mapping that will be used to measure the Project progress. At operational level, district government showed full collaboration and provided all the information requested.
Has there been collaboration from specific government officials with whom you need to coordinate the project's activities?	<input type="radio"/> Yes <input checked="" type="radio"/> No	YES -There is good collaboration with the government officials at both managerial and technical level. For example, as a way to ensure continuous communication and interaction during all stages of the Project, the focal point was identified in each Provincial Directorate of Health (Zambézia: Dra. Barbara Matos Niassa: Technician: Augusto Piasse). The focal points are invited to participate in planning meetings, trainings and other initiatives planned in the Project.
Has any public sector institution engaged in the project responded to the project's feedback?	<input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> No	YES - We have met with the National Parliament – Committee of social affairs, gender, technology and media. First contact was made with the Mozambican supreme audit institution (Administrative Court) and a formal response from them is expected. A letter requesting meeting with the Ombudsman's Office was submitted to seek collaboration from the Ombudsman.
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 checked="" type="radio"/> No	YES - We have established the working relationship with National Parliament – Committee of social affairs, gender, technology and media. A partnership for dialogue and exchange of information is currently being sought with TA and Ombudsman.
Have you received help or guidance from any WB staff in the process of engaging with public sector institutions?	<input type="radio"/> Yes <input checked="" 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 checked="" 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 checked="" type="radio"/> No	YES - We have participated in e- forums.
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 checked="" 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 checked="" 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 checked="" 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
PFM	Public Financial Management
PSAM	Public Social Accountability Monitor
SAKSAN	Social Accountability Knowledge, Skills, Action and Networking
TTL	Task Team Leader

**Description of attachments (if any):/**

*Please attach updated Results Framework*

**Filled in by:**  
Domingos Vidal

**Date:** July 15, 2014