

Republic of Mozambique
Swiss Development Cooperation

**GOVERNANCE, WATER AND SANITATION PROGRAMME IN NAMPULA AND
CABO DELGADO (PROGOAS) Phase II**

MID-TERM EVALUATION

Mission report

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ACRONYMS

CAS	<i>Comité de Água e Saneamento</i> Water and Sanitation Committee
CCL	Locality Consultative Council <i>Conselho Consultivo de Localidade</i>
CCM	Christian Council of Mozambique <i>Conselho Cristão de Moçambique</i>
CCPA	Administrative Post Consultative Council <i>Conselho Consultivo de Posto Administrativo</i>
CDC	Community Development Councils <i>Conselhos de Desenvolvimento Comunitário</i>
CEGOVE	<i>Centro de Formação na Administração pública, Governação Local e Autarquia</i> Centre for Training in Public Administration, Local Governance and Local Authorities
CHF	Swiss Franc
CLTS	Community-Led Total Sanitation
CTD	District Technical Council <i>Conselho Técnico Distrital</i>
DNA	National Water Directorate <i>Direcção Nacional de Água</i>
DPPF	Provincial Directorate of Planning and Finance <i>Direcção Provincial de Plano e Finanças</i>
DPOPHH	Provincial Directorate of Public Works and Housing <i>Direcção Provincial das Obras Públicas e da Habitação</i>
GAS	<i>Grupo Água e Saneamento</i> Water and Sanitation Group
HSI	Helvetas Swiss Intercooperation
IP	Implementing Partner
IPCC	Community Participation and Consultation Institution <i>Instituição de Participação e Consulta Comunitária</i>
LOLE	Law on Local Organs of State <i>Lei dos Órgãos Locais do Estado</i>
M&E	Monitoring and Evaluation
MDG	Millenium Development Goal
MOPH	Ministry of Public Works and Housing <i>Ministério das Obras Públicas e da Habitação</i>
MPD	Ministry of Planning and Development <i>Ministério da Planificação e Desenvolvimento</i>
NPL	Nampula
PESOD	<i>Plano Económico e Social e Orçamento Distrital</i> District Socio-Economic Plan and Budget
PHAST	Participatory Hygiene and Sanitation Transformation
PMT	Programme Management Team
PNPFD	National Programme of Decentralised Planning and Finance <i>Programa Nacional de Planificação e Finanças Descentralizadas</i>
POEMA	Manual for the Planning, Budgeting, Implementation, Monitoring and Evaluation of Public Works
PROGOAS	Governance, Water and Sanitation Programme in Nampula and Cabo Delgado
PRONASAR	National Programme for Rural Water and Sanitation
RDP	Rural Development Programme
SANTOLIC	<i>Saneamento Total Liderado pela Comunidade</i> Community-led Total Sanitation
SDC	Swiss Development Cooperation
SDPI	District Planning and Infrastructure Service
W&S	Water and Sanitation

EXECUTIVE SUMMARY

1. PROGOAS Phase II started in April 2012 for three years. It has three expected outcomes: (i) organized citizens participate in local development planning and monitoring of public resources and services; (ii) district service providers have increased responsiveness and accountability towards the communities, with a focus on delivery services in the water and sanitation sector; and (iii) good practices are disseminated and influence policies and programmes at the local, provincial and national level. The programme is implemented by HSI, with many activities outsourced to local implementing partners. Total programme costs amounts to CHF 5.8 million, or MZN 162 million, of which 81% are financed by SDC (CHF 4.7 million or MZN 132 million) and 19% are funded by HSI (CHF 1.1 million or MZN 30.8 million).

Programme Concept

2. Programme design is aligned with national policies and with SDC country strategy for Mozambique (2012-2016). It reflects some of the recommendations of the evaluation of Phase I, in particular with regard to the alignment of project activities with district processes. However, as in phase I, the programme has limited geographical coverage and targets communities that had already received substantial support from preceding SDC projects. It again focuses predominantly on CDCs, despite the fact that these have so far demonstrated little sustainability, and still lacks a clear strategy with regard to sanitation, which, compounded with limited resources, has limited the range of activities in this area. With the notable exception of the transfer of responsibilities related to the planning and implementation of investments to district services, it is unclear what the programme attempts to achieve that had not been already embodied in previous, similarly pilot projects.

Programme Achievements

3. **Component 1.** Communities have used CDCs and community plans to foster a variety of development activities, grasping the potential offered by a tool conceived to respond to the programme specific goals. Women are well represented, including in leadership positions, and women priorities are reflected in community plans. With capacity building and CDCs' lively participation, consultative councils have become more dynamic. *Feiras de planos comunitários* organized by PROGOAS at locality level on a trial basis have also contributed to strengthen the linkage between locality councils and communities, including where there are no CDS. Yet in this overall positive context, ensuring community ownership of the CDC and preparing CDCs to autonomy remain key issues. Besides civil society continues without any real power to influence the district development agenda and ensure that actual needs prevail over other, in particular political, considerations.

4. **Component 2.** Gender-balanced CAS are ensuring the operation and maintenance of all water points in their communities, including repairs and purchase of spare parts which are secured through community contributions. They also have a positive role with regard to the adoption of sanitation equipment (latrines in particular) and practices, and have developed linkages with CDCs to strengthen their impact. SDPIs receive budget support for the rehabilitation of water points and have built capacities with regard to tendering and contracting. The district maintenance strategy prepared by the PMT is a good starting point but is still too general. The sanitation strategy also needs development, mostly because it is now entirely focused on SANTOLIC, lacks diversification in the promotion of sanitation infrastructure, and does not involve district services handling health and education.

5. **Component 3.** The building blocks for disseminating good practices are in place, i.e. an advocacy strategy, an excellent M&E system and the systematic documentation and sharing of programme processes, including through radio and videos. Main weaknesses are related to the lack of adaptation of dissemination tools to varied target audiences, lack of gender concern, and lack of involvement of health and education departments at all levels.

Programme management

6. The mission found that there was a very cohesive programme team, despite the fact that it is actually split between two provinces. The team has adopted a transparent approach whereby information is shared with all stakeholders, relies on a good, participatory planning system, and has shown a good innovation capacity in developing new tools and in trying to expand programme's impact and the number of beneficiaries beyond what was planned in the programme document. Overall good programme achievements reflect overall good performance of implementing partners, which also results from the regular training and coaching provided by the programme team.

7. The implementation rate for SDC contribution by the end of June 2013 is 42%, which is in line with the implementation duration (15 months or 42% of the total duration). The implementation rate for HSI funds (which finance water infrastructure exclusively and most of it) is 30%, but the way the project cycle is organised should guarantee eventual 100% disbursement within the programme timeframe.

Recommendations

8. Two main challenges should be addressed until March 2015. The first challenge is to ensure that programme achievements are sustained beyond project completion and that quality services are being supplied to rural populations in the target districts. This is to be achieved mainly by: (i) building the autonomy of programme stakeholders in particular CDCs, local councils and CAS, through capacity building plans adapted to the single necessities of each stakeholder and based on participatory capacity assessments; (ii) developing district-specific maintenance strategies detailing the responsibilities of public and private stakeholders (in particular artisans and traders) to ensure the sustainable operation of water pointss; (iii) completing the sanitation strategy mainly to offer follow-up to SANTOLIC, supporting diversified technologies and associating health and education departments; (iv) developing a strategy combining documentation, advocacy and communication and spelling out good practices, target audiences and differentiated supports for disseminating information, so as to not only to influence policy making but also to assist stakeholders in fulfilling their responsibilities beyond project completion, and to facilitate replication.

9. The second challenge is to *expand the access to programme benefits in the target area*, building on existing systems and tools available from Phase I (such as *animadores*) or developed in Phase II (such as the *feira de planos comunitários*), to test an approach whereby larger sections of the rural population could benefit from programme impact.

SUMARIO EXECUTIVO

10. PROGOAS Fase II começou em Abril 2012 para três anos. Tem três efeitos esperados: (i) cidadãos organizados participam na planificação do desenvolvimento local e na monitoria dos recursos públicos e dos serviços; (ii) provedores de serviços nos distritos aumentaram a capacidade de resposta e de prestação de contas para as comunidades, com enfoque na provisão de serviços no sector de água e saneamento. O programa é implementado pela HSI, com muitas actividades contratadas para parceiros de implementação. Os custos totais do programa são de CHF 5.8 milhões, ou MZN 162 milhões, dos quais 81% são financiados por SDC (CHF 4.7 milhões ou MZN 132 milhões) e 19% são financiados por HSI (CHF 1.1 milhões ou MZN 30.8 milhões).

Concepção do Programa

11. A concepção do programa é alinhada com as políticas nacionais e com a estratégia da SDC para Moçambique (2012-2016). Ela reflecte algumas das recomendações da avaliação da Fase I, em particular no que diz respeito ao alinhamento das actividades com os processos distritais. Contudo, tal como na fase I, o programa tem uma cobertura geográfica limitada e está dirigido á comunidades que já receberam apoio substancial através de projectos anteriores da SDC. Está outra vez focalizado nos CDCs, apesar destes terem demonstrado uma sustentabilidade limitada, e ainda falta duma estratégia clara no que diz respeito ao saneamento, o que, combinado com recursos limitados, tem limitado o leque das actividades nesta área. Com a excepção notável da transferência de responsabilidades relacionadas com a planificação e implementação dos investimentos para os serviços distritais, não está claro o quê que o programa procura realizar, que não tenha já estado incorporado em anteriores projectos também pilotos.

Realizações do Programa

12. **Componente 1.** As comunidades têm utilizado CDC e plano comunitário para desenvolver uma diversidade de actividades de desenvolvimento, aproveitando o potencial oferecido por instrumentos concebidos para responder aos objectivos específicos do programa. As mulheres estão bem representadas, inclusive nas posições de liderança, e as prioridades das mulheres estão reflectidas nos planos comunitários. Com capacitações a e a participação activa dos CDCs, os conselhos consultivos ficaram mais dinâmicos. As feiras de planos comunitários organizadas pelo PROGOAS á nível de localidades têm também contribuído a reforçar as ligações entre conselhos locais e comunidades, inclusive onde não há CDCs. Neste contexto globalmente positivo, o principal desafio continua a ser de segurar a apropriação do CDC pela comunidade e de preparar os CDCs para a autonomia. Por outro lado, a sociedade civil continua sem poder real de influenciar a agenda de desenvolvimento do distrito nem de fazer com que as necessidades reais prevaleçam sobre outras considerações, em particular políticas.

13. **Componente 2.** Os CAS, com participação equilibrada de homens e mulheres, asseguram a operação e manutenção de todos os pontos de água nas suas comunidades, inclusive as reparações e a compra de peças sobressalentes, financiadas pelas contribuições das comunidades. Eles têm também um papel positivo no que diz respeito á adopção de equipamentos (latrinas em particular) e práticas de saneamento, e tem desenvolvido ligações com os CDCs para reforçar o seu impacto. SDPIs recebem um apoio orçamental para a reabilitação dos pontos de água e tem desenvolvido as suas capacidades no lançamento de concursos públicos e na contratualização. A estratégia para manutenção ao nível do distrito preparada pela equipa de gestão é um bom ponto de partida, mas ela está ainda muito geral. A estratégia para saneamento também precisa de ser desenvolvida, principalmente porque está inteiramente focalizada no SANTOLIC, falta de diversificação na promoção das infra-estruturas de saneamento e não envolve os serviços distritais responsáveis pela saúde e educação.

14. **Componente 3.** A equipa de gestão tem criado as bases pela disseminação de boas práticas: uma estratégia de advocacia, um excelente sistema de monitoria e avaliação e a

documentação e partilha dos processos desenvolvidos pelo programa, inclusive através da rádio e vídeos. Os pontos fracos principais estão relacionados com a falta de adaptação das ferramentas de disseminação aos públicos-alvos, a falta de considerações de género, a falta de envolvimento dos departamentos de saúde e educação a todos os níveis.

Gestão do programa

15. A equipa de gestão é muito coesiva, apesar de ela estar dividida entre duas províncias. Ela tem adoptado uma abordagem muito transparente partilhando a informação com todos os actores, apoia-se num bom sistema participativo de planificação e tem demonstrado uma boa capacidade de inovação no desenvolvimento de novas ferramentas e na tentativa de expandir o impacto do programa e o número de beneficiários para além do que está planificado no documento de programa. As realizações globalmente boas do programa reflectem a actuação globalmente boa dos parceiros de implementação, o que resulta também das formações e do acompanhamento regulares da equipa de gestão.

16. A taxa de implementação pela contribuição da SDC no final de Junho 2013 é de 42%, de acordo com a duração da implementação (15 meses, ou 42% da duração total). A taxa de implementação pelos fundos da HSI (que financia exclusivamente as infra-estruturas de água, e a maior parte delas) é de 30%, mas as modalidades de organização do ciclo de projecto deveriam garantir o desembolso completo dentro do prazo do programa.

Recommendations

17. Dois principais desafios devem ser tratados até Março 2015. O primeiro desafio é de assegurar que as realizações do programa estejam sustentadas depois do fim do projecto e que serviços de qualidade sejam fornecidos às populações rurais nos distritos-alvos. Isto deveria ser alcançado principalmente através de: (i) a construção da autonomia dos actores do programa, em particular os CDCs, conselhos locais e CAS, através de planos de capacitação adaptados às necessidades específicas de cada actor e baseados em avaliação participativa das capacidades; (ii) o desenvolvimento de estratégias de manutenção específicas para cada distrito detalhando as responsabilidades dos actores privados e públicos (em particular os artesãos e os comerciantes) para assegurar a operação sustentável dos pontos de água; (iii) completar a estratégia de saneamento principalmente para oferecer um seguimento ao SANTOLIC, desenvolver tecnologias diversificadas e associar os departamentos de saúde e educação; e (iv) o desenvolvimento duma estratégia que combine documentação, advocacia e comunicação e que defina boas práticas, públicos-alvos e suportes diferenciados para disseminar a informação. Por forma não só a influenciar as políticas mas também para assistir os actores a preencher as suas responsabilidades depois do fim do projecto, e para facilitar a replicação.

18. O segundo desafio é de expandir o acesso aos benefícios do programa na zona-alvo, baseando-se nos sistemas e ferramentas desenvolvidos na Fase I (como os animadores) ou na Fase II (como as feiras de planos comunitários), para testar uma abordagem pela qual maiores porções da população rural poderiam beneficiar do impacto do programa.

INTRODUCTION

19. The Governance, Water and Sanitation Programme in Nampula and Cabo Delgado (PROGOAS) Phase II started in April 2012, with Helvetas Swiss Intercooperation implementation. In accordance with the programme description, the Swiss Development Cooperation (SDC) organised a mid-term external evaluation with a triple objective¹: (i) to evaluate PROGOAS progress, with a particular focus on relevance, efficiency and effectiveness of achievements in the focus districts; (ii) to analyse approaches and assess the extent to which project outcomes are sustainable; and (iii) to provide recommendations for the remaining period of project implementation.

20. The evaluation was carried out from 30 September to 14 October 2013 by Agnès Deshormes, team leader and specialist in rural institutions, Celeste Nobela, gender specialist, and André Uandela, specialist in decentralised planning and water and sanitation systems.

21. The mission had meetings in Maputo with SDC, the Ministry of Planning and Development (MPD), the National Directorate of Water in the Ministry of Public Works, and with Helvetas Swiss Intercooperation (HSI). It then carried out a programme of visits in the province of Nampula, where it met with programme stakeholders at provincial, district and community level, as well as with HSI Programme Management Team (PMT) and Implementing Partners AMASI and OLIPA. Field visits were organised in the districts of Mecuburi, Muecate and Nacarôa. A similar programme of visits was then carried out in the province of Cabo Delgado, with field visits in the districts of Ancuabe and Chiure and a meeting with Implementing Partners AMA and Conselho Cristão de Moçambique (CCM). On October 11, a half day workshop was organised in Pemba, where the mission's preliminary findings and recommendations were discussed with key programme stakeholders from both provinces, IPs and the PMT. Finally, a debriefing meeting was held in Maputo with SDC and HSI on October 14².

22. This report is organised as follows. Section 1 exposes the main features of programme design and analyses design strengths and weaknesses. Section 2 reviews programme strategy, achievements and weaknesses for the three programme outcomes. Section 3 reviews cross-cutting issues. Section 4 addresses sustainability. Section 5 analyses issues related to programme management and efficiency. Finally section 6 sets out recommendations to complete the current phase.

23. The mission would like to extend its warmest thanks to all the persons met, for their availability, their readiness in sharing valuable information and their precious contribution to the mission's work.

¹ See complete terms of reference in annex 1.

² A list of persons met is attached in annex 2 and the mission itinerary and activities are in annex 3.

1. PROGRAMME CONCEPT AND RELEVANCE

Programme Concept

1. **Context.** The Law on Local Organs of State (LOLE – 2003), its bylaws and the Law on Local Governments (2007) form the legal framework orienting the decentralisation and deconcentration programme developed by the government of Mozambique. On the demand side, Community Participation and Consultation Institution (IPCCs) were created to support a form of dialogue between local governments and civil society. In parallel, a wide range of community-based organisations defending local interests have been developing, often with the support of development projects. Many of these organisations remain weak and have difficulties in establishing themselves as active partners of local governments. On the supply side, competences and resources are slowly being transferred to district governments, so that they have become key players in the promotion of local development. Through Funds for District Development, District Investment and Roads, among others, districts have acquired minimal resources for the financing of local investments. The Council of Ministers recently approved a further expansion of district competences, which are now budget units that can henceforth manage their own human and budget resources. However, the lack of human resources with the capacities required for leading the local investment planning, implementing and monitoring process remains an important challenge.

2. In the rural water and sanitation sector, despite important efforts made by the government and development partners, significant challenges remain to ensure universal and sustainable access to water supply and sanitation services. It is admitted that Millennium Development Goals will not be achieved in the rural areas, although statistics are not available on actual coverage rates. The National Programme for Water and Sanitation (PRONASAR) is the main implementation tool of the Strategic Plan for the Water and Sanitation Sub-sector (PESA-ASR) and aims at coordinating interventions by sector stakeholders. Securing the sustainability of water and sanitation investments is still one of the main constraints. Despite many initiatives, there is still no operational network for the selling of spare parts, which affects community-based maintenance of water points, as do the weak organisation and management of Water and Sanitation Committees (CAS), the cost of spare parts and the low quality of investments. A process for the deconcentration of competences to the provincial and district levels is currently being developed. Yet technical and management capacities, particularly at the district level, remain low.

3. **Origins.** SDC's involvement in the promotion of participatory decentralisation in Northern Mozambique started in the mid-90s with Project MOZ 44, which was directly implemented by SDC in the district of Mecuburi (Nampula) and promoted civil society and community development. In 2005, SDC approved the Rural Development Programme (RDP), which combined support to the participation of rural communities in local development initiatives and district planning, with the promotion of food security and agriculture-based income, as well as access to community-based credit and saving schemes. RDP was implemented by Helvetas and several local implementing partners. In the field of community empowerment and participatory district planning, the 2007 independent review³ recommended to give continuity to RDP's achievements by setting up a project to support the participation of civil society in local decision making processes, within the framework of the decentralised planning cycle.

4. Furthermore, SDC has been involved in Mozambique's water sector since the very beginning of its cooperation in 1979, along with HSI. The most recent Water and Sanitation project started in 2005 in Cabo Delgado Province and focused on the construction and rehabilitation of improved water points, as well as the promotion of hygiene and sanitation at community level. The project evaluation recommended that future initiatives in the sector link improved access to water and sanitation to the decentralisation framework, by supporting the active participation of Water Committees into Community Development Committees (CDCs), improving the capacity of district governments in the planning and

³ Agnès Deshormes, Leda Hugo and Nito Matavel, Rural Development Programme, Programme Review, Mission Report, March 2007.

implementation of service provision in the sector, and complementing district budget with additional funding.

5. The Governance, Water and Sanitation Programme in Nampula and Cabo Delgado (PROGOAS) Phase I started in January 2009 for three years, with two main outcomes: (i) rural citizens organised to participate in decentralised planning, implementation and financing of activities in the water and sanitation sector; and (ii) district governments, the private sector and communities provide and manage rural water and sanitation services. An external evaluation of PROGOAS I was carried out in June 2011⁴. It provided recommendations both to complete phase I and to develop a second phase that would switch from piloting to replication at a scale and pace compatible with district needs.

6. **Design.** The programme was designed by HSI, building on the achievements of Phase I. In line with SDC practice, it has a three year-duration, covering April 2012 to March 2015. The **development goal** is that 'in eight districts of the provinces of Nampula and Cabo Delgado, organised citizens are actively participating in local decision-making around public affairs and resources, claiming their right to quality service delivery, and effective service providers are responsive and accountable, thus improving public services with a focus on the water and sanitation sector'. This is to be achieved through **three main outcomes** in the target districts:

- organized citizens participate in local development planning and monitoring of public resources and services, especially in the water and sanitation sector;
- district service providers (district executive government, local private sector, and water committees) have increased responsiveness and accountability towards the communities, with a focus on delivery services in the water and sanitation sector;
- good practices and methodologies to foster citizen participation in local planning and decision-making as well as in public service delivery in the water and sanitation sector are disseminated and influence policies and programmes at the local, provincial and national level.

7. **Programme cost.** Total programme costs amounts to CHF 5.8 million, or MZN 162 million, of which 81% are financed by SDC (CHF 4.7 million or MZN 132 million) and 19% are funded by HSI (CHF 1.1 million or MZN 30.8 million).

1.1 Strengths

8. **Relevance.** Similarly to PROGOAS Phase I, Phase II is aligned with main policies and legislation in the area of participatory decentralisation and good governance at the local level, especially with the 2003 Law on Local Organs and its bylaws, as well as with the guidelines describing responsibilities and operation of consultative local councils. Building on the latter, it focuses on strengthening the capacities of civil society to actively participate in the district planning and monitoring process.

9. PROGOAS design is also aligned with national policies for water and sanitation, and particularly with the National Policy on Water and the 2005-2015 Strategic Plan for the Water and Sanitation Sub-sector (PESA-ASR). PESA-ASR recognises the important role of civil society and of the private sector at district and lower local levels, and stresses the need to link the provision of water and sanitation infrastructure to decentralised planning, implementation and financing, as reflected in the project document. PESA-ASR also notes that investment in the sector lack sustainability because of insufficient maintenance, for which one of the priorities is to concentrate efforts at the district level in ensuring the sustainability and maintenance of coverage with a view to reduce the cost of rehabilitation in the total investment. However, while the programme document makes reference in several places to the building of capacities of artisans and the need to ensure steady supply of spare parts, the mission found that it lacked a consistent approach to secure the regular maintenance and repair of water points.

⁴ Agnès Deshormes and Carlos Munguambe, Governance, Water and Sanitation Programme in Nampula and Cabo Delgado, PROGOAS, External Evaluation, Mission Report, June 2011.

10. Finally PROGOAS is aligned with SDC's strategy for 2012-2016, with each of its outcomes matching one of the following SDC's strategic outcomes: (i) improved policy making for inclusive growth, based on practical evidence and experience gained, inter alia, in the fields of decentralised participatory planning and budgeting; (ii) improved and equitable access to quality water and sanitation services through the efficient management of financial and human resources and strengthened capabilities at decentralised level; and (iii) citizens and civil society organisations taking an active role in demanding high quality delivery of public social services and a transparent and accountable use of public resources through strengthening their role in participatory processes and monitoring at the local level. The strategy also states that SDC will continue to promote gender equality throughout its programme and provide opportunities for women and men to engage in improving gender relations and exercising their rights equally – a cross-cutting concern that is also reflected in PROGOAS design.

11. **Capitalisation.** PROGOAS design reflects some of the lessons learnt from Phase I and some of the recommendations of the evaluation of Phase I, including:

- *Integration of water/sanitation and governance activities:* activities related to investments in the water and sanitation sector are now well integrated with those supporting local governance and the decentralised planning and implementation, with the implementation team that is no longer split by sector but organised by province;
- *Alignment with district processes:* while in Phase I water investments were implemented according to project-specific processes, in Phase II they are planned and implemented by district authorities along regular processes and systems, and capacity building is to be provided to District Services for Planning and Infrastructure (SDPIs) for the purpose;
- *Direct implementation of investments by district administrations:* as a corollary to the principle of alignment, water investments financed by the project are implemented directly by SDPIs, with project resources being transferred to a district-managed account. However the programme document still focuses on implementing only project resources, whereas the evaluation recommended that it should assist the district government in planning and implementing all the resources available to the district for the construction, rehabilitation and maintenance of water and sanitation infrastructure. Steps have however been taken by the programme team in that direction as will be reviewed below;
- *Good practices:* while Phase I did not involve the identification and dissemination of good practices, this has been retained as a full component in Phase II, with a dedicated staff member on a part-time basis (50%). The document however lacks a strategy to promote linkages with policy making bodies, a lacuna that has been filled by the programme team as analysed below;
- *Support to implementation:* Phase I was implemented directly by the Management Team/Implementing Partners. In Phase II, the latter have a facilitation and supporting role, and water and sanitation investments are implemented by SDPIs. In contrast, activities related to the promotion of citizen's participation are still directly implemented by the project management structure, however with close involvement of District Technical Councils (CTDs).

12. **Diversified range of skills.** Compared to Phase I, the staffing of the Programme Management Team (PMT) was diversified with the inclusion of a full time Gender Advisor, a part-time Communication Officer and a Programme Officer dealing with the capitalisation of good practices and advocacy. This is an important element in ensuring that these cross-cutting areas are properly addressed throughout programme activities.

13. **Role of implementing partners.** Activities related to supporting citizen's participation in local decision making processes are entrusted to Implementing Partners (IPs) to be hired based on competitive bidding, whereas in Phase I this had been partly retained by HSI. Programme design also foresees the provision of institutional support to IPs to help them in strengthening their organisations, thereby contributing to the development of capable local service providers. This has been benefitting an additional two

IPs as compared to Phase I. However the building of capacities of SDPIs for the planning and implementation of investments is still retained by HSI. While IPs may lack competences in this field, a mixed approach could have been considered to further develop their skills.

1.2 Weaknesses

14. **Limited coverage.** Phase I evaluation had noted that the programme had a limited geographical coverage, with only 204 communities over 8 districts. Whereas the evaluation advocated that Phase II should replicate successful approaches at a larger scale, the programme document reduced the number of target communities from 200 to 180, which was justified by a need to focus on quality. PROGOAS II is therefore conceived as yet another pilot project, whereas, as already noted by the evaluation, experience over the years has resulted in a range of well-developed approaches and tools that should have allowed PROGOAS Phase II to switch from earlier piloting approaches to one of dissemination and expansion.

15. **Protracted assistance to communities.** Phase I evaluation had noted how HSI and IPs had developed a set of tools allowing the building of CDC capacities to participate in decentralised planning in one year. Tools included: capacity building modules; the grouping of CDCs into micro-regions; community-based *animadores* and *assessores*; the participation of traditional and administrative authorities in capacity building; annual self-evaluations; and forceful communication through radio and theatre. Yet Phase II keeps focusing on the same CDCs, some of them having received support for more than 10 years, without providing any exit strategy – the only activity mentioned in the relevant section of the programme document is '*participatory monitoring of the institutional viability of CBOs*', which is to be repeated every year. Such an approach is hard to justify with respect to equity (it ends up creating little islands of programme beneficiaries in the midst of vast, untargeted portions of district territories), efficiency (it concentrates high amounts of resources on small groups of beneficiaries) and viability (it requires an amount of time and resources that is not compatible with the scale of needs). As will be further discussed below, the PMT has attempted to enlarge the access of programme benefits to larger groups (for example through the *Feiras de Planos comunitários* or the financing of water points in communities that have no CDCs), which provides fertile ground to develop a strategy for up-scaling, also building on relevant achievements of Phase I.

16. **Unclear purpose.** With the notable exception of the transfer of responsibilities related to the planning and implementation of investments to district services, it is unclear what the programme attempts to achieve that had not been already embodied in previous, similarly pilot projects. The replication of good practices, as recommended by Phase I evaluation, is not addressed at all throughout the programme document. Those areas that had been assessed as requiring strengthening (sanitation, operation and maintenance of water points) do not get any particular focus. Sustainability is barely addressed. If, as it seems, the main purpose of Phase II is to consolidate Phase I, which was already consolidating past initiatives, then the viability and sustainability of the proposed CDC-centred approach becomes questionable.

17. **Excessive focus on CDCs.** In fact, in the attempt to consolidate CDCs, the programme design gives them a predominant position in the district institutional framework, despite the fact that they are not instituted by the law, and that building their capacities is not only very intensive and costly, but also that it has demonstrated little sustainability – CDCs supported in Phase I had limited success in keeping to their activities in the time gap between Phase I and Phase II, reproducing what had already been the case between the end of RDP and the beginning of Phase I. With such a background, the reproduction of the same approach exclusively focusing on building the capacities of CDCs does not appear to be effective. A strategy that would have systematically integrated CDCs

in the district governance system⁵, would have better shouldered efforts deployed at community level as already noted above.

18. **Lack of a sanitation strategy.** As was already the case for Phase I, the programme document focuses on governance-related activities but elaborates much less on water sanitation and, in particular lacks a clear strategy with regard to sanitation. This, compounded with limited resources allocated to sanitation, caused the PMT to promote a limited range of activities in this field as will be reviewed below.

19. **Limited elaboration on cross-cutting issues.** Less than one page is devoted to cross-cutting issues - which include gender equity, sensitisation on HIV/AIDS, environmental issues, children rights and domestic violence -, and the programme document provides limited indications as to how these concerns should be addressed. Clearer research on the matter would likely have contributed to realising that the list of cross-cutting issues was too long and partly beyond the project scope, and to trimming it down to what could realistically be achieved.

2. PROGRAMME ACHIEVEMENTS

20. **Geographical coverage.** PROGOAS is implemented in the same eight districts that were targeted in Phase I. Five of the districts have been receiving SDC/HSI assistance for several years (Erati, Mecuburi and, to a lesser extent, Muecate in the province of Nampula, and Chiure and Ancuabe in the province of Cabo Delgado), whereas the remaining three only started in Phase I (Nacarôa in Nampula and Macomia and Mecufi in Cabo Delgado). Table 1 shows some of the main features of the eight districts.

Table 1 – Main features of districts covered by PROGOAS

	Erati (NPL)	Mecuburi (NPL)	Muecate (NPL)	Nacarôa (NPL)	Ancuabe (CD)	Chiure (CD)	Macomia (CD)	Mecufi (CD)	TOTAL
População	285,609	178,957	105,350	117,882	117,488	238,297	87,283	47,141	1,178,007
Area (km²)	5,571	7,135	4,133	2,726	4,606	4,210	4,049	1,192	33,622
Nbr of admin. posts	3	4	3	3	3	6	4	2	28
Nbr of localities	10	12	7	12	9	14	11	5	80
Nbr of povoações	30	101	100	100	74	110	48	24	587

Source: PROGOAS Programme Management Team, 2013

21. Territories are vast (total area represents 85% of Switzerland) and population density is low (35 hab./km²). However all of the consultative councils at district, administrative post and locality level are functioning and are receiving PROGOAS institutional support, which constitutes a good basis for extending project benefits to a wider area.

2.1 Outcome 1: Community Empowerment and Participative District Planning/M&E

Programme Strategy

22. **Three levels of intervention.** To support community empowerment and citizens' participation in the planning and monitoring of district investment, the project provides support at three, complementary levels:

- **CDCs:** as in Phase I, CDCs are considered as the cornerstone of participatory planning. They receive capacity building support to develop a community development agenda and to participate in local councils and in the decentralized planning process. As

⁵ Including for example the integration of project staff in the Technical District Team, the provision of support to the latter, and the fostering of linkages between CDCs and local government structures, particularly at the level of *localidade*.

compared to Phase I, programme support has been extended to new areas (linkages with the CAS, public audit of district services) and the linkages to consultative councils are strengthened to also cover the locality level. Overall however it reproduces the same approach, which provides assistance without any clear indication as to how it should lead to autonomy;

- *Councils at the locality level:* programme assistance is also extended to the lowest level of consultative councils so that all the members can understand their role and actively exert their responsibilities. Since elected civil society members of consultative councils at higher levels (administrative post and district) are selected among the members of locality councils, this is the most appropriate level to build a strategy for up-scaling PROGOAS support and impact. The PMT has developed a strategy for linking CDCs to consultative councils;
- *Councils at the administrative post and district level:* at these two levels (which were not contemplated in the programme document), PROGOAS is rightly partnering with the National Programme of Decentralised Planning and Finance (PNPFD) and provides capacity building in selected areas related to participatory governance.

23. **Classification of CDCs.** The system of classification of CDCs used in Phase I has been reviewed, with more detailed indicators are specified in the programme document as shown in Table 2, which are to be used for CDC 'self-assessment'.

Table 2 - Classification of CDCs in PROGOAS Phase I and Phase II

CDC level	Indicators Phase I	Indicators Phase II
A	Can subsist without project support. Strong participatory leadership, involving all community stakeholders. Excellent understanding of CDC role. Accountable to community. Capacity to liaise with external partners.	One regular meeting per month. Work plan updated in writing. Activities that do not require external support are carried out. Contacts with service providers (government, NGOs and private sector), at least 4. Observe the terms of the members of management. Involves the village in its activities. Performs at least monthly meetings to account to the community. Meeting space is available. Documentation system available (minutes, reports, plans, etc.)
B	Limited chances to subsist without project support. Weaker and less participatory leadership. Limited understanding of CDC role. Limited accountability. Weak capacity to liaise with external partners.	One regular meeting every two months. Work plan updated. Half of the planned activities that not required external support are carried out. Contacts with service providers (government, NGOs and private sector), at least 2 to 3. Do not observe the terms of the members of management. Involves the village in its activities. Performs at least semiannual meetings to account to the community. Meeting space available. Documentation system only partly available (minutes, reports, plans, etc.)
C	Cannot subsist without project support. Limited participation. Limited understanding of CDC role. Lack of accountability. Lack of linkages with external partners.	Irregular meetings. Work plan updated. Only a few planned activities are carried out, even those that do not require external support. Contacts with service providers (government, NGOs and private sector), at least 1. Do not observe the terms of the members of management. The village is not involved in the activities. Performs no meetings to account to the community. Meetings space not available. Documentation system not available.

24. The definition of more detailed indicators may help in assessing the capacities of a CDC with more precision. However: (i) the new formula does not leave any room for CDCs selecting their own criteria to assess their performance in line with their specific objectives; and (ii) the focus is more on activities or outputs than on the benefits the CDC brings to the community (such as the mobilization of district resources, the mobilization of the community to promote common goods/services, the capacity of linking to administrative authorities to solve problems affecting the community, the capacity to solve conflicts...); however benefits are more likely to constitute an incentive for a CDC to survive beyond programme completion than the number of meetings it holds or whether it has a documentation system.

25. **Strategy for linking CDCs to consultative councils.** The strategy prepared by the PMT is useful to guide field staff in understanding and disseminating the roles of the various stakeholders of local governance. The mission noted that it includes several activities aiming at channelling CDC community plans to consultative councils at all levels.

While community plans may be useful to clarify priorities at the locality level and to prepare the locality plan, discussing them again at upper levels results in giving an unjustified, privileged position to CDCs, who could bypass the locality plan.

Achievements

26. PROGOAS assists 158 CDCs gathering 4,303 members, of which 39% are women. All CDCs but one have bylaws and 151 have community development plans. Table 3 shows main achievement indicators for Outcome 1, as per the logical framework.

Table 3 – Achievement indicators for Outcome 1 (by 31 March 2013)

Expected results	Indicators	Programme target	Achieved	% achieved
CDC community development plans are approved at community level and demand of public services are discussed in local consultative councils. Community and district resources are mobilized and efficiently used to respond to community agendas.	Number of CDCs established and operational	180	158	88%
	Number of CCLs established and operational	50	50	100%
	Number of community development plans or other CDC proposals discussed in CCLs	50	3	6%
	% of CDCs that revise their community plans and funds and that are accountable to their communities	100%	82%	82%
	% of achievement of community plans by end 2015	70%	25%	36%
Public service provision, particularly in the water and sanitation sector, is monitored by civil society (users, members of councils, media) based on efficiency, quality and other criteria that it identifies	Number of water points constructed by the project that are monitored by users	60	25	40%
	Number of civil society members trained in participation and monitoring of public services	500	294	59%
	% of district budgets that are monitored by users, by civil society and by members of councils	100%	Not available	Not available
	Number of listeners to radio programmes on district planning, governance and water and sanitation	100,000	490,000	490%
Decision-making processes in CDCs, Consultative Councils and Water and Sanitation Committees and consultative councils include women that articulate their concerns and monitor decisions made	% of women in CDCs and Consultative Councils that have a leadership position	30%	26% ⁶	88%
	% of women in committees that monitor activities and budgets of district plans	30%	31%	103%

Source: PROGOAS Annual Report, April 2012 to March 2013

27. Achievements related to Outcome 1 are either contributing to building the capacities of CDCs as community development agents, or to building the capacities of consultative councils and to linking CDCs. Additionally, a set of achievements is also contributing to expanding programme impact and the number of beneficiaries. The three categories of achievements are reviewed hereafter.

Building the capacities of CDCs as community development agents

28. **CDCs.** CDCs are representative village structures that gather modern and traditional authorities as well as the representatives of various interest groups. Their role is to help the community in identifying problems and ways to overcome them, as well as to voice community concerns in local councils. This includes the preparation and implementation of a community development plan and the provision of regular feedback on its implementation to the community. In addition to the areas that were already supported by Phase I (see below), Phase II focuses on the strengthening of internal organisation, with bylaws approved and elections held to renovate mandates in every CDC. The bylaws may have contributed to better accountability. However leaving the possibility to single CDCs of

⁶ CDC: 30%, CCL: 30%, CCPA: 24%, District Council: 21%.

adapting the model provided by the PMT could contribute to increasing CDC ownership and sustainability.

29. **Community plans.** Community development plans have been prepared in 151 communities. Of these, at least 130⁷ had already received support on community planning through Phase I, with at least⁸ 55 % of target CDCs receiving assistance since RDP or before. Table 4 shows the distribution of current target CDCs by period of creation.

Table 4 – Target CDCs by year of creation

Years of creation	Number of CDCs
2009-2011 (Phase I)	59
2005-2008 (RDP)	50
2000-2004	19
Prior to 2000	2
Total	130

PROGOAS PMT, 2013

30. Community plans presented by the CDCs met by the mission included many actions that had a positive impact on the community and that were implemented without requiring external funding, both in programme-related areas (mobilisation of families for the construction of latrines, mobilisation for maintaining sound hygiene in the community, cleaning community grounds) and in other areas (realignment of community dwellings, opening of new fields, control of informal trade, management of the community market, assistance to vulnerable groups, resolution of land conflicts...). CDC members also indicated as positive achievements a more open exercise of power on behalf of community leaders, a better integration of women in community decision-making processes, the ability to influence consultative councils, the ability to demand services from the government and to exert pressure, and an overwhelming interest of both men and women in participating in community-based Centres for Adult Literacy and Education (AEA).

31. This shows how CDC members have been able to grasp the potential offered by a tool conceived to respond to the programme specific goals and make it useful for community development at large. However the mission notes that this was already the case in 2007 (RDP review) and 2011 (PROGOAS Phase I evaluation), and that despite such positive achievements, the interruption of technical assistance between two projects, even as short as two months (between PROGOAS Phase I and II), brought CDCs back to inactivity. This tends to indicate that the key issue is not about finding ways to raise community interest in setting up a CDC and putting it to the service of community development, but rather about ensuring that this interest can be kept alive even when programme facilitators are no longer there to nurture it. It is therefore about how to ensure community ownership of the CDC, and how to prepare CDCs to autonomy. Measures to foster autonomy and sustainability are proposed in the Recommendations section.

32. **Self-assessment of local governance.** Annual self-assessment of CDC capacities takes place based on the matrix presented above. Table 5 shows CDC levels as per the latest assessment.

Table 5 – CDC level (as of 31 March 2013)

A		B		C		Total number of CDCs
Number	%	Number	%	Number	%	
52	33	79	50	27	17	158

33. CDCs with a good or medium level of performance make up 83% of the total. This assessment should however be considered taking into account the limitations exposed above. Besides detailed statistics show that the level of performance has little correlation with the number of years of assistance: close to 50% of poorly performing CDCs (level C) got 5 years of assistance or more, while 60% of good performing CDCs (level A) were

⁷ Data is missing for 20 CDCs.

⁸ Date of creation for 26 CDCs was not available.

created during PROGOAS phase I and only had from 2 to 3 years of assistance. If, as it appears, support duration is not a key factor in ensuring performance, a survey should be run to understand what in turn the main factors of success are.

34. **Women participation.** Women constitute 39% of CDC members and 26% of CDC leadership members, against 30% targets for both indicators. Women leadership is higher at lower levels (30% in CDCs and Locality Council) and lower, although still commendable, at levels above (24% in Administrative Post Council and 21% in District Council). The lower percentage is likely due to the fact that there is more competition and interest for upper levels and hence more hardship for women to compete. Some specific attention is needed to ensure that capacity building carried out with PNPFD at district and administrative post level focuses on women participation in the councils and the benefits that this would bring to the whole population.

35. Community plans seen by the mission rank investments that are important for women as top priorities, such as water points or maternity centres, which demonstrates that women are not only present in numbers, but also able to voice and defend their concerns. Furthermore, although men still had a dominant participation in the discussions held with the mission, they clearly explained how their vision of men and women responsibilities within the family and the community had changed and how it was important that women participate in decision-making to improve the community's well-being.

36. **Participation of community leaders in capacity building.** The systematic inclusion of community leaders in CDC membership and in capacity building sessions increases CDC legitimacy within the community. It is also a good way to support CDC sustainability, by allowing community leaders (and especially the village secretary) to witness the value added that CDC can bring to resolve community affairs. Experience as reported during field visits has shown that failing to associate community leaders negatively affects community recognition of the CDC and is a source of conflict.

Building the capacities of consultative councils and linking CDCs

37. **Capacity building of consultative councils.** PROGOAS has provided assistance to the revitalisation of locality councils (i.e. elections and installation of the newly elected councils) throughout the target area. Women constitute 30% of the membership of local councils altogether and 30% of the leadership positions in locality councils are filled by women, which is in accordance with targets.

38. Capacity building in participatory planning (including the preparation of locality plans), in monitoring of the annual district plan (PESOD) and in accountability has been provided to 44 locality councils and their 7,900 members in the target districts (90% of target). PROGOAS has also contributed to building the capacities of consultative councils at administrative post and district level in partnership with PNPFD. Additionally, the programme is financing a contribution to the functioning budget of target districts, with which has enabled them to cover part of the costs related to participating in consultative councils' sessions (see Outcome 2). This set of activities, added to the *feiras de planos comunitários* and the participation of CDC members in local councils, as reported below, has altogether had very positive effects on the operation of local councils.

39. **CDCs participation in consultative councils.** The mission found that interviewed CDCs had a good level of representation up to the district level, and showed a good understanding of their role. In particular, CDC members sitting on administrative post and district councils were aware that they were representing a much larger constituency than merely their own community. They explained how they built on information gathered through local council sessions and plans to learn about local priorities and defend them, and how they were providing feedback to lower levels through local council sessions.

40. By the end of March 2013, 25% of community development plans had been implemented as against a target of 70%. If, as it seems, the indicator is about

implementing the part of the plan that requires external resources and that is presented to the locality council, then the 70% target of implementation is overstated, considering that PROGOAS target communities only represent around 30% of the total population of the target districts. In fact, the ultimate inclusion of communities' priorities in the district plan does not only depend on the capacity of community representatives to defend them in local councils or on the willingness of the administrator to abide by the recommendations of the district councils. Other key elements in the decision-making process are legal norms for establishing social infrastructure such as water points, class rooms or health posts, as well as arbitration between investment priorities throughout the district, based on needs and available resources. In this context, 25% is an excellent achievement⁹, and a higher percentage might indicate that the priority setting within consultative councils is excessively benefitting PROGOAS-supported communities.

41. According to the district administrators met by the mission, consultative councils have become more dynamic, with lively discussions taking place on the selection of priority investments, hopefully leading to district plans that are more responsive to priority development needs within the district. In this respect, the strengthening of civil society as envisaged by the programme document is taking place. However, several CDCs have alerted the mission to the fact that civil society did not have any real power to influence the development agenda and ensure that actual needs would prevail over other, in particular political, considerations. Besides, district administrations have not yet revealed what percentage of the district plan is actually reflecting the recommendations of the district consultative councils. Monitoring tools are required to complement participatory planning and ensure that citizens' priorities are duly taken into account, and they were rightly included in the programme approach.

42. **Monitoring.** Generic information on public expenditure control is provided through the capacity building module on accountability. Additionally a new tool for public audits in the water sector has been tested in three communities in the districts of Erati and Nacarôa, with the aim of associating users in monitoring the implementation of PROGOAS-financed water points by the district administration. It is organised in two sessions, one prior to starting the works to clarify what is to be achieved and one after works are completed, also including a ranking of users' satisfaction. The tool has been well received by the population. The main issue now is how to expand the tool to cover PESOD implementation and how to make sure that the monitoring of PESOD implementation is organised by the district government, even once the project is over. Ownership and cost (including for reproducing and distributing the PESOD to members of the local councils) are certainly key issues in this respect. Budget monitoring has not yet been included in the capacity building programme, in part due to the fact that related information is not made available by the districts. Recommendations include some proposals in this respect.

Steps towards expanding programme impact

43. **Capacity building modules and guidelines.** The programme team uses the following capacity building modules, which were already available in Phase I and were adapted building on further field experience: (i) leadership and conflict management; (ii) decentralised planning; (iii) monitoring and evaluation; (iv) accountability; (iv) gender and governance; (v) self-assessment on governance; (vi) organisation of CAS; (vii) pump installation and (vi) management of natural resources. Manuals related to district governance were designed with the collaboration of PNPFD and are also used by PNPFD. Additionally guidelines are produced to support capacity building in other areas such as public audits, *feiras de planos comunitários* (see below) or sanitation. The documentation of methodologies and technical capacity building is an important step to support dissemination and replication.

⁹ As is the achievement of 3 out of 8 districts that reflect community plans (see Table 7), although the target in the logical framework is 8.

44. The mission noted however that documents are mainly conceived for trainers as a tool to support technical training. Yet if they were adapted to the needs of target audiences they could be used as reference material and help CDCs, local councils and district administrations in continuing to apply new knowledge and skills even beyond programme completion.

45. **Feiras de planos comunitários.** These are one-day events that are organised at the locality level, with a view to share community development plans, discuss priorities of other communities in the locality, prepare the locality plan and facilitate its channelling to the level of the administrative post. *Feiras* have been tried out on a pilot basis in three localities over three different administrative posts in each of the two target provinces. Each was attended by CDCs, representatives of other communities in the locality, the district administrator, members of the CTD and SDPI, and administrative authorities at the locality and post level. District authorities and staff found it very useful as it allowed councillors to gain a better knowledge of the range of community priorities, whether the community has or not a CDC. They also found that CDC members were very effective in conveying new concepts related to participatory planning and the functioning of local councils in a language easily understood by the participants, and in providing concrete examples.

46. **Local capacities.** District authorities recognize that CDC members have had a positive impact on local councils and that they have skills that can contribute to building citizen's capacities to participate in district planning. On the other hand, CDCs met by the mission have generally expressed a lot of interest in sharing their knowledge with fellow citizens in communities out of PROGOAS target areas. The example of the community of Momane is very enlightening in this respect.

Momuane: an example of community-to-community capacity building

Momuane is a community of 410 inhabitants in Mecuburi district, with a CDC that was created in 2005. In 2010, the community heard about Marata, a distant village in the district that had no school and lacked safe access to water. It had a CDC but it was not functioning. The community decided to help. They constituted a group of 10 people, men and women, each skilled in a topic of interest: community planning, water points, women mobilisation or schooling. They asked PROGOAS to pay for their travel and food expenditure and took off to Marata. Once there, Momuane group called Marata community members and leaders to convene. Women talked to women and exhorted them to participate and voice their concerns. Momuane helped in carrying out a community diagnostic and preparing a community plan. Then the villagers from Momune explained how to channel investment requests into the district planning system. After one day they left. Momuane later learned they eventually Marata got a school and a water point financed from the district budget. They now dream to go again and see the result of their work.

47. Phase I had promoted community facilitators (*animadores*), or CDC members responsible for delivering capacity building, and advisors (*assessores*), who were responsible for ensuring the good functioning of CDCs once capacity building was completed. Facilitators and advisers were trained in sessions gathering several CDCs, which facilitated the exchange of experience. This system was discontinued in Phase II design on the account that the cascade training modality used was not effective, that the fees paid to advisors were creating unwanted dependency, and that the presence of these new types of paid resource persons within CDCs was a source of conflicts. Yet several CDCs met by the mission explained that meeting and exchanging with other CDCs was contributing to CDC sustainability. Considering the contribution that the use of local capacities could make not only to up-scaling but even to sustainability, it would have been worth considering adapting the modalities so as to minimise the drawbacks identified in Phase I rather than altogether getting rid of them.

48. **Participation of administrative authorities.** Administrative authorities have systematically been involved in the trainings provided to local councils, which should contribute to ownership of the participatory processes and to their sustainability. Moreover, the programme team enjoys good relations with district governments, as witnessed by district administrators who expressed their satisfaction about project progress and about the positive role that CDCs played in the district planning process and in local councils. Joint activities are organised with the District Technical Council when possible, and as already indicated, PROGOASII finances a contribution to the district operating budget,

which is in part used to support CTD activities related to decentralised planning and monitoring. Institutionalisation, i.e. integration of PROGOAS support activities in the regular work planning and processes of the district, would strengthen the chances of sustainable implementation of PROGOAS-promoted approaches in district systems.

49. **Communication.** *Radio* is used not only to supply information and knowledge building (on women's participation, decentralised planning, *feiras comunitárias*, operation and maintenance of water points or sanitation...), but also to allow wider audiences to follow what is taking place in local councils (broadcasting of sessions held by administrative post and district level councils) as well as to learn about how the PESOD is implemented. Topics are decided on a quarterly basis together with IPs, in accordance with the programme of activities. The PMT carried out a study to assess whether the radio was an effective communication support. The study shows that a majority of villagers listen to the radio (83% of women and 87% of men), most of them on a daily basis, and that there is a marked interest for the various areas tackled by the programme, including local governance. According to Radio Encontro (Nampula), radio programmes are appreciated by villagers, because they acquire new knowledge but also can exert pressure on local governments, and by local authorities. While initially reluctant, the latter now consider that radio programmes and debates help in reaching out to remote settlements with adapted messages also using local languages, and in learning about problems faced by the population. *Theatre* was another effective communication tool largely used by the programme in Phase I, which was unfortunately discontinued.

50. **CEGOVE.** The Centre for Training in Public Administration, Local Governance and Local Authorities (CEGOVE), a public institution, was recently created in Nampula to build the capacities of local authorities and local government staff. PROGOAS has established linkages with CEGOVE and will participate in the forthcoming 'Provincial Fair of Good Practices', which will review successful approaches with regard to the programming and management of public investment, accountability and local economic development, with a view to select those that would warrant a thorough case study for identifying lessons learnt and contribute to the development of training curricula. CEGOVE offers a venue whereby PROGOAS good approaches could be mainstreamed in regular government programmes and should be closely associated to programme activities in this respect.

Weaknesses

51. **CDCs limited autonomy.** As indicated above, the mission identified one main weakness, which is the lack of CDC autonomy. CDCs do not have a clear sense of when the project is to be completed and are not receiving any specific support to help in strengthening their autonomy and ensuring that they can keep playing a positive role once the project is over. Instead, protracted assistance over the years creates a dependency and an inability to maintain activities without project support, as demonstrated again in the time gap between Phase I and Phase II.

52. **Role of CDCs in local governance.** While CDCs do contribute to the development of local governance, there is a tendency to give CDCs and community plans an excessive importance - by seeking that the majority of investments in a community plan be financed by the district budget, or by channelling community plans to local councils at all levels, as reviewed above. CDC members elected in local councils do play a role in generating participation in the councils and they can further contribute to good district governance by helping in building the capacities of fellow councillors and members of communities that have no CDCs. But these responsibilities should be promoted in the framework of the normal participatory planning process, whereby each level has its own specific role and where plans at each level remain the result of a prioritisation process that took place at the level below.

2.2 Outcome 2: Water and Sanitation Service Delivery

Programme Strategy

53. **Three levels of intervention.** Activities in Outcome 2 are organised around three levels of intervention:

- *CAS*: community-based Water and Sanitation Committees (CAS) in target communities are to take care of the operation and maintenance of all of the water points (be they or not financed by PROGOAS II), as well as to promote sanitation and hygiene. Support to CAS is provided by the IPs;
- *SDPI*: in Phase II, the District Planning and Infrastructure Service (SDPI) is directly responsible for the planning of water points and implementation of related works, using resources that are channelled by PROGOAS and are integrated in the district budget. Support to SDPIs is provided directly by the PMT;
- *Artisans*: these are key stakeholders to ensure the sustainable operation and maintenance of the water points. They receive capacity building in the maintenance of water pumps. Support to artisans is provided by the IPs.

54. **Project cycle.** PROGOAS provides capacity building assistance to SDPIs in implementing the full project cycle, from the selection of communities to the preparation of tender documents, contract awarding, contracting, supervision of works and provisional acceptance. This approach allows SDPIs to actively build capacities through learning by doing and coaching provided by the PMT. Each district has been granted one single allocation of MZN 3,900,000 for the financing of one set of water points to make sure that the volume of works is enough to attract contractors. This also ensures that each district receives assistance over one full cycle, even if the implementation pace is low. The first batch of districts (Erati and Nacarôa in Nampula, and Ancuabe and Macomia in Cabo Delgado) started in March 2012 and provisional acceptance is still on-going.

55. **Target area.** Half of the water points financed by the programme in one single district are to benefit communities that have a CDC, and half go to communities that have never received any prior HSI assistance. Compared to Phase I, this has improved the programme's alignment with the normal district planning process, at least for 50% of the recipient communities, which can be selected based on water shortages and real needs, and not on whether they have or not a CDC. For the second project cycle, close to all of the water points will be constructed in communities that have no CDC, which is the result of a better alignment with PESODs and with a prioritisation of real needs.

56. **Sanitation.** The main approach promoted by the programme to support sanitation is Community-Led Total Sanitation (SANTOLIC) to eliminate open defecation. While it is recognized as a very effective way to have villagers understand why they should change their traditional behaviors, it is insufficient to sustainably change behaviors. However, as was referred by IPs, there is no clear programme strategy as to how to keep promoting sanitation in communities that have already been going through the SANTOLIC approach. PROGOAS also promotes family use of basic hygiene modalities, including hand washing and the use of waste dumps and dish racks.

Achievements

57. In the four districts that have started activities so far, PROGOAS has been financing 25 water points as shown by Table 6, which benefit a total of 29,035 people. This is equivalent to an average 1,161 people being serviced by one water point, much higher than the 300 people/water point prescribed by DNA. The wide disparity only indicates that needs are very important and that much more investment is needed.

Table 6 – Water points in Cycle 1

Province	District	Construction	Rehabilitation	Total
Nampula	Erati	8		8
	Nacarôa	9	1	10
Cabo Delgado	Macomia			
	Ancuabe	7		7
TOTAL		24	1	25

PROGOAS PMT, 2013

58. In these four districts, PROGOAS assists a total of 177 CAS, grouping 2,058 members, of which 49% are women. Of these, 18 CAS are new and the other ones were set up in prior SDC/HSI-financed projects. About one third of CAS members (64%) are also members of the CDC, and 6% are members of a locality council. Table 7 shows main achievement indicators for Outcome 2, as per the logical framework.

Table 7 – Achievement indicators for Outcome 2 (by 31 March 2013)

Expected results	Indicators	Target	Achieved	% achieved
Water Committees are established and functional. They provide quality services and manage O&M funds for the community in a transparent and responsible fashion	% of Water Committees that manage their water points well so that these are operational 90% of the time	100%	80%	80%
	% of families that contribute to the O&M Fund for their water system	90%	62%	69%
	Most of Water Committees' decisions are known and approved by the community, and most of questions or complaints are responded	75%	60%	80%
District priorities, with a focus on W&S, are discussed and planned by the District Technical Council (CTD) together with community representatives, and are efficiently and effectively implemented by SDPIs.	% of district government procurement processes that are transparent	100%	40%	40%
	% of contracts established with district governments and financed by PROGOAS that meet quality standards (drilling and supervision of works) as well as planned deadlines	100%	50%	50%
	Number of districts that present an annual report on water points, sanitation and hygiene	8	0	0%
	Number of PESODs that reflect community development plans	8	3	38%
W&S infrastructure are built or rehabilitated in line with project cycle management standards and are used by the communities; quality O&M services are provided to the communities	Number of people sustainably covered by water and sanitation infrastructure	30,000	29,035	97%
	Number of water infrastructure built or rehabilitated by district governments using good governance principles in line with PCM and technical standards	60	25	40%
	% of families that correctly use sanitation infrastructure, using latrines with lids, waste dumps, dish racks and systems for washing hands	100	34%	34%
	% of CAS that use the services of local artisans	50%	8%	16%
	% of problems raised by citizens	100%	98%	98%
	% of problems solved by artisans	100%	41%	41%
Alternative approaches, technologies and products in the W&S sector are available and used by communities and families	Number of latrines adapted to local conditions that were adopted by communities	2,000	903	45%

Source: PROGOAS Annual Report, April 2012 to March 2013

59. Programme achievements are presented along the three main steps of developing access to water: (i) preparation (including planning, community mobilisation, tendering and contracting); (ii) construction of water points; and (iii) operation and maintenance. Issues related to sanitation and to the overall impact are also reviewed separately.

Preparation to construction of water points

60. **Financing.** Every district has opened a dedicated bank account to receive PROGOAS funds amounting to CHF 3.13 (or MZN 93.9 million) along the three-year budget attached to the partnership agreement signed by PROGOAS coordinator and each district administrator. This includes both the investment cost and mall allocations for the operation of the CTD in connection with the preparation of the PESOD (MZN 105,000) and the SDPIs (MZN 110,000) in connection to planning and supervision activities in the W&S sector. These funds are channelled to the district, thereby allowing district staff to learn new capacities through direct implementation. Additionally amounts and their use have been agreed upon as of programme start, which gives district useful financial predictability.

61. Programme conditions for financing W&S infrastructure communicated to district administrations included that PROGOAS would finance a maximum of 70% of the cost of W&S infrastructure planned in the PESOD, while the district would have to finance the balance using resources from the Local Infrastructure Fund (FIL - State budget). When PROGOAS started with the first batch of districts, budgets had already been approved and it was too late to have any additional works included in the PESODs. Nonetheless, Ancuabe district included seven water points and 2 small water supply system in the PESOD. Districts in the second batch have announced that they would allocate resources to water point rehabilitation as follows: Chiure: MZN 650,000; Mecuburi: MZN 1.2 million; Mecufi: MZN 300,000; and Muecate MZN 600,000. No information is yet available from the other three districts. These good results reflect the considerable pressure put on district administrations by PROGOAS but also by SNV (operating in some of the same districts), and by PNPFD, which is a good example of effective coordination of efforts.

62. **Planning.** While according to orientations provided by the PMT to participating districts, community selection should derive from the PESOD, interviews with district administrators revealed that the selection is actually based on community requests and on the application of varying criteria. This process however defeats the purpose of the decentralized planning of public investment as spelled out by LOLE, as well as PROGOAS expected outcome to achieve citizen's participation in the planning of public services in the water and sanitation sector. District planning is actually the result not only of the participatory planning process, but also of political decisions of various sorts (including those deriving from the 'open presidency' and 'open governorship' systems). To better ensure that communities with most stringent needs do get priority consideration, PROGOAS II is now supporting SDPIs in establishing a district data base of all available water points and of their condition. This data will also be very useful to support local councils in preparing their plans, as well as to elaborate district maintenance strategies, as reviewed below.

63. **CAS.** Village-based CAS are not only responsible for maintaining water points (as was the case in Phase I), but also for promoting sanitation and assist in sensitising families to adopt improved traditional latrines. This should contribute to making sanitation a collective responsibility of the community, rather than an objective promoted by PROGOAS, and hence increase ownership and sustainability. To further support community's involvement, the CAS has a strong linkage with the CDC, where it exists. On average, CAS are constituted by 50% of men and 50% of women. The PMT has collected data on women holding leadership positions within CAS, but it still has to be consolidated and analysed. However the mission could witness that there are always women among CAS members trained to carry out maintenance. Men met by the mission declared that women are as capable as men and welcome the share of responsibilities.

64. Capacity building to new CAS is provided by the IPs in the following areas: National Water Policy, Implementation Manual for Rural Water Supply Projects (MIPAR), Management of water points, Hygiene and sanitation, and Maintenance of Water Points. A succinct manual on the role and organization of CAS is available to orient IP technicians. SDPIs are invited to participate in capacity building sessions, but are seldom present. For existing CAS, coaching has been provided as required, based on a capacity assessment and

on monthly meetings between the SDPI and the PI. However there is no specific self-assessment system allowing to measure capacity level as is the case for CDCs. Strong emphasis has been placed on the adoption of internal bylaws (to strengthen internal governance, which was one of the main weaknesses diagnosed by the IPs), which are now available in most of the CAS (from 23% in March 2013). Bylaws will be used as a reference to assess CAS capacities in the future, and will be also key in the construction of a district strategy for the maintenance of water points.

65. In line with what was planned in the programme document, OLIPA has established partnership agreements between PROGOAS II and every CAS, to define roles and responsibilities. Such an agreement may be useful prior to initiating the construction of the water point to clarify who will be doing what, but it is of limited use to make sure that CAS will carry out regular maintenance and take measures in case of major breakdown, mainly because PROGOAS II is a transient structure that soon will not be there to verify that CAS comply with their commitments. Bylaws are a more sustainable tool to clarify CAS responsibilities and internal management. In addition, CAS should commit to fulfil its role of maintaining water points not to PROGOAS but to the community and to the district administration, as proposed in the Recommendations section.

66. **Community contribution.** According to the MIPAR established by the National Directorate of Water (DNA), communities need to contribute from 2 to 5% to the cost of construction. In the four initial districts, the initial contribution was settled without any major difficulty. As indicated by a district administrator, where the CAS comes out of transparent elections and enjoys the community's trust, families are easily willing to contribute. In some areas however problems may arise from the fact that other organisations are present in the district and apply different approaches. World Vision for example, is present in the district of Muecate and does not require any community contribution. Such important differences (including in the sustainability of water points) may create difficulties among communities. It should be the district responsibility to promote harmonization between the approaches applied over the district territory, in accordance with legal prescriptions and national orientations. PROGOAS II should play a role in supporting such a process, by helping in setting up district multi-stakeholder platforms in the W&S sector, in line with what was planned in the project document but that has not been achieved so far. Besides, in some communities, rather than having the contribution delivered to the contractor, it was kept by the CAS as a contribution to the maintenance fund. The DNA in Maputo confirmed that the initial contribution could be used for maintenance.

67. **Tendering and contracting.** Tendering and contracting are done by SDPIs, with coaching from the PMT directly (managers), because of a lack of IP competence in this area. District administrators and SDPIs are very satisfied with the support received from PROGOAS II. The Provincial Director of Public Works of Cabo Delgado indicated that district knowledge of administrative regulations has improved a lot, with no more need to send back inadequate documentation. However it was also noted that SDPIs are facing significant staff turn-over, which implies that capacity building is a recurrent need. The government has recently released a very comprehensive manual for the planning, budgeting, implementation, monitoring and evaluation of public works (POEMA), which should help in strengthening institutional capacities and should be used by PROGOAS II as a reference for capacity building activities.

Construction of water points

68. **Disbursement.** The MZN 3.9 million available for the construction of water points are generally disbursed in two instalments. The first instalment is paid upon presentation by the district of signed contracts with the contractor and with the consulting firm doing the supervision. The second one is paid upon presentation of a final report, together with supporting documents to justify expenditure. Where the contractor is short of cash, flexibility is needed, and the financing can be split into more tranches. A similar approach is applied for disbursing the resources for operating costs and office material allocated to

CTDs and SDPIs. For this kind of expenditure, the first instalment is provided based on the presentation of a plan, in line with a format provided by the PMT, and the second one is paid based on an annual report. Plans and reports are to be based on simple formats provided by the PMT. They are accepted by the PMT, and hence second instalments are paid, only once they are deemed complete.

69. **Female labour.** According to the National Plan for Women Advancement (2010-2014), women must constitute 30% of labour in public works. SDPIs interviewed by the mission indicated that it was very important that this modality be applied as it helps later on in involving women in cleaning and maintaining water points. However it was also stressed that in practice it is very difficult to reach 30%, as men, and cultural traditions, do not allow married women to work independently on construction works, so that only single women could be hired by contractors.

Operation and maintenance of water points

70. **Operation and routine maintenance.** Rules for the management of water points are established by the CAS and exposed to the community. The mission could verify that opening hours are well adapted to women constraints, starting early enough in the morning. Water points visited were all functional and clean. Maintenance is to be carried out every three months, by the CAS sub-committee for operation and maintenance.

71. **Community fund for maintenance.** Families are required to contribute a monthly amount, which is determined by the CAS, to finance maintenance costs and especially the cost of spare parts. In most of the communities visited, the monthly contribution was set at a low level (MZN 5-20) that was affordable for most of the families, including women-headed families, while old or disabled households that could not afford to pay were exempted upon CAS decision. In Muculuone (Muecate), only 10% of the families could pay the MZN 20 and were allowed to use the water point. Proper advising, based on simple calculations, should be provided to the CAS to decrease the contribution so that most of the families would be able to pay and access water, which would also increase the community total monthly contribution.

72. To support CAS accountability on the use of funds, the PMT has made available cashbooks and receipt booklets. The mission noted that while these documents are used, the recording of monthly contributions and of expenditure is not systematic. However, CAS met by the mission were generally able to explain how much cash they had in hand, how much they had spent in the past months and for what kind of expenditure. This, in addition to the fact that families keep paying their contributions, altogether demonstrates their understanding of the principle of accountability, which should be further strengthened through proper accounting. In a few communities, the CAS had used the maintenance fund to pay for expenditure of common interest but unrelated to the maintenance of the water point, and in one instance was advised by an IP technician to do so. It is understandable that communities may feel reluctant to keep cash resources for a long time when these do not generate interest and are needed for so many purposes. However CAS should be explained the risks that this entails for the whole community in case of breakdown.

73. **Artisans.** So far PROGOAS has trained 13 artisans, of which three women, who are private entrepreneurs already running a business. Main problems affecting the efficiency of artisans are access to spare parts (in part caused by the fact that they were not provided with an initial stock of spare parts), availability of resources in the communities to pay them, and issues of transportation.

Sanitation

74. By March 2013, 34% of families in target communities were reported using latrines and other systems to foster hygiene, including waste dumps and dish racks. This is however based on a survey carried out with a limited sample (808 families over 20 communities). Given the difficulty in ensuring sustainable adoption of such new practices, it

might be useful for technicians to have a thorough assessment of adoption in each of the community they are supporting, which could easily be monitored by the CAS.

75. PROGOAS has been promoting the use of improved traditional latrines, which use traditional construction material but have a thatched roof that ensures a longer duration (4-5 years if well maintained), a lid and different types of protected pit according to soils. Improved traditional latrines are accounted for in national statistics on sanitation. Over 900 (over a target of 2,000) have been built by families since project start. Many people interviewed during the mission indicated that they appreciated the low-cost and easy to build traditional improved latrine, which was adapted to families with little resources. In the districts of Mecuburi and Nacarôa, IP AMASI is linking the beginning of the construction of new water points to the adoption of latrines by 100% of the community families (Open Free Defecation community). This approach is reportedly very efficient in securing fast and comprehensive adoption. The key issue is whether new behaviours will be continued even once the water point is there.

Latrines built in PROGOAS target areas are all matched by a water system to wash hands ('tip tap system'), making it a total of 903 water systems built and used by families. The system uses a plastic can that is paid for by the programme. The demonstration effect would be stronger if it were to use a clay pot, which is more easily affordable by families. Family roles are positively evolving: women participate in the construction of the latrine and other equipment, and interviews revealed that men that are also aware of their responsibility to maintain hygiene and the use of clean water. In addition, PROGOAS systematically promotes the construction of waste dumps and dish racks by the families who build a latrine. Interviewed families expressed their satisfaction with these new pieces of equipment and those seen by the mission where used and in good conditions. No data is available as to numbers actually built by families, but it could easily be collected by the IPs.

76. CAS play a significant role in the promotion of hygiene and sanitation. They include a sub-committee whose responsibility is to promote the construction of latrines and other systems, and to supervise their correct and continued utilization by facilities. According to the programme's Strategy for the Promotion of Hygiene, Health and Sanitation, community leaders are also to be involved in the promotion of good practices at the community level.

Impact

77. **Performance of CAS.** Based on a survey carried out on a sample of 800 families in 20 communities in January 2013, 80% of the CAS are functional and are able to operate the water pump at least 90% of the time. This was corroborated by field visits, which showed that CAS had generally a good command of their responsibilities. All of the water points in the visited communities were functional, and several CAS reported how they had solved small breakdowns, including by purchasing spare parts, calling on artisans and paying them. Moreover, the January 2013 survey of water users showed that most (98%) of the problems related to the management and maintenance of water access were reported to the CAS. The majority of complains are related to management, including opening hours, contribution, quality and quantity of water. Of these, 41% were solved either by the CAS itself or by an artisan.

78. **Sanitation infrastructure.** With regard to sanitation, 34% of families in the 168 target communities were reported to use sanitation infrastructure and equipment. Several CDCs are now reported to include the promotion of latrines and other equipment in the community development plan, which shows the positive impact of linkages established between CAS and CDCs. The key issue however is whether changes in traditional behaviours will continue overtime once the project is completed.

79. **Improved health.** There are no district statistics on the evolution of rates of water-borne diseases. However it was reported that in the target districts, with the exception of one administrative post in Mecufi (Murrebue), there has not been any case of cholera in the last rainy season. No study is however available to elucidate PROGOAS' role in this improvement. Severe cases of diarrhoea have also reportedly been decreasing. CAS,

possibly in collaboration with Health Promotion Committee and local authorities, could play a role in the collection of statistics.

Weaknesses

80. **Lack of diversification in water infrastructure.** PROGOAS resources are available only for the construction or rehabilitation of water boreholes. As had already been advised in Phase I, more flexibility would have been desirable to adapt to different soil conditions (for example in Mecuburi, drilling is not adapted to the rocky grounds) or to increase impact at community level using less costly infrastructure (such as wells, water tanks and water catchment areas) in accordance with needs, available resources and community capacities to sustain operation and maintenance. The same lack of technological diversity also exists for latrines.

81. **District maintenance strategy.** The PMT has started developing district maintenance strategies, which at the moment merely define main responsibilities of the main stakeholders – community, CAS, CDC, administrative authorities at the various levels, SDPI, artisans and traders -, along a one-size-fits-all model. Further development is required to address the well-known challenge of ensuring sustainable maintenance of water boreholes and pumps, particularly with regard to: the difficult access to spare parts; difficulties of artisans in reaching profitability due to low resources available for paying their services and to limited mobility; difficulties in ensuring proper routine maintenance and regular collection of family contribution at community level. The added value of the strategy envisaged by PROGOAS II is to include district administrations in establishing a district-based system for ensuring sustainable maintenance. This is in line with positive reports on a JICA-financed project in Zambezia, which has promoted the use of the PESOD (district budget) to finance water point maintenance. Proposals are also developed in the Recommendations section.

82. **Sanitation strategy.** PROGOAS II has developed a strategy for the promotion of hygiene, health and sanitation, which was however found to be incomplete on the following accounts:

- as indicated above, the strategy for sanitation is entirely focused on SANTOLIC and lacks a follow-up approach to ensure that initial changes in behaviours brought by SANTOLIC can be sustained overtime. With regard to sanitation, the strategy seems also to overly focus on one single type of pit latrine. Compost latrine for example could be further promoted;
- while the strategy plans for the involvement of District Services for Health, Women and Social Action as well as District Services for Education, Youth and Technology, it does not seem in practice that these departments have been significantly involved at the various administrative levels within the district;
- theatre groups, which had proven in Phase I to be a very effective way to convey messages in local languages and in a very vivid form, are still performing in Mecufi and Mecuburi but have been discontinued in other districts, which was deplored on several occasions during the field visits. The main reason for discontinuation was that theatre was not included as a tool in the programme document;
- finally, the impact of eliminating open defecation is greatly limited if it is not coupled with measures to restrain the wandering of animals throughout the village. This was clearly visible in a community that was close to be declared open defecation free but was entirely littered with animal dung.

2.3 Outcome 3: Dissemination of good practices

Achievements

83. **Building blocks.** PROGOAS II started 17 months ago, a short duration to identify and disseminate good practices. However the PMT has set in place the building blocks for the implementation of this outcome:

- *Advocacy strategy*: the strategy aims at disseminating evidence-based good practices at four levels: (i) the community; (ii) the district, where it should support the development of thematic district networks; (iii) the province and provincial thematic networks; (iv) the national level, and in particular the Water and Sanitation Group (GAS); and (v) the international level;
- *Documentation of programme processes*: approaches and processes are documented and shared with programme stakeholders, with a focus on the district and provincial level – this includes strategies (local planning, sanitation, gender mainstreaming...) and guidelines (project cycle, public audit, *feiras de planos comunitários*...);
- *M&E*: the M&E system provides very thorough information allowing to monitor the effect of project actions and to get feedback, based on which the various documents can be updated.

84. **Main achievements.** Table 8 shows main achievement indicators for Outcome 3, as per the logical framework.

Table 8 – Achievement indicators for Outcome 3 (by 31 March 2013)

Expected results	Indicators	Programme target	Achieved	% achieved
Good practices and methodologies are documented and disseminated	Documents on good practices and recommendations are available	2	2 ¹⁰	100%
	Number of radio programmes and other media that broadcast information	147	120	82%
	Number of inputs in international networks and conferences such as WIN, World Water Forum, AGUASAN etc.	2	2 ¹¹	100%
	Number of events on knowledge sharing at different levels on issues related to governance and water and sanitation between organisations and programmes	12	12 ¹²	100%

Source: PROGOAS Annual Report, April 2012 to March 2013

85. **Dissemination.** Main outlets for dissemination are as follows:

- *locality level*: the *feiras de planos comunitários* constitute a very appropriate level to disseminate programme tools and experience as it gathers several communities, including communities that are not part of the programme target and have no CDCs;
- *district level*: district administrators met by the mission commended the transparency and very good communication developed by PROGOAS. Next planned step according to the advocacy strategy is to develop district thematic networks where programme practices could be aired with a wider range of stakeholders. The PMT plans to pilot the creation of Water and Sanitation networks in two districts, one in Nampula and the other in Cabo Delgado;
- *provincial level*: regular communication takes place with the provincial departments for water and for planning, as well as with PNPFD with which the programme maintains strong collaboration. Additionally PROGOAS II sits on the *Rede de governação* and the *Grupo temático de Água e Saneamento* in Nampula and on the *Plataforma da Sociedade civil* in Cabo Delgado.

86. At the national level, participation in the GAS is secured through the HSI representation in Maputo. While this allows some interaction with the GAS, the participation of a member of the PMT, with detailed knowledge of all the complexity of programme results, would probably enable more thorough communication as well as feedback from GAS participants. Besides, HSI is a member of the Water Integrity Network (WIN), which is

¹⁰ On public audit and *feiras de planos comunitários*.

¹¹ Two AGUASAN meetings in Switzerland.

¹² Include PNPFD, GTAS, Rede governação and other platforms meetings.

an excellent platform for information and knowledge sharing through, and allows PROGOAS both to disseminate its practices and to access experience abroad.

87. **Radio.** Next to written documentation, radio is used as a tool to disseminate information about project activities. By also interviewing rural women, it changes the tradition, which forbids them to speak publicly. Each radio has an annual work programme agreed with the PMT that specifies topics as well as the type and number of programmes to be broadcasted. Each radio then designs its own programmes, with varying quality and adequacy. The survey on radio access carried out by the PMT (March 2013) shows that, aside from Radio Moçambique, local radios that have the highest audience rate among those contracted by PROGOAS II seem to be Radio Televisão de Chiure and Radio comunitária de Erati, that are in the midst of the target area and have stronger signal coverage.

Weaknesses

88. **Tools.** The programme has a large range of dissemination tools, mostly written but also short documentaries and the radio programmes as exposed above. While this is a good start, some improvements would be needed to ensure not only dissemination, but also sustainability and replication of good practices. In particular the following should be taken into consideration:

- *Audience:* the advocacy strategy does not specify who the target audiences are and what goals would the programme like to achieve with respect to each of them. Tools as well remain undifferentiated with a one-size-fits-all format for the written documents that is improper to respond to different interests of different stakeholders. For example, communication for the benefit of communities should be more visual, or consider using local languages; for policy makers, it should take the form of policy briefs; for district staff it should take the form of brief manuals, etc.;
- *Replication:* conditions for replicating good practices should be specified in each single tool, including costs – this is particularly important to ensure that tools are relevant and efficient out of the project framework, when they will be used by perennial stakeholders with less resources and less staff.

89. **Gender mainstreaming.** The programme has been very successful in mainstreaming gender in the various activities. Yet the manuals and other written tools including strategies are gender-void (with the obvious exception of the documents dealing specifically with gender) and do not spell out what conditions and instruments are to be used to ensure that women participate and reap benefits on an equal foot. The same could be said about vulnerable groups at large (for example very poor, marginalised households).

90. **Health, women and social action.** As already indicated, Health, Women and Social Action as well as Education, Youth and Technology departments at the various levels from district to central, have not been invited to join programme stakeholders, despite their role in promoting health (and hence hygiene and protection against water-borne diseases) and gender mainstreaming.

3. CROSS-CUTTING ISSUES

91. **Gender.** As reviewed above throughout the different outcomes, the gender approach developed as part of capacity building has proved very effective in ensuring strong participation of women in CDCs and CAS, including within decision-making organs, as well as in Local Councils. This has led to reflect investments that are women's priorities into local plans, such as maternities for example and of course water. Interviews at community level have also revealed that both women and men's roles within the community are changing. Female role models (female CDC leaders, female representatives in local councils, female artisans) are emerging and, while they open the way, they offer examples and inspiration for other women, and in particular young ones. Men explain how they have understood that women can share responsibilities with men on an equal foot and

that they are equally capable of representing communities' interests in local councils, or of performing pump maintenance. In the community of Muculuone (Muecate), one man stressed that when it held its last elections, the CDC had decided that the president's office should be reserved for a women, to further state the point that women are equal to men. This perception has also been conveyed to CTDs and SDPIs, which are largely composed of men, and made them more receptive to not only the need but also the usefulness of actively promoting gender mainstreaming. In Muecate, the district administration set up a multi-sector District Gender Team. Finally, interviews have shown that changed perceptions have led to improved role distribution within households, with fathers taking more responsibilities in ensuring the family's hygiene and access to safe water.

92. Overall, the mission found that the gender approach followed by the project is in line with SDC's general orientations, in particular with respect to promoting equal access to and control of project-financed resources by men and women, as well as ensuring that PMT staff has the capacities to plan, implement and evaluate project interventions using gender-sensitive modalities. This has been facilitated by a gender training delivered to PMT by SDC during Phase I, the appointment of a dedicated PMT staff to promote gender mainstreaming throughout programme activities and the use of SDC toolkit on gender mainstreaming, including to develop the programme gender strategy.

93. **Women participation.** Women constitute 39% of CDC members and 26% of CDC leadership members, against 30% targets for both indicators. Women leadership is higher at lower levels (30% in CDCs and Locality Council) and lower, although still commendable, at levels above (24% in Administrative Post Council and 21% in District Council). The lower percentage is likely due to the fact that there is more competition and interest for upper levels and hence more hardship for women to compete. Some specific attention is needed to ensure that capacity building carried out with PNPF at district and administrative post level focuses on women participation in the councils and on the benefits that this would bring to the whole population.

94. Community plans seen by the mission rank investments that are important for women as top priorities, such as water points or maternity centres, which demonstrates that women not only are present in numbers, but are also able to voice and defend their concerns. Furthermore, although men still had a dominant participation in the discussions held with the mission, they also clearly explained how their vision of men and women responsibilities within the family and within the community had changed and how it was important that women participate in decision-making to improve the community's well-being.

95. **HIV/AIDS.** The PMT does not promote any specific activity to provide information on HIV/AIDS. The issue is perceived to be overly complex and out of the PMT realm. While the mission can agree with this general statement, it also noted that notwithstanding the lack of PMT orientations, IPs do provide related information as part of the capacity building sessions. To ensure that IPs provide coherent and well adapted messages throughout the target area, minimal orientations should be provided by the PMT. Recommendations are provided below.

96. **Other issues.** According to the programme document, PROGOAS II should promote 'environmental issues as part of the elaboration of community plans, as well as awareness raising on legislation concerning land, forest and environment... Other transversal topics are the rights of children and domestic violence...'. The PMT has not addressed any of these areas, considering that they fall out of the programme scope and that efforts should concentrate on consolidating success in the areas of direct interest, i.e. local governance, water and sanitation, and gender mainstreaming. The mission fully concurs with this position.

4. SUSTAINABILITY

97. **Overall strategy.** In the programme documents, orientations as to how to promote sustainable achievements are limited to the following:

- *avoid direct implementation* in the water and sanitation sector, but rather provide facilitation support in accordance with the National Water Policy and building on the decentralised governance system – this has been integrally applied by entrusting full responsibility for the project cycle to SDPIs;
- *integrate programme activities and resources into government systems*, balancing efficiency with the need to build capacities that can support sustainability – this has also been fully implemented, by linking all programme activities to the decentralised planning cycle, giving SDPIs full ownership of the investment programme, and providing technical assistance and coaching to district staff, altogether achieving a commendable implementation rate;
- *establish strategic partnerships* and align approaches with programmes that have a longer term perspective – which has been achieved mainly with PNPFD;
- *create a critical mass of community-based organisations, government officials and private sector* 'with their own replication effect': this has little chances to happen, as already noted in the evaluation of Phase 1. The number of CDCs getting programme support is insufficient to create such mass, and it is unlikely, given distances separating communities, time and cost involved that it suffices to create emulation. Similar considerations apply to other stakeholders. Yet the *feiras* provide an opportunity for peer-to-peer exchanges that may impact non-targeted communities, at least for what regards their participation in the locality council, which is the most important.

98. Other achievements that contribute to sustainability include the following:

- *the use of local NGOs and the strengthening of their capacities*, which contributes to developing a pool of specialised skills in the two provinces as well as enables them develop increased partnerships;
- *the documentation and dissemination of good practices*, which could however improve so that written supports be better adapted to the target audiences and be used as reference material to remain as a source of support when the programme is completed;
- *extensive use of coaching*, which complements training and can be tailor-made to actual needs. The development of capacity building plans for target institutions (CDCs, SDPIs, private sector, etc.) combining different tools would help to better organise efforts around mutually agreed goals;
- *improved traditional latrines* that are affordable to poor families.

99. **Outcome 1.** The main challenge is to ensure that CDCs remain functional and that locality councils do carry out their institutional role in the participatory planning process beyond programme end, unlike what happened after the completion of RDP and, again, of PROGOAS I. Many factors affect sustainability, including illiteracy and the low level of education, the lack of financial resources to facilitate transportation and limited political will. Important elements have been secured that will contribute to sustainability, including capacity building modules, the inclusion of traditional and administrative authorities, linkages between CDCs and councils, linkages with PNPFD. To further enhance sustainability, a more systemic approach should be developed whereby stakeholders' capacities would be strengthened based on detailed assessments of existing skills and on tailor-made programmes, as proposed in Section 6.

100. **Outcome 2.** The main challenge is to ensure that water and sanitation infrastructure is properly maintained. This will be contingent on ensuring that the various stakeholders comply with their responsibilities: CAS to carry out routine maintenance, SDPI to oversee the whole system, supervise and support CAS and take charge of heavier repairs, and artisans to provide qualified and affordable services. Additionally spare parts must be available in a timely and cost-effective fashion. To this effect, district strategies for the operation and maintenance of water points should be further developed in line with the specificities of each single district and along the recommendations provided in Section 6. With regard to sanitation, the challenge is to ensure that a much larger number of

communities can be declared Open Defecation Free and can sustain improved sanitation. A key requirement is to develop the programme's sanitation strategy to complement SANTOLIC with tools that are adapted to communities that have already been triggered.

101. **Outcome 3.** As noted above, the main challenge will be to use the documentation of approaches not only to influence policies but also to develop adapted reference.

5. PROGRAMME MANAGEMENT

5.1 Organisation

102. PROGOAS overall implementation is entrusted to Helvetas Swiss Intercooperation (HSI) through a mandate agreement signed between SDC Berne and HSI Zurich. Funds are channelled through HSI headquarters. In Mozambique, the main responsibility for implementation falls on PROGOAS II Programme Management Team (PMT), which is run by HSI. The PMT includes a small coordination unit based in Nampula, which is headed by a coordinator and includes administrative, financial and logistics support staff, as well as one gender specialist and one programme officer, who is responsible for advocacy. A monitoring and evaluation (M&E) officer and a communication officer, both part time (50%) are based in Cabo Delgado. The coordination unit is responsible for overall management, including planning, financial management, supervision and technical backstopping, monitoring and evaluation and transfer of knowledge. Furthermore, in each target province, PROGOAS has one project manager who is responsible for the overall coordination and management of field activities, with the assistance of one project officer. The project manager is also responsible for providing technical support and coaching to SDPIs. Other field activities are implemented by Implementation Partners (IPs), which are local NGOs. Two are in Cabo Delgado - AMA in the districts of Ancuabe and Mecufi and Conselho Cristão de Moçambique (CCM) in the districts of Chiure and Macomia – and two in Nampula - AMASI in the districts of Mecuburi and Nacarôa and OLIPA in the districts of Erati and Muecate (Nampula). While IPs field team are relatively gender-balanced, only one professional and all of the support staff in the programme management team are women. At the national level, a Supervision Committee reviews annual reports and validates annual plans. It is composed of the representatives of target districts, provincial directorates, DNA, DPOPHH, PNPFD, SDC, HSI, senior PMT staff and IPs.

5.2 Programme Management

103. **A cohesive and flexible team.** The mission found that there was a very cohesive programme team, despite the fact that it is actually split between two provinces. There are regular coordination meetings organised between the two provincial teams, allowing the exchange of information and the harmonisation of approaches. The PMT set-up, with the coordination unit providing overall coordination and support services to field units organised by province was found very effective and an improvement as compared to Phase I, as it allowed the full integration of governance and water and sanitation activities. Other improvements include HSI withdrawal from direct implementation and the transfer of the responsibility for field activities to IPs together with related capacity building, which is conducive to creating local, sustainable capacities. One exception to this general rule is for the provision of technical assistance to SDPIs, on the ground that IPs did not have the required competences. The mission accepts the assessment but would suggest that henceforth IPs be associated to the capacity building of SDPIs to build their skills.

104. The PMT has demonstrated a good capacity for obtaining feedback from programme stakeholders through the very comprehensive M&E system described below, and for using it to adapt programme methods and tools. It has also shown a good innovation capacity in developing new tools and in trying to expand programme's impact and the number of beneficiaries beyond what was originally planned in the programme document.

105. **Transparency.** The PMT has adopted a very open approach that was commended by district administrators met by the mission. Partnership agreements were signed at

project start, on the one hand with each target district and the relevant provincial government, and, on the other hand, with each IP. Such agreements spell out programme objectives, modalities of implementation and responsibilities, including with regard to planning and reporting. Detailed modalities for the provision of technical and financial support to districts are further explicated in specific guidelines. Programme strategies are also spelled out and circulated, with specific focus on roles and responsibilities of the various players. Regular meetings take place to gauge progress and provide information and feedback. The PMT concern that all programme stakeholders are timely and thoroughly informed about programme activities and objectives contributes to ownership and motivation.

106. **Planning.** PROGOAS II annual plan of activities is jointly established with the IPs. It also reflects annual plans prepared by CTDs and SDPIs on the use of their financial allocations, as well as activities to be carried out by the radios. The global annual plan includes, for each activity, a column requiring the indication of related gender mainstreaming activity. This is an effective tool to ensure that gender concerns are fully integrated throughout programme activities. However the mission found that too often the columns only indicated generalities ('gender in the area of water and sanitation', 'gender equality'...), which do not bring much added value, instead of planning concrete, specific activities to ensure gender mainstreams into work programming.

107. The global annual plan is then translated into an annual plan for each IP, based on which an annual contract specifying the annual budget and expected results is signed with the PMT. Similar contracts are established with the radios. Annual plans are broken down into biannual, quarterly and monthly plans, along formats that are geared towards facilitating M&E. Detailing the plans down to a monthly frequency is a bit of a heavy process but it also contributes to helping IPs in building their planning capacities by learning to break down complex goals into concrete and realistic activities. Besides no complaints have been voiced to the mission and, rather, IPs have underlined how one of the PMT's main concerns was to simplify planning and M&E tools and make them more effective, in line with management requirements as well IPs improving capacities.

108. **M&E.** A comprehensive and participatory M&E system has been developed, which is based on the following elements: (i) detailed planning is prepared in association with the whole programme team as indicated above and is shared with district governments; (ii) information for the monitoring of indicators is collected every quarter by IPs in partnership with CDCs/CAS (which is an effective way to support their empowerment), against gender-disaggregated indicators; (iv) annual self-assessments are carried out by CDCs and CAS, with programme support; (v) an annual survey of a sample of beneficiaries focuses on more qualitative information; (vi) monthly and quarterly reporting briefs (*fichas*), and biannual and annual reports provided by IPs; (vi) biannual progress reports are shared with SDC, HSI and district administrations; (vii) the PMT provides monthly capacity building and coaching to IPs in joint sessions that also facilitates the exchange of experience; (viii) a web of stakeholders' meetings to review programme performance and provide inputs for planning, including annual meetings of the supervision committee, annual coordination meetings (also involving representatives of districts, CDCs and CAS), regular meetings of programme staff within one province or joining from both provinces. The inclusive M&E system has certainly contributed to the good team building. It is used as a management tool, with the programme coordinator keeping his eye on key indicators and adapting management decisions to actual performance.

109. One area would warrant improvement. The annual quality survey brings useful data, some of which has been used in the annual progress report, but it lacks a thorough analysis, which would certainly bring into light important information on users' satisfaction, on changes in gender relationships and would help in better measuring ownership and sustainability.

110. **Implementation Partners.** Overall good programme achievements reflect an overall good performance of IPs in implementing field activities. Capacity building sessions,

combining theory, practice and reference material, have been held every 1-2 months, in direct relation with programme activities so as to ensure that IPs would have the competences required for smooth implementation. These sessions have also had an important role in developing, testing or getting feedback on programme tools and innovations. IPs generally consider that capacity building provided by the programme has enabled their organisations to acquire capacities that are contributing to the overall growth of their organisations. However they also requested that capacity building be framed into a more thorough and more participatory process, in which topics would be jointly identified based on an assessment of capacity gaps. Recommendations in this respect are provided below.

111. **Provincial Directorates.** In line with the programme document and programme focus, the Provincial Directorate of Public Works and their Direction of Health are not directly involved in the implementation of activities, but are involved in planning and monitoring, through their participation in PROGOAS steering committee. Additionally, they are directly associated to the dissemination of good practices, by receiving regular information on programme progress, including through the provincial thematic networks, as indicated above.

5.3 Efficiency

112. Over the total budget of CHF 5.8 million, investment (administrated project funds) amounts to CHF 3.13 million (including the cost of IPs), or 59%, while support services, including HSI overheads, represent 41% of the total. The fact that PROGOAS is mostly a programme promoting the building of capacities, where investment is an incentive provided to foster capacity development in part explains the imbalanced proportion of support and investment costs. It should be noted however that: (i) HSI headquarters overheads only represent 1.13% of the total, which is very low; (ii) 78% of support costs go to staffing, which, with the exception of the Coordinator, is entirely national, which ultimately also contributes to creating national capacities.

113. The overall implementation rate for SDC contribution to PROGOAS by end of June 2013 is 42%, which is in line with the implementation duration (15 months or 42% of the total duration). Investment and support funds have been disbursed in similar proportions, which reflects effective progress of activities, without any delays. This is particularly commended given the fact that the PMT does not implement directly programme activities but has to rely on district administrations and local NGOs.

114. The implementation rate for HSI funds (which finance water infrastructure exclusively and most of it) is 30%, which reflects delays experienced with contractors, particularly in Macomia. However this should not be a matter of concern because of the way project cycles have been organised, which should guarantee eventual 100% disbursement within the programme timeframe.

6. RECOMMENDATIONS

115. **Challenges.** Two main challenges would have to be addressed by the PMT until March 2015. The first challenge is to *ensure that programme achievements are sustained beyond project completion and that quality services are being supplied to rural populations in the target districts*. This is to be achieved by building autonomy, i.e. creating the conditions for programme stakeholders to keep fulfilling their responsibilities in demanding or in supplying services in an autonomous fashion. The second challenge is to *expand the access to programme benefits in the target area*. PROGOAS II design focuses on a narrow number of communities and does not reflect the recommendation of Phase I evaluation to move from piloting to replication at a scale and pace compatible with the scale of district needs. Yet there is a lot of scope, building on existing systems and tools available from Phase I (such as *animadores*) or developed in Phase II (such as the *feira de planos comunitários*), to test an approach whereby larger sections of the rural population could access programme benefits.

116. **Strategic framework.** To address such challenges, the PMT should be guided by four main, complementary orientations:

- *promote locally-owned systems and processes* where programme stakeholders (CDCs, CAS, local councils, artisans, district governments) are in the driver seat and are equipped with tools (strategies, rules, reference material and partnerships) that will help them in meeting service users' expectations beyond project completion;
- *build the capacities of programme stakeholders* (including IPs) so that they can autonomously deliver quality services. Capacity building should be provided based on annual capacity building plans defining mutually agreed objectives and expected results, and based on the identification of the type of services to deliver, required capacities and capacity gaps;
- *document processes and good practices*, with a view to influence policy making as well as to develop reference material that will assist stakeholders in fulfilling their responsibilities beyond project completion and will facilitate replication;
- *ensure women's access to programme activities and benefits*, building on the good achievements so far and further strengthening their sustainability.

Sustaining Service Demand

Prepare CDCs to autonomy

117. CDCs must be informed that the programme is coming to an end in March 2015 and that they are expected to continue acting for the benefit of the community, with a particular focus on their involvement in Local Councils. To this end, the PMT should assist CDCs to: (i) get a good command of the capacities required to fulfil their responsibilities, and (ii) rely on alternative sources of support once PROGOAS II is over.

118. To this effect, IPs should design a detailed *CDC Autonomy Action Plan* for and in collaboration with each participating CDC and its community, based on: (i) realistic identification of key missions that the CDC would still like to carry out beyond project completion; (ii) joint assessment of the CDC present status of capacity and of its perceived ability to fulfil projected missions – the assessment should also review whether the CDC has capacity to contribute to up-scaling as developed below; and (iii) identification of capacity building needs. The plan should include: (i) activities required to strengthen capacities and to develop linkages with local stakeholders; (ii) a detailed timeframe; (iii) implementation responsibilities of the CDC, IP and other stakeholders as appropriate; (iv) mutually agreed indicators to assess whether capacity building has achieved expected results. Such indicators can build on the self-assessment matrix, however as indicated above (2.1), the matrix is of limited use to assess CDC capacity to bring benefits to the community. Specific indicators should therefore be developed as part of each plan to measure CDC progress in developing capacities. Possible actions would include:

- *training sessions* and regular coaching;
- *adaptation of the bylaws model* provided by the PMT so as to adapt to the CDC objectives and to increase CDC ownership;
- *linkages with local authorities*, especially at locality and administrative post level;
- *linkages with traditional community leaders*, including to support changes in socio-cultural practices that hinder gender equity and equal access and control to resources;
- *exchange visits* between CDCs within a district, administrative post or locality;
- *joint CDC activities at locality level* to address issues related to sustainability and continued CDC action beyond project completion.

119. The mission however recommends to discontinue activities with CDCs for which the capacity assessment would show major impediments to become autonomous in one year (such as internal conflicts, lack of transparency/recognition of CDC leaders, lack of implementation of community plan...). This would enable reorienting IP/PMT action towards other requirements, including testing an up-scaling approach (see below).

120. Additionally, CDCs action beyond project completion should be supported by:

- *Providing them with an accessible version of capacity building modules*, i.e. a shortened version that would remain with the CDC as a resource book (see below);
- *Developing linkages with the District Technical Council (CTD)*: while it is recognised that CTDs will not have the possibility, nor is it their role, to follow-up on each single CDC, they do play a role in facilitating the operation of local councils and could facilitate CDCs increased integration in local councils at the various levels. To this effect, it is recommended that IPs plan all the activities to be carried out until project completion jointly with CTDs and associate them in implementation. It is also recommended to designate a focal point for PROGOAS in the CTD and systematically associate him/her in capacity building sessions.

121. Plans should be implemented over a year in such a way that implementation can be assessed and adjustment made prior to project completion. Assessment should be carried out jointly by the community, the CDC and the IP. Local authorities (especially at the locality level) should be brought into the discussion at some point to review possible interaction with them. At the end of the process, a final handover ceremony should be organised during which the IP and the district would officially hand over responsibilities to local stakeholders.

122. To support this whole exercise, the mission recommends that the PMT carry out a study to identify factors of success that enabled CDCs to continue their activities even during the gaps separating RDP from PROGOAS I and PROGOAS I from PROGOAS II, as well as factors that prevented them from doing so. Furthermore, the PMT should review whether legalisation could help in supporting sustainability and if so under what conditions, as conflicting views over the subject have been voiced during the mission.

Prepare Locality Councils to autonomy

123. A similar approach should be adopted to secure the capacities of locality councils to sustainably participate in the district planning process and to monitor the implementation of the district plan and budget. A Locality Council Capacity Building Plan should be developed jointly with each Locality Council along similar lines as developed for the CDCs. Capacity building so far has been relying on the modules that were developed for CDCs. The mission recommends that these modules be adapted to the specific competences of Locality Councils (in particular for what regards monitoring and accountability modules) and the capacities required to achieve them, and that simple guidelines be developed to remain as reference material for the councillors but also for the district administration and specifically the CTD. This should be done in close collaboration with PNPFD so that reference material be aligned with general orientations and be used even outside of PROGOAS II target area.

124. With regard to budget monitoring, the mission recommends that the PMT verifies with PNPFD and DPPF that there is an interest in developing participatory budget monitoring, and if this is the case, to request them to instruct district governments to make information available along modalities to be developed. Furthermore, the PMT should explore existing approaches, in particular those financed by SDC and implemented by FACILIDADE as indicated in the design report.

Test a system for expanding programme coverage at the district scale

125. **Target.** The expansion of the programme scale would be tested on one or two districts (if two, one in Nampula and one in Cabo Delgado). Criteria to take into account to select the district should include: (i) population size and density; (ii) existence of a critical mass of CDCs interested in/capable of participating in the pilot along the lines explained below; (iii) number of consultative councils; (iv) interest of district administration (including possibly through the allocation of some matching resources in the district budget); and (iv) capacity of IP staff.

126. **Objectives.** In the selected districts, the programme would develop an approach that would build on PROGOAS experience and good practices to promote citizen's participation in district planning and monitoring throughout the district. Main expected benefits for the population would be: (i) improved capacity to plan development priorities and achieve implementation either through district plan or other means ; (ii) improved capacity to link with local authorities at the various levels; (iii) improved capacity to monitor the implementation of the district plan; (iv) improved women's participation into collective decision-making processes; and ultimately (v) improved satisfaction of both men and women with the provision of investment and services by the district government.

127. **Approach.** To achieve the required scale, the entry point would no longer be the CDC but the locality, which is the lowest territorial level that has a consultative council¹³ and which is also the level at which are organized the *feiras de planos comunitários*. Activities would be organised at this level, therefore pooling members from the communities at the locality level, along what has been done already for the *feiras de planos comunitários*. Participants from the communities would include local/traditional authorities, representatives of CDCd where they exist and of other community-based organisations such as farmers' organisations or women groups. In this new perspective, CDCs would keep their current responsibilities but would also become a pool of resource persons that could provide capacity building to other community representatives gathered at the locality level. To develop this new function, the mission recommends that the PMT, jointly with selected CDCs, critically assess the experience of the *animadores* and *assessores* of Phase I to build on positive achievements (the promotion of local resources, the effectiveness of peer-to-peer messages, the additional motivation brought by a new role and new responsibilities with other communities...) and mitigate shortcomings (two-level cascade training, insufficient monitoring/coaching by IP, creation of a privileged category of CDC members, motivation driven by prospect of receiving money...). The new formula should likely have one level of resource persons only, envisage rotation (not always the same persons playing the trainer role) based on a minimal basis of capacities, link the payment of transport and some compensation to the delivery of pre-established results, and closely involve IP technicians.

128. Activities developed at the locality level would build on a systematic approach that would tap on a comprehensive range of instruments that would complement each other, including:

- *Feiras*, i.e. gatherings of community representatives for preparing the sessions of locality councils as has been the case with the *feiras de planos comunitários*, but also for organising joint capacity building, exchanging good practices, etc.
- *Capacity building of locality councils*;
- *Exchange of experience* between localities, where the objectives and content of the exchange visit would be carefully prepared with visiting and hosting localities/communities and visiting participants would be asked to outline how they would implement new knowledge once back home;
- *Radio programmes*;
- *Reference material*, such as capacity building modules, manuals or guidelines (see below);
- *Curricula of the Adult Literacy and Education centres*, which could address issues related to district planning (as well as water and sanitation, gender equality, HIV/AIDS...).

129. **Implementation.** The new approach should be developed by the PMT in close collaboration with relevant IPs, the PNPFD and DDPF, CEGOVE, target district governments, in particular CTDs, and local authorities at lower levels. A plan should lay out the objectives, activities, responsibilities and the output and outcome indicators that would help

¹³ *Povoações* are expected to have consultative councils in the future. However they were not retained as an entry point because of their great number requiring an intensity of support that would still be too important and would not achieve sufficient scale and cost-effectiveness.

in assessing performance and costs. The pilot should be closely monitored with a view to derive lessons learnt that could assist in designing the third and last programme phase aiming at fully up-scaling the process, and could also be used by PNPFD or CEGOVE. Activities would be financed by PROGOAS II, but participating districts would be asked to contribute through the district budget along modalities to determine. This would help in sustaining district ownership and further sustainability. The PMT would also need to carefully review implications on programme resources, and particularly staff – this is one of the reasons why the mission recommends to discontinue support to not performing CDCs and to assess whether the pilot should be conducted in two or maybe only one district.

Sustaining Service Supply

Organise sustainable operation and maintenance of water points

130. **Objective.** To ensure the sustainable operation and maintenance of community water points throughout the target districts (including those that were constructed/rehabilitated by PROGOAS and all other water points available in the community), the following elements need to be secured: (i) CAS should be capable of securing operation and routine maintenance in an autonomous fashion; (ii) access to spare parts and to mechanic services should be guaranteed; (iii) SDPIs should take overall responsibility for overseeing the whole system, for supervising and supporting CAS and for taking charge of heavier repairs.

131. **District strategies.** To this effect the PMT should promote in every target district a district-specific strategy for sustainable operation and maintenance of water points, which would reflect the specific features of the district, particularly with respect to existing mechanics, access to spare parts, and past experience. Each SDPI should be made responsible for developing the strategy, with PROGOAS support and in partnership with relevant stakeholders, i.e. CAS, local authorities at lower levels, district-based mechanics and possibly traders, other projects/organisations involved in the sector (such as World Vision or MCA). A district working group could be established for the purpose, which could form the basis for the district thematic network on water (see below). DPOPH should also participate in the strategy development.

132. The strategy should build on the *Guia de orientação para o desenvolvimento duma estratégia de manutenção distrital das fontes de água* established by the PMT. Furthermore it should be based on:

- *an identification of all of district water points* and of their condition. This should lead to the establishment of a small, easy to manage database (with guidelines as to how to maintain it, to be part of the strategy), as the PMT has started doing with SDPIs;
- *an identification of available outlets for spare parts* and an assessment of experience. In particular the conditions under which available solutions would be profitable for trader and adequate for users should be reviewed and, where needed, incentives should be created (such as the provision of an initial stock, or a contribution from the district budget);
- *an identification of mechanics available in the district*, together with an assessment of their capacities and experience with providing maintenance and repair services, and a review of the conditions under which service provision could be a profitable and sustainable business.

133. The strategy should define:

- *Responsibilities* of the various stakeholders with regard to operation (including the collection of funds), routine maintenance, repairs (clarifying which should be the responsibility of the community, and which of the district government), monitoring and supervision of the system (which should include a regular assessment of the functionality of water points and of CAS). Responsibilities should be detailed (which is not the case of current drafts available established with the PMT), specifying how they

would be implemented, with what frequency, what tools (such as a matrix to assess CAS capacities, or the database of water points) or incentives and by whom;

- *Financing*, both of routine maintenance (community collection) and of repairs (community funds/PESOD);
- *Linkages with the provincial level*, i.e. the activities for which DPOPH's support is required (for example to facilitate linkages with suppliers of spare parts at the provincial, national or international level) and those for which they would retain primary responsibility (such as construction);
- *The role of the district network*, its organisation, objectives and modalities of operation. The district network could in particular play a role with regard to the identification of good practices (and the way whereby they should be channelled to the provincial level should be defined), but also in monitoring the strategy implementation and the operation of water points;
- *Annual action plan*: an annual action plan should be attached to the strategy (to be reviewed annually). The 2014 plan should include the activities to be carried out with PROGOAS II support. The strategy and annual action plans should be communicated to DPOPH.

134. **Good practices.** The mission recommends that prior to embarking in this exercise, contacts be made with DNA and DPOPHs in Nampula and Cabo Delgado, to learn about successful experiences elsewhere in the country, including on the JICA-financed project in Zambezia and the USAID/Water Aid project. The possibility of organising a study visit/tour together with SDPI representatives should also be considered.

135. **CAS.** Similarly to what is recommended for CDCs, CAS should be prepared to act autonomously once the project is completed, in accordance with their responsibilities as outlined in the district strategy. To this end, each CAS should assess its capacities (including with regard to sanitation and hygiene) jointly with the relevant IP, gaps should be identified, and capacity building should be provided by the IP based on an organised plan. To assess capacities and monitor progress, the mission recommends that the PMT develop a matrix with three levels of capacity and indicators (which should be SMART, i.e. Specific, Measurable, Achievable, Realistic and Time-Bound). Capacity building should include training and coaching, including on: (i) the linkages that CAS should have with other players holding responsibilities in the district strategy, as well as on who they should turn to in case of problem; (ii) financial issues, including financial planning (how much is needed for typical maintenance/simple repairs and how best the amount of family contributions should be established), fund collection and accounting; and (iii) accountability, including monitoring users' satisfaction (which could be based on the application of a simple scorecard). CAS will have to be put in contact with mechanics and be knowledgeable as to how they can have access to their services, for what kind of repairs, and what kind of costs (including transport costs). In addition, each CAS should review its bylaws to adapt it to local specificities and to detail CAS responsibilities, including with regard to: organising operation modalities acceptable to the majority of the community, men and women; carrying out routine maintenance; collecting funds for maintenance and minor repairs; regularly reporting to the community on CAS activities and use of funds; and promoting sanitation (details should be provided). Finally, linkages between CAS and CDCs should be further strengthened as the latter have an important role in promoting participatory solutions to problems affecting the community.

136. Moreover, each CAS should have a manual (building on the existing *Manual de Instalação e Manutenção da Bomba Afridev*, to be explored with DNA/DPOPHs and/or to be further developed by PMT, possibly with support from a professional) detailing the main steps of pump maintenance and easy repair, with drawings. It would also be advisable to associate the heads of locality to key capacity building sessions so as to sensitise them and facilitate their involvement in monitoring. Finally, PROGOAS II M&E system should collect data on leadership positions within CAS, and women should be encouraged to run for such positions.

137. **Mechanics.** District-based mechanics need to be identified as part of the district strategy. The mechanics who will be entrusted the responsibility of ensuring pump repairs should be carefully selected to increase the system's sustainability. Possible criteria to consider include: (i) existing competences as a mechanic and in running a business (privileging existing businesses); (ii) strategic location within district to minimise transport costs; (iii) female mechanics with basic skills requirements should particularly be supported. The next step will be to establish a business plan, detailing the conditions under which the business should be run so as to generate an acceptable and sustainable income. This could include running a rough market study at district level to appraise market potential for mechanic services aside from repairing water pumps, including spare parts commercialisation. Districts have a budget to cater for water pumps repairs and could therefore become steady clients of local mechanics. This however requires prior legalisation as an entrepreneur or an enterprise to acquire the capacity to tender and sign contracts with the district. The PMT should explore this possibility jointly with district government and mechanics. If feasible (including as per prevailing legislation on public procurement), a contract could be signed between SDPI and mechanic(s) guaranteeing a minimum amount of work and payment. A clear distinction between repairs that should be financed by CAS and repairs to be financed by the district should be spelled out in the district strategy. Another issue that should be addressed is that of transport cost, i.e. whether for repairs to be financed by CAS, they should always be paid by CAS or whether some sort of subsidy by the district could be made available. This could constitute a powerful incentive for CAS to call for the services of a mechanic in case of breakdown.

138. The business planning exercise should also identify capacity gaps and address them through a capacity building plan as already developed for other stakeholders. Capacity building support should be provided not only to build technical and management capacities, but also to help them in developing a profitable market. Moreover mechanics should be given reference material (such as the existing *Manual de Instalação e Manutenção da Bomba AFRIDEV*). Consideration should also be given to providing them with a basic toolkit, along modalities (involving mechanics' obligations) to be defined. Finally the issue of transport costs should also be reviewed.

139. **Spare parts.** The availability of spare parts is another key aspect to ensure sustainability of water infrastructure. So far the project has promoted linkages with local traders willing to sell spare parts, but these are not available everywhere, due to perceived lack of profitability, as well as to the fact that traders have to purchase (and therefore finance) a stock of parts, without knowing when they will be able to sell them and get their money back. District-specific solutions should be sought (and included in the district strategy), based on an assessment of the specific constraints faced by local traders and of possible solutions to be discussed with them. Alternative options should also be explored, building on the mechanics (who could for example receive an initial stock of spare parts as well be directed to local traders in the provincial capital) as well as on SDPI technicians (who could have a facilitating role).

Sustain Open Defecation Free Communities

140. PROGOAS II should ensure that a greater number of target communities become Open Defecation Free by the end of the project, using the CLTS approach and complementing it with PHAST and other social mobilisation and sensitisation approaches. To this effect, the programme team should complete the sanitation strategy and produce the manual combining the use of both approaches. Furthermore, the strategy should be spelled out into more details so as to facilitate implementation, and an action plan for implementing it over 2014 (as a start) should be devised with the stakeholders. These, as indicated in the strategy but not yet applied, should include the District Services for Health, Women and Social Action, the District Services for Education, Youth and Technology, as well as Adult Literacy and Education Centres, which can play a valuable role in spreading sensitisation messages and knowledge.

141. In addition the following activities should be considered for inclusion in the strategy and further implementation:

- *consider extending AMASI's practice* to linking the beginning of construction works for new water points to the adoption of latrines by 100% of the community families;
- *improve the linkages between community sanitation and hygiene*, so that waste disposal is organised and animal wandering through the villages is avoided;
- *support diversified technologies* for the construction of latrines in accordance with soil characteristics and demographic density (in public buildings), opportunities for using waste (compost latrines), as well as varying household financial capacities. Where possible, latrines with sanitation slabs should be promoted, including with households having started with the construction of an improved traditional latrine;
- *monitor the construction and use of other sanitation equipment* (hand washing systems, waste dumps and dish racks);
- *identify model women-headed households* that built latrines with good quality and use them to demystify the belief that only a man-headed family can have secure sanitation systems;
- *promote solidarity with vulnerable households* so that they can also access latrines and other sanitation equipment;
- *expanding theatre activities*, building on groups supported in Phase I at district level;
- *systematically use the feiras as a venue for demonstration* of different types of latrines and other sanitation equipment (garbage dumps, dish racks, hand washing systems...);
- *exploring options to support the collection of statistics on water-borne diseases*, possibly associating CAS, Health Promotion Committee and local authorities.

Project cycle

142. The Manual for the Planning, Budgeting, Implementation, Monitoring and Evaluation of Public Works (POEMA) has not yet been largely disseminated. As soon as it is (which could also happen with PROGOAS support in the target districts), it should be used as a reference in all the capacity building provided on the project cycle.

Documenting and Disseminating Processes and Good Practices

143. **Objective.** The main objective for disseminating good practices, according to the programme document, is to influence policy making from the local up to the national level. The mission recommends that two additional objectives be added, i.e. to develop reference material that will assist stakeholders in fulfilling their responsibilities beyond project completion, and to facilitate replication. To address these objectives, it further recommends that a full-fledged strategy combining documentation, advocacy and communication be devised by the PMT, which should spell out good practices, target audiences and appropriate supports for disseminating information. The strategy should be developed in close collaboration with CEGOVE and with DPOPHs as both institutions are currently involved in the identification and selection of good practices. Furthermore, the strategy should be matched with an action plan for its implementation.

144. **Documentation.** There is a large range of different types of documents and formats. The strategy should define what type of product is appropriate for what type of expected result (replication by a district government, utilisation by field workers, supporting community-based organisation once the programme is over, influencing sector policies...) and for what type of audience (for example policy makers should need 2-page briefs capturing policy lessons, community organisations would need short manuals with a lot of drawings...). Moreover, the content and formatting of the various types of publications should be normalised. Categories of information to be considered should in particular include the following: (i) objectives and results achieved; (ii) lessons learnt and factors of success; (iii) costs, which is particularly important to support replication (which implies that they should be monitored by the M&E system); (iv) relevant gender issues (how to secure women's access to benefits and participation in decision-making, lessons learnt etc.). The mission further recommends to hire a specialized consultant to assist with developing

formats (lay outs and drawings, especially for material to be disseminated at the local level).

145. **Radio.** Radios have to play a key role in disseminating information and in supporting democratic debate in the districts. Among the four radios contracted by the programme (two per province), some are performing well, delivering timely and adequate programmes, other do not. The mission recommends that the PMT select one radio per province (based on an assessment of quality and efficiency) to develop the programmes in line with programme requirements, that will then be broadcasted by the other one. Consideration should be given to hiring a female journalist to help in designing the programmes as suggested by PROGOAS II communication specialist. Furthermore, the mission recommends that the PMT set up a group of listeners representing the various categories of audience in either province, to provide advice on how to address target topics as well as to provide feedback.

146. **GAS.** The mission recommends that the PMT be represented in key GAS sessions (to be selected based on the agenda and topics being handled), which would help in providing thorough information, receiving direct feedback, and altogether give the programme more visibility. Additionally as SDC and HIS are soon to take part in the preparation of the GASC agenda for 2014, the PMT should be asked to contribute to the exercise by identifying good practices that it would be keen to present.

Cross-cutting Issues

147. **Gender.** Gender will continue to receive strong attention, in particular in developing the new pilot approach and in providing capacity building at the locality level, but also in developing district strategies for the operation and maintenance of water points. This will involve:

- *Implementing the recently established Gender Mainstreaming Strategy* and the Gender and Governance module and closely monitoring the extent to which they bring results, based on indicators to be developed;
- *Plan concrete activities* in the relevant column in the planning templates and *monitor women participation in leadership positions in the CAS*;
- *Integrate gender mainstreaming issues* in all the reference material produced by the programme (including strategies, modules, manuals, guidelines...), and especially in the material that will be handed out to programme stakeholders to help them in fulfilling their responsibilities beyond project completion. A strategy on gender and water is currently being established by DNA with support from DFID – contacts should be made so as to have access to the document as soon as possible;
- *Collaborate with Adult Literacy and Education Centres* so that they can reflect gender mainstreaming issues together with other areas of programme interest into their curricula.

148. **HIV/AIDS.** To ensure that IPs provide coherent and well adapted messages throughout the target area, the mission recommends that: (i) basic messages, directly related to programme activities, be developed and incorporated in the relevant capacity building modules – for example how not to discriminate HIV/AIDS affected persons in accessing water and sanitation; and (ii) that short sessions be organised at CDC/locality level by IPs as part of capacity building activities, where messages would be disclosed, also leaving space for questions and answers on issues of interest to the participants in relation to contamination, prevention or care. SDC's HIV/AIDS toolkit should be used to this effect.

Programme Management

149. **Capacity building of IPs.** The mission recommends that IP capacity building in 2014 be based on a capacity building plan, combining joint activities for the four IPs, as well as based on needs, activities targeting some of them specifically. The plan would be based on a proposal by each IP of the capacity building programme they would like to

receive, as well as on a joint assessment (PMT and each IP) of current capacities and requirements, in line with programme activities. The mission also suggests that, where appropriate, capacity building activities combine theory and practice, and that some general theory applicable by IPs in overall management be also included. Finally, it recommends that IPs (probably district coordinators) be associated to the capacity building of SDPIs so that they can also build their skills in the project cycle.

7. ANNEXES

7.1 Annex 1: Terms of reference

TERMOS DE REFERÊNCIA (TdR)

Para a Avaliação de Meio Termo (AMT) do Programa de Governação, Água e Saneamento (PROGOAS II)

1. INTRODUÇÃO

Entre 2005 e 2007, a Helvetas implementou o Programa de Desenvolvimento Rural (PDR) no Norte de Moçambique, que se baseou em experiências de projectos anteriores da Cooperação Suíça para o Desenvolvimento e Cooperação (SDC) nas províncias de Nampula e Cabo Delgado, respectivamente. Um dos objectivos do PDR foi encorajar a participação das comunidades rurais em iniciativas locais de desenvolvimento e no processo de planificação distrital. No PDR foi recomendado que diversos sectores da população rural deveriam participar nos processos de tomada de decisões sobre o desenvolvimento distrital e o foco devia assentar num nível mais baixo, concentrando-se na capacitação a nível comunitário, habilitando os membros dos Comités de Desenvolvimento Comunitário (CDC) para tomarem parte dos Conselhos Consultivos Locais (CCL).

Ao mesmo tempo, o projecto de água da Helvetas, iniciado em 2005, capitalizou nas suas experiências de testagem e implementação de novas abordagens no âmbito da Política Nacional de Água (PNA). Foi recomendado uma revisão para colocar ênfase particular no treinamento dos Comités de Água e Saneamento (CAS) e das associações de artesãos locais, no estabelecimento de uma cadeia de fornecimento sustentável de peças sobressalentes, ligação entre os CAS e os Comités de Desenvolvimento Comunitário (CDC), na capacitação dos membros da comissão de trabalho relacionada com água e saneamento nos CCD. Na base destas premissas foi elaborado o Programa de Governação, Água e Saneamento (PROGOAS), em 2008, como um projecto que trabalha na governação local e água e saneamento, por um lado, e por outro no lado na oferta, através do empoderamento da sociedade civil a partir da comunidade até ao nível distrital, no reforço do abastecimento de água através dos provedores de serviços de água potável e saneamento.

O PROGOAS está a ser implementado desde Janeiro de 2009 nas províncias de Nampula e Cabo Delgado com um mandato da SDC e co-financiado pela HELVETAS Swiss Intercooperation e irá terminar em Março de 2015. O mesmo foi dividido em 2 fases, sendo a fase 01 de Janeiro de 2009 a Março de 2012 (PROGOAS I) e a fase II de Abril de 2012 a Março de 2015 (PROGOAS II). A SDC e a HELVETAS Swiss Intercooperation expressaram o seu interesse em organizar uma avaliação externa do meio termo do PROGOAS fase II no ano 02, a realizar no período Outubro 2013.

2. DESCRIÇÃO DO PROJECTO

A HELVETAS Swiss Intercooperation vem implementando o PROGOAS II), no Norte de Moçambique em oito distritos, nos de Chiúre, Macomia, Mecúfi, Ancuabe, em Cabo Delgado e Eráti, Mecuburi, Muecate e Nacarôa em Nampula.

O objectivo geral do projecto é de que em 8 distritos, haja uma descentralização efectiva, especialmente no sector de água e saneamento, graças à participação activa de cidadãos organizados nos processos de tomada de decisões, exigindo uma maior resposta e prestação de contas na provisão de serviços públicos.

O programa tem duas áreas específicas, uma orientada para o Ciclo de Planificação Distrital (Governação) e outra orientada para o Ciclo de Projectos (Água e Saneamento) para construção e reabilitação de infra-estruturas de água e saneamento. O programa pretende alcançar 3 resultados fundamentais:

1. Nos 8 distritos alvo, a provisão de serviços públicos locais, especialmente no sector de água e saneamento, é eficaz e responde às prioridades comunitárias, que estão a ser advogadas por representantes eleitos no sistema local de governação;

2. Nos 8 distritos alvo, provedores distritais de serviços (governos distritais, sector privado e comités de água) aumentaram a capacidade de resposta e a prestação de contas em relação às comunidades, com um foco na prestação de serviços de água e saneamento;
3. Políticas e programas a nível local, provincial e nacional integraram boas práticas e metodologias disseminadas, relacionadas com a participação activa dos cidadãos na planificação, tomada de decisões e prestação de serviços públicos locais, especialmente no sector de água e saneamento.

As actividades a nível distrital são implementadas por quatro Organizações Não Governamentais (ONGs) locais parceiras, duas em Nampula, OLIPA (Organização para o Desenvolvimento Sustentável) e AMASI (Associação de Educadores dos Consumidores de Água) e duas em Cabo Delgado, AMA, (Associação de Meio Ambiente) e CCM (Conselho Cristão de Moçambique), cada uma cobrindo dois distritos, respectivamente.

O papel principal da equipe da HELVETAS Swiss Intercooperation é de coordenar e apoiar os diversos actores de programa. A abordagem é a do fortalecimento das instituições, sistemas e abordagens e não de substituir os actores nas suas responsabilidades ou realizar actividades em nome destes mas sim, contribuir para as suas realizações.

Resultados principais até Julho de 2013:

Resultado 1.1 – Planos de desenvolvimento comunitários discutidos

- Aumento dos níveis de funcionamento e sustentabilidade dos CDCs através de capacitações e acompanhamentos de 158 CDCs nos 8 distritos, com um total de 4.303 membros dos quais 1.666 são mulheres (39%), 157 CDCs (99%) têm regulamentos internos e 151 (96%) têm planos comunitários.
- Assistidos 44 CCLs (Chiúre 5, Ancuabe 5, Macomia 11, Mecúfi 5; Eráti 10, Muecate 8). O número de membros dos CCLs assistidos é de 884, dos quais 270 são mulheres (30%), 276 são membros de CDCs (31%) e 55 são membros do CAS (6%).

Resultado 1.2 – Prestação dos serviços públicos são monitorizados:

- Realizadas 121 capacitações nos domínios de: Monitoria do Plano Económico, Social e Orçamento de Distrito (PESOD), Auscultação Pública e Prestação de Contas que beneficiaram cerca de 7.897 membros, sendo 3.800 mulheres (47%);
- Ao nível das 5 Rádios que colaboram com o PROGOAS II (Rádio Moçambique, Rádio Encontro, Rádio Sem Fronteiras, Rádio e Televisão Comunitária de Chiúre e Rádio e Televisão Comunitária Nacedje de Macomia), foram emitidos, no total, 120 programas nas línguas Portuguesa, E-makua, Chi-makonde, em matérias relacionadas com os PESODs, governação, boas práticas de higiene e saneamento, liderança feminina nos CDCs e CAS, etc.

Resultado 1.3 – Processo de tomada de decisão:

- Foram realizadas 4 capacitações no domínio de: monitoria dos planos comunitários e dos PESODs. Estas capacitações beneficiaram um total de 542 membros, dos quais 182 mulheres (34%);
- De acordo com os resultados da monitoria anual, a representatividade das mulheres nas posições de tomada de decisão ao nível dos Conselhos Consultivos do Posto Administrativo (CCPA) e do Distrito (CCD) é baixa, quando comparada com os CDCs (33%) e CCLs (28%); sendo nos CCPAs (24%) e CCDs (21%), respectivamente.

Resultado 2.1 – Comitês de Água estão estabelecidos e funcionais:

- Realizadas 222 capacitações no domínio de: Elaboração do Regulamento Interno dos CAS, Operação e Manutenção (O&M) das Fontes de Água, Higiene e Saneamento e Prestação de Contas. Beneficiaram-se destas, 4.422 membros dos quais 1.667 mulheres (42%);
- Assistidos 167 CAS, com 2.058 membros, sendo 1.005 mulheres (49%), dos quais 1.333 são membros dos CDCs (64%) e 120 são membros dos CCLs (6%).

Resultado 2.2 – Prioridades distritais são discutidas e implementadas:

- 4 dos 8 distritos (Nacarôa, Eráti, Ancuabe e Macomia), beneficiaram de uma contribuição para a construção/reabilitação de infra-estruturas de abastecimento de água e saneamento. Estão a ser implementados 4 processos de *procurement* organizados e geridos pelo Governos Distritais.

Resultado 2.3 – Infra-estruturas de Água e Saneamento construídas:

- Apoio ao Ciclo de Projectos de construção de 36 fontes de água nos distritos de Nacarôa e Eráti, em Nampula; Ancuabe e Macomia, em Cabo Delgado. Até final de Março de 2013, 25 fontes construídas/reabilitadas, beneficiando um universo de cerca de 29.035 pessoas, dos quais 15.969 mulheres (55%) e 13.066 homens (45%). A conclusão do processo de construção/reabilitação das fontes está prevista para Junho de 2014.

Resultado 2.4 – Abordagens e tecnologias e produtos alternativos:

- Ao longo do primeiro ano do PROGOAS II, foram construídas 903 latrinas tradicionais melhoradas nos 8 distritos, 903 copas e 903 aterros sanitários.

Resultado 3.1 – Boas práticas e metodologias -Tomada de decisões:

Elaboração dos seguintes documentos relativos às abordagens do PROGOAS II: (i) Orientação sobre o Ciclo de Projecto de Infra-estruturas de Água e Saneamento, (ii) Estratégia de Planificação Local, (iii) Guia de Auscultação Pública, (iv) Estratégia e Guia de Implementação do Saneamento e (v) Estratégia de Integração do Género.

3. OBJECTIVOS DA AVALIAÇÃO DO MEIO TERMO (AMT)

A avaliação externa de meio termo deverá avaliar os progressos, a eficácia e o impacto da intervenção de projecto, com análise das actividades, métodos e abordagens, força, fraquezas e oportunidades, a fim de tirar lições aprendidas e dar recomendações a serem consideradas na período seguinte da sua implementação.

3.1 Objectivos específicos

- Avaliação da relevância do projecto;
- Avaliação dos resultados alcançados em relação aos planeados;
- Analisar a lógica de intervenção e se as estratégias escolhidas e a escolha dos parceiros foram suficiente para alcançar os resultados esperados e os objectivos do projecto;
- Análise da eficácia das tecnologias seleccionadas e a abordagem escolhida para a sua divulgação;
- Avaliação da viabilidade e a sustentabilidade dos CDCs e dos CAS, seu impacto sobre as comunidades e sobre seus membros (masculinos e femininos) assim como níveis de governabilidade interna destes grupos com atenção para cumprimento de mandatos das lideranças, prestação de contas, transparência na gestão dos fundos e bens comunitários, etc.;
- Avaliar a abrangência das actividades do projecto, em termos de participação feminina activa e impacto sobre os grupos vulneráveis;
- Avaliar e analisar as actividades relacionadas com o impacto esperado em relação à colaboração com os Governos nos 8 distritos de intervenção de PROGOAS, com ênfase na capacitação e fortalecimento institucional dos governos locais em especial para às secretarias distritais, entidades gestoras dos fundos públicos locais;
- Fazer uma avaliação global da eficácia dos custos do projecto;
- Avaliar a eficiência da organização e gestão do projecto no que diz respeito ao seu tamanho e composição, estrutura organizacional, elaboração de relatórios, eficácia do sistema de Monitoria e Avaliação (M&E) na definição de indicadores de desempenho e de recolha e análise de dados de monitoria sobre o progresso do projecto;

- Avaliar e analisar as actividades relacionadas com o impacto esperado em relação à colaboração com os Governos nos 8 distritos de intervenção de PROGOAS II, com atenção especial para sistemas de cofinanciamentos (Governo e HSI) das prioridades identificadas através do processo de consulta das IPCCs;
- Analisar quais os factores e restrições que influenciaram a implementação do projecto, incluindo técnicos, de gestão, organizacionais, políticas institucionais e socioeconómicas, além de outros factores externos imprevistos durante o projecto;
- Avaliar as perspectivas dos actores principais locais (Organizações da Sociedade Civil, CDCs, CAS), instituições (Governos locais, CCLs) e o sector privado local o seu nível de acolhimento para sustentar impactos após o término do projecto, levando em consideração antigos e novos pressupostos e riscos;
- Documentar se as abordagens dos assuntos transversais (género e HIV/Sida, Educação de Adultos), produziram resultados e impactos desejados.
- Identificar onde a concepção do projecto precisa de ajuste/reorientação a fim de aumentar a sua eficácia em alcançar os grupos-alvo;
- Produzir um conjunto de recomendações que podem beneficiar o projecto até 2015.

3.2 Perguntas-chave

A avaliação do meio termo deve responder às seguintes questões fundamentais:

- **Relevância:** As escolhas dos objectivos são válidas no contexto dado (Estratégia de governo e políticas)? As actividades do projecto respondem às necessidades dos grupos-alvo? (Planeamento participativo, planos de desenvolvimento local, contribuição material e financeira na implementação aos planos de desenvolvimento (PESOD) no sector de água);
- **Eficácia:** A abordagem e os métodos aplicados por HELVETAS Swiss Intercooperation, bem como as actividades e ferramentas utilizadas foram as mais adequadas para alcançar os objectivos iniciais (escolha de parceiros para a implementação, a selecção de estratégias em relação ao contexto local, instrumentos de monitoria e avaliação a eficácia)? Quais são os benefícios reais para as comunidades (mulheres e homens)? Quem são os beneficiários e como eles foram seleccionados? (Inclusão social, transparente e critérios objectivos de selecção). As técnicas e as tecnologias escolhidas para atingir os resultados planeados eram adequadas no contexto dado? (Viabilidade técnico e financeira);
- **Género e Inclusão social:** As actividades e a abordagem respondem às necessidades das mulheres? O projecto tem o impacto desejado sobre a melhoria do acesso das mulheres aos insumos e serviços? O projecto contribui para a participação activa das mulheres nos processos de tomada de decisão? Os planos dos CDC, CCL e PESOD reflectem as necessidades específicas de homens e mulheres, assim como os orçamentos respondem a essa demanda específica?
- **Eficiência:** Qual é a relação entre os custos do projecto e os meios necessários, em comparação com os resultados alcançados (desembolso, quantidade e qualidade dos recursos humanos, materiais utilizados, organização institucional)?
- **Sustentabilidade:** É possível chegar a um nível de sustentabilidade dentro do prazo determinado do projecto com as abordagens escolhidas (sustentabilidade dos serviços, actividades, produtos e resultados, a sustentabilidade técnica, financeira, social e institucional)? Qual é a relação entre a HELVETAS Swiss Intercooperation e seus vários parceiros? Como são compartilhadas as responsabilidades e o sentido de pertença está garantido? A capacidade de resposta dos parceiros às demandas das comunidades aumentou? (Selecção de parceiros, capacitação e transferência de conhecimento, monitoria e avaliação, a integração com outros programas, a articulação com o sector privado);
- **Dialogo Politico:** Em que medida as evidências do projecto, assim como as lições aprendidas foram capazes de influenciar as politicas governamentais do sector de Agua? Que espaços foram criados para a partilha das boas práticas documentadas

ao longo da implementação do Projecto? São estes espaços os ideais para uma maior e ampla divulgação? Em que medida as trocas de experiências ou outras práticas documentadas de outros actores do sector, influenciaram as modalidades de implementação deste projecto? Em que medida as novas taxas de cobertura do Governo no sector de água e saneamento: uma fonte para 300 pessoas e a aprovação de uma latrina tradicional para latrina tradicional melhorada, influenciou negativa / positivamente o projecto?

4. METODOLOGIA E ABORDAGEM

Com a avaliação do PROGOAS II a SDC e HELVETAS Swiss Intercooperation pretendem a criar uma oportunidade de reflexão conjunta na base dos conhecimentos adquiridos, resultados, efeitos e impactos em relação a relevância, eficácia, eficiência e sustentabilidade.

A AMT deverá ser realizada em Outubro 2013 dando uma visão única sobre a situação actual e um conjunto de recomendações a serem seguidas durante o último ano de PROGOAS II.

A equipa de avaliação deverá garantir uma avaliação global e coerente através dos seguintes actividades:

- **Revisão de literatura:** revisão da documentação elaborada no contexto do PROGOAS II e outros documentos pertinentes;
- **Entrevistas com os participantes do projecto e outros stakeholders:**
SDC Maputo, Helvetas Swiss Intercooperation Maputo, Direcção Nacional de Água - DNA; DPOPH/DAS, Plano e Finanças (Sector de Orçamento e gestão financeira)
Governos Provinciais (Obras Públicas, Programa Nacional de Planificação e Finanças Descentralizadas - PNPFDF)
Governos Distritais (Administração Distrital, Serviços Distritais de Planificação e Infraestrutura, SDPI, Conselho Técnico Distrital, CTD), parceiros implementadores, representantes das comunidades (CDC, CAS, CCL),
Equipa de PROGOAS II, Nampula e Cabo Delgado;
- **Visitas de campo:** Avaliação dos resultados ao nível de implementação no campo (funcionalmente CDCs/CAS, planificação comunitário e a implementação de ciclo de projecto de infra-estruturas de água e saneamento, incluindo contactos com o sector privado local (artesãos, mecânicos locais, provedores de serviços de consultoria na área social, venda de bombas/peças sobressalentes etc.);
- **Consolidação de dados:** A missão consolida as suas conclusões e apresenta os resultados e as recomendações através uma apresentação Power Point para discussão com representantes da SDC e HELVETAS Swiss Intercooperation e convidados a ter lugar no escritório em Nampula, seguida da elaboração do 1º relatório draft a ser submetido a apreciação da direcção da SDC e HSI e as contribuições serão partilhadas com a Missão de Consultoria para a conclusão da versão final do Relatório

5. DURAÇÃO:

AMT deve ter lugar em Outubro de 2013 e num período de 25 dias:

- 2 dias de preparação
- 3 dias de encontros com Governos Central e Provinciais de Nampula e Cabo Delgado
- 5 dias de trabalho de campo em Cabo Delgado (Distritos)
- 5 dias de trabalho de campo em Nampula (Distritos)
- 2 dias para a elaboração do relatório preliminar (Draft)
- 1 dia para apresentação / discussão dos resultados preliminares com a SDC e HSI
- 2 dias para do 1º draft do relatório, acomodando os comentários acolhidos durante a presenetaem Nampula e envio a SDC
- 1 dia de apresentação da versão preliminar a SDC e HSI em Maputo
- 2 dia para a elaboração do relatório final, após recepção das contribuições da Direcção da SDC e HSI.

NOTA: O Plano de actividades definitivo será elaborado pelo/a consultor/a externo/a.

6. ORCAMENTO

O orçamento previsto no PROGOAS II para a AMT e o seguinte:

- Consultores nacionais CHF 7'500 (MZN 225'000)
- Subsídios CHF 2'225 (MZN 67'500)

7. PERFIL E COMPOSIÇÃO DOS AVALIADORES

Os consultores deverão ter formação superior com especialização em Governação, Água & Saneamento, Sociologia, Antropologia Social ter experiência relevante na avaliação de programas de desenvolvimento.

É recomendado que a equipa de trabalho seja constituída por três pessoas:

- Consultor/a externo/a (Team Leader) perfil Governação
- Consultor/a externo/a, colaborador, perfil Água e Saneamento
- Consultor/a externo/a, colaborador, Assuntos transversais (Gênero, HIV/sida e Educação de Adultos)

A equipa será dirigida pelo/a Team Leader externo/a e que terá as seguintes responsabilidades:

- Coordenar o trabalho da equipa;
- Fazer cumprir os Termos de Referência;
- Fazer cumprir o cronograma de actividades aprovado;
- Elaborar e apresentar o Relatório (preliminar e final).

8. APRESENTAÇÃO DOS RESULTADOS

A apresentação dos resultados deverá ser sob forma de:

1) Um Relatório contendo:

- 2-4 páginas de resumo com as principais conclusões (Português & Inglês); Procedimento e métodos da avaliação;
- Análise dos resultados e discussão de acordo com os TdR;
- Conclusões referentes à relevância, eficácia, eficiência e sustentabilidade e género;
- Recomendações para a continuação no período até a fim de PROGOAS fase II (31.03.2015)
- O relatório deverá ter um máximo de 30 páginas excluindo os anexos
- Anexos:
 - Termos de Referência
 - Lista de Instituições e Entidades contactadas

- Outra documentação relevante para compreensão dos resultados.

2) Demais disposições:

- Entrega do Relatório Preliminar com a devida antecedência, pelo menos três dias antes da apresentação para SDC e HSI em Maputo.
- Entrega do Relatório Final no prazo máximo de quarenta (40) dias de o início da avaliação;
- O Relatório Final deve ser apresentado em 3 exemplares em língua portuguesa e um CD contendo o relatório e todo material recolhido para a elaboração deste trabalho.

9. DOCUMENTOS DE REFERÊNCIA

- Documento do Projecto (PRODOC PROGOAS fase II)
- Planos Anuais 2012/ 2013
- Relatório Semestral 2012, Relatório Anual 2012
- Acordos com os Distritos e Parceiros Implementadores (PIs)
- Plano Estratégico da HELVETAS Swiss Intercooperation 2012 – 2016
- Plano Estratégico da SDC 2012 – 2016
- Relatórios da HELVETAS Swiss Intercooperation
- Relatório do Estudo de Base

7.2 Annex 2: Persons met

In Maputo

Ms. Laura Bott	Governance Advisor, SDC, Embassy of Switzerland
Mr. Pierre-Olivier Henry	Water and Sanitation Advisor, SDC
Mr. Fernando Pililão	Senior Programme Officer, SDC
Mr. Mauricio Sulila	Programme Officer for Governance, SDC
Ms. Cristina Matusse	Deputy Director, National Directorate of Planning, Ministry of Plan and Development
Ms. Suzana Saranga Loforte	National Director, National Directorate of Water, Ministry of Public Works and Housing
Mr. Hélio Banze	Deputy National Director, National Directorate of Water
Ms. Rostina Baptista	National Directorate of Water
Mr. Arlindo Correia	National Directorate of Water
Mr. Pierluigi Agnelli	Director, Helvetas Swiss Intercooperation Mozambique
Mr. Fernando Curasse	Programme Officer, HSI Mozambique

PROGOAS

Mr. Markus Ischer	Coordinator
Mr. Francisco Sumbane	Programme Manager for Nampula province
Mr. Ferraz Sufo	Programme Manager for Cabo Delgado province
Ms. Inês Domingos	Gender Specialist
Mr. Isaac Jamal	Advocacy Specialist
Mr. Benjamim Salvador Cumaio	M&E Officer
Mr. Leopoldino Jerónimo	Communication Officer
Ms. Maria Florinda	Field Officer for Nampula
Mr. Ricardo Mendes	Field Officer for Cabo Delgado

NAMPULA

Mr. Simão Lourenço	Head, Department of Water and Sanitation, Provincial Directorate of Public Works
Mr. Vicente Paulo	PNPFD
Mr. Fayzal Raino	Programme Director, Radio Encontro
Mr. Inácio Miticaunde	District Administrator, Muecate SDPI and CTD members
Mr. Ilário Diniz	District Administrator, Mecuburi
Mr. Lourenço Xavier	Director, District Planning and Infrastructure Service (SDPI), Mecuburi
Mr. Antonio Pedro	SDPI, Mecuburi
Mr. Abdorazaque Anza Manuel Muinde	Executive Director, OLIPA-ODES
Mr. José Santana	Manager for PROGOAS, OLIPA-ODES
Mr. Isaac Muinde	Executive Secretary, OLIPA

Mr. Santana

Coordinator for PROGOAS, OLIPA

In Cabo Delgado

Mr. Dino Coutinho
Mr. Antonio Daniel

Director, DPOPHH
PNPFD, Community Component

Mr. Carlos Francisco Nampava
Mr. Arnaldo Muha

District Administrator, Chiure
Director, SDPI, Chiure

Ms. Eusebia Maria Celestina
Mr. Ussino Ambilicola

District Administrator, Ancuabe
Director, SDPI, Ancuabe

Mr. Markus Uiriame
Mr. Emerson Cubisse
Mr. Raphael Seiwald

Coordinator for PROGOAS, AMA
Coordinator for PROGOAS, CCM
Programme and M&E Advisor, Horizont 3000

Ms. Karin Voigt

Regional Coordinator, Helvetas Swiss
Intercooperation

7.3 Annex 3: Mission's programme of work

30 September 2013	Briefing with SDC Meeting with National Directorate of Water Meeting with Planning Department (MPD) Briefing with HSI Travel to Nampula
1 October 2013	Meeting with programme team Meeting with Department of Water and Sanitation, Provincial Directorate of Public Works Meeting with PNPFD
2 October 2013	Muecate district: meeting with district administration, visit to community of Muculuone
3 October 2013	Mecuburi district: meeting with district administration, visit to communities of Mitutuni, Momane and Popue
4 October 2013	Team meeting and review of documents
5 October 2013	Meeting with OLIPA Meeting with Radio Encontro Meetings with PROGOAS Coordinator and team members
6 October 2013	Nacarôa district: visit to community of Namirrupa
7 October 2013	Chiure district: meeting with district administration, visit to communities of Mecolene and Mugipala
8 October 2013	Ancuabe district: meeting with district administration, meeting with AMA coordinator, visit to communities of Naunona and Ntique
9 October 2013	Meeting with Director of Provincial Directorate of Public Works, Cabo Delgado Meeting with PNPFD Meeting with AMA and CCM Meeting with PROGOAS M&E Officer
10 October 2013	Analysis of information and preparation of debriefing
11 October 2013	Debriefing of Nampula/Cabo Delgado stakeholders and PROGOAS team Travel to Maputo
12 October 2013	Consolidation of information and preparation of debriefing
13 October 2013	Consolidation of information and preparation of debriefing
14 October 2013	Meeting with National Directorate of Water Debriefing at SDC