**CARE International in Cambodia**

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|  |
| Implementation of Social Accountability Framework (ISAF) |
| MID TERM REVIEW (MTR) |
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| **October 2017****Phnom Penh, Cambodia** |
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DISCLAIMER

This Mid Term Review has been authored MTR team on behalf of CARE International in Cambodia ISAF project team, and only the authors is responsible for the findings, views and qualitative assessments in this report.

***List of acronyms***

ACT Alliance for Conflict Transformation

AHEAD Action for Health Development

API Advocacy and Policy Institute

CAF Community Accountability Facilitator

CBO Community Based Organisation

CCSP Cambodian Civil Society Partnership

CISA Coalition for Integrity and Social Accountability

CSC Community Score Card

EPI The Expanded Program for Immunization

FHD Family Health Development

GCT Genesis Community of Transformation

HEAD Health and Development Alliance

KAFDOC Khmer Association For Development of Country-Side Cambodia

I-SAF Implementation of the Social Accountability Framework

IPHIA Indigenous People Health Improvement Association

JAAP Joint Accountability Action Plan

LNGO Local Non-Governmental Organisation

MIPAD Mondulkiri Indigenous People's Association for Development

MIRO Minority Rights Organization

MPC Mlup Promviheathor Center

MVi My Villages

NCDD National Committee for Sub-National Democratic Development

NGO Non-Governmental Organisation

PHD Provincial Department of Health

PoEYS Provincial Office of Education Youth and Sport

PPA Provincial Program Manager Advisor

PSC Project Steering Committee

PVT Prom Vihear Thor

SNDD Sub-National Democratic Development Body

SVC Save Vulnerable Cambodians

YCC Youth Council of Cambodia

***Executive Summary***

The Mid Term Review (MTR) aims to evaluate level of achievement, identify challenges, and recommendations for the project. The overall purpose of the Mid Term Review (MTR) is to gather and analyze information on program operating, progress against logical framework, gain insight into issues and challenges, and gathering lessons learnt, develop recommendations for coordination and development of the project implementation.

The methodology applied for this study is the Program Learning Process Approach. This methodology evaluates what works well and what should be done better based on primary and secondary data. The following three main questions were asked to various stakeholders: (i) what does work? (ii) What doesn’t work? And (iii) what should be done better? Primary data from stakeholders was collected from implementing partners and beneficiaries, whereas secondary data was collected from project documentation, report, lessons learned and case studies. In the review seven steps were applied: 1) Preparation of tools and logistic; 2) Individual and group meetings between review team and stakeholders; 3), Interview of key informants and observation of project implementation; 4) Analysis of data and draft report; 5) Validation workshop to consult with stakeholders on finding; 6) Sharing MTR report and action points with stakeholders and 7) follow up on implementation of recommendations and action points. Approximately 700 respondents (randomly selected from 40 villages of 40 communes within 20 districts, including 440 households, 120 local officials, 120 commune accountability facilitators, 8 local NGO directors, 8 social accountability district focal officials, and 8 social accountability technical officers of NGO partners participated in the review. The review started in early July 2017 and finished by late September 2017.

The Mid Term Review accessed the implementation of the four project components capacity building, awareness raising, citizen-monitoring, and monitoring and learning. In this regards, 25 NGOs staff were fully satisfied with given training of trainer on social accountability process and monitoring and evaluation. 100% of ISAF related local NGO staff reported enhanced capacity to support local level social accountability processes. Through awareness raising activities 95% of citizens in target districts participated in the review reported enhanced capacity to productively engage government, while 86% of them feel better informed about government standards budget and performance of local government. Villagers in the target communes reported enhanced capacity to participate in citizen monitoring. 74% of citizens, include women, youth and ethnic minorities, in target districts who participated in the JAAP meeting agreed that the JAAP satisfactorily captures priority actions to improve local service delivery. The immediate impact of the project can be summarised into three characteristics. Firstly, behaviour and attitude of service-providers has changed gradually from none standard to standard in some extent. Politeness, verbal communication, service fee (list of service fees is now published) and responsiveness to the need of the citizen are significantly improved. Secondly, citizens better understand about standards and rights. They gained confidence to engage with government officials and demanding their needs. Finally, local NGOs and CAFs are able to facilitate social accountability at local level. Though the project is well on track, local partners face technical barriers e.g. financial reporting and management capacity need to be looked at, for further improvement on financial management, reporting and government engagement.

In conclusion, the review team found that the project is being implemented well, although the impact yet to be measured. Villagers are better-informed about their rights and braver to talk with authorities and users feel more confident to express their opinions on any issue in meetings with local authorities. This project mobilizes people to use public services and become actively engaged. However some activities such as quarterly meeting and supporting JAAP Committee in terms of financial and organisational support need to be improved and collaboration with demand and supply sides can be improved as well. It is encouraging to see the commitment and willingness to implement the project on both supply and demand sides.

# Introduction

To improve the voice and accountability in sub-national democratic development, public service delivery and functions of the Cambodian sub-National Government, the Strategic Framework for Social Accountability (SAF) and a three year plan for the Implementation of the Strategic Framework (I-SAF) in 2015-2017, were designed through a highly consultative process between development partners, civil society and the Secretariat of the National Committee for sub-National Democratic Development (NCDDS). The I-SAF plan was endorsed in a joint meeting of the government and civil society in June 2013 and the SAF was approved by the Royal Government of Cambodia on the 11th of July 2013.The SAF and the I-SAF have been fully incorporated into the Second Implementation Plan (IP3-II) of the National Program for sub-National Democratic Development (NP-SNDD).

CARE International in Cambodia implements the SAF through its sub-grantees, 25 local non-government organisations (LNGOs), in four target provinces, Mondul Kiri, Ratanak Kiri, Kampot and Koh Kong. The CARE International in Cambodia I-SAF team in Phnom Penh is responsible to oversee overall program management, financial management, monitoring and evaluation. Horizontal Partners, through guidance of CARE International in Cambodia, take the lead on capacity building of the Implementation Partners in each targeted province, and provide support to the Implementing Partners who are Community-Based Organizations (CBO) working across the four target provinces.

The overall objectives of the project is to reduce poverty through democratic, inclusive and equitable local governance and more accessible and equitable public service delivery. The specific objectives is to enhance the performance, responsiveness and accountability of local government and service providers (specifically communes, health centres and primary schools) in selected districts through improved access to local information, open budgets and citizen-led monitoring, with a specific focus on the engagement and impacts for women, youth, and ethnic minorities.

27 Local NGO partners and Community Based Organization (CBO) receiving financial support. They ensure participation of women, ethnic minorities and youth in program activities.

Four components are implemented:

1. Access to information and open budgets
2. Citizen monitoring
3. Facilitation and capacity building
4. Learning and monitoring.

Main activities:

Expected Result 1: Enhanced access to Information and Budgets

1.1. Produce, and build capacity on use of “Information for Citizen’s packs (I4C),

1.2. Enhance budget literacy.

Expected Result 2: Strengthened citizen-led monitoring

2.1. Build monitoring capacity of citizens on use of community score cards,

2.2. Formulation of Joint Accountability Action Plans (JAAP) including planning for collective action, and

2.3. Monitor the implementation of JAAP.

Expected Result 3: Strengthened capacities of NGOs, Citizens and Community Accountability Facilitators through facilitation and capacity building

3.1. Subcontract local NGO/CBOs and

3.2. Build capacity of these on facilitation skills, women, youth & ethnic minority empowerment under the ISAF process.

3.3 Outreach to local officials and service providers, and

3.4 Awareness raising on citizen monitoring

3.5 Select, train and mentor Community Accountability Facilitators

Expected Result 4: Contribute to improved government policies, guidelines and practices through enhanced learning, feedback and monitoring

4.1. Formulate learning strategy & action plan and conduct studies,

4.2. Organise learning forums and establish feedback and policy revision process,

4.3. Undertake monitoring and evaluation and discuss in bi-annual policy review.

# Objectives and Scope of the MTR

The overall objectives of the review are:

* To evaluate the program’s progress, achievement and performance against logical framework.
* To identify issues and challenges occurred during the project implementation.
* To gather lessons learnt and develop recommendations for coordination and development of the project implementation.

The scope for this review covers both project implementation and internal project management. The detail of criteria as follows but not limited to:

* Selection of LNGOs partners
* Training
* Information Education and Communication (IEC) materials
* Supplies and logistics
* Management development
* Technical programming
* Financial management
* Monitoring and evaluation
* Final and intermediate goals

# Methodology

## *Premises overview*

The MTR will be a collaborative effort among all stakeholder groups. In this collaborative plan, the CARE internal evaluation team will facilitate a process through which stakeholders assess the successes and failures of the project and determine future actions. The MTR assesses project achievements against the plan presented in the project proposal as well as other positive and negative consequences identified by the stakeholders. It covers, but will not be limited to, the project plan as presented in the proposal. The evaluation process also attempts to capture the unintended or unforeseen effects, both good and bad, of project activities. The review placed greater emphasis on the process, rather than the outcomes, of project implementation.

This MTR applied a **Program Learning Process Approach**. An emphasis on future improvements may be most important for the specific project undertaking the evaluation. However, analysing and documenting lessons learnt from both good and poor decisions made during the life of the project is a key part of the approach and may prove extremely valuable to other CARE Country Offices program management as well as to other development organisations.

Steps in the Collaborative Evaluation Process:

* Step 1: Preparation
* Step 2. Meeting with stakeholder groups
* Step 3. Interviews and observations during the evaluation period
* Step 4. Synthesis of information
* Step 5. Validation workshop with stakeholder groups
* Step 6. Preparation and dissemination of the midterm evaluation report
* Step 7. Follow-up of recommendations

## *MTR Team*

The MTR team consisted of M&E Advisor, Senior Officer – M&E and a research assistant consultant.

Role and responsibility:

* Senior Officer – M&E
* Supervises and coordinates initiation plan of MTR protocol
* Plans, implements, and maintains data collection and analysis in line with MTR protocol
* Recruits, instructs, and coordinate staffing as appropriate to specific objectives and work scope
* Ensures the smooth and efficient day-to-day operation of research and data collection activities; acts as the primary administrative point of contact for MTR Team
* Produce and communicate final MTR report
* M&E Advisor
* Technical support and guidance in research design and methodologies
* Participates in relevant research conferences and meetings
* Supports peer review processes
* Contributes to technical discussions with donors, as appropriate
* Maintains and develops strategic relationships and shares learning with key stakeholders groups
* MTR Freelance consultant
* Assists in all research administrative related
* Assists in communication and stakeholder engagement
* Leads in data collection and data entry

## *Data Collection Method*

The MTR employed both quantitative and qualitative data collection method. Desk review was completed ahead of the data collection fieldwork. For the quantitative data the researchers used a multi-stage cluster sampling technique to recruit respondents from the catchment areas. This involved randomly selected 400 households from villages based on list of participants during Information for citizen (I4C) awareness raising campaigns. Within the selected villages, EPI-walk[[1]](#footnote-1) was applied to select 10 interviewees and interviewing all eligible respondents. Interviews took place in the residences. 120 local officials and 120 CAFs were selected based on quota sampling method. For the qualitative data 8 district focal person, 8 NGO executive directors, and 8 social accountability technical officers were selected for an in-depth interview and 3 groups discussion were conducted.

**Survey participants**

|  |  |  |
| --- | --- | --- |
| **Criteria**  | **Count**  | **Percentage**  |
| Participants | 409 | 100% |
| Youth  | 157 | 38% |
| Ethnic Minority  | 230 | 56% |
| Female  | 263 | 64% |
| Male  | 146 | 36% |

***Both primary and secondary data is used for this study:***

 Primary data:

* In-depth interview (IDI)
* Focus Group Discussion (FGD)
* Survey

 Secondary data:

* Project progress report
* Program records
* MOU, Agreement and document related.

## *Sample size and key informant distribution:*

Sample

* 20 treatment districts
* 2 sample communes per sample district –40 sample communes
* 1 sample village per sample commune – 40 sample villages

Respondents

* 10 households (5 males and 5 females) per sample village – 400 households
* 1 primary school principal; 1 health centre chief; 1 commune chief per sample communes – 120 officials
* 3 Community Accountability Facilitator (CAF) per sample commune – 120 CAFs

Key Informants

* 2 districts social accountability focal person per provincial sample – 8 district officials
* 2 NGO directors per provincial sample – 8 directors
* 2 technical officer per provincial sample – 8 technical officers
* 1 group discussion per province sample – citizen group, government group, NGO group, and mixed group.

## *Key Questions*

1. What does work?
2. What doesn’t work?
3. What should be done better?

*Part A: Activity Implementation*

To assess the achievements and problems arising from the activities, which have taken place to implement social accountability framework and improve service delivery, a set of core questions will be addressed for four categories of project implementation topics.

* What has been done with respect to social accountability framework (SAF)? How do the actual activities correspond to the project design? (For example, what has the project done in the area of training? How do these activities compare to the number and types of training activities planned?)
* What is the quality of the activities (Community Facilitator recruitment, Training, Inception Meeting, Information for Citizen (I4C) awareness raising, community scorecard, service provider self-assessment, interface meeting and Joint Accountability Action Plan (JAAP) undertaken? (Was the training any method activity consider as good practises?) Was the original design appropriate, especially in light of any intervening events which may have changed the relevance of the original analysis? (Should more or less training have been done instead? Should different type of trainings have been done instead?) Were appropriate changes made to the training plan to respond to actual events?)
* How could this element (Community Facilitator recruitment, Training, Inception Meeting, I4C awareness raising, community scorecard, service provider self-assessment, interface meeting and JAAP) be improved in the future? The project implementation topics to be addressed are consisted with existing guidelines and agreed-upon agendas. The four categories of these topics are listed here; the detailed list of items within each category are included in the ISAF project proposal.

*Part B: Internal Project Management*

The assessment of CARE’s internal management of the ISAF projects is the subject of the second part of the midterm review. This component conducted among the core evaluation team and CARE Country Office staff. Other stakeholders include the Program Management Unit, Financial Unit, Procurement, and M&E. Participants invited before and after the in-country evaluation and they can be consulted, as needed, during the evaluation as well. The topics in this section relate to project personnel, communications, reporting and finances. Also addressed in this section is CARE’s role in and contribution to the ISAF in the country and, where relevant, the region.

The core questions to be asked related to these topics are similar to those asked in the assessment of project implementation.

* Are CARE Country Office systems being followed with respect to the management of ISAF? Are these systems functioning adequately? (For example, does project staff have job descriptions and annual reviews? Are financial reports up-to-date and correct? Do the current communications systems within the Country Office provide required information?)
* Is the project plan being followed with respect to internal management? Is the plan appropriate? (For example, are all staff positions filled? Are these the best mix of staff skills? Have adequate match funds been allocated? Have budget categories been respected? Is the spending level appropriate to the activities undertaken?)
* What is the quality of the management tasks undertaken? (For example, are financial reports and project implementation reports filed on time? Are they thorough, accurate and useful to the decision-makers? Are the formats acceptable?)
* Has the level and quality of technical assistance in project implementation and management been satisfactory?
* What role is CARE playing in ISAF in the country and region? What are the medium and long-term expectations for the Country Office’s ISAF program?
* How could the management elements be improved in the future?

## *Unit of Analysis*

|  |  |
| --- | --- |
| Individual level  | Disaggregated by Sex and age of respondent  |
| Village level  | Disaggregated by status of village  |
| Commune level  | Disaggregated by status of commune  |
| District level  | Disaggregated by social status and geography of the district  |
| Provincial level  | Disaggregated by social and economic status and geography of the province |

# RESULTS AND FINDINGS OF THE REVIEW

## Description and Assessment of Project Implementation

The Implementation of Social Accountability framework (ISAF) focuses on four-component activities such as capacity building, awareness raising, citizen-monitoring, and monitoring and learning. Furthermore, local government relationship with civil society and citizens were the spotlight of the project. It is always difficult to define exact meaning of social accountability. From the perspective of citizens, the word is new and too technical in their own language. For instance, majority number of interviewees convey that “social accountability means giving score to service providers and demand service providers to improve service deliveries” because they recalled about the two-main activities, for example, raising understanding about standards, performance, rights and budget, and giving score to each services based on standards, performance, rights and budget.

The immediate impact of the project can be summarized into three characteristics. Firstly behavior and attitude of service-providers change gradually from none standard to standard in some extend. Moral, verbal communication, service fee and response to the need of the citizen significantly improved. Secondly citizens better understand about standards and rights. They gain confidence to engage with government officials and demand their needs. Finally, local NGOs and CAFs are able to facilitate social accountability at local level. Though the project is progressing well on track, number of technical barriers and internal management dysfunction have to take account for further improvement for instance quarterly meeting, supporting JAAP Committee, financial management, budget acquittal and reporting.

The following detailed description of the review is based on the data analysis from key informant In-Depth Interview (IDI), Focus Group Discussion (FGD), on-site field observation and many tools as per design in the methodology section. The assessment result is divided into four-main topics.

## Social Accountability – Project Components

* 1. ***Capacity building***
1. ***Capacity Building for NGOs and Community Accountability Facilitator (CAF)***

NGOs staff fully satisfied with the training and support given by CARE International in Cambodia. Survey data showed that 100% of ISAF related local NGOs staff reported enhanced capacity to support the social accountability processes on local level. In the meantime 99% of community accountability facilitators participated in the MRT survey to judge the capacity of local NGO partners to support local level social accountability processes.

An adult learning approach was applied as main training methodology of the project, including lecturing, mentoring and “learning by doing”. NGO staff and CAFs received different arrangement of trainings, i.e. three-day training for HPs, eight-day training for IPs, and 16-day training for CAFs.

In response to capacity building component based on the interviews, it turned out that NGO partners and Community Accountability Facilitators (CAFs) expressed their satisfaction towards the training and orientation provided by CARE through all the project implementation. In addition, they showed enthusiasm and requested CARE to provide a new model of learning called Structure Learning Visit (SLV), which gives CAFs and NGOs partners the opportunity to do exchange visit to others provinces, where ISAF is implemented. They claimed that it would help them to learn better on the project through experience of social accountability in different context and their successful implementation. Moreover through observation and data analyses, public speaking skills are considered to be very important for CAFs since major numbers of them hesitate to communicate with high ranking officials in public.

Horizontal Partners (HP) CCSP, ACT, API and HEAD trained technical officers from implementing partners in Ratanak Kiri, Mondul Kiri, Kampot and Koh Kong on ISAF module 1-4. In spite of that, minority number of Implementing Partners (IPs) described they need more technical support on process of ISAF particularly Community Scorecard (CSCs) and Interface Meetings. Frequent visits from HPs to get feedback and reflection improved local staff performance. On top of this, quarterly meetings and routine fieldtrip are effective strategies to keep project implementation successfully accurate and on track. On the other hand, seven of new IPs in Ratanak Kiri and Kampot provinces who starting project implementation in 2017 reported that building good cooperation with local authorities is challenging at the beginning. They suggested and demanded more technical support from CARE during the set-up of activities in new target areas. Though majority of technical officer are capable to lead the local accountability process, a number of technical officer mentioned that they need CARE’s assistance to build more capacity on ISAF particularly on youth and ethnic minority engagement.

Only half of interviewed CAF are capable to facilitate local social accountability processes by their own, which shows that they need further support to strengthen their skills, especially in facilitation of meetings. The capacity of CAFs is related to the location. Whereas, majority of CAFs in Koh Kong and Kampot are capable to facilitate local accountability processes only a few CAFs in Ratanak Kiri and Mondul Kiri are capable to facilitate the process by themselves.

*Challenges:*

* Methods of training and capacity building are limited as only training session and field practices are used. A Structural Learning visit (LSV) is not employed in the project due to cost constraints. Many participants urged and proposed practical based learning approach i.e. exchange visit and LSV.

*Suggested justifications:*

* Data analysis suggested that monthly backstopping supports are required, especially during early stage of project. Quarterly meetings must take place regularly.
* Structure Learning Visit (SLV) or Exchange Visit should be considered for future project implementation.
1. ***Capacity Building For Supply Side***

National and Sub-national capacity building is the responsibility of NCDDS. However, CARE International in Cambodia is partly responsible and coordinates the capacity building on citizen monitoring process which includes service provider self-assessments and community scorecards.

Government officials organized a two-day training for key persons related to ISAF. The training was conducted at district level or provincial level depending on the province. Key officials from health centre, primary school and commune lectured about theory and practical framework of the project including overall overview and implementation process of activities.

Many district-focal persons agreed that extra capacity building program is deemed necessary for local officials. The training provided is not responsive to their needs. Only a few key staff were invited to the training which is organized once per year by ISAF district-focal persons due to budget constraints. Officials from health centre and primary school who located more than 20 km far from the district office, have difficulties to attend the training due to minimal amount of transportation fee and per-diem is provided. Furthermore, key staff such as commune chief, school principle, and head of health centre usually fully engage with many activities beside ISAF.

Local officials participated in the study suggested that training program have to be more realistic and align with timeframe approved by National Committee for Sub-National Democratic Development (NCDD). Within the last two years, training program has been conducted very late far-behind schedule of the project cycle and was much shorter than described in the supply side operational guideline. Many officials, who participated in the training course, expressed frustration about tough schedule and overloaded content. They believed that ministry and related stakeholders should better conduct two training per year, i.e. an introductory training followed by a refresher training. On the other hand they suggested that one training is enough as long as stakeholders organize quarterly follow-up meetings to regularly discuss progress and challenges. Government officials are concerned about limited budget to organize training and support the quarterly meetings.

A majority number of district officials emphasized that in order to effectively implement social accountability trainings on commune development are needed to link Joint Accountability Action Plans (JAAP), Commune Investment Project (CIP), and District Investment Project (DIP) with each other. All interviewed district focal persons agreed that service improvement projects[[2]](#footnote-2) are more difficult and time consuming compared with pure infrastructure projects. Commune councils are more likely to choose infrastructure projects because it requires less supporting documents. The main concern is time and technical barrier of commune councils to prepare required documents and monitoring processes. In Ratanak Kiri province, only one service improvement project was successfully implemented in Koun Mom district within the last five years. In the four provinces the majority number of CIPs/DIPs were infrastructure projects. An official, who works in the commune supporting office in Koun Mom district, strongly agreed that one of the reason for the commune´s project selection was the capacity of official to manage it.

Challenges:

* Limitation of necessary capacity building program for local officials.
* Non regular follow-up meetings have been organized at commune level to follow the progresses and challenges. Only a few meetings were conducted in the previous year.

Suggested justification:

* District officials suggested allocating sufficient budget for two-additional trainings for supply-side, (i) social accountability training and (ii) commune development plan training.
* CSO and local government should agree on joint-schedule supply-demand side quarterly meetings at the inception meeting. Budget support for the meeting should be discussed by Partnership Steering Committee (PSC).
* Service improvement projects need to be increased and training on service improvement project needs to be provided.

* 1. ***Awareness Raising***

Through awareness raising, citizens were better informed about government standards, budgets and performance. Transparency of local public services (primary schools, health centers and communes) were improved. It is reported that 96% (391 out of 407) service centers post annually updated I4C information includes standards, performance data and budget information. 90.95% of respondents including women, youth and ethnic minorities participated in the MTR reported understanding of primary school standards, budgets and performance. Whereas, 86% respondents responded being better informed about government standards budgets and performance.

The project-cycle diagram illustrates information for citizen (I4C) awareness raising takes place in second quarter (April – June) after the performance data was published. Information packages, including information on standard services, performance, rights, and budget from 49 health center, 288 primary school and 72 communes, have been distributed in local communities. 20 IPs conducted awareness raising activities across 20 districts of four provinces – Ratanak Kriri, Modnul Kiri, Kampot, and Koh Kong. Four HPs provided routine technical support throughout the process of awareness raising.

Table 1: Awareness Raising Coverage Areas[[3]](#footnote-3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Province | # District | #Commune | # Primary School | # Health Centre |
| Rattanak Kiri | 6 | 21 | 93 | 10 |
| Mondul Kiri | 4 | 12 | 50 | 9 |
| Koh Kong | 5 | 18 | 65 | 10 |
| Kampot | 5 | 20 | 80 | 19 |
|  Total  | 20 | 71 | 288 | 48 |

The awareness raising activities were conducted as planned within each fiscal year, even though a delayed by one quarter in 2016. Stakeholders participated in the review reported that Memorandum of Understanding (MOU) – CARE and NCDD, and Partnership Agreement process between CARE and NGO partners were the reason for the delay. In fiscal year 2017, the project progressed smoothly as per operational guideline. Key staff of health centers, primary schools, and communes were invited to the inception meeting to inform about social accountability project and planned outreached activities in the commune.

Citizens who participated in the group discussion agreed that the awareness raising improved their understanding of services and fee of local government. The information dissemination took place once per year at village level, following the operational guideline. Villagers showed strong enthusiasm to join the village meetings. Moreover, they reiterated that one meeting per year was not enough and requested to have more sessions. This activity should conduct twice and/or more a year and different methods should be applied such as loudspeakers and videos screening. They mentioned that the better understanding of citizen on services and standards results in better services of government officials. When citizens acquire knowledge on standards and rights, they become watchdogs. A villager compared the integrity of government without ISAF as “horse-riding with no-hands”.

“*[…] when citizen do not well understand about standards, services fee and budget information, health staff could do whatever they wish to do. It is like men riding on horseback with no-hand on reins […]”, said a villager in Boeung Breav commune, Sre Ambel district, Koh Kong province.*

The important technical aspect to be paid more attention during I4Cs awareness raising was wording used. Many technical officers and Executive Director (ED) agreed that simple words and contextual expression ensured successful raising awareness at local communities. Visual aids such as pictures and animations poster helped illiterate people to better understand the messages of the I4Cs. All stakeholders strongly agreed that videos and audios increase perception of key messages. Loud speaker would reach a greater audience because villagers could work and listen at the same time.

Mobilizing participants was the major workload of the NGO partners. Generally, it is a challenge to recruit youth and male participants. Participants were mostly women because they normally stay at home to take care of children and carrying out housework, while men are engaged in labor work and migrate out of the village to earn enough income to provide for basic needs of the family. Furthermore many participants complained that it is difficult to participate in the ISAF events which overlap with harvesting period. Paddy and cassava harvesting usually clashed with social accountability schedule. This was not helpful for poor farmers to attend the village meeting.

NGOs different policies on provision of per diems for meeting attendance discouraged some people to participate in meetings. Furthermore meetings by different organizations were held at the same dates.

Limitations in accessibility of villages especially during rainy season in Ratanak Kiri, Mondul Kiri and Koh Kong hampered participants to attend meetings. Transportation fees and lack of timely information on events were another barrier for participants to joint meetings. Technical officers of the implementing NGOs said that the project aimed to engage poor villagers, in fact, many poor people migrate outside their villages for work or are fully engaged with labor work in their village. A technical officer quoted a villager that it is ridiculous to invite villagers (people with ID poor) to join the meeting and travel miles without any incentive because earning money to survive is more important than the information about social accountability.

Challenges

* Geographical barriers such as road condition, distance, and seasonal busyness were the major barrier for villagers to actively participate in awareness raising.
* Providing no transportation fee for participants was seen as discouragement factor joining the awareness raising.
* Absence of communication (e.g. sim card/mobile phone) and transportation incentive for community mobilizers (community accountability facilitator or village chief) prevented them to inform and/or invite villagers widely to join the awareness raising.

Suggest justification

* Transportation and communication fee (sim card/mobile phone) for community mobilizers should be provided.
* Participants who are far away from the meeting place should be provided transportation incentive or gasoline cost.
* Seasonal calendar analysis to integrate awareness raising activities in community schedule
	1. ***Citizen Monitoring***

Citizens including women, youth and ethnic minorities actively participated in interface meetings and Joint Accountability Action Plan sessions to improve local service delivery. As a result of citizen monitoring in the three services areas (health centers, primary schools, and commune administrators) local officials are better informed about priorities and concerns of citizens and response to need of the citizen. The data recorded showed that 74% of the interviewed citizens including women, youth and ethnic minorities in target districts who participated in the JAAP meeting agreed that the JAAP satisfactorily captures priority actions to improve local service delivery. 93% of officials participated in the MTR survey report felt well informed about priorities and concerns of citizen including women, youth and ethnic minorities.

The main objective of citizen monitoring is to empower citizens to monitor and assess public services, propose actions for improvement, and collaborate with local government officials and service providers in implementing those actions, using an adapted community scorecard methodology. ISAF citizen monitoring mainly targets three areas of services: (i) commune administration, (ii) primary school and (iii) health centers.

Community scorecard, service provider self-assessment and interface meeting are crucial for improvement of service deliveries and holding the government accountable. The process requires participation of active and literate citizens. In remote and ethnic communities such as in Rantanak Kiri and Mondul Kiri villagers tended to follow and agree with the facilitator’s ideas during brainstorming of criteria to score local services. In Koh Kong and Kampot villagers defined own indicators to assess quality of local services which makes it difficult to compare the data.

ISAF focal persons in Ratanak Kiri and Mondul Kiri wanted to join more activities on social accountability at village and commune level but budget is inadequate to cover. Demand side and supply side not yet to jell together as they reported that they are not well-informed from implementing NGOs about their activities. Each stakeholder agreed that late production of citizen information induced difficulties in raising awareness in some districts. Furthermore many service providers do not have a clear understanding of the required data to be collected.

The provincial level distributed the I4C posters too late due to delayed procurement process.

Compared to schools and commune administration, health centers got lower score from citizen scorecards. In one village villagers are disappointed with benefit packages for the poor. They expect to use it at health center but it was rejected to be used and require to spend expensive fee for their treatment. Villagers in Phou Tou village, Ratanak Kiri said that their “ID poor” was rejected at the health center, staff told them that “ID poor” can be used only at referral hospital. Villagers were very frustrated that the ID poor cards could not be used at the health centers and got the impression that health center staff pays less attention on patients.

The interviewed citizens are mostly concerned about attitude, behavior and working time of the service providers. Compared with the work of service providers two years ago their performance enhanced in many aspects. The attitude of teachers treating the children and the response of the head of the commune to citizen requests and nurse and medical staff to treat their patients changed in a positive way. Overall it can be summarized that service providers became friendlier.

Challenges

* Production of post-on[[4]](#footnote-4) commonly behind schedule and vague on expenditure data.
* I4C posters produced behind schedule due to complication and time-taking of procurement processes.

Suggested Justification

* Government and NGOs have to strengthen cooperation in order to provide capacity building to local officials on post-on data collection.
* More training should be provided to local official related to administrative and procurement process ensuring officials have the capacity to handle procurement tasks.
	1. ***Monitoring, Evaluation and Learning***

Monitoring is an integral part of the project to make sure that all activities implemented according to the plan and to do necessary adjustments to improve project performance. Monitoring and evaluation highlights experiences from good practices to be shared further and records mistake to be avoided in the period of project implementation. Following Lesson learned have been identified in the Mid Term Review:

A few NGOs had to change the district after starting implementation, which interrupted the project implementation flow because they had to start again to establish relations with authorities. In the JAAP process the NGOs played a minor role which was perceived negatively by the JAAP committee. The project should encourage local empowerment and NGO should rather have a coordinating role through providing budget than being involved in decision making.

Partnership between local authority and community accountability facilitators ensures success to mobilize villagers to attend social accountability events. In Kampong Trach district, Kampot Province CAFs informed villagers to participate in ISAF meeting (I4C and CSC meeting). Than CAFs worked with commune chief to produce the invitation letter and distribute to each target households. With this procedure a sufficient number of participants is ensured. In Dorng Tung district, Kampot province, the implementing NGO reported that the number of participants often exceeds the target because the village chief normally inform and/or invite all households in the villagers to avoid discrimination and political affiliation. As a result, villagers feel encouraged and actively participate in social accountability events.

Monitoring and evaluation data identified ISAF JAAP follow-up as a gap. At the beginning of the project JAAP and the tasks of the committee were not clearly defined. In late 2016, CSOs and NCDDS tried to bridge this gap through consultation and series of discussion resulting in an announcement on structure, role and responsibility endorsed by NCDDS. However, implementing NGOs could not response immediately and yet to fully adopt their plan to meet the announcement requirements such as allocating budget to conduct monthly or even bi monthly JAAP follow up meetings.

Regular and transparent communication between supply and demand side is crucial to ensure mutual understanding of each other work. ISAF focal persons usually send invitations through telegram and follow up with a phone call. Before the implementation of project activities ISAF focal points work with implementing partners on a joint timetable. Through an honest behavior with each other trust between both sides, the government and the NGO is build. In case of problems stakeholders get together and discuss this in a round table meeting. By practicing the above methods, each stakeholder is able to maintain commitment to implement the project successfully.

Challenges

* Monitoring, evaluation and learning component was sluggish due to minimal budget allocation for the component.

Suggested justification

* CARE to revise budget and reallocate sufficient budget onto monitoring, evaluation and learning component.

## Impact of Project Implementation

In-depth interviews and focus group discussions with stakeholders indicated that ISAF influences practices and behavior of the three service providers (health centers, communes, and primary schools) in many aspects. Citizen reported enhanced services such as teaching, birth certificate, and health care services. Both citizen and NGO staff agreed that local services gradually improved their way of treating people more time efficient. They believed that continued social accountability implementation will keep pushing local service providers to meet the national standards.

The project has cultivated and sophisticated social capital and change agents to drive good governance, democratic development at grassroots level. It connects service providers and the people more closely with each other. Community Accountability Facilitators (CAF) actively acted as local coordinators between officials and community people. As a result, service providers gained more trustfulness from citizens and citizens are more likely to use public health service rather than private pharmacy. During the review, citizens showed strong enthusiasm to participate and provide constructive comments to improve local service delivery. Project staff involved in the program believes that government and CSOs have to adopt strong coordination mechanism and be responsive to citizen’s proposed actions to bring long lasting social accountability process. Proposed activities have to be integrated into CIP or DIP with budget support of commune and district administration. Furthermore, follow-up mechanism have to be put in place to ensure achievements can be reported back to stakeholders.

Villagers now know better about their rights and roles and responsibilities of the service providers. In the past they feared communication with local authorities. By the time of the review, it became evident that villagers dared to question and request service providers regarding user fee and development plan and reported commune issues. This project contributed to closer connect citizens and service providers. A number of citizens knows about budget and expenditures of communes, health centers and primary schools and motivated their peers to follow-up if the is accurately spend for their benefit.

*“[…] In the past years, I did not dare even to walk pass by commune chief, because I was afraid of his power. Through participation in social accountability awareness raising events, I understood clearly that commune chief is citizen’s representative and elected by citizens. I do not feel afraid of commune chief anymore […] I am not afraid of what I raised in the meeting. Before the ISAF project, I did not discern and understand about my own rights, thus, I did not dare to express my opinion and always paid pre-caution of making mistake. But at time we’re better discern about rights and standards, I dare to express my concerns. […]”* One beneficiary in Pou Chhoub village, Mondul Kiri province.

Commune volunteer reiterated similar things that participating in this project was therefore important to learn about rights of citizens and duty bearers. CAFs witnessed that poor people used local services more often.

*“Before citizens do not dare to use commune services, they thought commune administration charged expensive service fee. […] but after they participated in social accountability meetings, citizens feel confident to go to get service at commune office.”* CAF in Le Koun village, Bor Keo district, Ratanak Kiri province

From ISAF implementing stakeholders’ perspective, local government officials and NGOs staff both agreed that citizen community scorecard and service provider self-assessment contribute to service delivery improvement. Moreover they believe that ISAF will continue pushing service providers to improve their service, change working habit and behavior as well as being more open to provide financial information. After 17 months of project implementation it turned out that service providers did work hard to improve their behavior, especially time management to follow timetable and stand by availability at the health center. At the commune, commune chief and members are more willing to inform their people about commune budget and expenditures. In short, local official at sub-national level pay more attention to provide good service to their people.

Citizen movement was part of the immediate impact appeal during the review, citizens participate in decision making with authorities and defend their proposed actions during interface meetings, hosted by implementing partners where local government agencies, Community-Based Organization and villagers come together.

Community Accountability Facilitators (CAF) who are the key change agents of the social accountability project benefited from capacity building and financial support. They reported that before this project they lacked of confidence to participate in social and public activities. During the project they gained a set of skills to be a facilitator and community organizer and become more confident to speak in public. They believed the impact from this project has changed their life journey. However, CAFs urge to receive more training on public speaking provided by NGOs.

Last but not least, the cooperation between service provider agencies increased. Social accountability focal person who based at the district office mentioned in the interview that they witness good collaboration among local services (health centers, communes, and primary schools) whereas this sense of teamwork was missing before. They realized the value of partnership and urge NGOs to continue doing so to bring sub-national government as well as supply-side and demand-side closer together. However, district officials and NGOs staff expressed frustration that partnership of supply-side and demand-side was undermined by insufficient budget and attention from national government.

## Sustainability

Sustainability is the most important prospect wish to see across stakeholders. Both government and CSOs believed that social accountability will be continued and scaled up. The core activities would embed in community even without NGOs and development partners. Various stakeholders expressed the need for continuation and extension of ISAF by another phase of three year national implementation plan and expanding its coverage. On top of this, innovation and adaptive mechanism is required to be sustained. The groups believed ISAF in the next five years would design differently, but could not clearly envisage how the design could look like. The review team pointed out that the post project implementation will draw a clearer scenario. On the other hand, two important prospects would be long lasting to operate in the community.

First of all, CAFs who function as change agents will remain to serve their community in various forms. CAFs are volunteers in their own commune, who are committed and willing to continue their work beyond project implementation even without financial compensation. The majority of CAFs is strongly committed to bring long lasting change and to see development in their own village and to keep their villagers to be well-informed and actively participate in decision making in their areas. CAFs will function as a local engagement mechanism that reassures and drives the project to success at height. For instance, CAFs are perceived as strong actors to mobilize participants and activate villagers. Their ideas are to motivate people to contribute their own money to organize social accountability activities buying flipchart and facilitate the meeting. Number of them believed that it is important to monitor service providers to be transparent and accountable.

The second and most important point is supply-side’s political will. Continuation of the process heavily depends on the government. Currently many stakeholders doubt the government commitment, but believe in a sustained demand of citizens. The project established local change agents that will drive accountability in the commune. Moreover, the increased knowledge of government officials helps to sharp improved behavior and practices in the long run after the end of the project.

## Strengths and Problems Identification

The project runs well almost according to plan by demand-side actors because they have experience in working with local government and committed staff. However, the project still needs more partnership support and meaningfully participation from supply-side. Collaboration between supply and demand side in terms of participation from service provider staff needs to be improved.

* 1. ***Key Strengths***
* The project supports the ongoing decentralization process. Key human resources were built across different level from grassroots to national level. CAFs were recruited in villages and trained in community mobilization and government engagement; civil society space was enlarged; and government officials were trained and gained practical experience.
* Improved cooperation between supply-side and demand-side through transparent and frequent communication between implementing partner’s staff and service providers build mutual trust. This cooperation activated a strong civic engagement and mobilized citizens to participate in related development work at community level.

* 1. ***Problems Identified***
* Unequal involvement of supply and demand side with less involvement of supply side requires demand side to provide more support which is limited by time and budget. Implementing partners raise concern about supply side’s participation in joint ISAF activities. Focal district officers are trained in short time (just two days) not as detailed as NGOs (at least eight days), resulting in a limited understanding on ISAF e.g. the importance of their involvement in budget transparency, which especially counts for new district officials.
* Per diem policy supply side: The Daily Subsistence Allowance (DAS) is an incentive for officials to be able to fully participate in ISAF activities, but the current updated government policy stated that officials required traveling more than 20 kilometres to be eligible for per diem and transportation allowance. Both health centre and primary school staff complained about the per diem policy since they mostly attend meetings in a distance less than 20 km, for which they cannot claim per diem and transportation fees. Another issue is about different rate of NGO staff implementing ISAF and government staff rate The NGO rate is around 10 USD and the government rate 34 USD per overnight stay including actual transportation fee.
* Lacking of ownership of supply-side: Number of district focal person interviewed perceived that the three service providers yet to feel fully ownership for ISAF. According to the findings, commune providers corporate and understand better compared to health centres and primary schools. In most target areas, demand-side is able to fully implementing their activities in a compromised way. After the training completed some service providers could not explain ISAF. Many of local officials did not participate because they thought that the project is solely run by NGOs. Number of officials working at NCDD at district level misunderstood the process of ISAF. Some thought that supply-side actors who participated in the process and training have been assigned by their line manager .
* Publishing of wrong information and delay of provision of information in the first project year tightened the time frame for NGO partners to implement activities e.g. awareness raising resulting in frustration of implementing partners.
* Shortage of budget allocation for JAAP implementation and JAAPC follow-up meeting. Majority of NGOs who were contracted in 2016 did not allocated enough budget for JAAP and JAAPC related activities. Only seven NGOs contracted in 2017 allocated sufficient budget to support JAAP and JAAPC follow-up meetings. At the early stage of the project NGO staff was not aware that JAAP creation requires follow up from their side, they believed that the JAAP would be implemented by commune councils and followed-up by district councils. However, after announcement made by NCDDS in mid-2016, budget was allocated for the 18 NGO partners from 2016 to implement JAAP activities.

## Analysis of Project Management

* 1. ***Project Management Assessment***

The Implementation Plan of the Social Accountability Framework specifies the following implementation arrangements, which determine the roles and participation of the various actors and stakeholders.

National Level Coordination

At national level the “Partnership Steering Committee” was established by CARE International in Cambodia and the National Committee for Sub-National Democratic Development (NCDD) provided oversight on the implementation of the Social Accountability Framework. This Committee was established as a sub-committee of the Joint Technical Working Group on Decentralization and Deconcentration (TWG-D&D). The I-SAF Partnership Steering Committee comprised of (i) representatives of the participating Ministries/Institutions of the Royal Government, (ii) representatives from Civil Society Organizations, and (iii) representatives of development partners providing funding for the program.

The implementation of I-SAF involves both supply and demand side coordinated activities and requires high-level governance arrangements for strategic decision making, oversight and coordination. This is implemented through a National Coordinating Group, chaired by two Chairs (one from government and one from CSO).

Horizontal Partner (HP)

4 HPs providing support, mentoring, training and backstopping, as well as providing quality assurance, reporting, monitoring and learning of the program to implementing partners. CCSP manages six NGOs based in Ratanak Kiri; ACT manages four NGOs operating in Mondul Kiri; API manages five NGOs operating in Kampot and HEAD manages five NGOs operating in Koh Kong province. HPs played supporting roles enabling IPs to implement the local accountability process effectively. All local NGOs staff reported that they get full support on community scorecard and CAFs training. As result, the project completed its achievements in 2016 and 2017.

Implementing Partner (IP)

Local NGO partners, preferably with existing relationships in targeted communes, were recruited to implement ISAF activities in the communities. CARE International in Cambodia contracted 20 IPs. IPs recruit CAFs and build their capacity to facilitate social accountability at commune level. In total over 300 CAFs were recruited, more than half of them are female, and one quarter is under age 30 and one quarter is coming from an ethnic minority. The role of these volunteer community accountability facilitators is to encourage people in their villages to participate and to run I4Cs awareness raising and community scorecards within communities. They ensure that social accountability practices sustain and exist in the commune once the program is over, or once the local NGO partner has reduced its presence in the community. Almost all CAFs (98%) reported local NGOs staff provided meaning full support and training them to run the information for citizen awareness raising and community scorecards. CAFs gained confidence to work in their community.

Specialized Training Partner

Using a Training of Trainers approach, three specialized NGOs namely GADC, VBNK and SILAKA were recruited to develop curriculum and training materials and design supply and demand side training.

The Specialized Training Partners worked on cross-cutting issues such as Monitoring and Evaluation, Gender Empowerment, and Financial Management. They provide training to HPs and IPs on the monitoring and learning, financial management and gender empowerment. These activities are under the capacity building component. With an emphasis on continual feedback, learning and revision, the tasks of the monitoring and evaluation, financial management, and gender empowerment, learning partner’s role includes collecting and collating lessons from the field and feeding these back into processes of policy and practices revision. However, by the time of the Mid Term Review, no monitoring and evaluation partner and financial management partner were recruited yet. It is on process to be recruited. It is expected to be on-board in the early 2018.

Challenge:

* Challenges occurred in recruiting monitoring and evaluation and financial management partners. NGOs who applied for grant could not accept the partnership condition (e.g. operational budget cannot exceed 25% of the total budget).

Justification:

* The justification was considered by project team will be accommodate additional condition to the NGOs that qualified for the tasks. The arrangement could be include increasing amount budget for human resource and operational costs.
	1. ***Reporting***

CARE set out guideline and templates for quarterly reports providing systematic information on activity and results indicators for local NGOs, as sub-grant recipients. This is aligned with the overall performance monitoring system for this action and I-SAF. Participating NGOs were guided to collect information for case studies and human interest story focusing on the impact of the project.

In the first project year CARE required quarterly reports from sub grant recipients. It turned out that a closer monitoring of expenditures is required and from y2 on partners had to provide monthly reports. This resulted in a higher workload for implementing organizations and CARE explained in consultative meetings with HP and IPs the reason behind – to avoid disallowed costs- and could convince partners to accept the new regulation.

* 1. ***Financial report and management***

CARE as overall coordinator and being responsible for the project implementation according to the donor contract focused on intensive capacity building activities for local NGO partners. CARE developed a screening system to access the capacity of local NGOs. Once determined qualified, CARE is able to determine a tailor made package of capacity building support to facilitate the implementation of the social accountability activities. CARE trained these NGO in principles of accountability, effective and efficient management of their programs through trainings in financial management, cash accounting, procurement and internal control mechanisms assuring achievement of an organization's objectives in operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations and policies. These trainings are essential since a Social Accountability Framework can only be implemented by partners who are fully accountable and transparent in their own operations.

**Summary key indicators**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Indicators | Target | baselines | MTR  | Remark |
| OO1 | In 60% of target districts, there is an increase in the percentage of students reaching Grade 6 after 3 years. | 60% | n/a | n/a | EMIS data is not yet available to compare between 2016 and 2017. |
| OO2 | In 60% of target districts, there is a decrease in maternal mortality rates in target districts after 3 years. | 60% | n/a | n/a | CDHS not yet available in 2017). |
| OO3 | 60 % of citizens in target districts report enhanced overall satisfaction with local service delivery (in schools, health centers and commune administrations). *Combined satisfy and very satisfy.* | 60%  | 14.8% (before\*) | 56.8%(after\*) | *Before\* as the baseline, Combined satisfy and very satisfy.* |
| OO4 | 60% of women, youth and ethnic minorities in target districts report enhanced overall satisfaction with local service delivery (in schools, health centers and commune administrations).1. Women
2. Youth
3. Ethnic minorities
 | 60% | (1) 15.29%(2) 24.38%(3) 15.34% | (1) 53.55%(2) 60%(3) 50.29% | *Before\* as the baseline, Combined satisfy and very satisfy.* |
| SO1 | 60% of citizens in target districts report that local service providers are more responsive to their needs. | 60% | 16.75% | 59.79% | *Before\* as the baseline, Combined satisfy and very satisfy.* |
| SO2 | 60% of women, youth and ethnic minorities report that local service providers are more responsive to their needs. | 60% | 8.25% | 16.50% | *Before\* as the baseline, Combined satisfy and very satisfy.* |
| SO3 | 80% of target districts complete the full annual ISAF process (including proactive dissemination of information for citizens, citizen monitoring and the preparation of a Joint Accountability Action Plan). | 80% | 0% | 80% | Output data |
| SO4 | In 60% of target districts, at least 50% of community participants are women. | 60% | 0% | 58% | Output data |
| SO5 | In 60% of target districts, at least 25% of community participants are youth or from ethnic minorities.1. Youth
2. Ethnic minorities
 | 25% | (1) 0%(2) 0%  | (1) 28%(2) 35%  | Output data |
| SO6 | 60% of citizens in target districts report discernable improvements in local service delivery (in schools, health centers and commune administrations) as a result of the implementation of the Joint Accountability Action Plan.1. Overall services
2. Commune Administrative
3. Health Centres
4. Primary Schools
 | 60% | n/a | (1) 72.37% (2) 69.93% (3) 66.75%(4) 70.17%  |  |
| SO7 | 60% of women, youth and ethnic minorities report discernable improvements in local service delivery.1. Overall services
2. Commune administrative
3. Health centres
4. Primary schools
 | 60% | n/a | (1) 71.31%(2) 67.62%(3) 64.36%(4) 69.19% |  |

*\* Before and after: the respondent were asked recall and make a comparison their satisfaction between current and previous services of the three service posts (primary schools, health centres, and commune administrative)*

# Recommendations

The project has been implemented according to the plan to achieve the expected outputs and outcomes in overall. Empirical data shows the evidence of onward movement towards the project goals. However a number of issues and challenges was raised that need to overcome to improve in some specific areas. The key recommendations are proposed as follows:

Demand-side:

* Awareness raising activities were suggested to conduct widely and more often to reach wide rank of audience. Youth and male group are underrepresented the I4Cs awareness raising, effective strategy to engage more youth and male participants have to put in place for the project. Moreover, once per year awareness raising as instructed in the project document deems insufficient for a purpose to enable understanding about rights and standard of local government. The recommended number of meeting based on opinion of stakeholders participated in the review suggested to conduct awareness raising sessions twice or more often to ensure villagers better understand about information packages.
* Deploying exchange visit (Structural Learning Visit) is a recommendation to enhance quality of knowledge of CAFs and local officials implementing ISAF at local level. Participants in all areas CARE implemented the project strongly requests the donor to accept exchange visits to help them learn better about the project. More than learning purpose, the visit create the cooperative environment and motivation to the ISAF actors at local level.
* Quarterly supply-side and demand-side meetings at commune or district level are recommended to strengthen cooperation at local levels. Both supply-side and demand-side respondents raised the same ideas that quarterly meeting could enhance better cooperation and increases the opportunity to hold each side accountable to implement activities as per ISAF operational guideline. Additional budget needs to be allocated to support more frequent meetings, in which representatives of all sectors (primary school, commune, and health centre) need to be included.
* CAF’s incentives such as t-shirt and in-kinds were recommended to provide to CAFs and local officials. Uniforms for CAFs and increased per diem and transportation fee and/or motorbike for CAFs are important to include poor villages in project activities.

Supply-side

MTR data analysis showed that it would be important that CARE International in Cambodia should contribute to some extend in supply-side activities:

* Carry on and extend capacity building for local supply-side actors to promote social accountability implementation. CARE should work with CSOs and NCDDS to produce a specific chapter added to operational guideline on post-on data collection, citizen monitoring (community scorecard and service provider self-assessment). This could enable supply-side actors to fasten display post-on and I4C poster distribution in time for display at commune level. Collecting data to create post-on and able to operate procurement process as required by national policy; however, only forms but no detailed guideline was provided. On top of this, commune staff required further capacity building to be able to follow-up and evaluate the JAAP implementation.
* Provision of sufficient budget and technical support to JAAP committee to effectively and efficient implement JAA and conduct follow up. Training on CIP integration helping commune officials reassure JAAP’s activity integrate into CIP and JAAP committee is well functioning. Service provider staff require sufficient budget to attend meeting at commune level.
* Expanding ISAF target areas to all communes in the district is recommended and requested by citizens. Supply-side should scale up its coverages. Moreover, ISAF should focus on other sectors aside commune, primary school and health centre. Agriculture, land management, and environmental sectors were suggested to be included into ISAF.

It became evident that ISAF actively contributes to reduce poverty through democratic, inclusive and equitable local governance and more accessible and equitable public service delivery: Local service providers enhance the performance, responsiveness and accountability. Citizens improved access to local information, open budgets and participate in the citizen-led monitoring process. The process in some extend successfully engaged women, youth, and ethnic minorities.

In conclusion, the project has a positive impact on the target group. Villager are better informed about their rights specifically regarding commune administration, primary schools and health centres, and are braver to talk with authorities and express their opinion in meeting with authorities. This project mobilizes people to use public services and to participate in decision making to develop their community. However, some activities needs to be improved such as better coordination between demand and supply side. Commitment and willingness to implement the project is an essential factor to make this project successful and sustainable beyond project duration.

**Annex I: Quantitative Finding**

**ISAF Indicators Performance Tracking**

**By Mid-2017**

**Participant in the survey**

|  |  |  |
| --- | --- | --- |
| **Criteria**  | **Count**  | **Percentage**  |
| Participants | 409 | 100% |
| Youth  | 157 | 38% |
| Ethnic Minority  | 230 | 56% |
| Female  | 263 | 64% |
| Male  | 146 | 36% |

OO1: N/A (The EMIS data yet available in 2016-2017)

OO2: N/A (CDHS yet available in 2017)

OO3: % of citizens in target districts report enhanced overall satisfaction with local service delivery (in schools, health centers and commune administrations).

Level of satisfaction:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All Pax | Level of satisfaction  | Overall  | Commune  | Health centre  | Primary school  |
| 98% (n=409) of overall respondents participated in the interview reported have known the ISAF | Before |  |  |  |  |
| Very dissatisfied | 0.3% | 1% | 0.8% | 0.5%  |
| Dissatisfied | 17.8% | 22.8% | 18.5% | 18% |
| Neither satisfied nor dissatisfied | 67.3% | 63.8% | 67.8% | 66.7% |
| Satisfied | 10% | 10.9% | 11% | 11.1% |
| Very satisfied | 4.8%  | 1.5%  | 2% | 3.7% |
| After  |  |  |  |  |
| Very dissatisfied | 0% | 0% | 0% | 0% |
| Dissatisfied | 3.3% | 4.3% | 4.1% | 5.2% |
| Neither satisfied nor dissatisfied | 39.9% | 39.5% | 34.2% | 35.2% |
| Satisfied | 53.5% | 54% | 58.7% | 55.9% |
| Very satisfied | 3.3% | 2.3% | 3% | 3.7% |

OO4: % of women, youth and ethnic minorities in target districts report enhanced overall satisfaction with local service delivery (in schools, health centers and commune administrations).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Youth  | Level of satisfaction  | Overall  | Commune  | Health centre  | Primary school  |
| 39.36% (n=409) of youth participated in the survey. 97.52% (n=161) of youth respondents participated in the interview reported have known the ISAF | Before |  |  |  |  |
| Very dissatisfied | 0.63% | 1.86% | 0.63% | 0.62% |
| Dissatisfied | 8.75% | 11.80% | 13.84% | 13.66% |
| Neither satisfied nor dissatisfied | 66.25% | 60.87% | 66.67% | 63.35% |
| Satisfied | 16.25% | 18.01% | 16.35% | 17.39% |
| Very satisfied | 8.13% | 1.24% | 2.52% | 4.97% |
| After  |  |  |  |  |
| Very dissatisfied | 0% | 0% | 1.89% | 0% |
| Dissatisfied | 5.00% | 7.50% | 5.03% | 7.50% |
| Neither satisfied nor dissatisfied | 35.00% | 28.13% | 25.79% | 25.63% |
| Satisfied | 56.25% | 61.88% | 63.52% | 61.88% |
| Very satisfied | 3.75% | 2.50% | 3.77% | 5.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Women  | Level of satisfaction  | Overall  | Commune  | Health centre  | Primary school  |
| 64% (n=409) of women participated in the survey. 97.72% (n=263) of women respondents participated in the interview reported have known the ISAF | Before |  |  |  |  |
| Very dissatisfied | 0.39% | 0.78% | 0.78% | 0.39% |
| Dissatisfied | 17.65% | 24.81% | 17.90% | 19.69% |
| Neither satisfied nor dissatisfied | 66.67% | 62.79% | 70.04% | 66.41% |
| Satisfied | 9.41% | 10.08% | 8.56% | 9.27% |
| Very satisfied | 5.88% | 1.55% | 2.72% | 4.25% |
| After  |  |  |  |  |
| Very dissatisfied | 0% | 0% | 0% | 0% |
| Dissatisfied | 3.54% | 5.06% | 4.35% | 5.43% |
| Neither satisfied nor dissatisfied | 42.91% | 42.80% | 35.97% | 37.21% |
| Satisfied | 50.79% | 50.19% | 56.52% | 53.10% |
| Very satisfied | 2.76% | 1.95% | 3.16% | 4.26% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ethnic Minority  | Level of satisfaction  | Overall  | Commune  | Health centre  | Primary school  |
| 56% of (n=409) of ethnic minority participated in the survey. 97.21% (n=230) of women respondents participated in the interview reported have known the ISAF | Before |  |  |  |  |
| Very dissatisfied | 0% | 1.14% | 0% | 0.57% |
| Dissatisfied | 22.73% | 31.25% | 21.02% | 24.43% |
| Neither satisfied nor dissatisfied | 61.93% | 55.11% | 65.34% | 57.95% |
| Satisfied | 11.36% | 10.80% | 11.93% | 13.07% |
| Very satisfied | 3.98% | 1.70% | 1.70% | 3.98% |
| After  |  |  |  |  |
| Very dissatisfied | 0% | 0% | 0% | 0% |
| Dissatisfied | 6.29% | 6.86% | 6.86% | 8.57% |
| Neither satisfied nor dissatisfied | 43.43% | 46.29% | 37.71% | 40.00% |
| Satisfied | 47.43% | 45.14% | 54.29% | 48.57% |
| Very satisfied | 2.86% | 1.71% | 1.14% | 2.86% |

SO1: % of citizens in target districts report that local service providers are more responsive to their needs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All Pax | Level of satisfaction on responsiveness | Overall  | Commune  | Health centre  | Primary school  |
| n=409  | Before |  |  |  |  |
| Very dissatisfied | 1.03% | 0.75% | 0.50% | 0.75% |
| Dissatisfied | 18.56% | 23.38% | 18.14% | 18.91% |
| Neither satisfied nor dissatisfied | 63.66% | 61.19% | 62.72% | 61.19% |
| Satisfied | 14.43% | 11.94% | 15.62% | 14.93% |
| Very satisfied | 2.32% | 2.74% | 3.02% | 4.23% |
| After  |  |  |  |  |
| Very dissatisfied | 0% | 0.26% | 0.26% | 0% |
| Dissatisfied | 3.97% | 4.38% | 4.20% | 4.16% |
| Neither satisfied nor dissatisfied | 36.24% | 39.18% | 29.66% | 32.99% |
| Satisfied | 57.41% | 54.90% | 61.94% | 58.96% |
| Very satisfied | 2.38% | 1.29% | 3.94% | 3.90% |

SO2: % of women, youth and ethnic minorities report that local service providers are more responsive to their needs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Women  | Level of satisfaction on responsiveness | Overall  | Commune  | Health centre  | Primary school  |
| Women n=263 | Before |  |  |  |  |
| Very dissatisfied | 1.20% | 0.78% | 0.78% | 0.78% |
| Dissatisfied | 18.07% | 22.96% | 19.61% | 18.75% |
| Neither satisfied nor dissatisfied | 63.05% | 59.92% | 60.78% | 60.16% |
| Satisfied | 14.06% | 12.45% | 15.69% | 14.84% |
| Very satisfied | 3.61% | 3.89% | 3.14% | 5.47% |
| After  |  |  |  |  |
| Very dissatisfied | 0% | 0.41% | 0.41% | 0% |
| Dissatisfied | 5.02% | 5.28% | 4.96% | 4.92% |
| Neither satisfied nor dissatisfied | 37.24% | 39.43% | 28.51% | 33.20% |
| Satisfied | 55.65% | 53.66% | 61.57% | 57.38% |
| Very satisfied | 2.09% | 1.22% | 4.55% | 4.51% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Youth  | Level of satisfaction on responsiveness | Overall  | Commune  | Health centre  | Primary school  |
| Youth n=157 | Before |  |  |  |  |
| Very dissatisfied | 0% | 0% | 0.64% | 0% |
| Dissatisfied | 24.18% | 25.32% | 22.44% | 19.50% |
| Neither satisfied nor dissatisfied | 59.48% | 60.76% | 60.90% | 62.89% |
| Satisfied | 12.42% | 8.86% | 12.18% | 13.21% |
| Very satisfied | 3.92% | 5.06% | 3.85% | 4.40% |
| After  |  |  |  |  |
| Very dissatisfied | 0% | 0% | 0% | 0% |
| Dissatisfied | 5.23% | 5.10% | 5.92% | 5.26% |
| Neither satisfied nor dissatisfied | 36.60% | 36.31% | 27.63% | 28.95% |
| Satisfied | 55.56% | 56.05% | 63.16% | 61.18% |
| Very satisfied | 2.61% | 2.55% | 3.29% | 4.61% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ethnic Minority  | Level of satisfaction on responsiveness | Overall  | Commune  | Health centre  | Primary school  |
| n=230 | Before |  |  |  |  |
| Very dissatisfied | 1.19% | 0.57% | 0.57% | 1.14% |
| Dissatisfied | 20.24% | 31.03% | 20.69% | 21.59% |
| Neither satisfied nor dissatisfied | 63.10% | 55.17% | 62.07% | 59.66% |
| Satisfied | 13.10% | 9.77% | 13.22% | 13.07% |
| Very satisfied | 2.38% | 3.45% | 3.45% | 4.55% |
| After  |  |  |  |  |
| Very dissatisfied |  |  |  |  |
| Dissatisfied | 7.06% | 8.57% | 8.00% | 8.14% |
| Neither satisfied nor dissatisfied | 41.76% | 48.57% | 31.43% | 30.81% |
| Satisfied | 49.41% | 42.29% | 58.29% | 57.56% |
| Very satisfied | 1.76% | 0.57% | 2.29% | 3.49% |

SO3: % of target districts completed the full annual ISAF process (including proactive dissemination of information for citizens, citizen monitoring and the preparation of a Joint Accountability Action Plan).

* By the time of the report 16 out of 20 districts (80%) completed the ISAF process.
* 20 districts out of 20 districts (100%) are expected to complete by the end of fiscal year 2017.

SO4: % of target districts, at least 50% of community participants are women.

* 58% of female participants are women.

SO5: % of target districts, at least 25% of community participants are youth or from ethnic minorities.

* 28% of participants are youth.
* 35% of participants are ethnic minority.

SO6: % of citizens in target districts report discernible improvements in local services delivery (in schools, health centers and commune administrations) as a result of the implementation of the Joint Accountability Action Plan.

* 72.37% of citizen participated in the survey reported discernible improvements in local services.
* 69.93% of citizen participated in the survey reported discernible improvement in commune services.
* 66.75% of citizen participated in the survey reported discernible improvement in health services.
* 70.17% of citizen participated in the survey reported discernible improvement in primary school services.

SO7: % of women, youth and ethnic minorities report discernible improvements in local services delivery (in schools, health centers and commune administrations) as a result of the implementation of the Joint Accountability Action Plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Overall of 3 services  | Commune  | Health Centre | Primary School  |
| Women  | 72.24% | 69.58% | 66.54% | 69.96% |
| Youth  | 75.78% | 69.58% | 69.57% | 73.91% |
| Ethnic Minority  | 65.92% | 63.69% | 56.98% | 63.69% |

RI1: % of targeted service centers post and annually update full and complete I4C information (including standards, performance data and budget information).

* 96% (391 out of 407) service centres post and annually update full and complete I4C information includes standards, performance data and budget information.

RI2: % of target districts, there is a discernible improvement in citizen’s (including women, youth and ethnic minorities) understanding of government standards, budgets and performance.

* 90.95% of citizen’s including women, youth and ethnic minority participated in the evaluation survey reported understanding primary school standards, budgets and performance.
* 93.64% of citizen’s including women, youth and ethnic minority participated in the evaluation survey reported understanding health centre standards, budgets and performance.
* 84.84% of citizen’s including women, youth and ethnic minority participated in the evaluation survey report understanding commune administrative standards, budgets and performance.

RI3: % of citizens (include women, youth and ethnic minorities) in target districts report being better informed about government standards, budgets and performance.

* 86% of citizen participated in the survey reported being better informed about government standards budgets and performance.

RI4: % of officials/service providers in target districts report feeling better informed about priorities and concerns of citizens, including women, youth and ethnic minorities.

* 93% of officials participated in the survey report feeling better informed about priorities and concerns of citizen including women, youth and ethnic minorities.

RI5: % of officials/service providers in target districts agree that the JAAP satisfactorily captures priority actions to improve local service delivery.

* 84% of officials participated in the survey agree that the JAAP satisfactorily captures priority actions to improve local service delivery.

RI6: % of citizens (include women, youth and ethnic minorities) in target districts agree that the JAAP satisfactorily captures priority actions to improve local service delivery.

* 74% of citizen include women, youth and ethnic minorities in target districts who participated in the JAAP meeting agree that the JAAP satisfactorily captures priority actions to improve local service delivery

RI7: % of ISAF-related local NGO staff participated in the evaluation survey report enhanced capacity to support local level social accountability processes.

* 100% of ISAF related local NGO staff reported enhanced capacity to support local level social accountability processes.

RI8: % of community accountability facilitators judge the capacity of local NGO partners to support local level social accountability processes to be effective.

* 99% of community accountability facilitators participated in the evaluation survey judge the capacity of local NGO partners to local level social accountability process to be effective.

RI9: % of local government officials and service providers judge the capacity of local NGO partners to support local level social accountability processes to be effective.

* 98% of local government officials and service providers participated in the evaluation survey judge the capacity of local NGO partners to support local level social accountability processes to be effective

RI10: % of citizens in target districts report enhanced capacity to productively engage government.

* 95% of citizen in target districts participated in evaluation survey reported enhanced capacity to productively engage government.

RI11: % of women, youth and ethnic minorities report enhanced capacity to productively engage government.

* 95% of women participated in the evaluation survey report enhanced capacity to productively engage government.
* 94% of youth participated in the evaluation survey report enhanced capacity to productively engage government.
* 95% of ethnic minorities participated in the evaluation survey report enhanced capacity to productively engagement.

RI12: % of community accountability facilitator candidates complete the full training program.

* 99% of community accountability facilitators completed the full training program.

RI13: % of trained community accountability facilitators report feeling capable to lead accountability-related outreach and monitoring processes at village/commune level.

* Approximately 82% of trained community accountability facilitators reported felling capable to lead accountability related outreach and monitoring processes at village/commune level (Inception meeting, I4Cs dissemination, Community Scorecard and Service Provider Self-assessment). Interface meeting is the most difficult task that engaging high reputation participants such as commune chief, district chief and provincial staff. Only 38% of accountability facilitators reported capable to lead this activities.

RI14: % of citizens (including women, youth and ethnic minorities) in target districts judge the facilitation of local level social accountability processes to be effective.

* 99% of citizen include women, youth and ethnic minorities in target districts judge the facilitation of local level social accountability process to be effective.

RI15: # of lessons learned that have been discussed between citizens and government.

Over 100 of lesion learnt have been discussed between citizen and government by the end of 2017. Vary of topics discussed includes learning approach, mean of communication between supply-side and demand-side, dissemination strategy, citizen engagement method, and related t

## *ANNEX II: Mid Term Review Framework (MTR)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Questionnaire** | **Source of Information** | **Data Collection Method** |
|  |  |  | **#IDI** | **#FDG** | **# Survey Respondent** |
| To evaluate the program’s progress, achievement and performance against logical framework.  |  | Citizen | - | - | 400 |
|  |  | Local Gov’t Official | - | - | 120 |
|  |  | CAFs | - | - | 120 |
| * To identify issues and challenges occur during the project implementation.
* To gather lessons learnt and develop recommendations for coordination and development of the project implementation.
 |  | Key Informant | 8 | - | - |
|  |  | Key Informant  | 4 | - | - |
|  |  | Group:G1: CitizenG2: NGOsG2: GovernmentG4: Mixed | - | 4 | - |

## *ANNEX III: Timetable of the data collection*

\*note the total day of data collection is 20 days.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Place  | Date | Time | # Respondents  | Activities  | Note |
| Koh Kong  | Day1 | Morning  | 8 technical officers and 2 directors  | Meeting with NGOs in Koh Kong province for orientation Household (HH) data collection and data entry.  |  |
| After noon  | 2 executive directors  | In-depth Interview  |  |
| 2 technical staffs  |  |  |
| Day2 | Morning  | 1 district official  | In-depth Interview  |  |
|  | Afternoon  | 1 district official  | In-depth Interview  |  |
| Day3 | Morning  | 1 Group | Focus Group Discussion  |  |
| Day2-5 | Working hours per day | 20 HHs per IPs* 2 communes
* 2 villages
* 10 HHs per village
* 5F and 5M per village
 | Data collection and entry  | The HHs data collection start after the day1 and should be finished by day7 (1week period)10 households (5 males and 5 females) per sample villages – 400 households] |
|  |
| Kampot | Day1 | Morning  | 8 technical officers and 2 directors  | Meeting with NGOs in Koh Kong province for orientation House Hould (HH) data collection and data entry.  |  |
| After noon  | 2 executive directors  | In-depth Interview  |  |
| 2 technical staffs  |  |  |
| Day2 | Morning  | 1 district official  | In-depth Interview  |  |
|  | Afternoon  | 1 district official  | In-depth Interview  |  |
| Day3 | Morning  | 1 Group | Focus Group Discussion  |  |
| Day2-5 | Working hours per day | 20 HHs per IPs* 2 communes
* 2 villages
* 10 HHs per village
* 5F and 5M per village
 | Data collection and entry  | The HHs data collection start after the day1 and should be finished by day7 (1week period)10 households (5 males and 5 females) per sample villages – 400 households] |
|  |
| Ratanak Kiri  | Day1 | Morning  | 8 technical officers and 2 directors  | Meeting with NGOs in Koh Kong province for orientation House Hould (HH) data collection and data entry.  |  |
| After noon  | 2 executive directors  | In-depth Interview  |  |
| 2 technical staffs  |  |  |
| Day2 | Morning  | 1 district official  | In-depth Interview  |  |
|  | Afternoon  | 1 district official  | In-depth Interview  |  |
| Day3 | Morning  | 1 Group | Focus Group Discussion  |  |
| Day2-5 | Working hours per day | 20 HHs per IPs* 2 communes
* 2 villages
* 10 HHs per village
* 5F and 5M per village
 | Data collection and entry  | The HHs data collection start after the day1 and should be finished by day7 (1week period)10 households (5 males and 5 females) per sample villages – 400 households] |
|  |
| Mondul Kiri  | Day1 | Morning  | 8 technical officers and 2 directors  | Meeting with NGOs in Koh Kong province for orientation House Hould (HH) data collection and data entry.  |  |
| After noon  | 2 executive directors  | In-depth Interview  |  |
| 2 technical staffs  |  |  |
| Day2 | Morning  | 1 district official  | In-depth Interview  |  |
|  | Afternoon  | 1 district official  | In-depth Interview  |  |
| Day3 | Morning  | 1 Group | Focus Group Discussion  |  |
| Day2-5 | Working hours per day | 20 HHs per IPs* 2 communes
* 2 villages
* 10 HHs per village
* 5F and 5M per village
 | Data collection and entry  | The HHs data collection start after the day1 and should be finished by day7 (1week period)10 households (5 males and 5 females) per sample villages – 400 households] |

## *Timeline of the Midterm Review*

| **Activities** | **From 01 June 2017 – 31 August 2017 (by week)** |
| --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| Preparation  | X | x | x | x |  |  |  |  |  |  |  |  |
| Communicate plan among team members  |  | x | x | x |  |  |  |  |  |  |  |  |
| Data collection  |  |  |  |  | x | x | x | x |  |  |  |  |
| Data analysis  |  |  |  |  |  |  |  | x | x | x |  |  |
| First draft report Write-up and design  |  |  |  |  |  |  |  | x | x | x | x |  |
| Validation workshop with stakeholders |  |  |  |  |  |  |  |  |  |  | x |  |
| Final report, project recommendations and dissemination |  |  |  |  |  |  |  |  |  |  |  | x |

**Annex IV: MTR Tools**

|  |  |
| --- | --- |
| Monitoring, Evaluation and Learning Plan are attached, because quantitatively progress against indicators will be reviewed based on and as per MEL Plan.  |  |
| Guide questions for NGOs partner |  |
| Guide questions for CARE |  |
| Guide questions for FGD |  |
| Questionnaire for citizen  |  |
| Questionnaire for government  |  |
| Questionnaire for CAFs |  |

1. Expanded Programme on Immunization (EPI) is an alternative, potentially cheaper, and easier to implement sampling strategy, designed by the World Health Organization. This method applied for cluster randomization, by selected a starting points within the target villages, then continue to another household which is closest the previous selected household in the determined direction. [↑](#footnote-ref-1)
2. Sub-national administrative separated development project into two categories, (1) physical infrastructure development project and (2) service improvement project. [↑](#footnote-ref-2)
3. Note, coverage areas in 2016: 10 districts, 20 communes, 120 primary schools, 19 health centres.

 [↑](#footnote-ref-3)
4. Post-on is the technical word used by NCDDS to refer to information of performance and work of local service provider (primary school, health centre, and commune administrative) [↑](#footnote-ref-4)