

CARE INTERNATIONAL IN TANZANIA



“WE NOW HAVE OUR POWER BACK!” GOVERNANCE AND ACCOUNTABILITY PROJECT (GAP): The Perceptions of Project Participants about its Performance

AN INTERNAL FINAL EVALUATION REPORT ON THE GOVERNANCE AND ACCOUNTABILITY PROJECT (GAP) CARE INTERNATIONAL IN TANZANIA MWANZA

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LIST OF ABBREVIATIONS

ACORD	Agency for Cooperation and Research in Development
AIM	Advocacy for Improved Maternal health
AKUAMWA	<i>Asasi ya Kubudumia Akina Mama na Wasichana</i>
AMREF	African Medical Research Foundation
CARE	Cooperative Assistance and Relief Everywhere
CHAWATA	<i>Chama cha Walemavu Tanzania</i>
CIDA	Canadian International Development Agency
CSC	Community Score Card
CSOs	Civil Society Organizations
DMO	District Medical Officer
FCS	Foundation for Civil Society
FGD	Focus Group Discussion
GAP	Governance and Accountability Project
GAPO	Governance and Accountability Programme Officer
HSR	Health Sector Reforms
LGRP	Local Government Reform Programme
LRSP	Long-Range Strategic Plan
LSRP	Legal Sector Reform Programme
MEOs	<i>Mtaa</i> Executive Officers
MKUKUTA	<i>Mpango wa Kukuza Uchumi na Kupunguza Umaskini, Tanzania</i>
MPI	Mwanza Policy Initiative
MSC	Most Significant Change
MWDA	Mwanza Women Development Association
NGOs	Non-Governmental Organizations
NSAs	Non-State Actors
NSGRP	National Strategy for Growth and Reduction of Poverty
OM	Outcome Mapping
PEDP	Primary Education Development Plan
PFMRP	Public Financial Management Reform Programme
PQL	Program Quality and Learning
PRSP	Poverty Reduction Strategy Paper
PSRP	Public Sector Reform Programme
SEDP	Secondary Education Development Plan
TOR	Terms of Reference
TZS	Tanzanian Shilling
VEOs	Village Executive Officers
WAGE	Women and Girls Empowerment
WEOs	Ward Executive Officers

EXECUTIVE SUMMARY

The purpose of this study was to assess the performance of the Governance and Accountability Project (GAP) in order to determine its effectiveness, efficiency, relevance and sustainability as well as identify lessons that will enable CARE Tanzania and CARE Canada to improve their governance programming. Its methodology was mainly qualitative. The methodology consisted of the review of project documents, focus group discussions, and structured interviews.

Findings of this study indicate that, overall, GAP did perform well. A project is considered to have performed well if it is relevant, efficient, effective, and sustainable. To begin with, findings of this study indicate that *GAP was a relevant project*. Activities GAP implemented were very appropriate to its logic model. Taken as a whole, implementation of GAP activities was timely, even though the implementation of the first cycle of the CSC delayed for 4 months due to delays in fund transfers from CARE Canada to CARE Tanzania to implementing partners. Almost all of the project participants were satisfied with the GAP activities were implemented. Next, findings also indicate that *GAP was an efficient project*. GAP staff members were used to the best of their abilities. GAP finances were put to their optimal use. Generally, implementing partner organizations were very satisfied with the way project resources were used. Then, they also indicate that *GAP was an effective project*. First, a small difference exists between most of the outputs GAP was designed to produce and the actual outputs it produced. Second, GAP succeeded in making the engagement of communities and CSOs in Mwanza in monitoring and influencing MKUKUTA processes more effective. Third, GAP did succeed in contributing toward improved impact of participating community members and CSOs on public policy processes. Finally, they indicate that *GAP results are sustainable*. Members of the communities that participated in GAP, implementing partner organizations and MPI will enjoy the benefits that come with their increased civic knowledge, strengthened capacity to monitor service delivery; strengthened capacities to systematically, reliably and objectively identify and articulate issues of concern to them; increased ability and self- and group-confidence to dialogue with and influence government officials; and the improvements brought about in the provision of the services they monitored through GAP.

Several recommendations emerge from this GAP experience. First, since one of CARE International's programming principles is empowerment and one of CARE Tanzania's strategic directions is to promote empowerment models, CARE should promote the use of the CSC in all its projects or initiatives because GAP experience confirms the CSC not only as a powerful community-based accountability monitoring tool but also as a powerful citizen empowerment tool. Second, whoever decides to use the CSC must jealously guard continuity during the execution of the CSC process. Third, when working to create understanding of and skill in using the CSC, the project should expose the CSC facilitators and participants to the tool frequently enough to take into account their differing abilities to read, analyze and write. Fourth, when implementing the CSC, deliberate and concerted efforts must be made to pursue synergies between and among projects and/or organizations for scaling up its results. Fifth, MPI member organizations, including CARE, should agree on a reasonable, common rate for monetary compensation for the time community members spend in the CSC activities if community participation in the CSC activities is to be guaranteed – and apply it consistently across all its members to avoid fueling competitive spirit among its members in winning citizens' participation. Sixth, the use of the CSC in a governance project like GAP should be accompanied by the use of the MSC and OM techniques to capture qualitative changes better.

CHAPTER ONE

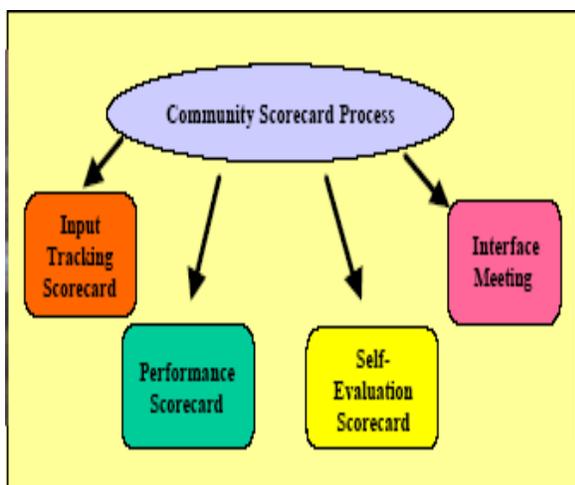
INTRODUCTION

1.1. Background

The Universal Declaration of Human Rights gives citizens of a particular country the right to participate, whether directly or indirectly through representatives, in the government of their country. As the *World Development Report 2004* contends, one of the ways in which citizens can participate in the government of their country is their engagement in monitoring and influencing policies. Until recently, the government of Tanzania has rather been “top-down” than “bottom-up.” It is only during the last decade that the formulation and implementation of the most recent development policies have given citizens opportunities to participate. As a result, more space for non-state actors, especially Non-Governmental Organizations (NGOs), to participate and influence policy processes, has been created over time. Taking advantage of this opportunity, the Cooperative Assistance and Relief Everywhere (CARE) Tanzania was among the founding members of the NGO Policy Forum in 2011. This forum was created as a mechanism to mobilize a critical mass of NGOs to better engage in key policy processes in Tanzania.

While this effort increased the engagement of civil society in key policy processes at the national level, CARE Tanzania realized that such engagement had largely been by NGOs based in Dar Es Salaam and in neighboring regions. As part of the efforts to address this gap by Civil Society Organizations (CSOs) based outside Dar Es Salaam, CARE Tanzania and CARE Canada established a bi-lateral collaboration and started the implementation of the Mwanza Policy Initiative (MPI) in April 2004. A close affiliate member of NGO Policy Forum, MPI started with four collaborating partners: Agency for Cooperation and Research in Development (ACORD), Kuleana, Kivulini and African Medical Research Foundation (AMREF).

By 2006, MPI had succeeded in bringing together a group of over 60 CSOs, active in the Mwanza region, into a vibrant network. But, despite this notable success, the need for the CSOs based in Mwanza to engage in influencing and monitoring public policy processes, especially the second Poverty Reduction Strategy Paper (PRSP), whose new name became National Strategy for Growth and Reduction of Poverty (NSGRP) or *Mpango wa Kukuza Uchumi na Kupunguza Umaskini* (MKUKUTA) in Swahili, still remained, owing to at least three reasons. First, there still remained the need to create a better mechanism through which CARE Tanzania, in collaboration with MPI, could work with rather fewer experienced NGOs to better capture, package and document experiences, realities and evidence from the ground and bring them to the attention of (local) policy makers. Second, the engagement of the MPI at the national level, where most key policy decisions are made, was still less than what it was desired. Third and finally, MPI still needed more time to build the capacity of its members to better articulate policy issues and actively engage in influencing policy processes.



To contribute to the improvement of the influence of these CSOs in policy processes, CARE Tanzania and CARE Canada received a grant worth 240,000 US Dollars from the Canadian International Development Agency (CIDA) in 2008. Accordingly, CARE Tanzania, in collaboration with four members of Mwanza Policy Initiative (MPI), has been implementing the Governance and Accountability Project (GAP). These members were Adilisha, Mwanza Women Development Association (MWDA), Chama cha Walemavu Tanzania (CHAWATA), and *Asasi ya Kuwasaidia Akina Mama na Wasichana* (AKUAMWA). As one of CARE

Canada’s Program Agreement interventions, GAP was designed to be a policy monitoring and advocacy intervention, with a focus on policies that govern the delivery of selected services that affect poor and marginalized women and girls in Mwanza region. Aware of the fact that improving service delivery should concentrate on building the capacity of not only the supply side but also the demand side of the service delivery, GAP chose as its main implementation strategy a community-based monitoring tool called “Community Score Card.”

A hybrid of the techniques of social audit, community monitoring, and citizen report cards and globally recognized as an instrument to exact social and public *accountability* and responsiveness from service providers as well as a strong instrument for *empowerment*, the Community Score Card consists of four components that are executed through a six-stage process. The four components are **the input tracking score card, the performance score card, the self-evaluation score card, and the interface meeting.**

GAP’s overall goal was to contribute to improved impact of Civil Society Organizations (CSOs) on government policy processes in Tanzania, particularly those public policy processes affecting service delivery to the poor, marginalized and vulnerable women and girls. The purpose (also known as specific or immediate objective) of the project had been to see CSOs and marginalized women and girls in Mwanza actively engaged in monitoring and influencing public policy processes, particularly those policy processes affecting the service delivery to the poor, marginalized and vulnerable women and girls in Mwanza Region. Embedded in this specific or immediate objective were two expected outcomes: (1)

Table 1.1: Six Evaluation Questions	
(1)	<i>To what extent did the implemented activities and/or strategies address the needs of the beneficiaries? (Assessment of the project relevance);</i>
(2)	<i>To what extent did GAP management use the (human, material and financial) resources wisely? (Assessment of the project efficiency);</i>
(3)	<i>To what extent have the desired results (outputs, purpose and goal) been achieved? (Assessment of the project effectiveness);</i>
(4)	<i>To what extent the achieved results will outlive GAP? (Assessment of the project sustainability);</i>
(5)	<i>What lessons does GAP experience offer to the project stakeholders? (Identification of lessons);</i>
(6)	<i>How can evaluation results be used by the various stakeholders of GAP?</i>

Deepened understanding among CSOs and women and girls in Mwanza of the experiences, realities and evidence of poor and marginalized women and girls in accessing quality social services, and (2) CSOs and women and girls in Mwanza effectively using the information on experiences, realities and evidence of the poor, marginalized and vulnerable women and girls in accessing quality social services to influence public policy processes.

Having started its operations in January 2008, GAP phased out on 30 September 2011. Accordingly, CARE Tanzania decided to commission a final evaluation of GAP within a very limited budget. It is within this context that this evaluation was conducted internally by the Program Quality & Learning (PQL) Unit of CARE Tanzania.

1.2. Evaluation Questions

Like all “end-of-the-project” evaluations, this evaluation sought to answer one central question: “How well did GAP perform?” But, according to the Terms of Reference (TOR) GAP management team provided, this evaluation specifically sought to answer six questions presented in **Table 1.1**.

1.3. Evaluation Objectives

Table 1.2: Six Evaluation Objectives
<ul style="list-style-type: none"> ▪ Assess the extent to which project implementation has addressed the needs of the beneficiaries (Relevance). ▪ Assess the extent to which resources received to implement GAP were used wisely (efficiency). ▪ Assess the extent to which desired results (i.e. outputs, purpose and goal) have been achieved (effectiveness). ▪ Assess the extent to which achieved results will live longer than (or outlive) the project (sustainability). ▪ Identify lessons GAP experience offers (learning). ▪ Make recommendations on the possible uses of the evaluation results.

Based on the aforementioned questions, the following general and specific objectives were pursued in order to search for the answers.

Generally, this evaluation aimed at assessing the performance of GAP in order to determine its effectiveness, efficiency, relevance and sustainability as well as identify lessons that will enable CARE International in Tanzania and CARE Canada to improve their governance programming. But, more specifically, it

aimed at achieving six objectives as **Table 1.2** shows.

1.4. Limitations

The final evaluation of GAP faced two major challenges. The first of these challenges was time. The itinerary of the evaluation team was so tight that it was difficult to re-schedule some of the scheduled interviews which had to be canceled because of the conflicting priorities on the part of the interviewees. Because of this challenge, the team interviewed 29 project participants instead of 43. However, this reduction in the number of interviewees had no effect on the evaluation results. This is because the evaluation team realized that, the exchange visits/tours for project participants from participating districts which GAP had organized during its implementation, had, to a larger extent, created a shared understanding of the project, the issues it struggled and dealt with, and the results it had achieved; so much so that the evaluation team felt that the participants who were missed might

have not added new information. The second of these challenges was methodological. Whereas the design and methodology of this evaluation was mainly qualitative, utilizing the FGD and interview methods for primary data collection, members of the evaluation team had different levels of skills needed to facilitate it. To minimize inconsistencies in the results, increase the validity of the results, and simplify their analysis, FGD and interview questions were carefully planned and team members were thoroughly oriented on the design and methodology of the evaluation.

CHAPTER TWO

CONCEPTUAL AND ANALYTICAL FRAMEWORK

Development work is all about social change. Every development project or initiative should contribute to social change. Such contribution is usually in two main forms. First, because projects are meant to address some development problems, one of their contributions is the success they achieve in solving these development problems. Second, because projects are designed based on certain assumptions, another of their contributions is the evidence they generate for or against their underlying assumptions. That is why CARE Canada's Program Agreement says, "monitoring and evaluation should not be done exclusively for accountability purposes; learning must also take the forefront. This is the balance between 'proving' and 'improving.'" Whereas accountability or "proving" focuses on the extent to which projects succeed in solving problems they were meant to solve, learning or "improving" focuses on the extent to which projects succeed in generating new knowledge or confirming old one. This chapter presents a recreation of the framework that shaped the conceptualization of GAP and analysis of the evaluation results.

2.1. GAP's "Theory of Change"

"Theory of Change" is used here to mean the social change to whose achievement GAP was meant to contribute and the way in which it was meant to contribute. So, to what social change was GAP meant to contribute? And how GAP was to contribute to the achievement of this social change? According to the project proposal document, the social change to whose achievement GAP was designed to contribute is the improved impact of CSOs in policy processes, especially MKUKUTA. Since governments act only in accordance with their policies, it makes perfect sense for citizens, whether individually or collectively, to ensure their thoughts and actions have a bearing on government policies, if they are to participate in the government of their country. So, GAP's contribution to increased impact of CSOs in public policy processes was in building the capacity of CSOs and women and girls in Mwanza to effectively engage in the sub-national and national public policy processes.

2.2. Policy Engagement in GAP's Context

Policy engagement consists of different activities ranging from policy agenda setting to policy implementation and monitoring to policy influencing – and of different actors ranging from policy analysts, policy advocates, policy implementers, and policy makers. For GAP, policy engagement meant CSOs and women and girls monitoring service delivery and engaging service providers in discussing ways in which to improve it. Reasons for choosing service delivery as the particular form of policy engagement of GAP were two. First, the strengthening of service delivery is an integral part of MKUKUTA. Second, improved service delivery was an overriding objective of Tanzania's major reform programs, including the Local Government Reform Program (LGRP), the Public Sector Reform Program (PSRP), the Public Financial Management Reform Program (PFMRP), and the Legal Sector Reform Program (LSRP). Other reforms, targeting particular services, include the Health Sector Reforms (HSR), the Primary Education Development Plan (PEDP), and the Secondary Education Development Plan (SEDP).

2.3. GAP's Logic Model

Within this context, then, the policy capacities that GAP would build were expected to enable 4 NGOs and women and girls in Mwanza to engage in monitoring service delivery and engaging service providers at the sub-national and national level. Inspired by CARE's focus on women empowerment, the services to monitor would be those which affect women and girls directly. The capacities GAP would build among participating CSOs originally included (1) knowledge of and skills in using policy monitoring and influencing tools, (2) reliable and objective information about the realities of the service delivery in Mwanza and demands of women and girls for its improvement, and (3) spaces and forums in which this information would be shared.

In light of this conceptualization, it was originally proposed that GAP be charged with the responsibility of (1) equipping and strengthening the capacity of participating NGOs to better capture and document of the experiences, realities and evidence of poor and marginalized women and girls in accessing quality social services, and (2) bringing these captured and documented experiences, realities and evidence to the attention of policy makers and policy making forums at local and national levels. **Table 2.1** presents the flow of the original logic model of the project at that time.

But, as implementation progressed, slight changes had to be made in this original logic model to adapt to emerging implementation realities. The biggest emerging issue was the decision to use the Community Score Card (CSC) as the main implementation strategy of GAP. Because the CSC is a community-based, members of the participating communities were included as direct GAP beneficiaries in addition to the CSOs in Mwanza. Accordingly, GAP's logic model had to be revised as **Table 2.2** indicates.

Table 2.1: Original Flow of GAP Logic

- If some members of MPI will be given capacities to better capture and document experiences, realities and evidence of poor and marginalized women and girls in accessing quality social services, then these selected members of MPI will be able to transfer this knowledge and skills to other members of MPI.
- If other members of MPI will have the capacity to better capture and document the experiences, realities and evidence of poor and marginalized women and girls in accessing quality social services, then the understanding of MPI of these realities and demands will grow deeper.
- If the understanding of MPI of these realities and demands will grow deeper, then this deeper understanding will enable MPI to effectively engage policy actors at the sub-national and national levels.
- If MPI will effectively engage policy actors at the sub-national and national levels, then its impact on the government policy processes, especially MKUKUTA will increase.

Table 2.2: Revised Flow of GAP Logic

- If selected members of MPI (hereafter called "implementing partners") will be trained, mentored and coached in the use of the CSC, then they will be able to train, mentor, and coach members of the participating villages in the use of the CSC.
- If members of the participating villages will be trained, mentored, and coached in the use of the CSC, then they will agree to come together and participate in using the CSC to monitor and influence the delivery of services that affect women and girls in Mwanza directly (hereafter called selected services).
- If members of the participating villages (hereafter called "service users") will agree to come together and participate in using the CSC to monitor and influence the delivery of the selected services, then they will identify issues about the delivery of the selected services and engage government officials (hereafter called "service providers") in discussing these issues.
- If service users will engage service providers in discussing issues about the delivery of the selected services, then service users and service providers will agree on the priority issues and act together to address these issues.

- If service users and service providers will act together to address issues about the delivery of the selected services, then the quality of the delivery of the selected services will improve.
- If the quality of the delivery of selected services will improve, then service users and members of MPI will have stronger motivation to continue with their engagement in monitoring and influencing the delivery of selected services and other services.
- If service users and members of MPI will have stronger motivation to continue with their engagement in monitoring and influencing the delivery of services, then their impact on the policy processes will increase.

CHAPTER THREE

EVALUATION METHODOLOGY

This evaluation used qualitative methods of data collection because information needed to achieve the aforementioned objectives was mainly qualitative.

3.1. Where Were Field Data Collected?

Field data were collected in 3 districts of Mwanza region, instead of 4 districts, in which GAP operates. These were Ilemela District, Ukerewe District, and Sengerema District. The team was not able to collect data from Nyamagana District for two main reasons. First, a key staff with AKUAMWA, GAP's implementing partner in Nyamagana District, was out of Mwanza at the time of this evaluation. This incapacitated

District	Ward	Neighborhood / Village
Ilemela	Pasiansi (Urban)	Bwiru
	Bugogwa (Rural)	Chabakima (Igogwe)
Ukerewe	Kagera (Urban)	Sokoni and Songambebe
	Igala (Rural)	Bwasa
Sengerema	Mwabaluhi (Urban)	Mwabaluhi
	Busisi (Rural)	Busisi

AKUAMWA to organize evaluation events as requested by the evaluation team. Second, the evaluation team was not able to wait and re-schedule its sessions in Nyamagana District, because of time limitations. But, in Ukerewe, Ilemela and Sengerema Districts, data were collected in 2 wards in which GAP was implemented. These were Pansiasi and Bugogwa in Ilemela, Kagera and Igala in Ukerewe and Mwabaluhi and Busisi in Sengerema. In each ward, data were collected in 1 *mtaa* (neighborhood) or village which participated in GAP activities. These *mitaa* and villages are Bwiru in Pansiasi ward, Chabakima (Igogwe) in Bugogwa ward, Sokoni / Songambebe in Kagera ward, Bwasa in Igala ward, Mwabaluhi in Mwabaluhi ward and Busisi in Busisi ward. **Table 3.1** presents these evaluation sites.

3.2. Who Participated in the Evaluation?

This evaluation drew participants from the different kinds of project participants. They included CARE Tanzania's Governance and Policy Analyst and GAP's Officer (GAPO); members of the MPI Secretariat; Mwanza Regional CHAWATA Chairman and Secretary; Adilisha's Finance Manager, Social Worker, and Project Coordinator; MWDA's Public Relations and Accountant; Sengerema District Nursing Officer (DNO) Ward Executive Officers, Village Executive Officers, Community Score Card (CSC) committee members and other community members who participated in GAP activities. **Table 3.2** presents the distribution of these participants by sex. "F" in the abbreviations used in the table stands for "Female", "M" for "Male", and "T" for "Total."

Participant	Ilemela			Ukerewe			Sengerema			Partners			MPI			TOTAL		
	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T
District Technical Officials	0	0	0	0	0	0	1	0	1	-	-	-	-	-	-	-	-	1
Ward Executive Officers	1	0	1	0	2	2	0	1	1	-	-	-	-	-	-	1	3	4
Village Executive Officers	0	1	1	0	1	1	0	0	0	-	-	-	-	-	-	0	2	2
Hamlet Chairpersons	1	0	1	0	2	2	0	1	1	-	-	-	-	-	-	1	3	4
Civil Society Officers	-	-	-	-	-	-	-	-	-	3	4	7	1	3	4 ¹	4	7	11
Service Providers	1	1	2	2	1	3	4	0	4	-	-	-	-	-	-	7	2	9
Community Members	5	7	12	9	7	16	8	11	19	-	-	-	-	-	-	22	25	47
TOTAL	8	9	17	11	13	24	13	13	26	3	4	7	1	3	4	35	42	77

3.3. How Were Data Collected, Processed and Analyzed?

Generally, the technical approach and methodology was as outlined in the diagram below. As the diagram shows, the evaluation followed a three-phase process. The inception phase focused on preparations and documentary review. The fieldwork phase focused on the field data collection and preliminary data analysis. The analysis and synthesis phase focused on the data analysis and report writing. Paragraphs that follow provide more details of two phases: the Fieldwork Phase and the Analysis and Synthesis Phase.

3.3.1. Fieldwork

The evaluation team underwent an orientation to prepare them for systematic, careful and thoughtful fieldwork and analysis thereafter. Through this orientation, the main evaluator helped members understand the scope of the study, the specific topics/issues under study, methods to be used, the instruments, field ethics and the expected outputs. In addition, the team was made clear on the schedule for the fieldwork.

The evaluation team used three methods or tools to collect data. *The review of the project documents* was used to assess the project's documented information. *The FGD method* was used to collect data from service users (*i.e.* community members) at the village level. In conducting the FGDs, the facilitator adhered to the basic principles. These included building trust between the evaluation team and the

¹ This number includes 2 CARE staff members

FGD participants, being consistent in the use of terminology and reference points, facilitating an inclusive and interactive discussion for the entire group, probing thoroughly into contradictory information, not providing leading questions, focusing on how's and why's, and not prolonging the discussions unnecessarily to avoid participants getting irritated and wanting to finish. (See the FGD Guide in **Appendix A**)

The structured, face-to-face interview method was used to collect information from district technical managers, ward and village officers, service providers as well as civil society officials. Each member of the evaluation team participated in interviewing participants to spread the interviewing workload. But no GAP staff participated as an interviewer to minimize the possibility of participants saying things just to please project staff. (See the standard Interview Guides in **Appendices B & C**). In total, the evaluation team conducted 25 interviews and 6 FGDs. See **Table 3.3**.

Table 3.3: Evaluation Sessions: Interviews and FGDs					
	Ukerewe	Sengerema	Ilemela	CSOs	TOTAL
Interviews	8	5	4	8	25
FGDs	2	2	2	0	6
SESSIONS	10	7	6	8	31

3.3.2. Data Analysis

To begin with, *data were pre-processed*. Results of FGDs and interviews, written up individually and electronically, were reviewed to eliminate unusable data and to reconcile logically contradictory data. This provided a good picture of the adequacy and accuracy of the data. Next, these written up forms of results were grouped according to the groups of project beneficiaries: district technical managers, service providers, public administrators (WEOs, VEOs and hamlet chairpersons), the community members, and CSO officers. Next, *a report with combined results in each category of these beneficiaries was written up*. The writing up of the combined results included compiling responses, noting frequencies of particular responses, and further checking of the logical flow of the combined responses. This was the step which turned data into information because it essentially focused on determining the relevance of these data to the information needs of the evaluation. Then, *data were interpreted*. Based on the results of the review of the project documents, the focus group discussions, and the interviews, sets of responses were interpreted to determine the answers they provided to the respective questions of the evaluation under which they fell. In this way, information was turned into facts about the performance of GAP. Finally, recommendations were made based on the facts emerging from the interpretation of the data.

CHAPTER FOUR

FACTS ABOUT GAP PERFORMANCE

So, how well did GAP perform? Was GAP a relevant project? Was it an efficient project? Was it effective and impactful? Are the achieved results sustainable? And what lessons can be drawn from this project experience? Overall, GAP did perform very well, and this chapter presents answers to these questions based on the evaluation findings.

4.1. Relevance of the Governance and Accountability Project (GAP)

The Governance and Accountability Project (GAP) was a relevant project. Generally, the project is considered relevant if it addresses the need(s) of its participants. When GAP was designed, the greatest need of its beneficiaries was *really* their inadequate capacity to effectively engage in monitoring and influencing government policies. As it will be shown in the sub-sections that follow, the appropriateness of the implemented activities, the timing of the implementation of these activities and the level of satisfaction of the beneficiaries with GAP activities indicate that GAP did largely address this need.

4.1.1. Appropriateness of Implemented Activities

To begin with, GAP was a highly relevant project because **the activities it implemented were appropriate to its logic model.** Activities are considered appropriate if they logically contribute to the achievement of the desired results embedded in the hierarchy of objectives of the project. When the logic contribution of the implemented activities is assessed against the revised flow of GAP Logic Model as presented in **Table 2.2**, results indicate that, to a larger extent, GAP activities logically contributed to the achievement of the results in the GAP's hierarchy of objectives. **Table 4.1** summarizes the implemented activities and the way they logically contributed to the achievement of the results in the GAP's hierarchy of objectives.

Table 4.1: Implemented Activities: Logically Presented

- Selected members of MPI (hereafter called “implementing partners”) were trained, mentored and coached in the use of the CSC. These activities were meant to make implementing partners able to orient in the use of the CSC and to train, mentor, and coach in the same selected members of the participating villages. These selected members formed the CSC Committees. Evidence exists to indicate that these activities did actually succeed in enabling implementing partners orient members of the participating villages and other project participants and train, mentor, and coach selected members of the participating villages in the use of the CSC.
- Whereas orientation of members of the participating villages and other project participants in the use of the CSC was meant to make them come together and participate in using the CSC to monitor and influence the delivery of the selected services, training, mentoring, coaching of members of the CSC Committees in the use of the CSC was meant to make them knowledgeable of it and skilled in its use for the sustainability of the project results. Evidence indicates that although the orientation did actually succeed in making project participants come together and participate in using the CSC to monitor and influence the delivery of the selected services, the training, mentoring, and coaching of members of the CSC Committee did succeed in only making them aware of the CSC than in making them knowledgeable of the CSC and skilled in its use.
- Coming together and Participation of the project participants in using the CSC to monitor and influence

the delivery of selected services was meant to systematically identify issues about the delivery of these services and to engage service providers in discussing these issues. Evidence indicates that project participants analyzed policies and entitlements, tracked government inputs from the district level to the village level, and evaluated the delivery of selected services. As members of the participating villages did all this, implementing partner took count of the issues raised and the demands made. Existing evidence also indicates that service users did actually engage service providers in discussing the identified issues through the interface meetings they held with them, indicating at the same time that the CSC helped create space for dialogue between service users and service providers.

- Engagement of service providers in discussing issues about the delivery of the selected services was meant to make service providers and service users agree on the priority issues and act together to address them. Evidence shows that service providers and service users in all of the participating villages did actually agree on the priority issues to address and actually addressed them.
- Addressing of these priority issues in the delivery of the selected services was meant to bring improvements in the delivery of these services. Evidence shows that these joint-actions did actually succeed in bringing improvements in the quality of the delivery of selected services such as changed attitudes of both service providers and service users, renovations of service facilities, installation of support systems, and construction of houses.
- Improvements in the quality of the delivery of selected services were meant to strengthen the motivation of project participants to continue with their engagement in monitoring and influencing the delivery of selected services and other services. Existing evidence indicates that GAP did actually succeed in making the motivation of project participants to continue with their engagement in monitoring and influencing service delivery.
- The increased motivation of service users and members of MPI to continue with their engagement in monitoring and influencing the delivery of services was meant to contribute to increased impact of members of citizens and CSOs on the policy processes in Tanzania. No strong evidence was found to agree with this hypothesis.

4.1.2. Timeliness of Major Phases of Implemented Activities

Next, GAP was a highly relevant project because, **taken as a whole, implementation of GAP activities was timely, even though the implementation of the first cycle of the CSC delayed for 4 months due to delays in fund transfers from CARE Canada to CARE Tanzania to implementing partners.** As Table 4.2 shows (whereas the darker color represents “planned timeframe”, the lighter color represents “actual timeframe”), all major phases of GAP implementation started and ended on time, except the execution of the first cycle of the CSC. In fact, the originally planned activities were completed almost six months before the phasing out of the project. Because of this, additional activities had to be planned to enhance the results which had been achieved at that time.

Phase	FY08		FY09				FY10				FY11				FY12
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Project Start Up															
1 st Cycle of CSC															
2 nd Cycle of															

CSC															
Beyond CSC Cycles															
Project Close Out															

4.1.3. Satisfaction of Project Participants with GAP Activities

Finally, GAP is considered a highly relevant project because **most of the project participants were satisfied with the activities GAP implemented.** When asked, with slight variations, “Are you satisfied with the activities GAP implemented?”, only one of all of the district technical officials, ward executive officers, village executive officers, hamlet leaders, civil society officers², service providers and village members (in focus groups) said was **not satisfied**. The rest of the participants said they were **satisfied**. **Table 4.3** summarizes their responses.

Table 4.4: Reasons for Satisfaction with GAP Activities

- ✓ They increased their knowledge of their rights and responsibilities.
- ✓ They increased their confidence in voicing their concerns and discharging their duties.
- ✓ They helped in improving the relationship between service providers and service users.
- ✓ They helped them hold service providers accountable.
- ✓ They facilitated improvements in the service delivery.
- ✓ They inspired one of them to contest for the position of the Hamlet Chairperson and win it.
- ✓ They made them realize just how much power they have as community members.

Worth noting here is the fact that **GAP activities helped project participants differently.** Village members were very satisfied with the way GAP activities had enabled them to *engage in monitoring and influencing the delivery of the selected services.*

Participants	Satisfied	Not Satisfied	Total
District Technical Officials	1	0	1
Ward Executive Officers	4	0	4
Village Executive Officers	2	0	2
Hamlet Chairpersons	4	0	4
Civil Society Officers	10	0	10
Service Providers	8	1	9
Village Members	47	0	47
Total	76	1	77

Implementing partners were very satisfied with the way GAP activities had enabled them not only to *engage in monitoring and influencing the delivery of the selected services,* but also to *systematically identify, analyze and document realities of the delivery of the monitored services and demands of villagers for its improvement.* Almost all of

the civil servants (i.e. district technical officers, ward executive officers, service providers, village executive officers and hamlet leaders) were very satisfied with the way GAP activities had helped them to *work with service users to address their demands for improvement in the delivery of the selected services.* The GAP management was very satisfied with the way GAP activities gave the participating communities and implementing partners an opportunity to *engage in monitoring and influencing the delivery of the selected services.*

² The category of Civil Society Officers includes GAP team of staff.

But generally, in explaining their response, those who were satisfied with GAP activities gave several reasons, as summarized in **Table 4.4**. The service provider who was not satisfied with GAP activities explained that “*those who were facilitating the meetings heard concerns from one side.*” He went on to say, “*There was little opportunity for us, service providers, to defend ourselves. So, at the end, it was seen as though we are incompetent and corrupt.*” But it was later found out that, unlike his colleagues, he had not undergone a thorough orientation of GAP and the CSC process/methodology.

4.2. Efficiency in the Use of GAP Resources

GAP was not only a highly relevant project, but it was also an efficient project. A project is considered efficient when it uses its available resources to produce the right quality and quantity of outputs at the best price. Some of the ways used to calculate efficiency include calculating the cost per program/activity, cost per client served, number of outputs per employee, number of outputs per person per year, average value of grants per person, etc. For this evaluation, beneficiary per staff and cost per beneficiary calculations were used. As they findings presented in the sub-sections that follow indicate, GAP’s beneficiary per staff, its cost per beneficiary and the satisfaction of implementing partners with the way GAP resources were used indicate that, **to a larger extent, GAP resources were used efficiently.**

4.2.1. Beneficiary Per Staff

Table 4.5: Direct and Indirect Beneficiaries			
Category	Men	Women	Total
Direct	1,344	1,450	2,794
Indirect	2,192	2,023	4,215
Total	3,536	3,473	7,009

GAP staff members were used to the best of their abilities. Staff members are used to the best of their abilities when the beneficiary per staff ratio is high. Whereas GAP’s *direct* beneficiary³ per staff is 2,794 and its *indirect* beneficiary⁴ per staff is 4,215, its *compound* beneficiary per staff is 7,009. This is one of

highest number of beneficiary per staff! **Table 4.5** presents the direct and indirect beneficiaries. Direct beneficiaries were member organizations of MPI, member organizations of NGO Policy Forum, members of the CSC Committees, local government officials, and community members who participated in the project implementation. Indirect beneficiaries were the rest of the community members (men, women, boys and girls) who benefited from improved delivery of the basic services, especially health and education.

4.2.2. Cost Per Beneficiary

GAP finances were put to their optimal use. Finances are put to their optimal use when the cost per beneficiary is low. GAP’s cost per beneficiary was **USD 34**. This is one of the lowest cost per beneficiary for the project of the kind of GAP. It has been calculated by dividing the total amount of funds used in implementing GAP by the total number of beneficiaries. The total project amount received was **USD 240,000** and the total number of beneficiaries was 7009.

4.2.3. Satisfaction with the Use of GAP Resources

³ People who directly benefit from the results of the project because of their direct participation in the project

⁴ People who benefit from the results of the project even though they are not directly participating in the project

Generally, implementing partner organizations and GAP management were very satisfied with the way project resources were used. Implementing partner organizations and GAP management said they felt GAP resources were used wisely, saying:

“Project resources were not significant in terms of numbers – a grant worth US\$240,000 and one project officer. But they have been used in such a way that they have achieved significant results”

“The resources (financial) for the implementation of GAP activities were used wisely. GAP released limited financial resources so it was not possible to use the money otherwise. Therefore, we had to use the resources according to the budget.”

On the one hand, however, implementing partner organizations felt that although GAP resources were generally used wisely, delays in transferring funds to implementing partner organizations compromised the quality of the project work. In trying to explain this view, one of the implementing partner organizations, actually, said:

“Funds were not given when we needed them to implement certain Community Score Card activities. This affected our performance because in many cases we got funds to implement the Community Score Card activities when we had already planned other organizational activities. So, we experienced conflicting priorities. When we tried to balance between the Community Score Card activities and other organizational activities in our work plans, we compromised on the quality of both.”

But, on the other hand, GAP management felt that although GAP resources were generally used wisely, writing reports on time by implementing partner organizations to account for the funds disbursed to them was a real challenge to them. GAP management attributed this challenge to inadequate report writing capacities among local CSOs.

4.3. Effectiveness and Impact of the GAP

GAP was not only a highly relevant and efficient project, but it was also an effective project. A project is considered effective when a small difference exists between the project’s *desired* results and its *actual* results. As the findings in the sub-sections that follow will indicate, the degree to which GAP achieved its outputs, outcomes and overall goal indicates a small difference between its desired results and the results it actually achieved.

4.3.1. Achievement of Outputs

To begin with, **a small difference exists between most of the outputs GAP was designed to produce and the actual outputs it produced.** By its design, GAP was intended to increase civic knowledge, build civic engagement skills, produce advocacy documents and materials, and enable dialogue between service providers as duty-bearers and service users as rights-holders. As the sub-sections below explain, evidence generated from this evaluation indicates that GAP succeeded in achieving most of these outputs.

4.3.1.1. *Desired Knowledge and Actual Knowledge Generated*

GAP was designed to increase (factual) civic knowledge of its participants from two points of view: from accountability monitoring point of view (focusing on the CSC tool) and citizen empowerment point of view. So, from accountability monitoring point of view, a person was considered knowledgeable when he or she was able to understand the CSC as “a community-based monitoring tool used in soliciting perceptions and feedback of a community on quality, efficiency and transparency of some service with an intention of actually bringing about an improvement in its functioning”⁵ Findings from this evaluation indicate that **GAP participants increased their knowledge about the CSC with varying degrees, with the extent of knowledge of implementing partners being greater than that of CSC Committees, and that of CSC Committee being greater than that of the rest of participants.** Even though all of the project participants who participated in this evaluation said their knowledge of the CSC had increased after exposure to GAP activities, only implementing partner staff members and some of the chairpersons of the CSC Committees offered definitions that came closest to the standard definition when they were asked, “What is your understanding of the Community Score Card?” **Table 4.6** presents definitions which came from some of the CSC committee chairpersons. The rest of the participants failed to define it. One of them even seemed to confuse the CSC with a Mother and Child Health (MCH) clinic card.

Table 4.6: Some Definitions Given by Chairpersons of CSC Committees
✓ a simple tool used to monitor the government’s revenues and expenditures.
✓ a process of monitoring the delivery of services, a process of evaluating services that involves service users and service providers.
✓ a process of collecting information to monitor the way services are provided.
✓ a simple tool that enables service users to collect budget information and track its utilization in service delivery at community level.
✓ a tool that allows community members to voice out their concerns and demands with regard to the quality of the services they receive.
✓ a tool that brings together service providers and service users.
✓ a process that builds relationship of the two sides – the supply side (service providers) and the demand side (service users).

But, from the citizen empowerment point of view, a different story emerges. **Even though the knowledge of the CSC of many of the participating community members may have not increased to the expected level, their knowledge of their rights, their responsibilities and the policies governing the delivery of the services they monitored did increase immensely.** All project participants who participated in this evaluation said that, before GAP, they had inadequate knowledge of their rights and responsibilities with regard to improving service delivery. This triangulates well with the results of the baseline study which GAP did. So, failure to understand the Community Score Card seems to have not deterred them from increasing their civic knowledge or education.

4.3.1.2. *Desired Skills and Actual Skills Developed*

With regard to skill building, GAP was designed to strengthen the skills of its participants to actually monitor policies. Since GAP chose to use the CSC, this meant strengthening the skills of GAP

⁵ Based on an explanatory note prepared by Janmejy Singh and Parmesh Shah of the Social Development Department at the World Bank and derived, in large part, from the work by CARE’s work in monitoring the performance of Health Services in Malawi through a community scorecard

participants to apply the CSC in monitoring policies. Findings from this evaluation indicate, again, that **the extent to which skills of GAP participants to apply the CSC were made stronger varied, with that of implementing partners being greater than that of the rest of the participants.** This means two things. First, it means that GAP succeeded in making implementing partner staff members skilled in the use of the CSC. A person was considered skilled when he or she could at least mention the four major steps in the CSC process: *input tracking, performance evaluation, self-evaluation (by service providers), and the interface meeting.* Implementing partner staff members did not only mention the four core steps but, as expected, presented their experience in using the CSC. This is what each of them said in their own words, when asked whether or not their capacity to apply the Community Score Card had grown stronger as a result of GAP activities.

“We implemented the CSC and saw results in Igogwe. This proves that we have mastered the [application] of the tool” (Adilisha).

“We are able to apply the Community Score Card (CSC) and build the capacity of other stakeholders such as communities and service providers” (CHAWATA).

“We are using CSC in the project that we are implementing in Kwimba. Through the CSC, we are able to get the information on the way education service is delivered in the project area. We are also evaluating ourselves as MWDA, holding interface meetings with the community, and monitoring services to get the feedback. For example, [we are using the CSC] to monitor if food is being provided in schools” (MWDA).

Second, it means that GAP succeeded in making the rest of the project participants rather aware of the CSC than skilled in its use. Again, when asked, “Is your capacity to apply the Community Score Card in policy engagement stronger now after being exposed to GAP activities?”, most of the rest of the project participants who participated in this evaluation, with an exception of one service provider and one focus group, said it had. In explaining what made them think that their capacity to apply the Community Score Card had grown stronger, some of the community members who participated in this evaluation said:

“We were able to use the Community Score Card to systematically collect, analyze and take action on the issues related to micro-credit services and maternal health services” (Bwasa Focus Group).

“We have used it to monitor the delivery of the maternal health and education services” (Chabakima Focus Group).

“We used the Community Score Card to collect, analyze and address our concerns; follow-up on education services for the disabled, clinic cards for our children, and general delivery of education services” (Mwabalubi Focus Group)

“We can facilitate the process because we have been trained on the Community Score Card process.”

But, when they were asked to mention the core steps of the community score card process, all of them, even the chairpersons of the Community Score Card Committee, could not mention them accurately. Perhaps what one service provider and one focus group said in response to this question describes better the reality of this matter. One of the service providers in Ukerewe said:

“I knew nothing about the Community Score Card before GAP. I don’t know much about it even now. [But] the little I know is a result of the work of GAP.”

And, in one of the Focus Group Discussions, members said:

“[Our ability to apply the Community Score Card] is not very strong [because] we do not have enough knowledge to be able to apply it on our own.”

But these facts are all about capacities related to the CSC. What about capacities from the citizen empowerment point of view? The emerging fact from this point of view is that **GAP succeeded in enabling members of the participating communities to exercise their rights and responsibilities with regard to the service provision as well as enabling them to be self-confident.** When asked, “Are you satisfied with the way GAP activities have enabled you to engage in monitoring policies that govern the delivery of the services?” in one of the focus group discussions, members gave the following response, and it summed up the thoughts of the members of the other groups.

“Before GAP came, we did not know that we had a role to play in improving the quality of the service delivery. We saw the delivery of services getting worse and worse and wondered: ‘why people responsible for improving it are not doing something about it?’ But GAP has enabled us to see that ensuring service delivery is of quality is our responsibility as well. We acted on that knowledge and now we see results”

4.3.1.3. Documentation and Packaging of People’s Perceptions and Feedback

In addition to being designed to increase the knowledge of its participants about policies and ways to monitor them and to make their policy monitoring skills stronger, GAP was also designed to produce materials that would document and package perceptions and feedback of the communities and CSOs on the quality, efficiency, and transparency of the provision of services in Mwanza. Findings from this evaluation indicate that **GAP succeeded in documenting and packaging in different formats the perceptions and feedback of the participating communities on the quality, efficiency and transparency of the services they monitored as well as the improvements brought about in their functioning.** At the time of this evaluation, a documentary on the Community Score Card process and challenges women and girls face in accessing basic services had been produced, a case study (report) has been written, a draft of the Community Score Card Toolkit had been produced, a study report written in collaboration with Health Equity and a newsletter. But the knowledge of the existence of these documents is not shared among implementing partners and other members of MPI. When the GAP Officer was asked, “Have you documented and packaged well the experiences, concerns and demands that marginalized and vulnerable women and girls have over the policies that govern the delivery of services they receive?” he said:

“Every quarter we were using most significant change stories of those concerns and submitting them to the program agreement to be included in the annual reports. We also have a documentary that we documented the concerns and demands. We also supported our implementing partners to participate in the radio programs where they discussed about the concerns and demands that we are talking about.”

But, when implementing partners were asked the same question, their responses indicated inadequate knowledge of the existence of these materials. Here is what they said.

“[We are] not very aware of this, but I know that [the GAP Officer] was taking care of it. There was a time when he was going around the project areas to document these concerns and needs [of marginalized and vulnerable women and girls]” (Adilisha).

“In report format – the progress reports we wrote and submitted to GAP management. But we have not produced one comprehensive document with all the concerns and demands of marginalized and vulnerable women and girls with whom we have worked under GAP” (CHAWATA).

“We have written a success story of a community member and a member of the Community Score Card Committee in Bwasa whose name is Agripina. Before GAP’s activities, she just stayed at home as a housewife with no confidence in herself. Her rights were violated. But she really wanted to be someone in society. During the local government election in 2009, she was nominated to contest for the position of the hamlet chairperson and won it. We also have a documentary showing women’s status in the society, the way socio-cultural norms impede their development. Additionally, we have field reports, documenting experiences, concerns and demands of marginalized and vulnerable women and girls” (MWDA).

Assessed from the citizen empowerment point of view, **did GAP succeed in increasing the ability of project participants to systematically, reliably and objectively identify and articulate issues of concern to them? Findings of this evaluation indicate an affirmative answer.** In the context of this evaluation, identification and articulation of issues was considered systematic if they followed a particular system, reliable if they could be trusted and objective if they were unbiased. The choice and use of the CSC as the main implementation strategy was based on an assumption that it was particular system used by communities in identifying and articulating issues of concern to them, its results could be trusted because of the rigor involved in its use, its results could be accepted as free of biases because it is consensus-oriented. GAP experience confirms this assumption.

4.3.1.4. Dialogue Spaces Created and Capacity to Dialogue Built

Under this theme, GAP was designed to create spaces through which participating communities and CSOs would discuss with service providers the concerns they had over the delivery of the services they monitored and their demands for its improvement. Evidence from this evaluation indicates that **GAP did succeed in creating spaces for dialogues between service providers and service users.** At the sub-national level, the interface meeting of the CSC tool provided such space. This is a step in the CSC process which brings together participating communities and service providers for a discussion of the concrete changes they can jointly implement immediately to improve the service delivery. They base their discussion on the community’s perceptions and feedback on the quality, efficiency and transparency of the services they monitored. At the national level, the perceptions and feedback gathered at the sub-national level were used in policy engagement activities by MPI, Health Equity Group, and AIM project.

From the citizen empowerment point of view, the interface meeting is explicitly the component in the entire CSC process that makes the CSC an effective empowerment tool. **By bringing communities and service providers together for dialogue, the interface meetings increased the ability of communities to dialogue with and influence service providers.** No wonder, when community members were asked, “What did you like about GAP?” they said they liked GAP not only for the fact that it provided spaces for dialogue but also for the fact that it improved their relations with the service providers and helped bring changes they wanted. In their own words, here is what some of them said.

“ ... It has provided a forum for us to express our concerns. It has resulted into a number of changes” (Busisi Focus Group).

“The opportunity it gave us to learn (our rights) and to raise concerns and claim our rights” (Bwasa Focus Group).

“Improvements we have made in the delivery of the services we monitored. Good relations we have built between the service providers and ourselves. Knowing our entitlements such as the capitation grant and our responsibility over the development of our community” (Chabakima Focus Group).

“We liked GAP for the fact that it gave us confidence to be able to discuss matters with our leaders and even fellow citizens. Education and knowledge that we have now as a result of GAP made us understand our rights in relation to services that we receive. The openness on the part of service users and service providers” (Mwabaluhi Focus Group).

“Establishing good relations between [our] community and service providers. [Educative and informative] seminars that we attended through GAP. Networking with others in different districts in Mwanza, i.e. Sengerema. Being selected in a committee, we were able to learn a lot” (Bwiru Focus Group).

4.3.2. Achievement of Outcome(s)

According to its proposal, GAP wanted to see communities and CSOs in Mwanza effectively monitoring and influencing MKUKUTA processes with a focus on the services which directly affect marginalized women and girls in Mwanza as its immediate outcome. Findings from this evaluation indicate that **GAP succeeded in making the engagement of communities and CSOs in Mwanza in monitoring and influencing MKUKUTA processes more effective.** When asked, “Is your engagement in monitoring implementation of policies that govern the delivery of services which marginalized and vulnerable women and girls in your village receive more effective now after your

Criterion	Feelings/Behavior Before GAP	Feelings/Behavior After GAP
Policy Processes:	Less interested, Minimal participation	More interested, Greater participation
Accountability:	Never questioned things, Limited exercise of responsibilities	Things are questioned, More exercise of responsibilities
Dialogue:	Never wanted to sit with providers to – voice concerns, make demands, claim rights, offer help	Sit together with providers to – voice concerns, make demands, claim rights, offer help
Relations with S/Providers:	Feared service providers, Providers considered people a problem	No longer afraid of service providers, Providers consider people as partners
Influence:	Little influence, if any	Greater influence

participation in GAP?” All of the community members, implementing partners and MPI secretariat members who participated in the evaluation said their engagement was more effective after their participation in GAP than before. **Table 4.7** summarizes some of the behavioral changes by the project participants that indicate their better policy engagement.

✓ <i>Their participation in identifying</i>

obstacles to services, setting objectives to address them, monitoring progress and measuring results is better now than before GAP.

- ✓ *They are more aware of their rights, more able to complain to higher authorities and more willing to attend community meetings now than before GAP.*
- ✓ *They are becoming more vocal about their needs, interests and concerns now than before GAP.*
- ✓ *Their ability to hold service providers accountable and their sense of responsibility are greater now than before GAP.*

A similar fact emerged from the district technical officers/managers, WEOs, VEOs and service providers. When asked, “Do you think that communities and CSOs are effectively engaged in policies that govern the delivery of services marginalized and vulnerable women and girls use?” **most of them said, “Yes.”** Table 4.8 summarizes their perceptions on engagement of communities and CSOs in policies.

Effective engagement of participating communities and participating CSOs in monitoring and influencing MKUKUTA processes was achieved because of two facts: one is related to their understanding of the situation of the service delivery and another is related to the use of this information in engaging policy actors at higher level.

4.3.2.1. Understanding of the Situation of Service Delivery in Mwanza

The intention of GAP was to see a deep understanding among community members and CSOs of the situation of service delivery in Mwanza. **Findings of this evaluation indicate such an understanding among participating community members, implementing partner organizations, and members of the MPI Secretariat.** A person was considered to have a “deep understanding” if s(he) completely understood the situation of the provision of the services they monitored. Table 4.10 summarizes some of the issues mentioned by project participants who participated in this evaluation to demonstrate that their understanding of issues that affect the quality, efficiency and transparency of the delivery of the services they monitored had grown deeper after their participation in the implementation of GAP.

4.3.2.2. Use of GAP Information to Influence Policies

In this regard, use of information generated during its implementation, GAP wanted to see CSOs in Mwanza actively using the information generated during its implementation to inform and influence government policy processes at the local and national levels. Findings of this evaluation indicate that **communities and CSOs in Mwanza are using information generated during the implementation of GAP to inform and influence public policy processes at both levels.** When asked community members, implementing partners and members of the MPI Secretariat, “Are you actively using information generated during GAP implementation to inform and influence decisions or policies that govern the delivery of these services?” all of them said they did. Here are some of the uses of the information generated during the implementation of GAP.

Table 4.9: Issues Affecting Service Delivery as Pointed Out by GAP Participants
✓ <i>Unfriendly and unprofessional behavior of service providers</i>
✓ <i>Indiscriminate use of corporal punishment</i>
✓ <i>Shortage of desks, decent houses for service providers, medicines and drugs, and clean and safe drinking water</i>
✓ <i>Poor roads</i>
✓ <i>Poor or dilapidated service facilities</i>
✓ <i>Corruption and misuse of public funds</i>
✓ <i>Top-down approach to planning</i>
✓ <i>People’s lack of self-confidence and collective confidence to face the service providers</i>

❖ *People of Sokoni and Songambe are using it to follow up on efforts to build a dispensary, improve access to clean and safe water, and construction of a passable road.*

- ❖ *People of Mwalubahi are using this information to follow up on efforts to construct classrooms and toilets that are friendly to children with disability.*
- ❖ *People of Bwiru are using this information to follow up on the efforts of the Ward Development Committee (WDC) and District Full Council to improve access to clean and safe water, and add school teachers.*
- ❖ *Adilisha used this information to engage in discussions with the City Medical Officer.*
- ❖ *CHAWATA used this information to engage in discussions with the village, ward and district government leaders.*
- ❖ *CHAWATA also used this information to discuss with the Deputy Permanent Secretary of the Ministry of Education and Vocational Training about the issue of capitation grant for the Busisi and Mwalubahi primary schools.*
- ❖ *CARE used this information in the media campaign (billboards as well as TV and radio spots), for the Health Equity campaign, and in stakeholder meeting to make policy demands.*

4.3.3. Achievement of Project Goal

Overall goal of GAP was to contribute to the improvement of the impact of CSOs on government policies in Tanzania. One of the facts emerging from the results of this evaluation is that **GAP did succeed in contributing toward improved impact of participating community members and CSOs on public policy processes.** GAP was considered to have made this contribution if it would satisfactorily succeed in achieving the results in its hierarchy of objectives. It is clear from the findings of this evaluation that GAP did satisfactorily succeed in increasing increasing civic knowledge/education among the participating communities and staff members of the implementing partner organizations; strengthening their capacity to monitor service delivery; stengthening their capacities to systematically, reliably and objectively identify and articulate issues of concern to them; and increasing their ability to dialogue with and influence government officials. In turn, these results

Table 4.10: Improvements in Service Delivery Achieved During GAP Implementation

- *construction and/or rennovation of houses for service providers at the Igogwe and Busisi dispensaries.*
- *friendly attitude of service providers toward service users at all of the service facilities that participated in GAP implementation.*
- *provision of facilities and services that are friendly to pupils with disability at Mwalubahi and Busisi primary schools.*
- *improved attendance by service providers at Igogwe dispensary.*
- *improved transparency in the financial and drug matters at Igala Health Center and Busisi dispensary.*
- *installation of a solar system at a dispensary for lighting at night at Igogwe dispensary.*
- *Purchase of delivery beds, construction of toilets and addition of health workers at Igogwe dispensary.*
- *Installation of a plastic water tank and construction of a place to burn hard waste materials at Igogwe.*
- *Demotion of a corrupt head teacher and replacement with another head teacher at Igogwe primary school.*

led to more active (or effective) engagement of participating communities and participating CSOs in monitoring and influencing policy processes at the sub-national level than at the national level.

When asked, “In your opinion, can you say the voice of community members and CSOs in Mwanza in decision-making and policy

processes is greater now after their participation in the implementation of GAP?” all of the community members, implementing partner staff members, members of the MPI Secretariat and members of the GAP management team answered in the affirmative. When they were asked for the

reason for their answer they said that the improvements in the delivery of services they had been able to achieve showed that their voice had increased. Whereas **Table 4.10** presents some of the improvements in the service delivery community members mentioned, **Table 4.11** presents the summary of contributions of GAP members of the MPI secretariat, implementing partners, GAP Officer, service providers, ward and village executive officers and hamlet leaders cited in explaining their responses.

Table 4.11: Contribution of GAP for Increased Voice of Communities & CSOs
<ul style="list-style-type: none"> ✓ Creating a platform or space for the citizens to air out their concerns is the greatest contribution (Adilisha). ✓ Motivating community members to raise their voice and articulate their concerns or needs in village meetings and policy processes such as O & OD (CHAWATA). ✓ Enabling them to question local government leaders and service providers without fear (CHAWATA). ✓ Service providers becoming more answerable and attentive to community members (CHAWATA). ✓ Enabling women to speak and discuss issues even [in the presence of] men (MWDA). ✓ Making them more confident to talk about the issues that affect them (Member, MPI Secretariat). ✓ Creation of dialogues increased this voice at the local level. The meetings GAP convened and used to discuss concerns and needs – with an equal emphasis on solving some of the problems identified – added voice (MPI Secretariat Member). ✓ Enabling community members are able to make decisions on their own and influence policy processes. Adilisha now have their own governance component that they use to influence children’s rights (GAP Officer). ✓ Enabling them to know and exercise their rights and responsibilities (Midwife Nurse, Sengerema). ✓ Educating people on the Millennium Development Goals (MDG) 4 and 5 (District Nursing Officer, Sengerema). ✓ Making the presence of local NGOs such as CHAWATA, Adilisha and MWDA felt in the ward and communities (WEO, Pasiansi Ward).

However, some service providers felt the voice of the communities and CSOs had increased only to some extent. In explaining their thinking, this is what they said.

“Increased voice of communities and CSOs has only happened in Bwasa. The ward has so many villages, but GAP has only implemented the CSC in Bwasa” (Service Provider, Igala Health Center)

“A lot of things still need improving, yes they can influence on receiving improved services but it requires a lot of commitment from the government. For example, medicines here are not always enough, we do not have a theatre, laboratory equipments. There is an extra push that is needed” (Service Provider, Sengerema Health Center)

4.4. Sustainability of GAP Results

Will GAP results be sustained beyond its lifespan? A fact emerging from this evaluation is that **members of the communities that participated in GAP, implementing partner organizations and MPI will enjoy the benefits that come with their increased civic knowledge, strengthened capacity to monitor service delivery; strengthened capacities to systematically, reliably and objectively identify and articulate issues of concern to them; increased ability and self- and group-confidence to dialogue with and influence government officials; and the improvements brought**

about in the provision of the services they monitored through GAP. The sustainability of the project was assessed from the point of view that the beneficiaries should be able to reliably enjoy the benefits brought about by the project for the foreseeable future – for not all projects can realistically achieve 100% sustainability. Put in the context of GAP, this means that the particular interventions that GAP carried out may not carry on after its end. However, GAP beneficiaries should be able to reliably enjoy the benefits that came with the products GAP produced in the foreseeable future.

Findings from this evaluation show that most of the community members and service providers who participated in GAP activities intend to keep growing in their civic competence which they need to engage service providers in dialogues and in exercising their responsibility in solving problems that are within their powers or of their districts. Various GAP stakeholders seem prepared to carry on the results achieved during GAP implementation. They are planning a number of things to do this. Table 4.12 presents a summary of actions they intend to do.

Table 4.12: Plans to Sustain GAP Results	
Stakeholder	Plans to Sustain GAP Results
<i>Community Members</i>	<ul style="list-style-type: none"> ✓ <i>They intend to continue recognizing and supporting the Community Score Card Committee in its work.</i> ✓ <i>They intend to find ways of using the Community Score Card in monitoring other services,</i> ✓ <i>They continue to educate each other on their rights</i> ✓ <i>They intend to continue working with the village government in following-up development issues.</i> ✓ <i>They intend to keep their engagement in policy monitoring active and broad enough to include other services.</i> ✓ <i>They intend to continue with the analysis of policies and plans that guide the delivery of the services they receive</i> ✓ <i>They intend to continue educating one another about the good things learned from GAP so as to promote them.</i> ✓ <i>They intend to continue contributing to the Community Health fund</i> ✓ <i>They intend to continue encouraging men to take their wives to clinics when they are pregnant to ensure they are getting better service.</i>
<i>Service Providers & District Technical Managers</i>	<ul style="list-style-type: none"> ✓ <i>They intend to continue encouraging dialogues with service users.</i> ✓ <i>They intend to continue being transparent in their work.</i> ✓ <i>They intend to continue educating service users about their services.</i> ✓ <i>They intend to continue accepting and responding to people’s concerns; they will encourage people to effectively use a suggestion box.</i> ✓ <i>They intend to engage service users through public health education sessions.</i> ✓ <i>They intend to continue discussing with service users about their rights and responsibilities.</i> ✓ <i>District Nursing Officer intends to include all the success stories in the district health plans.</i> ✓ <i>They intend to continue educating communities on governance and accountability.</i>
<i>Public Administrators</i>	<ul style="list-style-type: none"> ✓ <i>Pasiansi WEO intends to work very close with the health committee and try to make sure they receive more trainings related to their work.</i> ✓ <i>Pasiansi WEO intends to conduct quarterly meeting between service providers and service users and service supervisors for collective action.</i> ✓ <i>Mwabalubi WEO intends to continue engaging community members in hamlet development planning and budgeting processes.</i> ✓ <i>Kagera WEO intends to continue mobilizing community members for their effective engagement in policy processes. This is what Igala WEO and Bwasa VEO intend to do as well.</i> ✓ <i>Igala WEO intends to continue facilitating the interaction between community members and different district leaders.</i> ✓ <i>Chabakima (Igogwe) MEO intends to broaden the participation in service delivery monitoring by engaging community members who did not participate in the GAP</i>

	<p>implementation.</p> <ul style="list-style-type: none"> ✓ Songambebe Hamlet Chairman intends to involve community members in public meetings and forums.
GAP Implementing NGOs	<ul style="list-style-type: none"> ✓ ADILISHA intends to continue to give support to Community Score Card committees. ✓ CHAWATA intends to mobilize resources to sustain the results achieved under GAP and to organize tours of community members of the villages and wards that did not participate in GAP to learn from the results their colleagues in the villages and wards that did participate achieved. ✓ MWDA intends to mobilize resources to carry on the results it achieved under GAP
MPI	<ul style="list-style-type: none"> ✓ They intend to transfer the knowledge acquired during GAP implementation to others so that the impact can be felt by many. ✓ They intend to support whatever their members who participated in GAP implementation will plan to do.
CARE Tanzania	<ul style="list-style-type: none"> ✓ CARE intends to share GAP experience and materials with MPI members and ask MPI secretariat to carry on what GAP has started. ✓ CARE also intends to promote the use of the Community Score Card to as many projects as possible; Health Equity, WAGE and Advocacy for Improved Maternal health (AIM) have already adopted the tool.

CHAPTER FIVE

LESSONS-LEARNED AND RECOMMENDATIONS

5.1. Lessons GAP Experience Offers

GAP used several strategies, approaches, and tools in order to achieve the results it designed to achieve. Based on the facts presented in the foregoing pages and paragraphs, this evaluation indicates that some of these strategies, approaches, and tools were successful in achieving what they were meant to achieve while others were not so successful. Accordingly, GAP experience offers several lessons.

First, GAP experience confirms the fact that the CSC is not only a powerful community-based accountability monitoring tool but also a powerful citizen empowerment tool. Because of this, GAP experience seems to support two hypotheses embedded in CARE Tanzania's Mwangaza Program theory of change (TOC): (1) if rights-holders become self-confident, then they will engage duty-bearers, and (2) if rights-holders will engage duty-bearers, then duty-bearers will become accountable and transparent.

Second, GAP experience offers a lesson that implementation of the CSC process achieves better results when due to the fact that the CSC is a step-by-step process, one step building on a previous one. When staff members of the implementing partner organizations moved on from their employers and the CSC Committee members moved on from their communities, their departure affected, to some extent the continuity and quality of the outputs of the Community Score Card.

Third, it also offers a lesson that pursuit and use of synergies between and among projects/initiatives achieves greater effect than what a single project can achieve. Collaboration between GAP and WAGE, Health Equity and AIM worked well not only as a way of leveraging resources but also as a strategy to achieve results at a broader scale.

Fourth, it further teaches a lesson that it is unfair to expect community members to participate in these activities without any monetary compensation. GAP took it for granted that community members would see gains achieved through their engagement with policy actors as being greater and more sustainable than monetary incentives. But these community members never stopped expecting, in some cases even asking for, financial incentives. One of the things Community Score Card Committee members said they did not like about GAP was that they were expected to move around the communities to mobilize their fellow community members without any financial support.

Fifth, it also teaches a lesson that the use of local CSOs as partners to implement a project like GAP makes the optimal use of project resources possible, but must be carefully chosen for most of local CSOs possess inadequate staff and system capacities. The findings of this evaluation indicate point to the fact that the use of partners to implement GAP multiplied the efforts of one GAP staff and achieved greater results.

Sixth, GAP experience finally teaches a lesson that the Most Significant Change (MSC) technique and Outcome Mapping (OM) tools are better suited not only for giving priority to reporting outcomes (or changes) of project interventions rather than just reporting completion of activities but also as accompaniment of the CSC. They capture changes emerging from the citizen participation in the CSC better.

5.2. Recommendations

Many recommendations can be made based on the lessons GAP experience offers, some of which are presented hereunder.

First, since one of CARE International's programming principles is empowerment and one of CARE Tanzania's strategic directions is to promote empowerment models, CARE should promote the use of the CSC in all its projects or initiatives. Results of the implementation of GAP and opinions of those who participated in this evaluation indicate that the CSC is not only an effective community-based accountability monitoring tool but also is a tool well suited for effective citizen empowerment.

Second, whoever decides to use the CSC must jealously guard continuity during the execution of the CSC process. GAP experience demonstrates that the CSC process achieves better results when the same set of implementers stay throughout the project lifespan. When a staff member of one of the implementing partner organizations moved from his employer and some of the CSC Committee members moved from their communities, their departure affected, to some extent, the continuity and quality of the outputs of the CSC process.

Third, when working to create understanding of and skill in using the CSC, the project should expose the CSC facilitators and participants to the tool frequently enough to take into account their differing abilities to read, analyze and write. GAP experience shows that staff members of the implementing partner organizations had a deeper understanding of and were better skilled in the use of CSC tool than the members of the participating communities – a difference that can be attributed to differences in levels of general education and in frequencies of exposure to the CSC mentoring and coaching sessions of the two groups

Fourth, when implementing the CSC, deliberate and concerted efforts must be made to pursue synergies between and among projects and/or organizations for scaling up its results. Even although GAP experience confirms another fact about the CSC that it is less useful as part of a wider campaign, due to the fact that it does not produce aggregate, comparable statistics; collaborative work with WAGE, Health Equity, AIM, MPI and NGO Policy Forum worked well is scaling up to the regional and national levels the results achieved at the local level.

Fifth, MPI member organizations, including CARE, should agree on a reasonable, common rate for monetary compensation for the time community members spend in the CSC activities if community participation in the CSC activities is to be guaranteed – and apply it consistently across all its members to avoid fueling competitive spirit among its members in winning citizens' participation. When GAP started its implementation, it was assumed that community members would see gains achieved through their engagement with policy actors as being greater and more sustainable than monetary incentives. But community members never stopped expecting, in some cases even asking for, financial compensation. And, one of the things CSC Committee members said they did not like about GAP was that they were expected to move around the communities to mobilize their fellow community members without any financial and/or material support.

Sixth, the use of the CSC in a governance project like GAP should be accompanied by the use of the MSC and OM techniques to capture qualitative changes better. For GAP's use of the Most Significant Change (MSC) technique and Outcome Mapping (OM) worked well in giving priority to reporting outcomes (or changes) of project interventions rather than just reporting completion of activities.

**APPENDIX A
GAP FINAL EVALUATION
STANDARD FOCUS GROUP DISCUSSION GUIDE**

Village:	Ward:
District:	Venue:
Moderator:	Note taker:
Date:	Time taken:

1. Are you satisfied with the way GAP activities have enabled you to engage in monitoring policies that govern the delivery of the services marginalized and vulnerable women and girls in this area receive from the service providers?
 - If “Yes”, what makes you say “Yes”?
 - If “No”, what makes you say, “No”?

2. Is your knowledge of the Community Score Card greater now after your participation in the implementation of GAP?
 - If “Yes,” what makes you think it has increased?
 - If “No,” what makes you think it has not increased?

3. Is your ability to apply Community Score Card in monitoring implementation of policies that govern the delivery of service which women and girls in your area receive stronger now after your participation in GAP?
 - If “Yes,” what makes you say it is stronger?
 - If “No,” what makes you say it is not stronger?

4. Is your engagement in monitoring implementation of policies that govern the delivery of services which marginalized and vulnerable women and girls in your village receive more effective now after your participation in GAP?
 - If “Yes,” what makes you say, “Yes”?
 - If “No,” what makes you say, “No”?

5. Is your understanding of issues that affect the quality of the delivery of the services which marginalized and vulnerable women and girls receive deeper now after your participation in the implementation of GAP?
 - If “Yes,” can you mention these issues?

6. During the implementation of GAP, you generated information on the concerns and demands of marginalized and vulnerable women and girls in your area. Are you actively using this information to inform and influence decisions or policies that govern the delivery of these services?
 - If “Yes,” what makes you say, “Yes”?
 - If “No,” what makes you say, “No”?

7. Do you have examples of the improvements in the delivery of services you monitored under GAP?
 - If “Yes,” can you mention these improvements?

8. In your opinion, can you say your voice in decision-making and policy processes is greater now after your participation in the implementation of GAP?
 - If “Yes,” what makes you say it has increased?
 - If “No,” what makes you say it has not increased?
9. What are you planning to sustain the results achieved during the implementation of GAP?
10. What have you learned from your participation in the implementation of GAP?
11. Do you think the Community Score Card is an effective tool of engaging citizens in decision-making and policy processes?
 - If “Yes,” what makes you say, “Yes”?
 - If “No,” what makes you say, “No”?
 - If the Community Score Card is an effective tool in engaging citizens in decision-making and policy processes, what are you planning to do to promote its use?
12. What did you like about GAP?
 - And what did you not like about GAP?

**APPENDIX B
FINAL EVALUATION OF GAP
STANDARD INTERVIEW GUIDE
SERVICE PROVIDERS**

Interviewee:	Position:	
Sex:	Service:	
Work Station:	Village:	Ward:
District:	Time with GAP:	
Interview Time:	Interview Venue:	
Interviewer:	Date:	

1. Are you satisfied with the way GAP has helped you to work together with service users to address concerns marginalized and vulnerable women and girls in your area have over the policies that govern the delivery of the services they use?
 - If you are, what makes you satisfied?
 - If you are not, what makes you unsatisfied?
2. Is your knowledge of the CSC greater now after being exposed to GAP activities?
 - If yes, what makes you say yes?
 - If no, what makes you say no?
3. Do you think that communities and CSOs are effectively engaged in monitoring policies that govern the delivery of services marginalized and vulnerable women and girls use?
 - If yes, what makes you say yes?
 - If no, what makes you say no?
4. Do you have examples of the improvements in the delivery of services you monitored under GAP?
 - If yes, what are they?
 - If no, why not?
5. In your opinion, did GAP make any contribution toward increased voice of CSOs in policy processes?
 - If yes, what is the contribution has GAP made?
 - If no, why GAP has not made any contribution?
6. What are planning to sustain the results achieved during the implementation of GAP?
7. What lessons have you learned from your participation in the GAP?
8. How satisfied are you with the way GAP has worked with you as a service provider or service manager?
 - If you are satisfied, what makes you satisfied?
 - If you are not satisfied, what makes you unsatisfied?
9. Do you think that the Community Score Card an effective tool of engaging citizens in policy processes?
 - If yes, what makes you think it is an effective tool?

- If no, what makes you think it is not an effective tool?
- If the Community Score Card is an effective tool of engaging citizens in the policy processes, what are you planning to do to promote its use?

10. What did like about GAP?

- And what did you not like about GAP?

**APPENDIX C
GAP FINAL EVALUATION
STANDARD INTERVIEW GUIDE
IMPLEMENTING PARTNERS**

Organization: _____

Interviewee:	Position:	
Interviewee:	Position:	
Service Monitored:	Service Monitored:	
District:	Wards:	Villages:
Time with GAP:	Date:	
Interview Time:	Interviewers:	

1. GAP was designed to address the disengagement of upcountry CSOs like yours in monitoring and influencing policy processes at all levels. Are you satisfied with the help GAP gave you in engaging you in influencing and monitoring public policy processes?
 - If yes, what makes you satisfied?
 - If no, what makes you unsatisfied?

2. Resources (human, material and financial) received for the implementation of GAP activities were meant to be used wisely. In your opinion, were GAP resources used wisely?
 - If yes, what makes you think so?
 - If not, what makes you think they were not used wisely?

3. As you might be aware, one of the outputs of the implementation of GAP activities was increased knowledge of Community Score Card (CSC) among GAP participants. Has your knowledge of the Community Score Card (CSC) increased as a result of your participation in GAP implementation?
 - If yes, what makes you think so?
 - If no, what makes you think so?

4. Another output was the strengthened capacity among project participants to apply the Community Score Card (CSC). Is your capacity to apply the Community Score Card (CSC) stronger now after participating in the GAP implementation?
 - If yes, what makes think so?
 - If no, why it is not stronger?

5. Another output was the documented and well packaged unmet needs and violated rights of the marginalized and vulnerable women and girls. Have you produced any document(s) on the unmet needs and violated rights of the marginalized and vulnerable women and girls with whom you have worked under GAP?
 - If yes, what are these documents?
 - If no, why not?

7. Still another output was the effective engagement of communities and CSOs in Mwanza in the public policy processes. Is your engagement in public policy processes more effective now after participating in GAP activities?
 - If yes, what makes you think so?

- If no, what makes you think so?
8. Can you say that your understanding of the obstacles marginalized and vulnerable women and girls in Mwanza encounter in accessing services is deeper now, after participating in the GAP implementation?
 - If yes, what makes you think so?
 - If no, what more information do you need?
 9. Are you effectively using the information on unmet needs and denied entitlements of marginalized and vulnerable women and girls with whom you worked under GAP to inform and influence public policy processes at the local and national levels?
 - If yes, what makes you think so?
 - If no, what prevents you from using it?
 10. Do you have examples of improvements in the delivery of the services you monitored together with the communities with whom you worked during GAP implementation?
 - If you do have, what are they?
 - If you don't have, why?
 11. In your opinion, did GAP make any contribution toward increased voice of citizens on public policy processes in Tanzania?
 - If yes, what is that contribution?
 - If no, why did it not make any contribution?
 12. What are you planning to do to sustain the results achieved under GAP?
 13. What lessons have you learned from your participation in GAP activities?
 14. Are you satisfied with the way you worked with CARE as an implementing partner?
 - If yes, what makes you satisfied?
 - If no, what makes you unsatisfied?
 15. Do you think the Community Score Card (CSC) is an effective tool in engaging people in public policy processes?
 - What advice can you give to a person who wants to use the Community Score Card (CSC) to engage citizens in public policy processes?
 - If the CSC is an effective tool of engaging people in public policy processes, what are you planning to do to promote its usage?
 16. What did you like about GAP?
 - What did you not like about GAP?