



Submission Snapshot

Date Submitted

14 Mar 2013

Reference No.

GPSA-WANB

1.1 Project Title

Citizens Engage to Monitor Bottlenecks in the Delivery of Quality Reproductive Health (RH) Services for Poor Women and Men

1.3 Project Overview

Recipient/Executing organization name: Oxfam Great Britain Philippines Office

Address of the recipient organization: 4/F 150 Corporate Centre Building, 150 Panay Avenue, Quezon City, Philippines

Country in which applicant CSO is a legal entity: The Philippines

Mentee(s) organization(s) name(s):

Project Manager: Maria Alexandra Pura

Phone: +632-9294470 and +632-9270499

E-mail: apura@oxfam.org.uk

Project start date: 01-Aug-2013

Project end date: 31-Jul-2016

Project geographic scope: Sub-national: Maguindanao, Lanao del Sur, North Cotabato, Surigao del Sur, Agusan del Norte, Agusan del Sur

Total project cost: 1,000,000 USD

Additional financing sources:

Section 2: Project Objectives

2.1 Project Objectives

The overall objective of this proposal is to contribute to improved delivery of reproductive health (RH) services through Social Accountability (SAcc) approaches to identify and address supply side bottlenecks in access and

quality. The focus on RH services in health centers is urgent given the highly inequitable access, especially poor women's access to RH services. The newly enacted law on Responsible Parenthood and Reproductive Health (RPRH) sets out clear responsibilities for all relevant government units, including private service providers, on reproductive health services. This provides a strong foothold for citizen monitoring and engagement on this urgent health issue for poor women.

Project objectives:

1. To enhance capacities of citizen groups and community members in target sites to engage with local government units (LGUs) to monitor performance in RH service delivery, specifically to identify bottlenecks

This is about citizens acquiring information about entitlements as per the law, assessing current state of services, and identifying supply side bottlenecks. This will also contribute to developing citizen oversight and mechanisms for engagement that are not clear in the recently passed Responsible Parenthood and Reproductive Health (RPRH) policy.

2. To increase transparency and responsiveness of government agencies involved in the delivery of RH programs and services

This is about fostering openness and readiness of local government units (LGUs) to provide relevant and useful information on RH plans, programs and budgets and to actively seek citizen engagement in identification of bottlenecks in service delivery (e.g. information, equipment, facilities and supplies, personnel, location, affordability budget, etc.).

3. To strengthen learning network on SAcc in RH that generates knowledge on citizen monitoring and engagement with government on RH issues

This objective has two contributions: addressing bottlenecks in RH service delivery overall and learning about application of SAcc – what works and under what conditions.

2.2 Focus Area

Social accountability initiative or program; CSO Institutional strengthening; Capacity-building and technical assistance; Mentoring [one or more of the above through mentoring]

2.3 GPSA Pillars of Governance

Transparency; Representation and voice; Accountability; Learning for improved results [required]

2.4 Project Goals and CSO's Mission

Oxfam's rights based approach to development means that all of our work should strengthen the ability of women and men living in poverty to demand and protect their rights, and ensure that governments and institutions fulfill their obligations to respect and promote the rights of poor people.

In the Philippines, one of the key pillars of the country program is advancing women's rights. We promote women's voice and leadership in decision-making on matters that affect their lives in all programs and projects. We support various women's groups as they work towards gender sensitive reforms in Muslim and indigenous people's contexts. We support projects to ensure that women have access to information and services affecting their reproductive health. A key strategy for change that Oxfam and its partners adopted is the continuous awareness

raising and organizing of women coupled with opening up/ creation/claiming of political spaces for women's voices to be heard.

Oxfam is currently implementing a 3-year project entitled "Keeping Women at the Center of Advocacy for Reproductive Health" through partnerships with CSOs at the forefront of the RH policy campaign. Oxfam is also implementing an Action Research for Gender Responsive Budgeting with partner CSOs developing their case studies on GAD planning and budgeting in seven municipalities.

This project will be implemented in six provinces in Mindanao where Oxfam has focused its long term development programming on sustainable rural livelihoods and women's rights. Oxfam's Mindanao program areas are in the regions of CARAGA and Central Mindanao. Oxfam works in partnership with local civil society organizations or NGOs, including women's organizations, and local governments in all the provinces in these two regions.

Oxfam GB in East Asia, in partnership with the Affiliated Network for Social Accountability in East Asia and the Pacific (ANSA-EAP), implemented a learning-in-action project called "Learning to Mainstream Social Accountability in OGB's Change Strategies in East Asia". The aim was to equip Oxfam country teams and their partner organizations with the necessary capacities on mainstreaming social accountability. The learning group was able to gather best practices of social accountability tools applied by Oxfam in Indonesia and Cambodia, identify obstacles and challenges of social accountability tools applied in Vietnam's programs to seek possible solutions, support the learning process planned by Myanmar and Vietnam, and encourage the Philippines team to apply social accountability tools in Mindanao program and national advocacy strategy.

2.5 Project's Beneficiaries

2.5.1 Project's main direct beneficiaries: 60 SAcc Facilitators will have developed competencies in SAcc approaches and tools as applied in RH, experience in using information and findings from SAcc processes for engagement, and who can then employ SAcc approaches and tools in other areas; to be nominated by Oxfam partner CSOs working in the six target provinces and selected based on a set of criteria (e.g., community organizing skills, facilitation skills, willingness to train on SAcc, attitude towards RH as a right, etc); the trained SAcc Facilitators will work together in teams of three (3) per municipality.

400 Community Volunteer Monitors (CVMs) who come from the target communities (20 per municipality) will have better understanding of their entitlements, awareness of available RH programs and services, grasp of gaps or supply side bottlenecks, developed capacity to engage with their local officials and service providers, and use evidence in their demand for services; the CVMs will participate in the Citizen Scorecard (CSC) process; they will be selected based on their interest on the issue and willingness to learn and engage with their local officials and service providers, among others.

114 Local Government Unit (LGU) staff will have appreciation of SAcc approaches and tools in identifying supply side bottlenecks re RH services, experience in collaborative problem solving with their constituents, and ability to use information and findings from SAcc processes in planning and budgeting (26 Local Chief Executives, 30 provincial legislators, 18 Provincial Health Office staff, 20 Municipal Health Officers (MHOs), 20 barangay heads.

2.5.2 Project's indirect beneficiaries: Indirect beneficiaries will be the total population of 4.6 million from 6 provinces as citizen monitoring of RH service delivery will be at barangay, municipal, district and provincial levels. Budget engagement re allocation for RH services will involve the DOH and Legislative Committees on health.

About 70 CSO partners of Oxfam, ANSA EAP and Likhaan will also be indirect beneficiaries through the knowledg

and learning component. They can use the on-line platform to get information about RH policy and budgets and community score cards.

Knowledge products (e.g. toolkits, video, brochures, posters) will be used to reach the indirect beneficiaries.

Section 3: Project Description

3.1 Sectors of Focus

Public sector – State Reform:

Transparency/ Access to Information: National, District/Local

Budget Accountability: District/Local

Sector Reform:

Health and nutrition: District/Local

3.2 Project Strategy

3.2.1 Governance and/or development issues: Philippines is unlikely to meet the MDG goal of reducing maternal mortality by 2015 having one of the highest rates in the world, with deaths largely amongst the poorest women. A 2009 study by the Guttmacher Institute and the University of the Philippines Population Institute cites that poor women have the least access to family planning supplies, services and information, least able to have a skilled birth attendant or deliver in a health facility, increasing risk of death and disability, and least able to access emergency obstetric care in case of complications, putting their lives in more danger. This inequity in access is the focus of the RPRH law, providing an enabling environment for citizen demand.

Building a critical mass of citizens monitoring RH implementation that produce evidence for advocacy, and strengthening this network is a key strategy. Better understanding of ground level context, e.g. bottlenecks in the supply of RH services, is necessary. Through the application of SAcc approach and tools, CSOs and citizens will be capacitated and tooled to gather information, set their indicators of quality RH services, identify gaps and bottlenecks in RH service delivery programs, and engage effectively with government officials and health staff towards solutions.

3.2.2 Strategy for building multi-stakeholder support: A key strategy to build a network of stakeholders for this project is partnership building and communications, which is one of the components of this project. The key stakeholders are the authors/champions of the RPRH Law in congress and senate; Department of Health, local government units and their health offices; private sector RH service providers; NGOs providing RH services; CSOs helping to increase the poor's access through advocacy; community volunteers and the media.

Stakeholders will be mobilized to come together on several platforms for collective action one of which is the national budgeting process. This will also be done with the local budgeting process. The SAcc initiative in RH should be able to provide good evidence for budget advocacy. A communication strategy of this project includes aggregation of citizen monitoring data from target sites and disseminating this information.

Another area for stakeholder mobilization is citizen feedback and oversight in RH law implementation where the concrete output is a platform and process for citizen inputs to the annual legislative review of the RPRH law which will be done for 5 years.

These strategies for stakeholder mobilization will be supported by an effective media and communications strategy

3.2.3 Strategy of constructive engagement: At the outset, the project shall secure commitment of national and local government target partners. A project launch, with media coverage, should be able to communicate that this project intends to build a partnership in collaborative problem solving, focusing on the issue of access to RH services.

For government actors, the value proposition of this project is that we can help them to ensure responsiveness of RH programs by providing inputs about needs and concerns of target beneficiaries and information about supply side bottlenecks in RH service delivery from the ground. The application of proposed SAcc tools such as the Community Scorecard and budget monitoring will provide data and monitoring reports from the ground on the level of quality of RH services, problems in budget flow, training of human resources, regulation of private service providers, allocation patterns and expenditure levels on health, specifically RH among target LGUs.

A benchmarking research planned in this project will come out with results about standards and 'what works' that health service providers can use for their planning and citizen groups can use for advocacy.

3.2.4 Communications and outreach strategy: The online platform with social media component is the key means to reach out to CSOs and ordinary, unorganized citizens who are interested to contribute in citizen monitoring of RH programs and services. This is a possible avenue to mobilize individuals/citizens from other localities to monitor RH services in their areas.

The pool of SAcc Facilitators and community volunteer monitors can be resource persons for other CSOs. While project coverage is limited to 20 municipalities in 6 provinces, many more citizen groups can be encouraged to replicate or undertake similar initiatives in other areas of the country. Simple and easy to use on-line tools derived from the proposed Community Scorecard and Budget Tracking processes will be uploaded in the online platform for use by other groups and ordinary citizens.

A media strategy will also be drawn up wherein column feeds and sponsorship of article series on local health services, RH law implementation and citizen engagement in major dailies or online news portals. The project will also produce video primers that will be uploaded to youtube and other social media networks. Appropriate knowledge products will also be produced for community members (e.g., posters with information on entitlements and services).

3.2.5 Social accountability mechanisms or tools: The project will be using three SAcc mechanisms/tools that will help to determine supply side bottlenecks, understand the context of such bottlenecks, and what possible solutions can be agreed:

1. Budget analysis and monitoring: one of the often cited causes of bottlenecks in health service delivery, and RH service delivery in particular, is inadequate investment in facilities and human resources; at the national level, engage DOH in preparing the annual budget for RH. At the local level, spaces will be created to discuss LGU budget for RH. It is challenging for CSOs and more so for ordinary citizens to participate in the LGU planning and budgeting the formal platform for which is membership in the Local Development Council (LDC). However, only a few LGUs have functional LDCs. The strategy is to invite LGU policy makers (LCE, municipal council members) to dialogues or forums on RH where community findings from the citizen monitoring of supply side bottlenecks can be reported. By doing so we link performance evaluation with planning and budgeting. The budget forum would ideally lead to identifying policy actions and securing their commitments to address bottlenecks in service delivery as well as quality improvements.

2. Community Scorecard (CSC): another probable cause may be the lack of awareness about citizen's entitlements, the simple logic being if there is no demand, there will be no reason to supply; on the other hand, citizens may have been so used to the state of services that expectations are low; SAcc Facilitators with community volunteer monitors will conduct inventory and audit of entitlements in target areas, and facilitate sessions for community and service providers where they develop their own scorecards. This will allow for drawing out of relevant performance indicators for measuring and evaluating RH services. This will be done through focus group discussions. Community and service providers interface meetings will provide space for dialogue about community needs and expectations and collaborative identification of issues and solutions in RH service delivery. This process will raise awareness of entitlements, voice, accountability, capacity for systematic monitoring and more evidence based advocacy.

3. Online platform to display information in accessible and understandable format: the Department of Health and LGUs can share documents through this platform. Project team can also upload analysis of implementation of RH services, issues, concerns, bottlenecks, and government actions. Ordinary citizens can use the platform in monitoring RH services.

3.3 Social Accountability Tools

Transparency and Access to Information: Develop information and communications materials to make public information accessible to targeted audiences, Develop online database to display public information in accessible, understandable formats, Independent budget analysis (national, state/provincial, municipal, sectoral)

Voice and Representation: Develop civic application to display public information and engage citizens or targeted audiences through the use of ICT tools (e.g. crowd-sourcing, SMS), Capacity-building of CSOs, CSO networks and/or targeted citizen groups, Other. Please describe below:

: Initiate spaces for community-local government dialogue on RH

Accountability: Develop web-based civic application to monitor (national, state, municipal, sectoral) public programs and institutions, Independent budget monitoring (including budget expenditures tracking, budget process monitoring), Design and implement community scorecards to assess service delivery (availability of inputs, service quality), Other. Please describe below:

: Promoting international and national standards in assessing performance in RH service delivery

3.4 Summary of Project Components

3.4.1 Project summary: 1. Partnership building and Communications – takes care that there is an enabling environment, the ground is prepared for citizen monitoring and constructive engagement as well as good communication established amongst project stakeholders, which include the DOH, DILG, PhilHealth, 20 municipalities from 6 provinces in the regions of CARAGA and Central Mindanao, as well as the media.

Outcomes:

- a) Established partnership with CSOs and other key stakeholders on the implementation of the project
- b) Established partnership with media in the dissemination of information regarding the project and its goal and objectives.

Activities:

- a) Meetings and groundwork with communities and key stakeholders
 - b) Inception workshop with key stakeholders and partners including orientation about SAcc and constructive engagement
 - c) Development of MOA and signing with DOH, LGUs and CSO partners
 - d) Bridging community stakeholders with policymakers
 - e) Media and communications work
2. Capacity Building for Citizen Engagement – this is the core component of the proposed project geared towards enhancing voice and demand of the poor for equal access to quality RH services.

Outcomes:

- a) Developed competencies of CSOs and citizen groups on the SAcc approaches and tools (budget analysis, CSC constructive engagement, advocacy)
- b) Established collaborative practices and systems for addressing RH concerns between citizens and service providers
- c) Established use of information and findings from SAcc processes for advocacy

Activities:

- a) Capacitating SAcc Facilitators and community volunteer monitors for RH budget monitoring and RH community scorecard process
- b) Benchmarking, mapping of existing RH programs, system and standard of delivery
- c) Budget tracking through dialogues
- d) Conduct of community scorecards
- e) mentoring through reflection sessions
- f) interface meetings between CVMs and service providers and action planning
- g) Aggregation of scorecard information and feedbacking to DOH
- h) Reporting to formal channels such as the Legislative Committee for RH Law review

3. Knowledge and Learning – this will focus on data capture, knowledge generation and knowledge sharing on three aspects: documentation of the bottlenecks in RH service delivery that were identified through the SAcc approach and actions agreed, experience and reflection of those who were engaged in the SAcc approach and processes (i.e. how useful was it in terms of promoting citizen engagement and openness of government and service providers, what worked, what did not work, will they use it next time, etc.), documentation of the customized tools and processes of applying SAcc in RH.

Outcomes:

- a) Generated and packaged information coming from actual SAcc initiative into knowledge products
- b) Promoted the use of SAcc tools and approaches to other groups for the purpose of replication and sustaining

efforts for social accountability in RH

Activities:

- a) Development and distribution of knowledge products
- b) Knowledge sharing sessions
- c) Social marketing activities
- d) Design and maintenance of online platform for information sharing, data gathering and aggregation and citizen feedback

3.4.2 Summary of lessons learned: In the RH debate many diverse voices have entered the political sphere and the question of power arises in considering whose voices and decisions matter in shaping policy. The voices of poor women and men, whose life conditions form a background to the policy discussions were almost never heard. Oxfam became interested in the GPSA because we need spaces for facilitating deeper discussions on the ground. Documenting these voices and aggregating and sharing data would be very helpful in reducing supply side blockages and improving policy implementation in the health sector. We need to do this now and move on from the highly charged and difficult battleground of values and beliefs during the policy advocacy and campaign.

Current RH partners of Oxfam in their years of work in RH advocacy at the national and local levels realized that after a local policy is enacted, it is time to shift the focus from the legislative arena to the executive branch, and specifically towards the allocation of funds. Monitoring and evaluation of policy implementation are also needed. To be able to do this effectively, a governance development strategy would need to have partnership development with multiple stakeholders in the localities, particularly women's organisations, youth and interfaith groups. Still according to partners' and Oxfam's experience, by increasing the voice and improving the negotiating capacities of poor women on reproductive rights, this will mobilize more members of the community including service providers to address reproductive health issues of women and men in the community.

3.4.3 Alternatives considered: An alternative intervention considered within the generally agreed objective of citizen engagement in monitoring RH service delivery is Participatory Action Research (PAR). PAR is similar to SAcc in that the methodology allows people to define issues in their own terms, provide space for reflection and speaking out, provides space to strategise and find solutions, emphasizes collective action and processes and its intention to effect changes during the research process. However, based on experience, PAR is intensive, and can only engage a limited number of people. People get intimidated by the research skills needed. Action research also generates largely qualitative data and there is a tendency to focus on "research" without the "action" part and a tendency to be a process apart from everyday dynamic between citizens and government. The SAcc approach contains elements of empowerment of citizens in a way that is practical, more user-friendly for citizens and data from, for example, budget analysis and community scorecard is immediately useful in engaging government and service providers.

Within the SAcc approach, one of the alternatives is procurement monitoring as a large issue in RH is the access to family planning supplies. From experience again, procurement monitoring can be too technical for ordinary community members. Only a limited number of people can observe and represent CSOs in the procurement process. The project instead focused on budget analysis and monitoring because transparent budgeting is critical for policy implementation and effective service delivery.

Section 4: Project Implementation

4.1 Capacity Building

Capacity building areas:

1. Defining 'SAcc in RH' framework – Oxfam and partners aim to develop an in depth understanding of the application of Social Accountability approach to the issue of equity in access to reproductive health care and services. Because this particular project is focused on identifying supply side bottlenecks, the questions we ask are many:

- How will citizen awareness and demand address the potential supply side bottlenecks in RH service delivery?
- In building understanding of ordinary citizens/community members of RH and their entitlements, what factors can affect or influence citizens' demand for RH services?
- How can we build capacity of those who will engage – the citizens/community volunteers - in the training and mentoring of SAcc Facilitators?
- What is going to be the dynamics in citizen-government engagement on RH?
- How can existing SAcc tools be effectively customized for enhancing citizen demand for RH?

'SAcc in RH' would be a huge contribution to SAcc theory and practice and so knowledge products and knowledge sharing with others will be given due emphasis. This project will provide experience and opportunity to learn as we assist in collaborative problem solving about RH care. Oxfam will be working in partnership with Likhaan Center for Women's Health, an NGO that has proven good practice in community based RH care.

2. The use of online platforms to promote active citizenship – these are not new in advocacy and campaigns; however, the flow of information is primarily 'downloading' or feeding of information to the public.

For SAcc in RH, the data will come from citizen monitoring. We need a system to process data as they are uploaded by the citizen volunteer monitors, provide support to analysis, aggregating, using the information for agenda building and/or action points. At the level of the public, we want to gather citizen inputs – we want them to feedback as well as provide new information from their own monitoring initiative. We need an "interactive" system set up. This is a different kind of mobilization. Oxfam has also made use of social media to popularize and build interest on themes that we work on such as Disaster Risk Reduction, Climate Change Adaptation, etc.

Oxfam GB's global Digital Vision team will help enhance the strategy for online networking and communications and will strengthen the communication strategies of CSO partners and citizen groups.

4.2 Role of Partners

Oxfam always works in partnership with national and local CSOs. For this particular project, we consulted and mobilized at least 10 partners. At the national level, we will work in partnership with the Affiliated Network for Social Accountability in East Asia and the Pacific (ANSA-EAP) and Likhaan Center for Women's Health (LIKHAAN). Both national partners bring in particular competencies that are highly relevant to the project.

ANSA-EAP as mentioned above is a learning partner of Oxfam on Social Accountability and they have facilitated learning events – face to face as well as online – on SAcc. ANSA EAP will lead on the components Capacity Building for Citizen Engagement and the Online Platform for SAC in RH. This would mean conduct of learning

needs assessment, development of the training design, actual training, monitoring and mentoring. ANSA EAP will be convening and coordinating component meetings for this work area. ANSA EAP will also design, maintain and monitor the SAcc in RH project's online platform.

LIKHAAN will lead in the Partnership Building component – national and local level - building on the links and working relationships it has developed with the Department of Health and other RH health related agencies throughout its campaign for RH and membership as well as advisory capacity in RH Technical Working Groups. LIKHAAN will serve as RH resource persons for the project and will play a role in the capacity building component. LIKHAAN may also play a substantial role in benchmarking of good practices in RH care.

It is Oxfam's practice to set up a Project Management Team composed of representatives from key partners that will facilitate integration, moving in one direction and complementation. The PMT will be composed of Oxfam, LIKHAAN and ANSA-EAP. The Project Management Team members will also serve as mentors to the municipal level SAcc in RH stakeholders – CVMs, SAcc facilitators, local health staff - and will organize quarterly reflection sessions.

Oxfam is currently working with partners that are Mindanao-based CSOs/NGOs e.g., Al Mujadillah Development Foundation (AMDF), Paglilingkod Batas Pangkapatiran Foundation (PBPF), United Youth of the Philippines (UnYPhil), Rural Women's Coalition, Agri Aqua Development Coalition, and Community Organizers Multiversity (COM). The SAcc Learning Facilitators will come from these partner CSOs and NGOs. Oxfam's support will enable the GPSA support to impact on service delivery and citizen-government relations in a very isolated and vulnerable part of the country.

4.3 Monitoring, Evaluation and Learning

4.4.1 Monitoring: The Project's monitoring system will involve the community volunteer monitors (CVMs), SAcc Facilitators, Project Management Team (PMT) members (who will also be mentors to the municipal level SAcc initiatives), and the government health office staff and the media. Installation of the system will kickstart with the PMT monitoring tool development. This will include a discussion of the information that will have to be monitored in the Project and agreement on how it will be done including the Project's reporting and feedback mechanism.

The municipal level SAcc tool Community Scorecard (CSC) is by itself already a monitoring tool. The CSC will have a list of indicators that will be identified by the stakeholders themselves against which existing RH service delivery will be checked or audited. This audit provides baseline information on existing services. The indicators will be culled from various sources that the CVMs will know about during their training. It could be from the list of elements indicated in the RPRH law, national (DOH) as well as international (WHO) standards, from the benchmarks that the project would have gathered in the early part of project or a list combining such sources. Result of interface meetings between CVMs and Municipal Health Office (MHO) staff plus others from the LGU will be written up or recorded by the SAcc facilitators. The reports will include an inventory of gaps or bottlenecks in RH service delivery, analysis on sources or causes of bottlenecks and actions agreed by the group.

The Project now has 6 Provinces' reports and these will be submitted to the PMT which will share and discuss them with the relevant Regional Health Office and the Department of Health on a bi-annual basis. Again, achievements will be celebrated and concerns that have to be elevated will be tackled in these meetings. Participation of representatives from the volunteer groups and the SAcc Facilitators will be ensured during these meetings.

Engagement with the Media will happen on an annual basis where accomplishments and lessons learned will be

shared. Reports and stories will also be communicated online to promote knowledge management and engagement with the public.

The PMT will do mentoring, validating and feed backing activities after the bi-annual monitoring meetings with the Regional and National Department of Health. The PMT members will be deployed to the 20 municipalities to ensure regular monitoring of all municipalities at least twice in a year. Monitoring visits will also depend on level of support needed.

The online platform will also be developed to become part of the M&E system with SAcc Facilitators uploading data. The online platform's level of interactivity, as proxy for citizen interest and potential actions, should be analysed and tools to assess such will still be explored with the help of the Digital Vision team. Problems, new and/or emerging ideas, opportunities should be culled from the online platform.

The Project monitoring system aims to support capacity-building of the volunteer groups and the SAcc Facilitators in engaging the government from the Municipal to the National level.

4.4.2 Evaluation: As per Oxfam policy, all projects at the minimum will be evaluated midway through implementation (formative or mid-term evaluation), and once the project has been completed (a summative or end-term evaluation). Monitoring, Evaluation and Learning (MEL) advisors in Oxfam are available to discuss evaluation objectives and the most appropriate methodology to use.

The design for mid-term evaluation will involve capturing data about progress in achieving component objectives, which can come from the monitoring reports/notes. The PMT can also identify and agree on evaluation questions based on the results framework, emerging issues or stakeholder needs and interests. Where things are going well or where there are constraints will be researched further to identify factors so that adjustments in plans can still be made.

The final evaluation will be led by independent evaluators who are unconnected with the project to ensure objectivity and credibility of result. For this project, the minimum requirement can be based on 1) assessment of the project's outcomes or impact; or 2) Oxfam's contribution or 'added value' to the project; or 3) cost-effectiveness.

The final evaluation will focus on a few carefully identified research questions. The following questions related to application of SAcc approach in RH could be a start for identifying evaluation focus questions:

- To what extent did citizen awareness and demand address the supply side bottlenecks and make RH service delivery more effective?
- In building understanding of ordinary citizens/community members of RH and their entitlements, what factors affected or influenced citizens' demand for RH services?
- How did we build capacity of those who actually engage – the citizens/community volunteers
- What dynamics occurred in citizen-government engagement on RH?

A mixed method approach to evaluation will be used. Survey techniques, for example, to measure competencies acquired by SAcc Facilitators and CVMs. Qualitative data will be collected through focus groups, interviews, and observation. This will help to build a complete understanding of what has been achieved and will feed into the national and GPSA knowledge and learning processes.

4.4.3 Knowledge and Learning: For generating knowledge from planned SAcc interventions, the project will have

a Knowledge and Learning specialist that will organize a project learning strategy. Among strategies that worked before, we identified:

- 1) Mentoring system involving assignment of mentors to teams of SAcc facilitators and citizen monitors. One role of the mentors will be to facilitate periodic reflection sessions with the citizen monitoring teams to help them process their experiences and lessons in using SAcc tools and engaging with the local government.
- 2) Collaborative problem-solving sessions with government and other stakeholders during proposed public forums, dialogues, and interface meetings to present findings from SAcc approaches and tools. These sessions will be designed and facilitated to provide opportunities for collective brainstorming and strategy identification on how to improve focus and impact of citizen monitoring of RH law implementation.
- 3) K&L capture through production of reports and documentation, toolkits, manuals, and strategic communication materials, and knowledge sharing events with other practitioners (local and national) will facilitate learning through knowledge exchange with a wider audience and the media to reach the general public.

To sustain learning beyond planned capacity building activities: 1) Toolkits, manuals, and creative documentation of partners' monitoring initiatives and experiences will be produced to facilitate both self-learning on SAcc approaches to RH monitoring among citizen groups and communities. 2) Simple and easy-to-use guidelines for assessing the results and drawing out lessons from citizen actions will also be drafted and disseminated through the network partners and the online platform.

Strategies to ensure sustained and effective use of these knowledge products: 1) Institutionalization of capacity building programs or interventions on SAcc in RH in partner organizations and networks; 2) Networking and mainstreaming initiatives with academic institutions to generate interest in sustaining both knowledge capture (e.g. production of case studies, researches, etc. on citizen monitoring and citizen-government engagement on RH) and knowledge dissemination (e.g., through possible inclusion of SAcc in RH case materials in the formal curricula or other academic offerings –e.g., executive education programs, graduate seminars, etc.)

4.4 Sustainability

The choice of partners, geographic areas and strategies was made with the issue of sustainability in mind. Oxfam has chosen to work with partners with proven track records on the issue or the problem of RH and governance. Oxfam has a commitment to work with partners in the Mindanao project sites until 2018. This means that Oxfam's current partnerships with selected partners will outlive this project. Relationships amongst project stakeholders will therefore continue even after the project.

The online knowledge platform will also be maintained in the long-term by Oxfam and will be an ongoing resource for active citizens in the country.

The selection of sites also followed criteria that aim to contribute to project sustainability. We chose provinces where we have active and competent CSO partners as well as levels of openness from the LGUs. We also intend to map other CSOs present in the sites that we can involve in the project.

Co-Authors

Darlene R Dancel

© 2013 The World Bank Group, All Rights Reserved.