END OF PROJECT EVALUATION REPORT

Prepared for DSW

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DSW hopes that the findings and recommendations in this report will guide decision makers, planners, development partners and implementers of RH, maternal health and ASRH programs in Uganda, Kenya, Tanzania and even beyond and will be useful in influencing the health budgeting and resource allocation capacities at both the national and local government levels.
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<tbody>
<tr>
<td>AFNET</td>
<td>Anti Female Genital Mutilation Network</td>
</tr>
<tr>
<td>AGHA</td>
<td>Action Group on Health, HIV and AIDS</td>
</tr>
<tr>
<td>ANC</td>
<td>Ante Natal Care</td>
</tr>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
</tr>
<tr>
<td>CBO</td>
<td>Community based organization</td>
</tr>
<tr>
<td>CSF</td>
<td>Civil Society Fund</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>DLG</td>
<td>District Local Governments</td>
</tr>
<tr>
<td>EAC</td>
<td>East African Community</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FBO</td>
<td>Faith based Organization</td>
</tr>
<tr>
<td>FOCREV</td>
<td>Friends of Christ Revival ministries</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based violence</td>
</tr>
<tr>
<td>HA</td>
<td>Healthy Action</td>
</tr>
<tr>
<td>HBC</td>
<td>Home Based Care</td>
</tr>
<tr>
<td>IEA</td>
<td>Institute for Economic Affairs</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IED</td>
<td>Institute for Education in Democracy</td>
</tr>
<tr>
<td>KOCISCO</td>
<td>Korogwe Civil Society Coalition</td>
</tr>
<tr>
<td>LAVIN</td>
<td>Lake Victoria Initiative</td>
</tr>
<tr>
<td>LCs</td>
<td>Local Councils</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Authority</td>
</tr>
<tr>
<td>LHRC</td>
<td>Legal Human Rights Centre</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MPs</td>
<td>Members of Parliament</td>
</tr>
<tr>
<td>NACWOLA</td>
<td>National Community of Women Living with AIDS</td>
</tr>
<tr>
<td>NAWMP</td>
<td>Network of Women Ministers and Parliamentarians</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>RHU</td>
<td>Reproductive Health Uganda</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>TA</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>TAWG</td>
<td>Tanga AIDS Working group</td>
</tr>
<tr>
<td>TRCA</td>
<td>Tanzania Red Cross Association</td>
</tr>
<tr>
<td>TWG</td>
<td>Technical Working Groups</td>
</tr>
<tr>
<td>UMATI</td>
<td>Family Planning Association of Tanzania</td>
</tr>
<tr>
<td>UMWA</td>
<td>Uganda Media Women's Association</td>
</tr>
<tr>
<td>UYDEL</td>
<td>Uganda Youth Development Link</td>
</tr>
<tr>
<td>VSO</td>
<td>Voluntary Services Organization</td>
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</tbody>
</table>
Executive Summary

The Healthy Action (HA) project has been implemented in Uganda, Kenya and Tanzania over a three year period by a team of four partner organizations that include DSW, RHU, IED and Tanzania 4H. The overall objective of the HA project was to contribute to more effective and inclusive health policies, programs and budgets, and ultimately to achieving the health-related MDGs in the three countries. With a specific objective of empowering Non State Actors (NSAs) to become meaningful and inclusive participants in civic processes concerning pro-poor health policies by increasing their advocacy capacity to formulate policy priorities, monitor their implementation and hold decision-makers to account, the project worked to achieve four key results:

1. To have strengthened advocacy capacity and financial basis of 45 health NSAs to develop and implement advocacy campaigns for pro-poor health policies, programs and budgets.

2. To have strengthened partnerships, collaborative networks and coalitions among 45 NSAs, resulting in increased collaboration, mutual learning, information-sharing, and coordination.

3. To establish functional dialogue between NSAs and at least 90 decision makers in pro-poor health policy formulation, budgeting and implementation at local, national and regional level established.

4. To have strengthened role of NSAs in local decision making, involving communities (vulnerable groups), as demonstrated by an enhanced demand for accountability from decision-makers and budgets and policies that reflect the priorities and needs of the community.

Progress towards achievement of project results was continuously monitored through: Activity tracking sheets; regular monitoring by HA partners; Use of pre and post test assessments and annual evaluations. At the end of the third year, an end of project evaluation has been carried to find out if the project carried out all it set out to do, whether the NSA capacities had improved and to document what the NSA have been able to do in terms of meaningful participation in civic process for pro-poor policy formulation, monitoring health programs and holding governments accountable. The end of project evaluation relied on review of project documents and key informant interviews as well as on evaluation findings from years 1 and 2 of project implementation.

The end of project evaluation found that the project’s specific objective and all four project expected results have been achieved and in some ways project targets exceeded.
Over the three year period, the project worked with up to 89 NSA that included: Non Governmental Organisations (NGOs), Faith based organisations (FBOs) and Community based organisations (CBOs) that are involved in promoting pro-poor health issues as the primary target. The total number of NSA the project worked with far exceeded the set target of 45. At district and national levels, the project worked with secondary targets that included: district and national level decision makers, networks, coalitions and alliances.

In order to strengthen the advocacy capacity and financial basis of NSAs to develop and implement advocacy campaigns for pro-poor health policies, programs and budgets, the project through a multi-pronged continuous process carried out several key actions including: NSA capacity assessment; training in advocacy, resource mobilization and civic education; provision of technical assistance through coaching and mentoring; ensuring the participation of NSA in the budget analysis process and re-granting. These actions enabled the NSA to have their capacities improved through both theoretical and practical approaches.

Partnerships, coalitions and networks among the NSA were strengthened through: regular scheduled meetings between the NSA; taking advantage of ongoing activities e.g. national safe motherhood days; NSA inviting each other participate in their activities outside of HA; working with established networks to expand reach and through the use of virtual networks. The end of project evaluation revealed that for many of the NSA, the opportunity for improved networks and collaboration with other NSA was one of the key benefits of the HA project.

Key project actions taken to establish a functional dialogue between NSA and decision makers included: Dissemination of data from the budget analysis process; Tri-partite meetings, workshops and consultative meetings. The approaches that worked best varied from country to country and included: Community presentations to district decision makers (Tanzania); Using budget analysis reports (Uganda); District stakeholders meetings and linking advocacy to service delivery (all countries).

The HA project helped strengthen the role of NSA in decision making at various levels through: Participation in district level planning meetings by the NSA; ensuring that recommendations were taken from communities to district level and action taken and by working with established structures e.g. district councilors in Uganda and with the District medical officers (DMO) and Community Development Office (CDO) in Tanzania.

The NSA have been able to engage meaningfully with communities, district and national decision makers and to influence policy and resource allocation. In addition, the NSA have been able to strengthen their networks and coalitions and to establish mechanisms that will ensure continuity of actions beyond the set project period.
1. Introduction and Background

Healthy Action (HA) is a 3-year EU funded project implemented in Uganda, Kenya and Tanzania from 2010 by DSW (Deutsche Stiftung Weltbevoelkerung) in partnership with Tanzania 4H for Tanzania, Reproductive Health Uganda (RHU) in Uganda and the Institute for Education in Democracy (IED) in Kenya. HA aims at empowering Non State Actors (NSA) in Tanzania, Kenya and Uganda to effectively participate in formulating policy priorities, monitoring their implementation and holding governments to account with a specific focus on health.

Working at regional, national and district levels, the project’s overall objective is to contribute to more effective and inclusive health policies, programs and budgets, and ultimately to achieving the health-related MDGs in Tanzania, Kenya and Uganda. Specifically, the project objective is to empower NSAs to become meaningful and inclusive participants in civic processes concerning pro-poor health policies by increasing their advocacy capacity to formulate policy priorities, monitor their implementation and hold decision-makers to account. While the project’s primary targets are NSA, including NGOs, FBOs and CBOs that are involved in promoting pro-poor health issues and are advocating with decision makers, it also targets networks, alliances and coalitions as a secondary target to expand the scope and scale of the action. Other secondary targets include decision makers at district and national levels chosen for their ability to directly influence priorities and public spending on health. At the regional level, the project targets government officials and parliamentarians of the East African Community (EAC). Communities and vulnerable groups, with a special focus on youth and women are also a secondary project target and are expected to hold decision makers accountable.

From the inception, the HA project was designed to achieve four main results:

1. Strengthened advocacy capacity and financial basis of 45 health NSAs to develop and implement advocacy campaigns for pro-poor health policies, programs and budgets

2. Strengthened partnerships, collaborative networks and coalitions among 45 NSAs, resulting in increased collaboration, mutual learning, information-sharing, and coordination.

3. Functional dialogue between NSAs and at least 90 decision makers in pro-poor health policy formulation, budgeting and implementation at local, national and regional level established.

4. Strengthened role of NSAs in local decision making, involving communities (vulnerable groups), as demonstrated by an enhanced demand for accountability from decision-makers and budgets and policies that reflect the priorities and needs of the community (over 7500 reached)
The Healthy Action (HA) project theory of change was based on the assumption that interventions that build the capacity of selected Non-State Actors (NSA) for advocacy, resource mobilization and civic education would enable them to work closely together through strengthened networks and coalitions. It assumed that with improved capacities, the NSA would be able catalyze communities, including vulnerable members of the community to better participate in health planning and monitoring. The NSA, working with communities would pro-actively interact with decision makers and positively influence pro-poor health policy formulation, budgeting and resource allocation at various levels of decision making. This theory of change is illustrated diagrammatically below:

![Diagram of the Healthy Action (HA) project theory of change](Image)

**Source:** Healthy Action – Grant Proposal.

This theory of change required that the HA partners would identify and carefully select the right mix of NSA in each country and that the HA partners would be able to help build the capacities of these NSAs. The NSA would be the key actors in ensuring that within the context of each country’s policies for planning and service delivery, community members and decision makers work together and that pro-poor policies are formulated, and resources allocated as needed to address the needs of the community.

In consultation with its partners, DSW developed a project monitoring and evaluation (M&E) plan for HA that included a project log frame, a monitoring and evaluation (M&E guide), an activity tracking tool, a reporting template, a capacity assessment questionnaire. A baseline survey of the capacities of the selected NSAs was carried out at the beginning of the project using a self administered capacity assessment questionnaire. The project log frame set out several indicators for monitoring and evaluating project progress. The monitoring indicators were designed to be captured routinely through the activity tracking tool and to be reported on through routine project
reports prepared by the project staff. The evaluation indicators were to be reported on annually through a survey carried out by an external evaluator. To strengthen its M&E function, DSW contracted the services of an independent external consultant to conduct annual formative evaluations and an end of project evaluation. A copy of the project log frame is presented below with the evaluation indicators shown in red font.
<table>
<thead>
<tr>
<th>Intervention logic</th>
<th>indicators of achievement</th>
<th>Means of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall objectives</strong></td>
<td>To contribute to more effective and inclusive health policies, programs and budgets, and thereby ultimately to achieving the health-related MDGs in Tanzania, Kenya and Uganda.</td>
<td>▶ Progress towards reaching the indicators for MDG 3, MDG 5, and MDG 6. &lt;br&gt; ▶ Implementation of the Abuja declaration.</td>
</tr>
<tr>
<td><strong>Specific objective</strong></td>
<td>To empower NSAs to become meaningful and inclusive participants in civic processes concerning pro-poor health policies by increasing their advocacy capacity to formulate policy priorities, monitor their implementation and hold decision-makers to account.</td>
<td>▶ Number of NSA advocacy actions carried out and amount of funds raised for health advocacy actions. &lt;br&gt; ▶ Number and quality of network activities. &lt;br&gt; ▶ Number and quality of resolutions taken by national decision makers and EAC officials. &lt;br&gt; ▶ Numbers of recommendations from the communities and used for policy planning and budgeting. &lt;br&gt; ▶ % increase in national health budgets. &lt;br&gt; ▶ Perceived benefit and added value of the action and networks for NSAs</td>
</tr>
<tr>
<td><strong>Expected results</strong></td>
<td><strong>Result 1:</strong> Strengthened advocacy capacity and financial basis of 45 health NSAs to develop and implement advocacy campaigns for pro-poor health services.</td>
<td>▶ Number of NSA participating in workshops and coaching programmes. &lt;br&gt; ▶ Increase of NSA advocacy capacity (knowledge, skills). &lt;br&gt; ▶ Increase of NSA fundraising capacity (success rates). &lt;br&gt; ▶ Number of technical assistance provided. &lt;br&gt; ▶ Number of project proposals submitted and aggregate budgets. &lt;br&gt; ▶ Quality of the workshops and benefit to NSAs</td>
</tr>
<tr>
<td></td>
<td><strong>Result 2:</strong> Strengthened NSA partnerships, collaborative networks and coalitions, resulting in increased collaboration, information sharing and coordination.</td>
<td>▶ Number of network meetings organised. &lt;br&gt; ▶ Number of joint events organised. &lt;br&gt; ▶ Number of joint fundraising activities. &lt;br&gt; ▶ Number of publications on budget analyses produced and disseminated. &lt;br&gt; ▶ Number of bi-weekly newsletters published. Number of recipients. &lt;br&gt; ▶ Perceived added value of networks to NSAs</td>
</tr>
<tr>
<td></td>
<td><strong>Result 3:</strong> Functional dialogue between NSAs and decision makers in pro-poor health policy formulation, budgeting and implementation at local, national and regional level established.</td>
<td>▶ Number of tripartite consultative forums organised and number of participants. &lt;br&gt; ▶ Number and quality of input to district budgets and plans. &lt;br&gt; ▶ Number of advocacy actions implemented. &lt;br&gt; ▶ Number of decision makers reached. &lt;br&gt; ▶ Perceived value of interaction by NSAs</td>
</tr>
</tbody>
</table>
The use of pre and post training activity assessment tests further strengthened monitoring of project outcomes.

HA Project evaluation carried out in years 1 and 2 focused on progress made in building NSA capacity and generated recommendations to strengthen the project. The evaluations found that during the first year of project implementation, the Healthy Action partners laid a strong basis for implementation of project activities during the subsequent years. Key achievements during the first year included: assessment of the advocacy capacities of NSA, training and practical work to improve the advocacy capacity of NSA, initiation of dialogue between the NSA and policy makers at both the central and national levels and the completion of budget analysis studies in all the three countries.

Year 2 evaluation showed that implementation of project activities in the second year of the project, had built on the successes registered in year 1. The focus of year two project activities had been to continue building the capacity of the NSA including their resource mobilization capacity, to strengthen the networks, to have a more coordinated input into health policy, to scale up dialogue and the participation of communities, to integrate health advocacy into civic education and to document successes and lessons learnt. By end of year 2, the resource mobilization and advocacy capacities of the NSA had been greatly improved and it was already beginning to show results by the number of coalitions the NSAs had formed, the number of proposals developed and submitted to potential donors and the very competitive proposals that have been funded by the project as part of the Healthy Actions re-granting process. Training of the NSA in civil education had enabled them increase the scope of their activities and they were applying the knowledge gained in their other projects and activities. Partnerships and collaborations had been strengthened between the HA partner organizations in each country, between the NSA and between the NSA, the HA partners and the governments in the three countries. NSA had been actively involved in advocacy at national, regional and district levels through participation in Tri-partite meetings, National roundtables and community dialogue meetings. In all the three countries, there were positive reports of districts making changes in their health service delivery mechanisms as a result of these advocacy events.
The evaluation being carried out in year 3 of the project is a summative, end of project evaluation focusing on project outcomes and impact. It is intended to answer the following three key questions:

- **Did the project carry out what it set out to do?**
- **Did the NSA’s capacity change?**
- **What have the NSA been able to do in terms on meaningful participation in civic processes for pro-poor policy formulation, monitoring health programs and holding governments accountable?**

The results from the end of project evaluation will inform an impact evaluation that will seek to show whether expected changes have occurred with the project’s secondary targets including: Networks, Alliances and Coalitions that were expected to expand the scope of the action; Vulnerable Community members that were expected to demand for accountability and Decision makers at District / Regional and National levels that were expected to influence health priorities and expenditure.

This report presents the key findings of the HA end of project evaluation.

Even before the end of project evaluation, the regular project monitoring activities had provided information on project progress as per the monitoring indicators. This information has been summarized in the table below.

**Table showing project progress as per monitoring indicators:**

<table>
<thead>
<tr>
<th>Monitoring indicator</th>
<th>Target</th>
<th>Achievement by end of project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of NSA participating in workshops and coaching programs.</td>
<td>45</td>
<td>89</td>
</tr>
<tr>
<td>Number of technical assistance provided.</td>
<td>Target not set</td>
<td>302</td>
</tr>
<tr>
<td>Number of project proposals submitted</td>
<td>45</td>
<td>&gt;100 proposals</td>
</tr>
<tr>
<td>Number of network meetings organized.</td>
<td>12 (4 per country)</td>
<td>129</td>
</tr>
<tr>
<td>Number of joint events organized.</td>
<td>12</td>
<td>56</td>
</tr>
<tr>
<td>Number of joint fundraising</td>
<td>45</td>
<td>Through &gt;100 joint</td>
</tr>
<tr>
<td>activities.</td>
<td>proposals</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Number of publications on budget analyses produced and disseminated.</td>
<td>3 sets of budget analysis reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1500 copies of budget analysis report</td>
<td></td>
</tr>
<tr>
<td>Number of bi-weekly newsletters and other materials published. Number of recipients.</td>
<td>Target not set</td>
<td></td>
</tr>
<tr>
<td></td>
<td>56 publications, reaching 4,437,667 people</td>
<td></td>
</tr>
<tr>
<td>Number of tripartite consultative forums organized and number of participants.</td>
<td>12 (4 per country)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Number of advocacy actions implemented.</td>
<td>9 advocacy actions supported through re-granting (3 per country);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 roundtables;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 consultative meeting at EAC level</td>
<td></td>
</tr>
<tr>
<td>Number of decision makers reached.</td>
<td>90 (30 per country)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>405</td>
<td></td>
</tr>
<tr>
<td>Training modules developed.</td>
<td>1 advocacy; 1 resource mobilization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 training modules (advocacy, resource mobilization and civic education)</td>
<td></td>
</tr>
<tr>
<td>Number of IEC materials disseminated.</td>
<td>posters: 30,000, flyers: 20,000, banners: 36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5500 calendars, 206 T-Shirts, roll up banners viewed by 3,648 on workshops, fairs and exhibitions, 2000 pens distributed.</td>
<td></td>
</tr>
</tbody>
</table>
2. Evaluation Methodology

Overall, the end of project evaluation focused on the activities that have been implemented by the project and the changes that have occurred at the project primary target level i.e. project results level of the log frame and at the specific objectives level. The methodology utilized for the end of project evaluation was intended to ensure that the end of project evaluation will

- Confirm the project’s theory of change
- Assess the extent to which project expected results and specific objective have been achieved
- Document some of the key lessons learnt during the implementation of project activities, and
- Examine the changes that have resulted from the project with a focus on the capacity of NSA and what they have been able to do

In recognition of the excellent work already done by the project team to report on the monitoring indicators through the project reports, the evaluation focused on the evaluation indicators as highlighted in the project log frame.

The two main methods used in carrying out the end of project evaluation were document reviews and key informant interviews (KII). In addition, NSA were requested to respond to the self administered capacity assessment questionnaire that was used at the beginning of the project.

KII were conducted with:

- HA partner organizations
- NSA
- District and national level decision makers

The documents reviewed included: Project work-plans, Activity tracking sheets, project progress reports and activity specific project reports, minutes of meetings, newspaper reports and copies of training manuals and guidelines used by the project.
3. Evaluation findings

3.1 NSA Capacity Building

One of the expected results of the HA project was to have: Strengthened advocacy capacity and financial basis of 45 health NSAs to develop and implement advocacy campaigns for pro-poor health services. The indicators agreed on for evaluating this result were:

- Increase in NSA advocacy capacity (knowledge and skills), and
- Quality and perceived value of workshops to the NSA.

It was expected that improvements in NSA advocacy capacity will be shown at the specific objective level by the number of advocacy actions carried out by the NSA and the amounts of funds raised for advocacy.

The HA project designed interventions that utilized several approaches including training workshops, coaching and mentoring, provision of information materials among others to build capacities of the NSA. The interventions focused on building the capacities of individuals working with the NSA, but more importantly on the collective capability of the NSA. The tools (i.e. workshops, forums, meetings) as well as the techniques (i.e. participatory approaches, networking) focused on building the capacity at the levels of NSAs described above.

3.1.1 Training workshops and coaching programs

Overall, Healthy Action project worked with a total of 85 NSA in the three countries compared to the targeted 45. At the beginning of the project, 53 NSA had been recruited by the HA partners in anticipation of some NSA drop outs. However, as a evidence of the excellent selection process done by the partners, and the perceived value of HA project by the NSA, the anticipated drop outs didn’t occur and instead more organizations sought to join in during the three year project period. The level of participation of the various NSA however varied across the NSA with local NSA being more active overall compared to the international affiliated organization. It also varied with region and country, depending to an extent on the various operational challenges the NSA was dealing with during that time. “NACWOLA was one of the most active NSA from the beginning of HA in 2010. However towards of 2010 and beginning of 2011, they had lots of management challenges leading to changes in top management and their participation slowed down, then picked up again once those challenges were sorted out” Mona, DSW, Uganda

The three main training workshops held over the project period included:

- Advocacy training workshop that followed the foundation workshops in 2010 and reached a total of 62 participants from the NSA in the three countries.
- Resource mobilization training in 2010. This training reached a total of 95 participants from 70 NSA and the HA partners in Kenya, Uganda and Tanzania
- Civic education training, reached a total of 87 NSA participants across the three countries.
Participation of NSA in these training workshops per country was as per the table below:

<table>
<thead>
<tr>
<th>Type of training</th>
<th># of NSA participants trained in Kenya</th>
<th># of NSA participants in Uganda</th>
<th># of NSA participants in Tanzania</th>
<th>Total # of NSA participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy training</td>
<td>28</td>
<td>25</td>
<td>20</td>
<td>73</td>
</tr>
<tr>
<td>Resource Mobilization</td>
<td>35</td>
<td>30</td>
<td>30</td>
<td>95</td>
</tr>
<tr>
<td>Civic Education training</td>
<td>27</td>
<td>30</td>
<td>30</td>
<td>87</td>
</tr>
</tbody>
</table>

Source: various training reports

In addition to the training workshops, coaching programs were conducted by the HA partners for the NSA in all the three project countries. The coaching sessions were mainly aimed at helping the NSA build their skills in proposal writing. In many cases, the coaching was done informally e.g. through phone conversation while in others it was in a structured format.

Interviews with various NSA revealed that they highly valued the coaching and guidance available to them from HA partners, particularly with regards to writing proposals and when preparing for community activities. (FOCREV, Busia, Uganda; WOCHIVI, Tanzania).

### 3.1.2 Increase in NSA advocacy capacity

At the beginning of the project in 2010, a self administered capacity assessment questionnaire was sent out to the participating NSA. The questionnaire enabled the participating NSA to assess their own advocacy capacity through assessing their knowledge of national policies, national health budgeting processes, ability to identify strategic advocacy, ability to plan, manage and monitor advocacy activities and on the positioning of advocacy programs within their organizations as evidenced by the mission statement, budget and strategies. Out of the NSAs who responded in 2010, overall, it was found that their capacity for advocacy was quite low. In Tanzania, only 17% of the 12 responding organizations had a written down advocacy plan guiding their work. More than 70% rated their advocacy skills as weak. At the end of 2012, the same self administered questionnaire was again administered to the participating NSA and the results show that the capacities have improved greatly.

Other ways in which the increased advocacy capacity of NSA is illustrated include:

- Involvement of the NSA in the budget analysis process in the three countries
- Integration of advocacy in their organizational plans and utilization of the approaches in their other activities (SELIAN, Marie STOPES, NACWOLA, etc)
Illustrative examples of improved NSA capacity.

All the NSAs met with as part of the evaluation process reported an improved in their capacity in one way or another. Even big organizations such as Marie Stopes in Tanzania that are at the top of their game in terms of service delivery admitted to improved advocacy capacity.

“the civic education training was an eye opener in helping us know the health systems better. It has contributed to our communications department doing more advocacy within their other programs e.g. advocacy in Pemba for the district to allocated its own resources to FP. We have also been involved in advocacy meetings with religious leaders i.e. sheiks, Imams and Shehars on RH needs of young people” John Bosco B (Marie Stopes, Tanzania).

Selian, in Tanzania has been able to utilize the improved capacity for advocacy and civic education to address gaps in PMTCT services. They had previously been grappling with the challenges on low male involved in PMTCT and other RH services. Using their improved skills, they have been able to approach community leaders including village, ward and other community leaders and to discuss the importance of encouraging men to attend services with their wives. As a result, they have seen an increase in proportion of women attending ANC at the Lutheran Selian Hospital with their husbands from 3% to 9% over a one year period. Because of the excellent results they are seeing, the hospital management has already decided that within their next AIDS Control Program strategic plan, advocacy will become a key activity and they are now planning for the recruitment of an advocacy officer.

The UMATI Kilimanjaro regional office utilized its improved resource mobilization capacity to advocate internally with UMATI head office in and as a result has seen its budget increased from 2.3 million Tanzania shillings in 2011 for the region, to 2.7 million in 2012 and 2.9 million for 2013.

3.1.3 Increase in NSA fundraising capacity

In addition to the training in resource mobilization, coaching and mentoring, the HA partners also provided technical assistance to various NSAs in the process of preparing project proposals for funding. The re-granting process held in 2011 helped the NSA practically build their skills for various aspects of resource mobilization including formation of coalitions, preparation of proposals, management and reporting.

The self administered capacity assessment questionnaire explored the limiting factors to NSA accessing funds from various donors, and the most common reasons in 2010 included: lack of information about available funding opportunities as well as lack of skills in understanding and responding to the call for proposals. For the NSAs that responded to the self administered capacity assessment questionnaire at end of 2012, the key limiting factors to accessing donor funds was failing to make it through the many competing proposals.

During the end of project evaluation, several NSA gave anecdotal evidence on how HA has enabled them improved their resource mobilization capacity. The activity tracking sheet shows that by July
2012, the NSA and HA partners had prepared and submitted more than 65 concept notes to various donors.

For FOCREV in Busia, Uganda, as a result of HA, they have one staff member trained in resource mobilization and they now have the confidence to respond to calls for proposals from various donors. Since joining HA, they have prepared and submitted more than ten proposals to various donor organizations. They have a proposal worth 67 million Uganda shillings for improving health accountability that will be funded by GOAL and another proposal that had gone beyond the concept paper stage for Civil Society Funding (CSF). One of the greatest benefits they got from HA was to learn the importance of working in coalition with other organizations. As a result, they developed a proposal with four other organizations working in Mayuge district and have got funding from Civil Society Fund of more than 500 million shillings for three years. (Saul Waiswa, FOCREV, Busia)

For SELIAN in Tanzania, HA has helped them build their capacity for resource mobilization in various ways. They now have two staff trained in resource mobilization. Although they had been in existence for over a decade, before HA, they had never written a competitive proposal. They had only been getting money without competition. However, after training and coaching provided by HA, in 2011, they wrote and submitted a 5-year competitive proposal to USAID for funding and were successful. Boosted by this achievement, they are now looking for funds from other donors, including from EU for ASRH. In addition, they have learnt the importance of working in partnership with other organizations and have done mapping to identify other potential partners. “we were pleasantly surprised to find out that we can write a competitive proposal” John Laiser, SELIAN

3.1.4 Increase in advocacy capacity due to resources available to NSA

In addition to the training, coaching and other activities that have contributed to increased NSA capacity, the HA has produced a number of documents / resources that the NSAs can continue to use even beyond the end of the project. A complete list of resources is available in the annex but key among them are:

- The country budget analysis reports
- Civic Education training modules
- RH Advocacy fact sheets and documents such as, “Health Budgeting in Uganda, A reality check.”
- Various IEC materials

As a result of improved advocacy capacity, the NSA conducted several national evidence based advocacy campaigns as expected by the project design. The design of the HA project gave room for flexibility on what the area of focus for the campaign would be for each country and how to design it to fit the local environment. For Uganda, it was agreed by the NSA from the beginning to focus on Safe Motherhood and ASRH and therefore all the advocacy actions implemented through re-granting and through other opportunities focused on Safe Motherhood and on ASRH. In Tanzania the focus was on increased resources and access for FP services.
3.2 Strengthened partnerships, Coalitions and Networks among the NSAs
The second key expected result of the HA project was to have strengthened partnerships, collaborative networks and coalitions among 45 NSAs, resulting in increased collaboration, mutual learning, information-sharing, and coordination. The key evaluation indicator for this result as indicated in the project log frame is:

- The perceived added value of networks to NSAs

In recognition of the power of joint action, the HA project worked to strengthen networks, coalitions and collaborations among NSA in number of ways.

3.2.1 Networking, collaboration and coalitions within HA
In order to achieve improved networking, collaboration and formation of coalitions among NSA within the HA project, HA partners held regular meetings and interactions between the various NSA.

In Uganda, HA partners held quarterly meetings for participating NSA, for a total of 14 network meetings over the project period. The coordination meetings enabled the NSA to discuss issues of ASRH, Safe Motherhood and advocacy. During the meetings they shared ideas, strategies, challenges, lessons learnt, progress in their work and information about opportunities available. The coordination meetings provided space for coaching by the HA partners and also by the other NSA. In addition to the regular quarterly meetings, the HA partners took advantage of national and district level events to network and discuss strategies, The NSA regularly invited each other to participate in their community and district level events e.g. FOCREV regularly worked with DSW, Buganda Kingdom, RHU and NACWOLA.

In Kenya, network meetings were organized on an annual basis. By the end of the project at least twelve networking meetings had been conducted with the participation of national and region partners participation. In addition, NSAs have conducted several joint advocacy and resource mobilization events.

In Tanzania, because of geographical location challenges, it was found that meetings of NSA that focused just on coordination / networking were not cost effective and so coordination meetings took advantage of ongoing activity implementation and also piggy backed on various other projects e.g. AHEAD. NSA implemented various activities together and as a result have established mechanisms to support each other e.g. Selian and Pathfinder International and now collaborating in the training of community health workers; WOCHIVI which runs a school program for the elimination of alcohol and drug abuse has been able to integrate RH in their programs and now refer youth to Marie Stopes Clinic for free youth services. Some missed opportunities for strengthening networks and coalitions were identified in Tanzania where because of the long distances between NSA made it difficult for them to have regular meetings.
3.2.2 Strengthening collaborations through re-granting:
As a way of strengthening advocacy capacity of the NSA, by providing an opportunity for practical application of what was learnt during the training workshops and coaching processes, the HA had a re-granting program in which small grants of up to 10,000 Euros was given to selected NSA. The grants were meant to strengthen advocacy capacity and financial basis of the NSAs to develop and implement advocacy campaigns for pro-poor health services. However, because one of the criteria for eligibility to the funds was for the NSA to work in groups of a minimum two to three NSAs and to jointly develop the proposals for funding, implement the activities and report, the re-granting process also served to strengthen collaborations between various NSA. It enabled the NSAs to build each other’s capacities, to maximize on each other’s strengths and to learn about the important issues that affect collaboration between organizations. By working together NSAs were able to jointly hold functional dialogues with decision makers, meaningful participation in decision-making processes and provide coordinated input into the policy-making process.

3.2.3 Strengthening other pre-existing networks
The HA NSA regularly made contact with leaders of other pre-existing NSA networks and organisations and participating in their activities. They organized meetings with representatives of “Healthy Action’s” secondary target groups including decision makers, networks, alliances and coalitions. HA NSA reached out to decision makers through their networks e.g. through participation in a workshop to induct new members of parliament under their umbrella advocacy network, the Network of African Women Ministers and Parliamentarians (NAWMP) in Uganda. During the meeting the target groups were oriented on their roles in making a difference e.g. for parliamentarians on issues of law-making and budgets. Copies of the budget study were shared with the MPs and they promised to follow up issues of maternal health during the course of their tenure in parliament. In some cases, the NSA joined the networks for the first time.

Illustrative list of networks influenced by the HA NSA:

In Uganda: NUDIPU (National Union of People with Disabilities), FP working Group, Maternal and Child Health Technical Working Group, Youth Working Group, Forum for Women in Democracy, Uganda Women Parliamentarians, Network of Youth Living with HIV/AIDS.

In Tanzania: the HA NSA interfaced with Association of Obstetricians and Gynaecologists of Tanzania (AGOTA), and Tanzania FP advocacy partners.

In all the three countries, participation in Technical Working groups (TWGs) provided the NSA with an excellent opportunity to network with other non HA organisations, establish collaborations and influence decisions at national level.
3.2.4 Virtual networks:
The virtual network that set up at the beginning of the project was not well utilised in Uganda and in Tanzania. The poor utilisation was partly due to difficulties in accessing internet experienced by many of NSA as well as a poor culture of inter-net use among the NSA. In Kenya, a virtual network for the project dubbed Afya Action was established and actively utilized. It had dedicated IEC/BCC officer who managed the portal and enlisted additional participants. The portal was used to access information on funding, partners, latest advocacy events and updates on population and reproductive health. In Tanzania, there was sharing of experiences among NSA through what was called “tips and trips” and through experiences documented and shared through the HA website.

3.2.5 Perceived value of networks and coalitions
Right from year 1 of the project till the end of project evaluation, the NSA interviewed reported that being part of a network is one of the biggest benefits they have realised from being part of HA project. The NSA’s felt that they benefitted from the networks through skills building, joint problem solving, learning about opportunities for doing more work and improved visibility.

Having seen the value of networking, collaboration and coalitions, many of the NSA have plans for continuing with them beyond HA project.

- In Tanzania, Selian has started having meetings with Pathfinder International and other organisations working within the same geographical area to discuss ways of avoiding duplication and maximising resources for HIV/AIDS programs.
- Marie Stopes in Tanzania that had not previously worked in advocacy now has plans to carry out advocacy in Kagoma and Mwanza with the RH supply coalition. Marie Stopes has also partnered with Engender Health to promote male involvement in RH in three districts, starting with training of community mobilisers.
- In Uganda the network for Adolescents and Youth of Africa have in place plans to use the media to get the voices of the community to be heard.

3.3 Functional dialogue between NSA and decision makers
The HA project design recognized the fact that dialogue is not a one-off event but a continuous process made up of a series of engagements with the same target group, aiming to build a deeper understanding of each other’s perspectives so that a mutually acceptable solution is reached. HA NSA in all the three countries have effectively utilised established relationships with decision makers to promote dialogue at community, district and National levels.

The evaluation indicators for this project result were:

- The number and quality of inputs to district budgets and plans.
- Number of advocacy actions implemented.
As per the HA activity tracking sheet, 185 Advocacy Actions among Non State actors had been carried out by October 2012. Of these 129 actions were implemented targeting coalitions and advocacy networks that Healthy Action team participated in and 56 were carried out in formal workshops as presentations.

In each of the HA countries, a number of functional dialogue meetings were implemented through community consultation meetings, tripartite meetings and national roundtables. Although the detailed approaches varied from country to country, in all three countries, the aims were the same. In Tanzania, the most effective method for influencing decision makers during the tri-partite and roundtable meetings was community presentations while in Uganda budget analysis reports were widely used to influence decisions.

In Kenya, DSW and the NSAs have actively participated in district health stakeholders meetings in all the HA districts since 2010. These informed participation in district budget discussions in Mombasa, Kilifi, Kisii and Kisumu in 2011. DSW and partners have also taken part in national MTEF discussions and citizen budget sessions and the DSW team also took part in budget discussion forums for 2012 in collaboration with partner NSAs. DSW and partners have participated in three roundtable sessions. Two were funded funded by DSW while one was co-funded with the government of Kenya. Participation in Technical Working Groups in Nairobi has also been going on.

In Tanzania, the HA partners and NSA participated actively in budget discussions at district level and in several cases were able to see a results immediately. For Tanzania 4-H which has had a long term relationship with the government including having 3 of their staff paid for by government, HA offered a new opportunity for engagement with government structures and after the tri-partite meetings, the Tanga district council invited 4H and 4 other NSA (TAWG, TYDO and Tanga Ginnery) to participate in the budget process.

HA partners and NSA in Tanzania were able to hold 3 national roundtable meetings through harmonizing approaches and sharing of resources with other projects such as AHEAD and nEUwAID. At the final roundtable meeting in Nov. 2012, the project shared with MPs from Family Planning and Population and Development Committee, Community representatives and district representatives the HA processes and outcomes. The community and district representatives made recommendations on solutions that could be considered by decision makers while budgeting, programming and reviewing policies that impact health. The MP FP champions have for the first time signed a petition to the government for increased budget allocation for FP.

In all the three countries, participation in technical working groups (TWG) at the ministries of health has ensured that HA partners and various NSA have been able to have continuous functional dialogue with decision makers and have affected various decisions. TWGs bring together Ministries, development partners, donors, NGO, and private sectors and give direction on technical issues to the Ministries. In Uganda, the HA partners and NSA have been key in the establishment and function of the Adolescent health working group. In Tanzania, HA partners and NSA have been
active in all the five key areas of FP TWG, including: contraceptive security, capacity building for ASRH, service delivery, Advocacy and monitoring and evaluation. As part of the FP TWG, the HA partners carried out advocacy for MPs to increase the budget for contraceptives and to identify FP champions in all the regions. They have also supported the printing of “All FP methods” information leaflets.

Perceived value of dialogue with Decision makers:

In all the HA project areas, dialogue with decision makers proved to be an invaluable tool for initiating change. In one of the tri-partite meetings in Mityana, Uganda, the Speaker of the district council stopped the meeting so that district councilors could visit the health facility to verify the issues being raised by the community members. When the meeting resumed, the council resolved to address the issues and to pass over other to the National level.

In Tanzania, the NSA, Selian has realized improved public relations resulting from meetings held with various government leaders as part of HA. This would not have been possible otherwise. Having participated in meeting with MPs organized by HA, Marie Stopes and Pathfinder International in Tanzania have got exposure and continued having meetings with MPs regarding their work. Likewise, various NSAs in Uganda admitted that they now have a better relationship with district and national level decision makers as a result of the HA project.

3.4 Strengthened role of NSAs in local decision-making and involving vulnerable groups.

The fourth expected result of the HA project was to have strengthened role of NSA in decision making and involving vulnerable groups as demonstrated by an enhanced demand for accountability from decision-makers and policies and budgets that reflect the priorities and needs of the community:

The key evaluation indicators as agreed in the M&E framework were: Numbers of recommendations passed on from the community level to the district level and to the national level and a sustained impact of advocacy events.

3.4.1 Numbers of recommendations passed on from community to district and national levels:

A key assumption of the project has been that if you work with community members to get their input into various health concerns, they can make input to influence decisions at district, national and other decision making level. HA utilized civic education methodologies to empower community members to understand their rights and responsibilities and to demand for accountability from service providers. Through a series of activities at the community level that include edutainment sessions and micro consultative dialogues, communities were empowered identify health challenges, formulate health priorities, make recommendations for various stakeholders and to demand for accountability. Although it has not been possible within the context of this evaluation to get the exact number of recommendations passed on from community to district and national
levels, in all the three project countries, recommendations were taken from community dialogue sessions, to district level tri-partite meetings and some to national roundtables. The end of project evaluation process looked at the key areas in which recommendations were made and found a lot of similarities in each country. A summary of the issues that were raised by the communities are presented below.

**Summary of issues raised by communities for decision makers**

- Improvements in numbers of appropriate staff deployed, supervised and available especially in rural health facilities. They recommended that priority should be given to rural health facilities when deployment of health staff is being done.
- Improvements in community mobilization so that community members can better understand the services available and contribute better service delivery
- Need for improvements of equipment and supplies at health facilities
- Urgent need to improve access to different types of services
- Improving relationships between clients and service providers
- Improvements of infrastructure at health facilities, including, but not limited to staff accommodation, lighting, placenta pit, latrines, and clean water.
- Involvement of religious leaders in mobilizing communities for health
- Need for transparency and making communities know what resources are available or missing for service delivery.
- Involvement and participation in budgeting at local levels

These examples above show that HA has to a large extent achieved its objective of having community members have a say in decisions affecting their well-being and in holding decision makers accountable.

3.4.2 A sustained impact of events.

In order to have a sustained impact of advocacy events beyond the project period, there needs to have been established mechanisms of continuing these events. In all the project countries, initially, there was some suspicion and resistance by district level decision makers to involvement of communities in discussions as they feared communities would get agitated and demand too much. However, the district level decision makers soon realized the importance of getting recommendations from the communities and also realized that the communities have a lot of resources that could be mobilized and started planning for continuation of dialogue with community level groups. "... at the start of the phase of the community level meetings, there was a lot of pointing of accusing fingers, but as discussions continued, understandings were reached by each side on the challenges being faced and the discussions shifted to finding solutions to the challenges...." (Mr. Liam Manyende, DHE, Busia, Uganda).

Participation of the district health staff in community level discussions has enabled them to appreciate the value of community engagement and stimulated them to plan for carrying out the same even beyond HA project.
In Busia, Uganda, The DLG have budgeted within the PHC funds for continuation of dialogue meetings with communities on a quarterly basis and have also interested other partners e.g. Child Fund in Busia to support the community dialogue meetings.

In Meru district, Tanzania, the council has approved a budget that would enable the district conduct community dialogue in two wards during the year. In addition, there are provisions for quarterly planning meetings so that issues from the community are shared out with key stakeholders.

AGHA in Uganda has got resources from the World Bank to continue the same work. They have already developed a shadow report on the budget for the last financial year and is continuing with analysis of the budget framework paper for the next financial year.
3.5 The HA Partnership

The HA project has been implemented by DSW in partnership with RHU in Uganda, Tanzania 4H in Tanzania and IED in Kenya. The partners worked in a joint partnership arrangement in which each had independence of budgets and reports. The way in which the partners in each country shared out the responsibilities for project activities was dependent on what they felt worked best in each of the countries. In Uganda and Kenya, the responsibilities were shared based on what the comparative technical strengths of each partner is, especially with regards to coaching and mentoring of the NSA. In Tanzania however, to a large extent, the sharing of responsibilities was based on geographical coverage with T4H taking responsibility mainly for NSA in the coast region districts of Moshi and Korogwe and DSW taking lead in Meru and Hai districts.

Each of the HA partners also brought to the partnership a distinctive strength that was leveraged for the maximum benefits of the other partners and of the NSAs. This is best illustrated by IED’s experience in civic education that was invaluable to the partnership none of the other partners had that experience and expertise. IED was able to take lead in the development and training of the NSA in the use of the civic education modules. Likewise, DSW provided technical assistance to enable the other partners build their understanding of EU financial reporting requirements and procedures.

The end of project evaluation explored issues that affected the partnership process and it was found that in all the three countries, the partners respected and appreciated the technical expertise brought in by each other. Each of the partners had a commitment to the project objectives and were open to exploring ways in which to make the project resources stretch to cover all the planned activities.

The partners used various channels including phone calls, e-mails and face to face meetings, for communicating with each other. However, effective communication between the HA partners was the key partnership challenge during most of the project period. In Uganda, there were regular communication between the HA technical staff in each of the partner organizations and was backed up with regular consultations and review by the top managers in both DSW and RHU. In Tanzania, and Kenya however, the interface between the top managers of the partner organizations were not as regular as for the technical staff. This could have been a result of changes in top management experienced by the partners within the project period.

Because the HA project was implemented in three countries, there should have been cross- country sharing of experiences between the HA partners as well as by the NSAs. However during the project period, this sharing among HA partners was limited mostly to discussions and agreements on technical approaches prior to implementation of activities and to a lesser extent though partner coordination meetings held annually and through articles published on the website. There is no evidence that the three partners, i.e. IED, RHU and Tanzania 4H got together outside of HA project.
3.6 Project Challenges

By the end of the three year project period, all key project activities had been implemented as plan and the set objectives realized. However, there were a number of factors that limited the realization of greater outcomes from the HA project and these included:

- Many of the NSA experienced a high rate of staff turnover and in cases where only one or two staff from each organization was involved in the project, once they left, the NSA participation weakened. After the realization during the first year that this could be a problem, the HA partners responded by ensuring that the top management of each NSA were regularly updated and that therefore the capacities were not lost. In other cases, the HA partners had to give extra coaching to the affected NSA to make sure that the new staff was well oriented on HA project and were given the knowledge and skills to continue with the activities.

- Over the three year project period there were several contextual factors such as the holding of political elections that slowed down implementation of some of the components and brought on board new decision makers to be worked with. In Tanzania, during the campaigns in 2011/12, there was suspicion about the use of civic education especially in Moshi rural which is an opposition stronghold and activities had to be delayed till after the elections. Likewise, in Uganda, there was a period just before the 2011 elections when civic education activities could not be held. On the other hand, there were other contextual factors that positively affected achievement of project objectives. Key among this was the growing realization of the importance of increased allocation of resources in the three countries. This meant that the messages given through HA to decision makers were reinforced by those from other programs and projects. DSW was involved in several other projects such as AHEAD, nEUwaid, and Euro leverage.

- The NSAs were a diverse group, each organization having its own mission, goals, priorities and stakeholders. Even though within each country they had all committed to a common advocacy goal, many times it was difficult to get them to commit to and be available for all the HA planned activities due to those other priorities. Some of them were highly dependent on donor funds and thus their participation in HA was dependent of the status of their funds for other activities. Likewise, their participation was often affected by various management issues within their organizations. In Uganda, NACWOLA was one of the most active organizations in the first year of the project, but in year 2 it had internal management issues that affected its involvement in HA.

- In all the HA project countries, there is an understanding among NSA and government decision makers about the importance of community participation in planning and budgeting for services and the importance of adopting the bottom-up planning process. However, the government planning process in actuality depends on a top-down approach where instructions on budget amounts and priority areas of allocation are received by districts from the Ministry of Finance. This makes integration of community priorities in the budgets and district plans very difficult.
• Bureaucracies in decision making meant that some of the recommendations from the communities could not be easily taken up by the district level decision makers. E.g. in Mungusi village, Hai District in Tanzania where there was a shortage of medical staff, the community resolved to hire a retired Doctor and nurses on contract to serve, but government bureaucracy caused delays in making this possible. Even when recommendations are taken up, bureaucracies still affect improved delivery of services to the community. Procurement processes by districts in all countries were very slow as they are based on a tender system. In Tanzania, the national budget is approved in July but the first release of funds occurs in September. In most years, only 60% of the total annual budget is realized and yet districts are expected to provide all planned for services. This delay is also a big problem affecting improvement of services in Uganda. The local governments do not seem to have the ability to hold central governments accountable for timely release of services they need for service delivery.

• Understanding of the co-funding requirements of the grant was a big problem at the beginning for the three HA partners i.e. RHU, Tanzania 4H and IED and made it difficult for these partners to access all the money they had planned for. In addition, the HA partners each had a different documentation and finance systems that needed to be tailored to handle the HA documentation and financial reporting requirements. This slowed down implementation during the first half of the project.

• At the beginning of HA project, a virtual network was established to facilitate networking among NSA across the three project countries. However, the use of this virtual network was minimal and this was a missed opportunity for achievement of project objectives.

• Involvement of district officials in community level activities sometimes had budgetary implications – important for Tanzania where the HA partners and NSA were expected to have at least two officials from the district i.e. from district health office and from community development office participation in each community level activities and they had to be paid allowances according to their set rates.
4. Conclusions

The HA project had the specific objective of empowering NSAs to become meaningful and inclusive participants in civic processes concerning pro-poor health policies by increasing their advocacy capacity to formulate policy priorities, monitor their implementation and hold decision-makers to account.

As stated in the introduction, the end of project evaluation was intended to answer three key questions:

- Did the project carry out what it set out to do?
- Did the NSA’s capacity change?
- What have the NSA been able to do in terms on meaningful participation in civic processes for pro-poor policy formulation, monitoring health programs and holding governments accountable?

The findings from the end of project evaluation show the project successfully carry out all it set out to do. In all the three countries, despite various challenges, the HA partners managed to implement planned activities within the planned period and within budget. Maximum results were realized from modest resources and this is attributable to the dedication of the HA team and the ability of the partners to harmonize various activities to avoid duplication as well as piggybacking on other programs such as the Youth Trucks and AHEAD projects.

Overall there was a positive improvement in the advocacy and resource mobilization capacities of the NSA. In numerical terms, the project exceeded its targets as it managed to contribute to improve capacities for more NSA than had been planned for.

The HA project set out to build the capacity of NSA to be meaningful and inclusive participants in civic processes concerning pro-poor health policies by increasing their advocacy capacity. Many of the NSA involved in the HA project had previously only been involved in service delivery and not in advocacy. By the end of the project however, there is evidence that they have been able to significantly build their capacities for advocacy. The NSA capacities were built using several project activities including training workshops, follow up meetings and mentoring sessions provided to the NSA by the HA partners, sharing experiences, challenges and opportunities during network meetings with other NSA and exposure to advocacy opportunities with decision makers at various levels. The re-granting process further strengthened the capacity building efforts through providing the means by which the NSA could practically implement what they had learnt through the other activities. Exchange visits and sharing of opportunities also contributed to improved capacity. In all the three countries, the NSA have eagerly embraced civic education as a tool that can help them improve their services and many have incorporated it in plans for future activities.
Across the three countries, the general feeling of various stakeholders was that the civic education/community empowerment activities of HA project was very successful as they led to changes at the community level, and with local level decision makers immediately making changes where they were able to.

The re-granting process also contributed greatly to building the capacity of the NSA for writing competitive proposals, working in partnerships with other organizations and in building practical experience in implementing advocacy. The amount of funds given to organizations looked small but was just enough for them to do what they needed to do within the limited time available and it also gave them an appreciation of the magnitude of what can be achieved even with limited resources.

As a result of HA project, the monitoring role of NSA has been strengthened in all the three countries. They are now regularly invited to district committees that discuss health service delivery including budgets e.g. the District consultative committee in Tanzania, or the Extended District Health management teams in Uganda in addition to being central players in specific committees such as the District maternal health task force in Busia Uganda.

The HA project was implemented in three countries with differences in operational setting and implementation context. However, the project design was flexible and allowed each country team to adopt the approaches and issues of focus to the prevailing situation in each country.

HA has improved the visibility and positive image of all the HA partners and NSA and given them a firm footing for future engagements with district and national level decision makers. In all the three countries, the HA partners have been appreciated by the district leaders. Because the HA project targeted different levels from community to national levels, the HA partners gained publicity at the various levels of operation. “Before HA, Tanzania 4H was well known mostly in Korogwe and Moshi Rural. After HA, many people now know about the activities of 4H, including Ministers and MPs who have been regularly visiting 4H offices and trying to have 4H extend their village community banking services to more areas” (Joseph Desideri, Tanzania 4H). The same sentiments of increased visibility were expressed by the other NSA visited during the evaluation process.

There were some implementation difficulties experienced during the first part of the project due to difficulties that the HA partner organisations had in understanding the co-funding mechanisms and requirements. Such difficulties could be avoided in futures by having a comprehensive orientation and planning meeting at the very beginning for all the key partners and involving both the program and the administrative / finance staff to ensure that all start on the same page. It is also important for good partnership that several clear communications channels are established from the beginning that would enable technical staff, senior management, finance and administrative staff of each partner organisation to be regularly updated of the project status and issues and to have

….. we highly commend DSW and its partners for the work it had done at community level which will lead to lasting change…… Dr. Aziz Msuya DMO Meru, Tanzania
regular opportunities to interface with their counterparts. The partnership arrangement was found to have worked best in Uganda due to these communication channels.