

Part 2: Main Application Form

Instructions

- GPSA requires that all grant applications be submitted using an online electronic platform. Part 1: Proposal Basic Information must be filled out in the online platform. Part 2: Main Application must be completed using this form, and uploaded in the “Attach Files” section of the platform. Part 3: Proposal Budget must be completed using the Excel template, also available at the online platform (www.gpsa/worldbank.org).
- Please make sure you read the guidance included in the endnotes section, which will help you in answering the questions. Refer also to the GPSA Application Guidelines before completing your application.
- The Proposal must provide clear and concise answers that directly address the application’s questions. Use the “word count” to comply with the word limit set for each question. Do not change the formatting of this application form.
- You may contact the GPSA Helpdesk at gpsa@worldbank.org for questions about the grant application process.

1. Define the overall objective(s) of the proposal.¹ State clearly:

- (a) What are the governance and development challenges the proposal will contribute to solving? Specify the public policy problem or issue being targeted, including available data evidencing the problem.
- (b) What is/are your proposed solution(s)? What type of changes (in public policies and processes, programs, service delivery, institutions, skills and behaviors) you intend to achieve in the proposal’s timeframe?
- (c) Who are the sectors of the population that would benefit from these changes and in which ways (e.g. observable benefits in the form of infrastructure, service delivery, etc.)? Are poor/extreme poor and vulnerable groups (e.g. women, children, persons with HIV, etc.) included amongst those sectors?
- (d) What is the proposal’s geographic scope? Provide information that may help us understand the proportion of the targeted population and administrative/political organization (e.g. # municipalities, # districts, # provinces, etc) in relation to the country’s total population and overall administrative/political organization.

Please apply SMART (Specific, Measurable, Attainable, Realistic, Time bound) criteria when defining the objectives. Make sure to answer all the above sub-questions.

After over twenty years of independence, Moldova continues to face challenges that impede its transition to democracy. The important obstacles are the excessive concentration of power at the central executive level and insufficient citizens' participation in decision-making. The Government has identified the health system reform as a priority for the EU accession process. The Ministry of Health approved the Roadmap *Accelerating health reforms through investment policies*, aiming at improving financial protection and equity in accessing quality health care services. Hospitals are at the center of the reform because of many reasons. The activity of public hospitals neither is based on good governance principles nor provides for implementation of contemporary evidence-based practices and performance standards. The public policies and management practices in hospitals at large do not account for the needs and preferences of patients, who do not have appropriate access to relevant information regarding their care in the hospital.

The initiated reforms raised negative opinions among medical professionals, managers of health care institutions, trade unions, local public administrations and civil society, especially in terms of lack of transparency, accountability and participation in decision-making. In March 2013, the Parliament of Moldova issued a decree suspending the health reforms¹, claiming that the decisions were taken without relevant legislative support. Afterwards, the Prime Minister mandated MOH to repeal a number of normative acts issued in the context of the reform, and to carry out additional consultations. This stoppage situation is complicated by the deficient information for the medical community and general population on the health authorities' actions.

In this context, the Center for Health Policies and Studies (PAS Center) and the Institute of Public Policies (IPP) developed this project proposal, with the overall Objective *to improve health governance, increase health sector development effectiveness and empower citizens through enabling the appropriate environment for social accountability interventions in Moldova*. The project proposes to enforce the mechanisms of accountability, including efforts to enhance citizen knowledge and use of conventional mechanisms, through promoting transparency and civic engagement. The project aims at enhancing the citizens' voice and establishing mechanisms for participatory monitoring, thus contributing to better informed policy design and improved service delivery. The project comprises a set of interventions, which will enable the citizens and civil society organizations to hold the public authorities accountable. These include participatory performance monitoring, independent budget analysis, transparency portals and other tools.

The social accountability mechanisms covered by the project are diverse, with the following three key building blocks: obtaining, analyzing, and disseminating information; mobilizing public support; and advocating and negotiating change. The project will seek to ensure increase effectiveness and sustainability of social accountability mechanisms through institutionalization efforts and linking them to existing structures and service delivery systems. Critical factors of the project success are ensuring access to and effective use of information, building capacities of the civil society and public authorities, and promoting synergies between the two.

The project targets government officials and public servants at the national and local level, communities, independent media and civil society organizations. The proposed social accountability initiatives will serve the needs of entire country population, focusing primarily on poor and vulnerable people through establishing mechanisms for their effective participation in decision-making and improving access to quality services. These initiatives address the needs of the most-at-risk population groups. PAS Center will work further with its strategic non-governmental partners, including organizations representing people affected by HIV and TB and people who use drugs, to complement the reforms by addressing the demand-side aspects of health service delivery, monitoring and accountability. The build-in specific capacities will be further replicated and scaled up at the general population level.

¹ Decree of the Parliament of the Republic of Moldova No. 27 from 01.03.2013

2. Which public sector institution(s) and agency(ies) [e.g. Sector Ministry, National Program, Local Governments, Parliamentary Office/Committees, Supreme Audit Institution, Regulatory Agency, Ombudsman, etc.] will use the project's feedback to solve the identified problem?² Explain clearly:

- (a) If you have already engaged with these actors to find out what kind of information and citizen feedback is needed and how it would be used to implement changes that would help to solve the problem.
- (b) What are the incentives these actors have to do something with such information? Why should they use the information produced by the project and what concrete benefits would derive from using it?
- (c) How do you propose to work with these institutions/agencies?

The Project interventions and obtained results will be used for strengthening governance and decision-making processes by the Ministry of Health, National Health Insurance Company (NHIC), Parliamentary Committee on Social Protection and Health, National Center for Health Management, National Council for Evaluation and Accreditation in Health, Medicines and Medical Devices Agency, Court of Accounts, Local Authorities, as well as hospitals and PHC institutions. As one of the factors to ensure the project success is related to ensuring synergies between the government and non-governmental partners, the project will use the extensive experience of the project CSO implementer in collaboration with the governmental institutions and public health authorities. In this context, PAS Center had already concluded institutional partnership agreements, based on social accountability pillars, with MOH, NHIC, Health Departments of Chisinau and Balti municipalities and public hospitals from Chisinau and Balti. These agreements will serve as the basis for building sustainable mechanisms for future collaboration.

The agreements with MOH and NHIC cover macro level dimensions, namely: promotion, monitoring and evaluation of public policies, improving transparency in decision-making process, communication and information in health, etc. On the other side, the agreements with the local health authorities and public hospitals embrace specific service delivery aspects, such as citizens/patients participation in decision-making, independent evaluation of patients' satisfaction regarding provided services, increasing transparency and efficiency of hospital management, collecting the service users' feedback on corruption and informal payments, accessibility, quality, etc. The results of M&E activities and specific policy proposals are provided on a regular basis to the health authorities and institutions, and are available for general public through several ITC tools (e.g. www.spitale.md, www.tuberculoza.md, www.pas.md and other sources).

The engagement of health authorities and institutions in participatory monitoring is driven by the need of developing formal and informal mechanisms of collaboration with the civil society in public policies process, generation of independent objective information that is needed to complement the existing processes in public institutions, and creation of an enabling environment for collecting citizens' feedback, informing and empowering them in the context of the health sector reform.

To achieve the project goals and extend the implementation of social accountability mechanisms in health governance, PAS Center will act for institutionalization of the developed tools by using, at all stages of project implementation, the existing partnerships agreements, expert-level consultations, consensus building meetings, policy-dialogues, advocacy activities and other means.

3. What is the social accountability approach³ that will be used to generate the feedback needed to solve the identified problem? Explain clearly:

- (a)** The proposed social accountability process, including formal and informal mechanisms for gathering citizen's feedback, and other complementary strategies, such as communications and media work, research and data analysis, negotiation and consensus-building, among others. Specify, if applicable, if you're planning to use any ICTs (information and communication technologies) for gathering or organizing citizens' feedback to complement the latter. Please note that the use of ICTs is not a requirement.
- (b)** Why would the proposed approach work, and how is it different or better from previous or existing attempts at solving the problem by engaging citizens? How would it complement and/or add value to existing initiatives implemented by other stakeholders (including the government, CSOs and other donor-supported projects)?
- (c)** If this approach can work to help solve the problem, how would it become sustainable beyond the project's duration?
- (d)** If you're proposing to work in a subset of geographic areas, how would this approach be replicated at a larger scale?

Based on an ex-ante analysis, PAS Center and IPP identified the tools that will link providers to the community, ensure mutual benefits for public sector and non-state actors, improve transparency, accountability and decision-making, and involve the demand side for better governance. The proposed social accountability process was structured along the three main public sector functions: (1) Policies and Plans, (2) Delivery of Services and Goods and (3) Budgets and Expenditures, and will be applied during 5 years implementation cycle.

(1) Addressing *Policies and Plans* function, the project will implement:

- **Independent Policy Analysis.** PAS Center will continue independent monitoring of public policies process, developing policy papers and reports, which will be published in *Health Monitor* and disseminated to stakeholders and general public.

(2) Addressing *Delivery of Services and Goods* function, the project will implement:

- **Hospital Performance Score Card (HPSC).** The proposed mechanism is a combination of techniques of Patient Report Card, based on patient satisfaction questionnaire, and social audit of hospitals that covers resources utilization, generated outputs, quality and access indicators. The specific steps for HPSC process will include: development of HPSC tool and its adjustment in consultation with stakeholders; piloting and testing of the tool; replication at country-level and institutionalization. The HPSC process will use www.spitale.md website for data presentation, gathering feedback, communication and media coverage.

- **Hospital Efficiency Evaluation Framework (HEEF).** HEEF is a particular type of social audit based on statistics compilation and designed for evaluation of resources' allocation and results of hospital activity. The tool will use a set data related to hospital inputs and outputs, methodology for data collection and data econometric analysis. The HEEF process will include: development of the tool and its adjustment in consultation with stakeholders; report development; distribution and getting feedback; follow-up and institutionalization. The HEEF process will also use www.spitale.md website for data presentation, gathering feedback, publication of reports and public presentations.

- **Primary Healthcare Performance-based Incentives Audit (PHCPIA).** PHCPIA is a social audit technique based on quantitative and qualitative analysis of PHC institutions activity in the context of performance-based incentive program. The PHCPIA process will include: development of the PHCPIA Tool and PHC Performance Score; conducting PHCPIA; mapping of PHC institutions; report development; distribution and getting feedback; follow-up and institutionalization. The PHCPIA process will be applied using transparency website, publication of reports and public presentations.

- **Public Opinion Polls.** PAS Center will extend the opinion polls to address quality and access to hospital services in order to cover all components of the Health System Development Strategy evaluation.

(3) Addressing *Budgets and Expenditures* function, the PAS Center will implement:

- **Independent Budget Analysis Tool** for analysis of budgetary processes at system and health institution level.

The above-mentioned mechanisms will be supported by complementary strategies, such as communication and media work, development of ITC tools (transparency and distance-learning portals), K&L activities on social accountability. The sustainability of developed tools will be ensured through their institutionalization in the framework of MOH, NHIC, health institutions, PAS Center, IPP and other structures.

- 4. Partnerships.**⁴ Describe the nature and purpose of the proposed partnering arrangements, including what each partner will do and how the partnership will be governed. Be as specific as possible in clarifying the lines of responsibilities and accountability within the project.

In order to complement the main applicant's experience and capacity, increase the project added value and, ultimately, to achieve better project outcomes, PAS Center and IPP agreed to partner for this project. Both partner organizations recognize the values, expertise and contribution of each organization, and have agreed to share transparent decision-making processes and further build trust and openness. PAS Center's (www.pas.md) and IPP's (www.ipp.md) previous experience demonstrate the technical and managerial capabilities of their staff to implement complex assignments such as the one proposed under this project. While PAS Center has extensive experience in health policy development, evaluation, advocacy, capacity building and health system reform, IPP has strong capacity to build political, business, academic, community and media leadership. Both partners have accumulated experience in such areas as deliberative pooling, building consensus, participatory monitoring, independent analysis, public education and other social accountability activities.

Under the current project, PAS Center is the main applicant having fiduciary responsibility for the overall project implementation. PAS Center will be responsible for the implementation of activities and achieving outputs and outcomes under Components 1, 2 and 3. Component 4 is split between the partners as following:

- Activities 4.1 and 4.2 are part of PAS Center responsibility
- Activity 4.3, related to capacity building, will be implemented by IPP

The division of roles, responsibilities and deliverables is described below in section 8 (Action Plan). The partners will enter into an on-granting arrangement, for which an implementation agreement will be signed between PAS Center and IPP.

- 5. If your proposal is part of an ongoing project in your organization explain how GPSA's support would add value to it:** what are the specific activities that would be funded by GPSA and how are these different from what you're already doing? **If your proposal is a new project for your organization:** how does it relate to what you've been doing until now?⁵

This is a new project. At the same time, this project will use the accumulated experience of PAS Center and IPP in implementing various social accountability tools. A key priority of PAS Center activity is the analysis of efficiency, quality and performance dimensions in the health system. In this regard, PAS Center conducted, based on social audit framework, the analysis of the efficiency of public hospitals in the Republic of Moldova in 2012. Another tool developed is the Hospital Rating based on the PAS Hospital Performance Score published on the transparency portal www.spitale.md, designated for public hospitals. Being a neutral and independent mechanism, it provides a platform for increasing efficiency and quality of provided services and for motivating hospitals to improve their performance.

The developed Hospital Performance Score provides information on the performance of hospitals to MOH, NHIC and hospitals themselves, to help them increasing their performance. This tool also provides general information about hospitals to the patients as consumers of health services. In addition, once in two years PAS Center implements national public opinion surveys regarding quality of and access to hospital services in Moldova and the national surveys to assess the Tuberculosis KAP in general population.

In the current negotiations for DCFTA, EU required the Republic of Moldova to introduce in the national legislation on *data exclusivity* as a new form of intellectual property protection. PAS Center conducted an express analysis of the data exclusivity impact on the access to essential medicines in the country.

The project will enable the appropriate environment for institutionalization of social accountability mechanisms, particularly through developing and extending existing activities to large-scale interventions and their replication country-wide, generating relevant information, including citizens' feedback, to complement the existing governmental processes, and determining public institutions to act upon the data and feedback they receive.

6. Institutional strengthening.⁶ Does the proposal include activities for strengthening your organization's internal management and planning capacities (e.g.: fundraising, strategic planning, financial management, Board strengthening, human resources training, etc.)? If not, indicate "No".

No. The proposed project is fully compliant with the current institutional capacities to implement the proposed interventions during a five-year period. At the same time, the activities for strengthening the organization's internal management and planning capacities are covered by other externally funded programs and projects (Global Fund, WHO/TB-REACH and others). All these activities are part of the organizational development strategy.

7. Project areas/components: how do you propose to organize your project?⁷

Area/Component 1

To entail citizens monitoring hospital performance based on developed participatory monitoring and evaluation tools

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| Activities | <ul style="list-style-type: none"> 1.1 Elaborate Hospital Performance Score Card (HPSC), in consultation with the partners, based on developed criteria for measuring performance of the hospital institutions 1.2 Conduct consensus building roundtable to discuss and agree on proposed HPSC methodology 1.3 Pilot HPSC on two municipalities and 5 rayons to test the developed methodology 1.4 Conduct a round-table discussion on HPSC pilot results to improve the methodology and agree on national replication 1.5 Implement HPSC at country-level 1.6 Develop Hospital Efficiency Evaluation Framework (HEEF) to analyze on a regular-basis the hospital efficiency in Moldova 1.7 Conduct consensus building roundtable to discuss and agree on proposed HEEF tool 1.8 Implement HEEF at country-level and publish the results 1.9 Conduct 3-5 consensus building roundtables with Ministry of Health and NHIC |
| Outputs⁸ | <ul style="list-style-type: none"> 1.1 Hospital Performance Score Card (HPSC) developed and piloted 1.2 Hospital Performance Score Card (HPSC) implemented in 70 public hospitals 1.3 Five (5) Annual Editions of Hospital Performance Score Cards (HPSC) published and shared to 300 decision-makers and general public 1.4 Hospital Efficiency Evaluation Framework (HEEF) developed 1.5 Five (5) Annual Reports on Hospital Efficiency Evaluation published and shared to 300 decision-makers and general public 1.6 Policies and Action Plans Proposals developed from implemented HPSC and HEEF |
| (Intermediate) Outcomes⁹ | <ul style="list-style-type: none"> 1.1 Hospital Performance Score Card (HPSC) implemented in 70 public hospitals Public hospitals' efficiency improved as measured by 30% 1.2 Public hospitals' performance improved as measured by 30% |
| Area/Component 2 | <p>To conduct social audit of primary healthcare institutions aiming to strengthen the performance-based incentive program in family medicine administered by NHIC</p> |
| Activities | <ul style="list-style-type: none"> 2.1. Develop Primary Health Care Performance-Based Incentives Audit (PHCPIA) Tool, in consultation with the partners, to assess the performance-based incentive program results implemented by NHIC and MOH 2.2. Conduct consensus building roundtable to discuss and agree on proposed PHCPIA methodology 2.3. Implement PHCPIA Tool at country-level based on agreed methodology and publish annual results 2.4. Develop Primary Health Care Performance Score (PHCPS) to map on a regular-basis the PHC institutions performance in Moldova 2.5. Develop 3 policy papers on performance-based incentive program in family medicine administered by NHIC 2.6. Organize relevant policy dialogs and consensus building roundtables on PHC performance to discuss the obtained results and design policy corrective measures if needed |
| Outputs | <ul style="list-style-type: none"> 2.1. Primary Health Care Performance-Based Incentives Audit (PHCPIA) Tool developed 2.2. Primary Health Care Performance-Based Incentives Audit (PHCPIA) Tool implemented in 120 PHC institutions 2.3. Five (5) Annual Reports on Primary Health Care Performance-Based Incentives Audit (PHCPIA) published and shared to 300 decision-makers and general public 2.4. Five (5) Annual Conferences on Primary Health Care Performance-Based Incentives Audit (PHCPIA) conducted 2.5. Primary Health Care Performance Score (PHCPS) developed 2.6. Annual PHC mapping exercises implemented based on Primary Health Care Performance Score (PHCPS) 2.7. Policies and Action Plans Proposals developed from implemented PHCPIA and PHCPS |
| (Intermediate) Outcomes | <ul style="list-style-type: none"> 2.1. Public primary healthcare institutions' performance improved as measured by 15% 2.2. Ministry of Health and NHIC operates corrective measures to improve performance-based incentive programs |

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| Area/Component 3 | To complement existing evaluation processes of the Health System Development Strategy through the use of social accountability mechanisms |
| Activities | <ul style="list-style-type: none"> 3.1 Conduct annual Public Opinion Polls (POP) on health services and reforms as part of Health System Development Strategy evaluation based on preliminary developed and agreed methodology 3.2 Develop specific Independent Budget Analysis Tool (IBAT) for assessment and evaluation in health care 3.3 Promote adoption of social accountability tools as inputs for budgetary processes and performance based financing of health institutions 3.4 Contribute to development of the next Health System Development Strategy Framework 2018-2027 based on achieved results 3.5 Organize relevant policy dialogs on health reforms impact and sustainability and an annual conference to discuss the obtained results and design policy corrective measures if needed |
| Outputs | <ul style="list-style-type: none"> 3.1 Health Opinion Poll Questionnaire developed 3.2 Four (4) Annual Health Opinion Polls implemented, published and shared to 300 decision-makers and general public 3.3 Independent Budget Analysis Tool (IBAT) developed 3.4 Four (4) Annual reports on Healthcare Budgetary Processes published and shared to 300 decision-makers and general public 3.5 Eight (8) conferences for survey/reports presentation conducted 3.6 Three (3) policy-dialogues on impact and sustainability of new policies and reform in health sector conducted 3.7 Policies and Action Plans Proposals developed from implemented POP and IBAT |
| (Intermediate) Outcomes | <ul style="list-style-type: none"> 3.1 NHIC operates corrective measures to improve performance-based financing of hospitals 3.2 MOH operates corrective measures to improve public policy process including recommendations for development of the next Health System Development Strategy Framework 2018-2027 |
| Area/Component 4 <u>Knowledge and Learning (K&L)</u>¹⁰ | To facilitate knowledge on social accountability exchange and learning uptake across CSOs, governments and other stakeholders in order to enhance the effectiveness of social accountability interventions |
| Activities | <ul style="list-style-type: none"> 4.1. Build/develop sustainable information-communication tools (accessible and understandable) based on existing and popular tools to serve as a platform for disseminating and using health systems' data and project results 4.2. Promote and monitor that project results, achieved on social accountability tools, are effectively used by MOH, NHIC and other governmental institutions to complement formal M&E and to inform about policy process 4.3. Conduct a series of capacity building activities with local CSOs, local public authorities, media institutions, etc. for promotion social accountability in healthcare |
| Outputs | <ul style="list-style-type: none"> 4.1. Project results disseminated through transparency/health-specialized portals 4.2. Hospital Performance Score Cards accessible on www.spitale.md 4.3. Five (5) CSOs and mass-media institutions trained in social accountability in healthcare, monitored and assessed/Year of project implementation 4.4. Fifteen (15) distance learning resources on social accountability in healthcare (courses, case-studies, how-to notes, etc.) developed and accessible on-line for general public 4.5. More than 500 audients trained on-line in social accountability in healthcare 4.6. Policies and Action Plans Proposals developed from citizens' feedback |
| (Intermediate) Outcomes | <ul style="list-style-type: none"> 4.1 CSOs apply the skills learnt by implementing a social accountability process 4.2 Population perception on participation in decision-making increased as measured by 15%. |

8. Action Plan.¹¹ Use the Gantt chart below to present your proposal's Action Plan. Please refer to the examples provided in the endnotes.

| Key Activities ¹² | Main Outputs/Deliverables ¹³ | Estimated Schedule <i>(use years applicable to proposal's duration)</i> | | | | | | | | | |
|---|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | |
| | | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 |
| Component 1: To entail citizens monitoring hospital performance based on developed participatory monitoring and evaluation tools | | | | | | | | | | | |
| 1.1 Elaborate Hospital Performance Score Card (HPSC), in consultation with the partners, based on developed criteria for measuring performance of the hospital institutions (Responsible Organization – PAS Center) | 1. Hospital Performance Score Card (HPSC) developed and piloted | E.g. ¹⁴ | | | | | | | | | |
| 1.2. Conduct consensus building roundtable to discuss and agree on proposed HPSC methodology (Responsible Organization – PAS Center) | | | | | | | | | | | |
| 1.3. Pilot HPSC on two municipalities and 5 rayons to test the developed methodology (Responsible Organization – PAS Center) | | | | | | | | | | | |
| 1.4. Conduct a round-table discussion on HPSC pilot results to improve the methodology and agree on national replication (Responsible Organization – PAS Center) | 2. Hospital Performance Score Card (HPSC) implemented in 70 public hospitals | | | | | | | | | | |
| 1.5. Implement HPSC at country-level (Responsible Organization – PAS Center) | 3. Five (5) Annual Editions of Hospital Performance Score Cards (HPSC) published and shared to 300 decision-makers and general public | | | | | | | | | | |
| 1.6. Develop Hospital Efficiency Evaluation Framework (HEEF) to analyze on a regular-basis the hospital efficiency in Moldova (Responsible Organization – PAS Center) | 4. Hospital Efficiency Evaluation Framework (HEEF) developed | | | | | | | | | | |
| 1.7. Conduct consensus building roundtable to discuss and agree on proposed HEEF tool (Responsible Organization – PAS Center) | | | | | | | | | | | |
| 1.8. Implement HEEF at country-level and publish the results (Responsible Organization – PAS Center) | 5. Five (5) Annual Reports on Hospital Efficiency Evaluation published and shared to 300 decision-makers and general public | | | | | | | | | | |
| 1.9. Conduct 3-5 consensus building roundtables with Ministry of Health and NHIC (Responsible Organization – PAS Center) | 6. Policies and Action Plans Proposals developed from implemented HPSC and HEEF | | | | | | | | | | |
| Milestones¹⁵ [List milestones in this column. Add rows as needed] Shade cells to indicate milestone achievement estimated timeframe. | | | | | | | | | | | |

| Key Activities ¹² | Main Outputs/Deliverables ¹³ | Estimated Schedule (use years applicable to proposal's duration) | | | | | | | | | |
|---|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | |
| | | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 |
| 1. HPSC has been developed describing the implementing methodology, structure, content and objectives of each major evaluation component (patient satisfaction, quality, access, utilization, productivity, efficacy, etc.) <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 2. HPSC Tool satisfies all involved parts, is approved for input into pilot phase <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 3. HPSC has passed piloting and is suitable for scaling-up at country-level <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 4. HPSC is implemented, is in use in its target operational environment <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 5. HEEF has been developed describing the implementing methodology, structure, content (data sets related to resources allocated and generated results by hospitals) and objectives of each major evaluation component <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 6. HEEF Tool satisfies all involved parts, is approved and is suitable for scaling-up at country-level <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 7. HEEF is implemented, is in use in its target operational environment <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 8. Policies and Action Plans have been approved by decision-makers (Parliament/Government/Ministry of Health) and are authorized to proceed to implementation <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| Component 2: To conduct social audit of primary healthcare institutions aiming to strengthen the performance-based incentive program in family medicine administered by NHIC | | | | | | | | | | | |
| 2.1 Develop Primary Health Care Performance-Based Incentives Audit (PHCPIA) Tool, in consultation with the partners, to assess the performance-based incentive program results implemented by NHIC and MOH <i>(Responsible Organization – PAS Center)</i> | 1. Primary Health Care Performance-Based Incentives Audit (PHCPIA) Tool developed | | | | | | | | | | |
| 2.2 Conduct consensus building roundtable to discuss and agree on proposed PHCPIA methodology <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 2.3 Implement PHCPIA Tool at country-level based on agreed methodology and publish annual results <i>(Responsible Organization – PAS Center)</i> | 2. Primary Health Care Performance-Based Incentives Audit (PHCPIA) Tool implemented in 120 PHC institutions 3. Five (5) Annual Reports on Primary Health Care Performance-Based Incentives Audit (PHCPIA) | | | | | | | | | | |

| Key Activities ¹² | Main Outputs/Deliverables ¹³ | Estimated Schedule (use years applicable to proposal's duration) | | | | | | | | | | | |
|--|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|
| | | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | | | |
| | | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | | |
| | published and shared to 300 decision-makers and general public | | | | | | | | | | | | |
| | 4. Five (5) Annual Conferences on Primary Health Care Performance-Based Incentives Audit (PHCPIA) conducted | | | | | | | | | | | | |
| 2.4 Develop Primary Health Care Performance Score (PHCPS) to map on a regular-basis the PHC institutions performance in Moldova (Responsible Organization – PAS Center) | 5. Primary Health Care Performance Score (PHCPS) developed | | | | | | | | | | | | |
| | 6. Annual PHC mapping exercises implemented based on Primary Health Care Performance Score (PHCPS) | | | | | | | | | | | | |
| 2.5 Develop 3 policy papers on performance-based incentive program in family medicine administered by NHIC (Responsible Organization – PAS Center) | 7. Policies and Action Plans Proposals developed from implemented PHCPIA and PHCPS | | | | | | | | | | | | |
| 2.6 Organize relevant policy dialogs and consensus building roundtables on PHC performance to discuss the obtained results and design policy corrective measures if needed (Responsible Organization – PAS Center) | | | | | | | | | | | | | |
| Milestones | | | | | | | | | | | | | |
| 1. PHCPIA has been developed describing the implementing methodology, structure, content and objectives of each major evaluation component (Responsible Organization – PAS Center) | | | | | | | | | | | | | |
| 2. PHCPIA Tool satisfies all involved parts, is approved and is suitable for scaling-up at country-level (Responsible Organization – PAS Center) | | | | | | | | | | | | | |
| 3. PHCPIA is implemented, is in use in its target operational environment (Responsible Organization – PAS Center) | | | | | | | | | | | | | |
| 4. PHCPS has been developed describing the implementing methodology, structure, content and objectives of each major evaluation component (Responsible Organization – PAS Center) | | | | | | | | | | | | | |
| 5. PHCPS Tool satisfies all involved parts, is approved and is suitable for scaling-up at country-level (Responsible Organization – PAS Center) | | | | | | | | | | | | | |
| 6. PHCPS is implemented, is in use in its target operational environment (Responsible Organization – PAS Center) | | | | | | | | | | | | | |
| 7. Policies and Action Plans have been approved by decision-makers (Government/Ministry of Health/NHIC) and are authorized to proceed to implementation (Responsible Organization – PAS Center) | | | | | | | | | | | | | |

| Key Activities ¹² | Main Outputs/Deliverables ¹³ | Estimated Schedule (use years applicable to proposal's duration) | | | | | | | | | |
|---|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | |
| | | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 |
| Component 3: To complement existing evaluation processes of the Health System Development Strategy through the use of social accountability mechanisms | | | | | | | | | | | |
| 3.1 Conduct annual Public Opinion Polls (POP) on health services and reforms as part of Health System Development Strategy evaluation based on preliminary developed and agreed methodology <i>(Responsible Organization – PAS Center)</i> | 1. Health Opinion Poll Questionnaire developed 2. Four (4) Annual Health Opinion Polls implemented, published and shared to 300 decision-makers and general public | | | | | | | | | | |
| 3.2 Develop specific Independent Budget Analysis Tool (IBAT) for assessment and evaluation in health care <i>(Responsible Organization – PAS Center)</i> | 3. Independent Budget Analysis Tool (IBAT) developed | | | | | | | | | | |
| 3.3 Promote adoption of social accountability tools as inputs for budgetary processes and performance based financing of health institutions <i>(Responsible Organization – PAS Center)</i> | 4. Four (4) Annual reports on Healthcare Budgetary Processes published and shared to 300 decision-makers and general public | | | | | | | | | | |
| 3.4 Contribute to development of the next Health System Development Strategy Framework 2018-2027 based on achieved results <i>(Responsible Organization – PAS Center)</i> | 5. Eight (8) conferences for survey/reports presentation conducted | | | | | | | | | | |
| 3.5 Organize relevant policy dialogs on health reforms impact and sustainability and an annual conference to discuss the obtained results and design policy corrective measures if needed <i>(Responsible Organization – PAS Center)</i> | 6. Three (3) policy-dialogues on impact and sustainability of new policies and reform in health sector conducted | | | | | | | | | | |
| | 7. Policies and Action Plans Proposals developed from implemented POP and IBAT | | | | | | | | | | |
| Milestones | | | | | | | | | | | |
| 1. Public Opinion Poll (POP) has been developed describing the implementing methodology, questionnaire and objectives of each major evaluation component <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 2. POP methodology & questionnaire satisfies all involved parts and is implemented on a regular-basis <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 3. Independent Budget Analysis Tool (IBAT) has been developed describing the implementing methodology, structure, content and objectives of each major evaluation component <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 4. Independent Budget Analysis Tool (IBAT) satisfies all involved parts, is approved and is suitable | | | | | | | | | | | |

| Key Activities ¹² | Main Outputs/Deliverables ¹³ | Estimated Schedule <i>(use years applicable to proposal's duration)</i> | | | | | | | | | |
|--|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | |
| | | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 |
| for scaling-up at country-level <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 5. Independent Budget Analysis Tool (IBAT) is implemented, is in use in its target operational environment <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 6. Policies and Action Plans have been approved by decision-makers (Government/Ministry of Health/NHIC) and health institutions, and are authorized to proceed to implementation <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| Component 4: To facilitate knowledge on social accountability exchange and learning uptake across CSOs, governments and other stakeholders in order to enhance the effectiveness of social accountability interventions | | | | | | | | | | | |
| 4.1 Build/develop sustainable information-communication tools (accessible and understandable) based on existing and popular tools to serve as a platform for disseminating and using health systems' data and project results <i>(Responsible Organization – PAS Center)</i> | 1. Project results disseminated through transparency/health-specialized portals | | | | | | | | | | |
| 4.2 Promote and monitor that project results, achieved on social accountability tools, are effectively used by MOH, NHIC and other governmental institutions to complement formal M&E and to inform about policy process <i>(Responsible Organization – PAS Center)</i> | 2. Hospital Performance Score Cards accessible on www.spitale.md | | | | | | | | | | |
| 4.3 Conduct a series of capacity building activities with local CSOs, local public authorities, media institutions, etc. for promotion social accountability in healthcare <i>(Responsible Organization – IPP)</i> | 3. Five (5) CSOs and mass-media institutions trained in social accountability in healthcare, monitored and assessed/Year of project implementation | | | | | | | | | | |
| | 4. Fifteen (15) distance learning resources on social accountability in healthcare (courses, case-studies, how-to notes, etc.) developed and accessible on-line for general public | | | | | | | | | | |
| | 5. More than 500 audiences trained on-line in social accountability in healthcare | | | | | | | | | | |
| | 6. Policies and Action Plans Proposals developed from citizens' feedback | | | | | | | | | | |
| Milestones | | | | | | | | | | | |

| Key Activities ¹² | Main Outputs/Deliverables ¹³ | Estimated Schedule <i>(use years applicable to proposal's duration)</i> | | | | | | | | | |
|---|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | |
| | | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 | Sem. 1 | Sem. 2 |
| 1. Curriculum on Social Accountability in Healthcare has been developed describing the training methodology, courses, evaluation methods and skills to be achieved per each major component <i>(Responsible Organization – IPP)</i> | | | | | | | | | | | |
| 2. Curriculum on Social Accountability in Healthcare satisfies all involved parts, is approved for input into pilot phase <i>(Responsible Organization – IPP)</i> | | | | | | | | | | | |
| 3. Curriculum on Social Accountability in Healthcare has passed piloting and is suitable for input into the detailed training process <i>(Responsible Organization – IPP)</i> | | | | | | | | | | | |
| 4. Training on Social Accountability in Healthcare is implemented on a regular basis in its target operational environment <i>(Responsible Organization – IPP)</i> | | | | | | | | | | | |
| 5. Trained organizations are able to use the developed tools <i>(Responsible Organization – IPP)</i> | | | | | | | | | | | |
| 6. Trained organizations are implementing with increasing level of independence the developed tools at micro-level (specific sector of health sector or authority/institution level) <i>(Responsible Organization – IPP)</i> | | | | | | | | | | | |
| 7. Information-Communication Tools (ICT) have been developed describing the implementing methodology, structure, content and objectives of each major evaluation component <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 8. Information-Communication Tools (ICT) satisfy all involved parts, are approved for input into pilot phase <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 9. Information-Communication Tools (ICT) have passed piloting and are suitable for scaling-up <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 10. Information-Communication Tools (ICT) are implemented, are in use in their target operational environment <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 11. General population is using with increasing level of independence the developed tools <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |
| 12. Policies and Action Plans have been approved by decision-makers (Government/Ministry of Health/NHIC) and health institutions, and are authorized to proceed to implementation <i>(Responsible Organization – PAS Center)</i> | | | | | | | | | | | |

9. Monitoring and evaluation:

- (a)** How do you define the proposal's success indicators? Identify the most critical ones and link them to the outputs and outcomes presented in questions 1 and 3.
- (b)** How will you monitor the proposal's progress? Describe the methods and tools that will be used.
- (c)** What will you evaluate and what type of evaluation(s) will be used? Specify if you plan to carry out an independent evaluation.

Given the novelty of the project design, PAS Center places important emphasis on the design of an appropriate M&E framework for the project.

The project's M&E system will be based on Internal Monitoring and Evaluation Plans (IMEPs) conceived on project's defined outputs, milestones and outcomes. In this context, the IMEPs will mandatorily cover the following five important components – cost management, time management, quality management, project's progress and success indicators, risks management. It will be realized by applying developed tools, namely monthly progress sheets, proposal papers, biannual narrative and financial reports. Similarly, the above-mentioned criteria will constitute mandatory provisions of agreements with partner CSOs.

Internal evaluation will be performed by the Project Director based on progress and success indicators included for each component in the Results Framework of IMEPs defined in narrative and financial reports, as well as in other operational reports prepared by project coordinators.

The project progress will be measured against the estimated timeframe for milestones' achievement. Being strongly related to project's outputs, milestones' evaluation will indicate the progress towards achieving the expected outcomes.

The project's success will be based on the measurement of established success indicators linked to each specific component. In this context, the project team will follow up the health authorities and institutions' responses to its findings and recommendations. Development of new health care policies based on PAS Center's recommendations will be considered as an indicator of success. Improvement of performance indicators by hospitals as a result of applying HPCS and HEEF tools, and by PHC institutions - by applying PHCPS tool, will be considered as indicators of success as well. Also, for the project's components 3 and 4 the following will be considered as indicators of success: increased number of trained audients and CSOs in the field of social accountability in health; increased number of informed population regarding health policies; increased number of visits, institutions' evaluations and feedback delivered via transparency portals.

The resources for the project's M&E system were included in the operational costs of the project. No external support will be necessary to implement the project M&E system.

10. Project Team. Explain clearly:

- (a)** Describe how you will assemble the Project Team. Indicate if the Team members are part of your current staff, and explain which new positions, if any, will need to be hired. Include any relevant positions that will be hired as consultant positions as well. Refer to the Proposal Budget for guidance.
- (b)** If the Proposal includes a Partnership and/or Mentee CSOs, explain what positions and roles they will perform as part of your Project team.

The Project team will consist of staff of the two partner organizations (PAS Center and IPP) and consultants. PAS

Center and IPP will allocate the current staff's time (part-time arrangement) to carry out the tasks within the Project; no new positions will need to be hired. Three persons from PAS Center will undertake the key functions under the project:

- **Andrei Mosneaga** will undertake the overall Project coordination, strategic planning, supervise the Project team's performance and provide technical inputs under all components. He will also be overall responsible for coordination of activities with IPP (under Component 4).
- **Stela Bivol** will be the main Project contact with state and non-state actors, provide lead technical inputs and coordinate the consultants' work for Component 2. She will be also responsible for the overall Project M&E framework and reporting.
- **Ghenadie Turcanu** will be the main Project contact for Components 1 and 3 and will lead the technical expertise and coordinate and supervise consultants under Component 3.

All three PAS Center staff above will provide technical inputs across all Project components including activities that will be implemented by IPP under Component 4. **Irina Zatusovski** from PAS Center will be engaged on a part-time basis in interventions related to advocacy, communication and social mobilization, and provide relevant technical inputs under Components 3 and 4. In addition, three other PAS Center staff are listed on the team, who will provide necessary administrative support.

IPP allocated **Anatol Gremalschi** to carry out coordination, operational planning, provide lead technical inputs and supervise activities, for which IPP will be responsible under Component 4. Two other IPP staff will be engaged for administrative support.

In addition, the proposal seeks to engage fifteen individual consultants to carry out specific assignments under each of the four Components. It is also planned to hire two consulting firms under Component 3, to carry out field work for implementation of Public Opinion Polls, and development and maintenance of transparency portals. Another organization will be hired to conduct annual financial audits.

Selection of consultants will be carried out on competitive basis, in accordance with the organizations' Operational Manuals and procurement rules. PAS Center uses the World Bank procurement guidelines and rules.

The proposed Project team is presented in section 10.1 below.

10.1 Please fill out the table below:

| Team member name*1 | Position | Time devoted to Project*2 | Project Components | Project Main Responsibilities |
|-------------------------|---------------------|--|--------------------|---|
| Andrei MOSNEAGA | Project Director | Part-time Personnel (PAS Center) Full project duration | Component 1 | <ul style="list-style-type: none"> ▪ Overall Project coordination ▪ Supervision of the Project team's performance ▪ Strategic planning, approval of adjustments to Project's flow ▪ Lead technical inputs |
| | | | Component 2 | <ul style="list-style-type: none"> ▪ Overall Project coordination ▪ Supervision of the Project team's performance ▪ Strategic planning, approval of adjustments to Project's flow ▪ Technical inputs |
| | | | Component 3 | <ul style="list-style-type: none"> ▪ Overall Project coordination ▪ Supervision of the Project team's performance ▪ Strategic planning, approval of adjustments to Project's flow ▪ Technical inputs |
| | | | Component 4 | <ul style="list-style-type: none"> ▪ Overall coordination, supervision and strategic planning for the Project – with partner organization (IPP) |
| Stela BIVOL | Project Coordinator | Part-time Personnel (PAS Center) Full project duration | Component 1 | <ul style="list-style-type: none"> ▪ Technical inputs ▪ M&E, reporting on Project progress |
| | | | Component 2 | <ul style="list-style-type: none"> ▪ Main Project contact with state and non-state actors ▪ Lead technical inputs ▪ Coordination and supervision of consultants ▪ M&E, reporting on Project progress |
| | | | Component 3 | <ul style="list-style-type: none"> ▪ Technical inputs ▪ M&E, reporting on Project progress |
| | | | Component 4 | <ul style="list-style-type: none"> ▪ Technical inputs, M&E, reporting on Project progress – with partner organization (IPP) |
| Ghenadie TURCANU | Project Coordinator | Part-time Personnel (PAS Center) Full project duration | Component 1 | <ul style="list-style-type: none"> ▪ Main Project contact with state and non-state actors ▪ Technical inputs ▪ Coordination and supervision of consultants |
| | | | Component 2 | <ul style="list-style-type: none"> ▪ Technical inputs |
| | | | Component 3 | <ul style="list-style-type: none"> ▪ Main Project contact with state and non-state actors ▪ Lead technical inputs ▪ Coordination and supervision of consultants |
| | | | Component 4 | <ul style="list-style-type: none"> ▪ Technical inputs – with partner organization (IPP) |
| Irina ZATUSEVSKI | Project Officer – | Part-time | Component 1 | |

| | | | | |
|--------------------------|------------------------|--|-------------|---|
| | Communication | Personnel (PAS Center) Full project duration | Component 2 | |
| | | | Component 3 | ▪ Technical inputs |
| | | | Component 4 | ▪ Lead technical inputs ▪ Coordination and supervision of consultants |
| Serghiu GHERMAN | Financial Director | Part-time Personnel (PAS Center) Full project duration | Component 1 | ▪ Financial management |
| | | | Component 2 | ▪ Financial management |
| | | | Component 3 | ▪ Financial management |
| | | | Component 4 | ▪ Financial management – with partner organization (IPP) |
| Cristina SERGENTU | Chief Accountant | Part-time Personnel (PAS Center) Full project duration | Component 1 | ▪ Financial management |
| | | | Component 2 | ▪ Financial management |
| | | | Component 3 | ▪ Financial management |
| | | | Component 4 | ▪ Financial management – with partner organization (IPP) |
| Cezar CAPTACIUC | Procurement Specialist | Part-time Personnel (PAS Center) Full project duration | Component 1 | ▪ Procurement support |
| | | | Component 2 | ▪ Procurement support |
| | | | Component 3 | ▪ Procurement support |
| | | | Component 4 | ▪ Procurement support |
| Anatol GREMALSCHI | Project Coordinator | Part-time Personnel (IPP) Full project duration | Component 1 | ▪ Technical inputs |
| | | | Component 2 | ▪ Technical inputs |
| | | | Component 3 | ▪ Technical inputs |
| | | | Component 4 | ▪ Project coordination, operational planning ▪ Main Project contact with state and non-state actors ▪ Lead technical inputs ▪ Coordination and supervision of consultants ▪ M&E, reporting on Project progress – with main applicant (PAS Center) |
| Raisa GUTU | Project Assistant | Part-time Personnel (IPP) Full project duration | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | ▪ Administrative and logistics support – with partner organization (IPP) |
| Liuba BEJAN | Financial Specialist | Part-time Personnel (IPP) Full project duration | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | |

| | | | | |
|-----------------------|---|--|-------------|--|
| | | | Component 4 | ▪ Administrative and logistics support – with partner organization (IPP) |
| To be selected | Consultant – Hospital Performance / HPRC | Part-time Consultant (PAS Center) Full project duration | Component 1 | ▪ Technical inputs |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | |
| To be selected | Consultant – Hospital Performance / HEEF | Part-time Consultant (PAS Center) Full project duration | Component 1 | ▪ Technical inputs |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | |
| To be selected | Two Consultants – Hospital Performance | Part-time Consultant (PAS Center) Year 1 | Component 1 | ▪ Technical inputs |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | |
| To be selected | Consultant – Primary health care / PHCPIA | Part-time Consultant (PAS Center) Full project duration | Component 1 | |
| | | | Component 2 | ▪ Technical inputs |
| | | | Component 3 | |
| | | | Component 4 | |
| To be selected | Consultant – Primary health care / PHCPS | Part-time Consultant (PAS Center) Full project duration | Component 1 | |
| | | | Component 2 | ▪ Technical inputs |
| | | | Component 3 | |
| | | | Component 4 | |
| To be selected | Two Consultants – Primary health care | Part-time Consultant (PAS Center) Year 1 | Component 1 | |
| | | | Component 2 | ▪ Technical inputs |
| | | | Component 3 | |
| | | | Component 4 | |
| To be selected | Consultant – Public Opinion Polls | Part-time Consultant (PAS Center) Year 1 | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | ▪ Technical inputs |
| | | | Component 4 | |

| | | | | |
|-----------------------|--|---|-------------|-----------------------------------|
| To be selected | Consulting Firm – Public Opinion Polls | Part-time Consulting Firm Years 1-4 | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | ▪ Services – Public Opinion Polls |
| | | | Component 4 | |
| To be selected | Consultant – IBAT | Part-time Consultant (PAS Center) Full project duration | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | ▪ Technical inputs |
| | | | Component 4 | |
| To be selected | Consultant – IC tools | Part-time Consultant (PAS Center) Year 1 | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | ▪ Technical inputs |
| To be selected | Consulting Firm – ITC, transparency portals | Part-time Consulting Firm Full project duration | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | ▪ ITC Services |
| To be selected | Consultant – M&E | Part-time Consultant (PAS Center) Full project duration | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | ▪ Technical inputs |
| To be selected | Three Consultants – Capacity building for Social Accountability | Part-time Consultant (IPP) Full project duration | Component 1 | |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | ▪ Technical inputs |
| To be selected | Consulting Firm – Audit | Part-time Consulting Firm Full project duration | Component 1 | ▪ Services – Audit |
| | | | Component 2 | |
| | | | Component 3 | |
| | | | Component 4 | |

***1** | You must list all the Project Team, including existing staff, staff to be hired, and individual consultants. If you're proposing to hire consulting firms to deliver specific tasks that are critical to the project (e.g. Project evaluation, ICT products/services, etc.) you MUST also include them in the table.

***2** | Indicate (a) if full or part-time, (b) if CSO personnel or consultant, and (c) if team member will be employed for the full duration of the Project or for specific periods or tasks.

Guidance for Answering Part 2: Main Application Questions

¹ **Question 1: Proposal's overall objectives.** The proposal's theme must be aligned with one or more of the priority areas identified in the country call for proposals. Within the chosen theme or sector, the specific issue(s) or problem(s) that will be addressed through social accountability must be clearly spelled out. For example:

- If the proposal focuses on monitoring health service delivery, identify the specific services or issues that will be monitored, such as service inputs (e.g. availability of vaccines for children 0-5 years old, of micro-nutrients for pregnant women, antiretroviral treatments for HIV patients, etc.), or service access (e.g. hours of operation at local health clinics, availability of doctors and nurses, infrastructure conditions, etc.)
- If the monitoring process encompasses budget monitoring, the precise issues to be covered must also be indicated: following the latter example, the social accountability approach may include gathering information about sector transfers to health clinics, procurement of inputs and contract supervision, among others.
- For budget monitoring as a more general theme, the specific issues to be monitored must also be spelled out: for instance, enforcement of budget accountability laws and regulations at the sub-national level, citizen participation mechanisms for agreeing on local spending priorities, budget allocations for public investments in critical basic infrastructure, procurement and contract monitoring, etc.

In this question, the reference to the proposed solution(s) must briefly and concisely explain *(a) what social accountability approach will be used to (b) achieve what type of changes in the proposal's lifetime. Point (a) must clearly define the type of citizen feedback that will be generated to address the issue or problem.*

Citizen "feedback" is understood as the information provided by citizens and is based on their experiences in accessing or using a certain service or program delivered by the state or a third party contracted out by the state. Information about a public service or program is also generated indirectly by analyzing and systematizing information either from data that is proactively made available to the public, or from requests for access to such public information. Whether the feedback is produced directly or indirectly, it is intended to be used as a basis for the improvement of a specific public service or program.

The justification of the need for this feedback should be briefly mentioned here, and expanded on questions 2 and 3.

Suggested guidance for defining the proposal's strategic objectives: "The Super Duper Impact Planning Guide", by Albert Van Zyl, International Budget Partnership, available at <http://internationalbudget.org/wp-content/uploads/Super-Duper-Impact-Planning-Guide.pdf>

² **Question 2: role of government and public sector institutions.** The answer must provide a justification for the proposed solution(s) put forth in question 1 by answering all the sub-questions. By reading the answer it should be clear (a) *who in the public sector (including institutions within and outside the Executive branch) is/are interested in obtaining the type of citizen feedback that would be generated by the project, (b) why do they need this information and in which ways will this information benefit their positions and interests in order to motivate or incite them to take action.*

³ **Question 3: social accountability** is approached as a process encompassing (a) the use of a combined set of mechanisms and "tools", including formal (i.e., mandated by laws and regulations) and informal (set up or organized by CSOs and citizen groups themselves), (b) whereby the choice of mechanisms and tools is grounded on several considerations, such as a cost-benefit analysis of alternatives, an analysis of the political-institutional context, an assessment of needs and problems regarding the service delivery chain or the management process, among others, as well as of "entry points" for introducing the process, and of existing capacities and incentives of the actors to be engaged, including service users, CSOs, service providers and public sector institutions.

The approach thus assumes that in order to be effective the social accountability process must engage citizens and public sector institutions, especially those with decision-making power to address the issues raised by citizens and CSOs. It is a double-way process, and as such, it cannot rely only on the assumption that the solution rests on building citizen capacities to generate feedback, or on the generation of such feedback by itself; these are necessary, albeit not sufficient conditions for generating the changes needed to improve or solve the issue. Therefore, the proposed process must be as explicit regarding the actions on the part of public sector institutions (and of other relevant stakeholders such as the private sector, the media, etc.) that will be required for it to be considered a plausible and realistic approach.

Suggested guidance for defining capacity-building activities: "The Capacity Development Results Framework. A strategic and results-oriented approach to learning for capacity development", by Samuel Otoo, Natalia Agapitova and Jay Behrens, World Bank Institute, June 2009. Available at the GPSA website.

⁴ **Question 4: Partnerships.** The GPSA encourages applicants to identify partners who may complement the applicant's expertise, outreach capacity and influence in working towards achieving the proposed objectives. It is assumed that governance and development challenges call for multi-stakeholder coalitions, encompassing stakeholders from diverse sectors, to work together in order to solve them. Partnership arrangements may include "mentoring" schemes, whereby the main applicant CSO has identified one or more "mentee" CSO(s), that are usually nascent, or with less social accountability experience, and puts forth a capacity-building process that uses the proposed operational work as a means for the mentee(s) to "learn by doing". Partnerships with other CSOs with specific, complementary expertise, outreach and influence may also be put forth. If partners will take on specific responsibilities within the proposal, that are directly related to its planned activities, outputs and outcomes, they must be included as part of the project team (see Question 10) and are expected to participate in a funds' sharing scheme (see the Proposal Budget guidance).

⁵ **Question 5: Ongoing/new project.** For ongoing projects, the answer should clearly explain the value added of GPSA support, and what would GPSA funding support within such project. A summary of the ongoing project achievements and challenges should also be included here, as well as a clear explanation of its sources of funding. For new projects, the answer should relate the proposal to the organization's experience on social accountability and in related projects.

⁶ **Question 6: Institutional strengthening.** GPSA support may include activities aimed at investing in the applicant CSO's institutional capacities that will ensure the organizations' sustainability of operations beyond the proposal's duration. CSOs working on social accountability usually operate in contexts of limited resources and one of GPSA's central objectives is to offer "strategic and sustained support" that may allow for mid to long-term strategic planning. The GPSA gives special consideration to the ability of the applicant CSO to relate the proposal to the organization's current state of development, including efforts to invest in strengthening staff's capacities on social accountability, but also other activities such as those mentioned in the question.

⁷ **Question 7: Project areas/components.** The proposal should be structured around areas or components, which consist of sub-sections that are organized together because of their direct relation to one or more intermediate outcomes. A Project component must thus group those activities and outputs that can be directly linked to specific intermediate outcomes as defined in the proposal's results framework. By reading the Project component one must be able to understand the linkages between the activities included therein, as well as the relationship between the expected outputs and outcomes. See footnotes 7 and 8 below.

⁸ **Outputs** are the direct products of project activities and may include types, levels and targets of services to be delivered by the project. The key distinction between an output and an outcome is that an output typically is a change in the supply of services (E.g. # of CSOs trained on social accountability, # of meetings with government officials, website set up and running, etc.), while an outcome reflects changes derived from one or more of those outputs (E.g. CSOs apply the skills learnt by implementing a social accountability process, XX Government actor introduces X change/s in the delivery of X service, Supply of X service is increased by X%, Quality of X service is improved as measured by XX, etc.)

⁹ **Outcomes** are the specific changes in project participants' behavior, knowledge, skills, status and level of functioning; they should be defined in a SMART way: strategic, measurable, action-oriented, realistic, and timed. **Intermediate outcomes** are attributable to each component, and would contribute to the achievement of final outcomes at the Project level. An intermediate outcome specifies a result proximate to an intended final outcome, but likely more measurable and achievable in the lifetime of a project to an intended final outcome. To ensure the accuracy of assigned intermediate outcomes, the consideration of each proposed outcome should include reviewing who is best situated to achieve the outcome (that is, is this within or outside the scope of this intervention?) and how the outcome might be effectively measured. Example: Teachers use the new teaching methods (intermediate outcome) to improve learning among students (final outcome).

Guidance for designing the Knowledge & Learning (K&L) Component

A key GPSA objective is to contribute to the generation and sharing of knowledge on social accountability (SAcc), as well as to facilitate knowledge exchange and learning uptake across CSOs, CSOs networks, governments and other stakeholders. GPSA aims to support its grantees with the best knowledge available on social accountability tools and practices, and also to develop and disseminate them widely among practitioners and policy-makers in order to enhance the effectiveness of SAcc interventions.

GPSA will promote K&L activities such as nurturing practitioner networks and peer learning, especially South-South exchanges through events, on-line resources, and technical assistance. An online Knowledge Platform will provide access to knowledge, support sharing of experiences, facilitate learning, and networking.

GPSA requires that grant proposals include a K&L Component, whereby applicants develop a plan in which the proposed interventions include opportunities for advancing knowledge about strategies and pathways for promoting transparency, accountability and civic engagement. Special emphasis should be made on learning mechanisms (internships, peer-to-peer reviews, Communities of Practice, etc.) focused on grant recipients and partner CSOs, as well as on key external audiences.

Some key questions to answer in designing the K&L Component are:

- ✓ What particular contribution to K&L on SAcc will our proposal make, such as developing tools, replicable models, impact indicators etc., which may have broader usage?
- ✓ What are our K&L needs and knowledge gaps? While proposals are being assessed on their strengths, the proponent's ability to recognize needs and weaknesses is an important aspect as well.
- ✓ What K&L resources do we have? Are they effective in achieving the objectives for which they were developed or do we need to improve them? Are we prepared to share these resources?
- ✓ Who are the specific audiences that we would like to engage in our K&L plan? What are their specific needs and what are the objectives we seek to accomplish in terms of K&L devised for them?
- ✓ How will we realistically develop and disseminate K&L derived from our project? How will we build sustained capacity with our project participants/beneficiaries and key audiences beyond, for example, one-time training or capacity building events?

¹¹ **Question 8: Proposal Action Plan.** The action plan should provide a clear summary of your proposal's operational roadmap. By reading it, it should be possible to understand (a) the activities and outputs that are considered critical for project implementation; (b) the sequencing logic devised (whereby a set of critical activities would lead to X outputs, that must be completed in order to proceed to deliver Y activities and outputs) which should be reflected in the planned calendar; and (c) the milestones that will flag the component's progress towards your expected outcomes. See endnote 14 below for examples.

¹² List only the key activities that best reflect the Component's successful implementation throughout the project's lifetime.

¹³ List only the key outputs that best reflect the successful delivery of planned activities.

¹⁴ Indicate planned timeframe by quarter for main activities by shading the cells.

¹⁵ Milestones must be linked to the outputs and expected Component-level intermediate outcomes:

- ➔ They should summarize the Component's critical achievements by year geared to achieving key project-level outcomes by the end of the project.
- ➔ While a planned output will indicate the project's progress towards achieving a certain level of completion of an activity, for example, the target you have defined for training local CSOs and other stakeholders on the use of a social accountability tool or mechanism (E.g. 5 in Year 1, 10 in Year 2, and so on), a milestone would be achieved when these groups are able to actually use the tool or mechanism which would enable you to assess whether the participants have learned the skill and are able to implement it with increasing levels of independence, and whether these activities are leading up to certain outcomes that you expect to achieve incrementally throughout the project's lifetime.
- ➔ Similarly, you may need to define certain outputs for the process of engaging decision-makers, service providers and others power-holders; these outputs may range from sharing systematized data or information that you have produced independently (E.g. independent budget analyses) or that has been generated jointly by community stakeholders (users of a specific service) and service providers as a result of the implementation of a social accountability tool (E.g. Action Plans derived from community scorecards processes), to other type of outputs that are considered critical such as setting up a civil society-government (or multi-stakeholder) working group, or participating in X number of public hearings, among others.
- ➔ The milestones related to all these outputs, however, should help you identify the actions and events that would indicate that the project is progressing towards its expected outcomes. In relation to the examples provided, some questions that you may ask would be:
 - What do we expect will happen if we share independent budget analyses with XX decision-makers? What would progress mean to us? Could we use certain standards -for instance, we expect sector budget allocations or allocations to fund a specific service within a sector to change in any way- in order to define incremental measures or targets of progress?
 - How would we define progress as a result of the implementation of Action Plans agreed upon in the framework of a community scorecards process?
 - If a multi-stakeholder working group is set up, what are the measures of progress that would indicate that the working group is really functioning?
- ➔ There are also process-related milestones that may be critical for the project, such as, for instance, reaching an agreement with a certain government or public sector agency on the local-level service centers (E.g. schools, health centers, etc.) that will be targeted incrementally by the project; integrating the results of the project's end of Year 1 initial assessment (an output of the project's M&E system) into the project's operational plan, including by adjusting planned activities and outputs; etc. etc.