

**Global Partnership for Social Accountability (GPSA)  
Grant Application Form | Word Version**

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**PART 1 OF GPSA APPLICATION**

**SECTION 1: PROJECT BASIC DATA SHEET**

<b>1.1 Project Title.</b> Insert name of Project.
<b>Social Accountability Knowledge, Skills, Action and Networking - SAKSAN</b>
<b>1.2 Country where the Project will be implemented.</b> Mark all that apply. <i>[List of participating countries will show in e-application]</i>
<b>Mozambique</b>
<b>1.3 Project Overview</b> <i>[Click on text field in e-application to complete the list of questions below in pop-up window]</i>
This Project will strengthen the institutional capacity of local CSOs and CBOs representing the most vulnerable groups (including persons with disability, people with HIV, women etc.) for evidence-based engagement in social accountability initiatives while simultaneously monitoring and assessing the quality of service provision in health sector in Niassa and Zambézia Provinces.
➤ <b>Recipient/executing organization name.</b> For mentoring proposals, name of mentor organization.
<b>Concern Universal Mozambique</b>
➤ <b>Address of recipient organization.</b> Please make sure address includes the country.
➤ <b>Country in which applicant CSO is a legal entity.</b> Please select from list below. <i>[List of participating countries will show in e-application]</i>
<b>Mozambique</b>
➤ <b>Mentee(s) organization(s) name(s)</b>
➤ <b>Project Manager.</b> If manager not appointed yet, indicate name of Project main contact person.
<b>Helena Skember</b>
➤ <b>Phone.</b> Include country area code.
➤ <b>Email</b> of main project contact person.
➤ <b>Project implementation period: Start date.</b> Estimated date when the Project would begin receiving GPSA funding; an estimated start date should be anytime after July 1st, 2013. If the Project is already being implemented, please explain so under Part 2: Project Description/Description of Components and Activities
<i>July 1st, 2013</i>
➤ <b>Project implementation period: End date.</b> Estimated closing date should be between 3 to 5 years after Project start date.
<i>June 30th, 2017</i>
➤ <b>Project geographic scope:</b> Indicate if project will be implemented at the (a) National level or (b) Sub-national level only. If (b), specify geographic areas covered by the project
<b>The Project will be implemented at both National and Sub-national level. Mozambique, Niassa and Zambézia Provinces</b>
➤ <b>Requested GPSA Grant amount. Total Project cost.</b> (in US dollars) Requested amount should range from US\$500,000 to US\$1,000,000; requests below US\$500,000 may be considered depending on the Project's duration and characteristics. GPSA financing may cover 100% of total project cost but it should not exceed 50% of the organization's total operating budget.
<b>US\$ 700,000</b>
➤ <b>Total Project cost. (in US dollars)</b> Overall project cost, including GPSA requested funding.
<b>US\$ 700,000</b>

➤ <b>Financing sources.</b> Additional financing sources. If yes, please list them and include the budget amount contributed by these sources to the Project.
N/A

**SECTION 2: PROJECT OBJECTIVES**

**2.1 Describe the proposal’s core objective(s), distinguishing between the higher-level goals that guide it and the specific, strategic objectives that are expected to be achieved during the project’s time frame.**

**Project objectives** describe outcomes by explaining the intended benefits (physical, financial, institutional, social, or other types) to a specific community/group of people or organizations, and/or institutional changes that are to be realized, through one or more interventions. The intended benefits should be:

- Measurable and
- Specific.

By reading a PO, one should be able to determine which group is being targeted directly by the project and what they will be doing better or differently as a result of the project interventions. The nature of the outcome(s) described in the PO should be based on a realistic (and evidence-based) assessment of what effect can be achieved with the available resources (and inputs provided by the Project) over the relevant time horizon using the approach being pursued. Outcomes described in the PO will have to be defined later on in the Proposal’s results framework, through indicators, which are often, but not always, quantifiable and measurable or observable. Some indicators are qualitative. In some settings, desired outcomes may include changes in people, organizational or institutional processes, practices, behaviors and relationships, which may best be tracked through qualitative data.

Project high level goal is: Improved quality of life of the most vulnerable (women, persons with disability, people with HIV etc.) in Niassa and Zambézia Provinces through enhanced social accountability and responsiveness to social needs of service delivery in health sector.

**Project Objectives:**

- Local CBOs / CSOs representing vulnerable groups in Niassa and Zambézia Provinces with skills and capacity for evidence-informed engagement with government regarding transparency and accountability in delivery of health services (with focus on maternal and child health (MCH) and anti-retroviral treatment (ART), budget decentralization and on humanization of health service delivery, but not limited to);
- Engagement around locally identified performance issues influence quality of service delivery (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to) in health sector in Niassa and Zambézia Provinces;
- Good practices and lessons learnt on measuring performance of service providers based on Project experiences identified, disseminated and used to influence others nationally and internationally.

Detailed information, including qualitative and quantitative indicators of proposed outcomes and outputs is provided in the Proposal’s results framework that was elaborated during the design workshop that took place in Niassa in February 2013 and counted with the participation of the proposed Project staff.

**2.2 Indicate the proposal’s focus area.** Please mark all focus areas that apply to this Project.

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

**2.3 GPSA Pillars of Governance.** Which GPSA “pillars of governance” are addressed by the proposal? Mark all that apply.

Pillars of Governance	GPSA Expected Outcomes (Program level)	Pillars addressed by the Project
Transparency	➤ People are able to get more information about government activities and are able to use this information effectively	X
Representation and voice	➤ People have a mechanism and/or policies through which they can voice their concerns to the government and influence policy	X
Accountability	➤ Governments are more accountable to beneficiaries in delivery of services and in management and use of public resources	X
Learning for improved results	➤ GPSA beneficiaries have greater knowledge and practice of social accountability, and civil society organizations have greater capacity to	X (this is a required area for all Grant

**2.4 Project Goals and CSO's Mission.** Relate your proposal's goals and objectives to your organization's mission, objectives and existing program areas. Explain clearly how the proposal fits within your organization's work. If you wish to attach supporting materials about the Project or your organization's work, you may do so at the end of the application, or you can include a website link in your answer.

The Project's high level goal *"Improved quality of life of the most vulnerable (women, persons with disability, people with HIV etc.) in Niassa and Zambézia Provinces through enhanced social accountability and responsiveness to social needs of service delivery in health sector"* responds directly to Concern Universal's mission, vision, objectives and existing Program areas.

Concern Universal vision is a world where justice, dignity and respect prevail for all. Our mission is to work in partnership with local civil society organizations to challenge poverty and inequality. We support practical actions that enable people to improve their lives and shape their own future. Concern Universal has been implementing development activities in Mozambique since 1996. Concern Universal is one of the organizations to pioneer social accountability work in Mozambique in 2009/2010 (with funding from Ford Foundation) and has translated and localized to Mozambican realities the Social Accountability training material designed by our Partner Organization - Public Service Accountability Monitor - PSAM attached to Rhodes University in South Africa.

Moreover, Concern Universal is a member of a social accountability regional network and participates regularly in learning and sharing events. Concern Universal Mozambique team includes 5 social accountability trainers trained by the PSAM. Our Program emphasizes the promotion of the right to social accountability and good governance together with integrated local development aspects with a special focus on: (i) Community Health, (ii) Nutrition and Food security, (iii) Water, Sanitation and Hygiene and (iv) Capacity building. The program continuously mainstreams Gender, HIV, Climate change and Disability aspects. By establishing partnerships with local CSOs/CBOs, local communities and local government Concern Universal Mozambique works towards: (i) Supporting citizens and CBOs/CSOs to demand accountability and transparency from government regarding service delivery and allocation of public resources; (ii) Improving health indicators and well-being for under-served communities; (iii) Improving effectiveness and accountability of local CBOs/CSOs ensuring they have skills, confidence and networks necessary to influence the actions of service providers.

Concern Universal Mozambique is very practical organization – working in partnership with local CBOs/CSOs and enabling them to achieve long-lasting changes. As example, in 2011 Concern Universal had successfully lobbied the Ministry of Health to decentralize HIV testing and counseling services from Provincial to District levels.

At present (February 2012-December 2014) Concern Universal is implementing, with funding from Swiss Agency for Development and Cooperation (SDC), the Municipal Social Accountably Monitoring Program (MuniSAM) that works in specific municipalities in Niassa (Cuamba and Metangula), Zambézia (Quelimane and Mocuba) and Cabo Delgado (Montepuez and Mocímboa de Praia) Provinces. There are complementarities between SAKSAN and MuniSAM; the lessons learned by MuniSAM and others relevant governance Projects delivered by Concern Universal over the recent years were incorporated in the design of SAKSAN. There will be no overlapping between SAKSAN and MuniSAM as the latter is limited to the above mentioned municipalities while SAKSAN has a broader provincial coverage (especially at the sub-district level where most vulnerable people live) and a clear focus on health (maternal and child health - MCH, antiretroviral therapy - ART, budget decentralization and humanization of health service delivery - complementing the GOM's Strategy on Quality and Humanization of Service Delivery in the Health Sector).

More information about our work can be found at webpage [www.concern-universal.org.mz](http://www.concern-universal.org.mz). Social accountability newsletters can be accessed at <http://www.concern-universal.org.mz/index.php/newsletter>. Social accountability digital stories produced by Concern Universal can be viewed at:

[http://www.youtube.com/watch?v=ya\\_XQxHuoMs&list=UUhMwwoi-VorJs0SikZB0WYg&index=2](http://www.youtube.com/watch?v=ya_XQxHuoMs&list=UUhMwwoi-VorJs0SikZB0WYg&index=2)

<http://www.youtube.com/watch?v=MRQMX7-rNo8&list=UUhMwwoi-VorJs0SikZB0WYg&index=1>

<http://www.youtube.com/watch?v=dKs14POP784&list=UUhMwwoi-VorJs0SikZB0WYg&index=3>

**2.5 Project Beneficiaries.** Please identify the project's beneficiaries. *[Click on text field in e-application to complete the two sub-questions]*

**2.5.1 Project's main direct beneficiaries.** People benefiting directly from the Project's outcomes. This involves identifying people for whom the project is intended to bring changes, e.g. population from targeted areas benefiting from improved access to or use of specific services, and for whom the change in policy or practice will make a difference in their lives. If the project intends to engage people from poor and vulnerable groups, please make sure to explain clearly how are they going to be engaged in the Project, including what is expected in terms of outcomes that will benefit these specific groups.

The Project will work at both national and sub-national (district, provincial) levels. At sub-national level, it will concentrate in 2 Provinces, namely the Provinces of Niassa and Zambézia. Members of 135 local CBOs and CSOs in Niassa and Zambézia Provinces - cca 3,000 persons

will directly benefit through increased capacity for social accountability engagement. Of these 135 target organizations 62 operate in the Province of Niassa (mainly members of Concern Universal partner organization - CBOs/CSOs network FONAGNI) and 73 operate in the Province of Zambézia (mainly, but not limited to, members of Concern Universal partner organization - CBOs/CSOs network NAFEZA).

Local CBOs/CSOs that will be involved in this Project represent some of the most vulnerable and excluded groups and have strong grass-root presence and complementary skills. The interest groups directly affected by service quality, population of Niassa and Zambézia Provinces with major emphasis on the most vulnerable such as people with HIV and persons with disability (cca 10% of the Population of 2 Provinces - 500,000 persons) will benefit through improved access to health services. Concern Universal Mozambique has a bottom-up, demand driven and collaborative approach with full involvement of beneficiaries, decentralized structures and the local government. The Project will have strong local and national ownership, respecting local priorities and using participatory methodologies that are aimed at helping people to develop skills and confidence to understand and challenge norms and practices that reinforce the effects of poverty, and other factors in their environment that contribute to their vulnerability.

**2.5.2 Project's indirect beneficiaries.** Wider community benefiting from potential Project outcomes and impact. For Projects focusing on governance reforms, expected outcomes and impacts may benefit the country as a whole.

The Project will reach some 5 million people in Niassa and Zambézia Provinces as the beneficiaries of improved social accountability mechanisms and improved implementation of country policies. Key results from sub-national monitoring will be leveraged up to national level by bringing to national level networks the issues identified by experience at sub-national level, in order to build critical mass and influence centrally determined accountability challenges.

### SECTION 3: PROJECT DESCRIPTION

**3.1 Sectors of Focus.** *[Click on the text field in the e-application to mark your answer(s)]*

Please mark the sector(s) of focus of the proposal		Mark proposal's scope for the sector(s) indicated		
		National	Regional (in-country)	District/Local
<b>Core public sector focus</b>	Transparency/Access to Information	X	X	X
	Budget Accountability	X	X	X
	Procurement		X	X
	Anti-corruption		X	X
	<b>Other (please specify)</b>			
<b>Sector focus</b>	Education			
	Health and nutrition	X	X	X
	Social protection			
	Water and Sanitation			
	Energy			
	Transport (roads/public transport)			
	Natural resources			
<b>Other (please specify)</b>				

**3.2 Project Strategy.** The Project must spell out a clear strategy to generate changes and deliver tangible results. The *strategy in this context* refers to the courses of action that will be prioritized and taken by the Project to achieve its expected outcomes. The Project's strategy is broader than the choice of specific social accountability "tools" or mechanisms, and should also consider other dimensions such as constituency-building (including national and sub-national level options), alternatives for engaging with the state, communications and outreach, among others.

*[Click on text field in e-application to complete the 5 sub-questions in pop-up window]*

**3.2.1 Summary of Project strategy.** Describe the governance and/or development issues that will be addressed by the project ("What?") Summarize the project's strategy to achieve the proposed changes and reforms. ("How?") If the Project's focus is institutional strengthening of CSO(s) only, please summarize the Project's institutional development strategy. In which ways will it link with the implementation of social accountability activities by beneficiary CSO(s)?

Critical governance impediments in the management of public resources and in health service delivery risk derail Mozambique's longer term sustainable development trajectory. National decentralization policy frameworks and sector strategies have opened up opportunities for increased citizen participation, but effective accountability mechanisms lag behind. Civil society organizations lack skills

and support to combine rigorous monitoring methodologies with citizen empowerment. That is why this Project will place major emphasis on capacity building of local CBOs/CSOs for social accountability engagement. Project methodologies will enable comparison across services and work at different levels (district, sub national and national), facilitating interaction between citizens and local service providers to address problems identified, and providing evidence for influencing decision makers at levels above the service delivery point.

During delivery of governance related Projects over the years, Concern Universal Mozambique has learnt that socially accountable governance requires a balance between the respective capacities, attitude and behaviour of key stakeholders on the demand and supply sides of governance. Therefore the Theory of Change for this Project focuses on changes in thinking, actions and capacity of both demand and supply side stakeholders. In that sense we expect to see the following changes in both sides; the local CBOs/CSOs and local government: (i) Changes in capacity (internalize new skills, dedicate new resources, introduce new roles, implement new tools, and adopt new practices); (ii) Changes in thinking (express new ideas, consider new choices, articulate different views) (iii) Changes in behaviour (fostering changes in the way actors behave or act, and promote engagement in new practices).

**3.2.2 Strategy for building multi-stakeholder support.** What is the strategy for building multi-stakeholder support for the project? Which strategic pathways will be used? (e.g. coalition-building, use of networks, targeted outreach to change agents across diverse stakeholder groups, such as private sector, media, others; strategic coordination of local and national civil society monitoring interventions; use of transnational networks and coalitions; use of international standards and independent monitoring mechanisms; among others) If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' capacities for building multi-stakeholder support for its social accountability work."

Concern Universal is member of regional networks of organizations working in social accountability and have had opportunity to participate in a series of exchange visits and lessons learned sharing events. Moreover Concern Universal is a founding member of national informal good governance group (GIG) that meets every 6 weeks to discuss governance issues in Mozambique, perform joint research on governance topics, organize round tables with presence of bilateral/ multilateral donors, government agencies etc. Furthermore, Concern Universal is member of network on international NGOs working in health and HIV in Mozambique - NAIMA+.

One of the lessons learned from social accountability work developed by Concern Universal is that the concept of social accountability is still a novelty for citizen and government in Mozambique. That is why the Project strategy includes the employment of multi-media channels, including community radios, social media, to influence public opinion, increase awareness of rights, and influence debates. One of the techniques employed by the Project will be digital storytelling - learning/creating experience supported by technology. We expect to build and mobilize support by keeping Project stakeholders (citizens, members of Parliament, civil society, media, relevant Ministries and state officials) informed and engaged in all steps of implementation.

**3.2.3 Strategy of constructive engagement.** What is the proposal's strategy of constructive engagement with the state (executive, legislative, judicial/national, sub-national, local, regional)? What actors are expected to use what type of information related to or generated by the Project, and how these actors will use such information? If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' capacities for constructive engagement with the state.

The Project will employ methodologies which are most open to direct citizen-service provider engagement, with linkages upstream to help address bottlenecks and accountability failures in higher tiers of governance. Partnering with the government is considered by Concern Universal as exceptionally important as one of the lessons learned from our work is that working in close collaboration with government leads to tangible results, paving the way for advocacy and lobbying.

When the communication is open and frequent with clearly identified engagement channels, generating evidence grounded in local realities and perspectives can be very well used in advocacy and policy dialogue. Different advocacy interventions will be undertaken within the Project in a bid to improve current linkages between tiers of governance.

The Project will involve direct activities with Provincial Assemblies, Provincial/National Development Observations, National Assembly and its working commission for social affairs covering health sector. In 2012 Concern Universal Mozambique signed an Memorandum of Understanding with the Provincial Assembly (Niassa) and is building its capacity to collect the evidence related to quality of service delivery in core sectors of the Government's Five Year Plan, the Poverty Reduction Strategy - PARP (Mozambique's PRSP), the Strategic Health Plan and other relevant national plans.

We envisage to channel all the evidence that will be generated by this Project in a user-friendly format to Provincial and National Development Observatories, District Services of Health, Women and Social Action, Provincial Directorate of Health and to the Ministry of Health, as well as to the Provincial Assemblies and Parliament (national-central level) and other relevant stakeholders in the target areas (e.g. National AIDS Council etc.). The Development Observatory is a dialogue and joint monitoring platform which results from CSOs

request for a more inclusive PARP Monitoring and Evaluation system (PARP is Mozambique's PRSP). The GoM responded positively to the request and in 2003 created a National Development Observatory and in 2004 a Provincial Development Observatory that operates as a consultative forum for discussion of poverty reduction issues and includes Government representatives and civil society and international partners.

This platform aims to facilitate the interaction between the civil society and the Government in the decision-making process regarding poverty reduction and development activities. Overall, the Development Observatory is conceived as an open forum which is an essential mechanism for the process of planning, monitoring and evaluation to promote the active participation of the population, the communities at all levels, encouraging processes of interaction, consultation and dialogue between the government and all its national and international partners with the aim to unite, coordinate and harmonize efforts in the fight against poverty.

Moreover, in 2010 the GoM created the Provincial Assembly - it is the representative body democratically elected by direct, equal, secret and periodic voting, in accordance with the principle of proportional representation. Provincial Assembly is in charge of monitoring of the activities of executive bodies and services, companies or public institutions at Province level. It encourages participation of citizens and legal persons and analyzes & makes recommendations to the Provincial Government. The Provincial Assembly has a veto power over the Provincial Governor, and if the Provincial Assembly rejects the plan and budget twice, the national parliament can call new elections. In practice, the main role of Provincial Assembly is to promote local ideas and opinions, and to investigate and expose government actions.

However, despite the existence of above mentioned governance monitoring mechanisms there is an enormous gap between the policy on paper and implementation in practice. Decentralization process is an important step in strengthening local governance but transparency and accountability mechanisms are still very weak. There is a clear need to support activities that will allow the efficient use of the potentially valuable mechanisms recognized by the GoM.

Our special focus in this Project will be on Maternal and Child Health- MCH, access to Antiretroviral Treatment - ART, humanization of health service delivery and budget decentralization from National to Provincial and District levels. The Project is aligned with the Mozambican Ministry of Health's strategies, plans and policies and it will be working with local community health councils and district committees to ensure the improvement of health services quality and humanization from the grass root level.

The Project will share information, project findings and lessons learned in simple and user-friendly format, based on field realities with relevant national health sector stakeholders at all levels. In general, Mozambique has advanced policies in health sectors, such as the National Plan for Improving Quality and Humanization of health service delivery, the National Health Plan, National HIV Response Strategic Plan (2010-2014), amongst other, but due to its geographical extension, poor access infrastructures, coupled with complex decentralization and deconcentration issues the implementation of those policies and strategies represents a challenge which this Project will address in assuring that the implementation of referred policy documents is done in a smooth, informed and clear manner and that the operational plans are informed by the local realities and user needs.

Our experience shows that the main incentive on the supply-side for acting upon the feedback generated through social accountability is related to the actual alignment of social accountability actions with the country policies and strategies.

Moreover, this Project will coordinate closely with other CSOs working on health monitoring at the national level (through NAIMA+ and GIG, but not limited to), and on other donor-supported projects, including the World Bank Health Services Program. The existing World Bank-funded Strengthening Health Service Delivery in Mozambique Program has four components including improving health service delivery in the three northern provinces of Cabo-Delgado, Niassa (target Province of SAKSAN) and Nampula and focus on MCH and ART.

**3.2.4 Communications and outreach strategy.** What is the communications and outreach strategy for attracting the attention of different audiences, including the media? If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' communications and outreach capacities.

The Project will employ a variety of ways and means to communicate, and provide information to public in multiple formats to accommodate diverse needs. The Project will communicate through various channels - from print and broadcast media to Internet, etc. The Project results, targets and achievements will be broadly accessible to Mozambican public. Clear identification will allow the public to see the Project at work and to assess its activities and achievements while simultaneously creating awareness among general public about health care users as active elements in the health care provision and the core actors in the accountability relationship.

The Project will document key lessons learned and challenges resulting from the development of this Project, risks encountered, and mitigating measures undertaken.

Internal sharing: The Project will organize monitoring forums with the participation of local CBOs/CSOs and government staff as well as community representatives. This will help to identify (using participatory approaches) and incorporate lessons learned and to address

promptly any challenges or issues and plan the best way forward.

External sharing: This Project will use information and communication technologies to collect and analyze information on needs, performance and accountability, and to disseminate this information in an accessible and user-friendly format. The Project will share lessons learned (successes and challenges identified through case studies, life stories etc.) with International development partners, aid agencies, through international social accountability networks and through websites and electronic newsletters.

**3.2.5 Choice of social accountability mechanisms and tools.** What are the specific social accountability mechanisms or tools implemented or employed in the project? How will they contribute to the proposed outcomes? If the Project’s focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)’ capacities to design and implement social accountability mechanisms and tools.

In 2012 Concern Universal Mozambique in collaboration with Mr. Colm Allan from Centre for Social Accountability from Rhodes University in South Africa have adopted to Mozambican reality the social accountability training material and tools for training of local CBOs/CSOs covering 5 public resource management processes including:

1. Participation Strategic Planning– are strategic plans based on a comprehensive analysis of what people’s actual needs are in respect of essential services in healthcare? Do planned programs and activities respond to pressing needs?
2. Budget analyses – are budget allocations adequately costed and are allocations prioritized according to pressing needs?
3. Expenditure management evaluation – are public funds spent against the outputs and line items listed in strategic plans and approved budgets?
4. Performance management evaluation – are objectives and activities listed in strategic plans implemented?
5. Public integrity management evaluation – are preventive mechanism designed to limit conflicts of interest and corruption effective?

**The Delivery Service Indicators (DSI)**

The Project will use DSIs for benchmarking service delivery performance. The main perspective adopted by the Delivering Service Indicators index is one of citizens accessing services and facing potential shortcomings in those services available to them. Moreover the Project will use citizen scorecards, social audit, budget tracking, procurement monitoring, Public Expenditure Tracking Survey (PETS), Public Hearings etc.

Furthermore, Project will use community-based practical tools such as:

**Community archives**

In each community a simple monitoring and accountability tool, an archive, was introduced by Concern Universal in 2010 consisting of: Socio-economic survey of community, Resume of relevant laws and policies, as well as the monitoring sheet where each visitor to the community signs his/her name, day and time of visit etc. The community archives enable the community to gain control over what happens in their community.

**Wall journals**

In Mozambique people living in rural communities face a real challenge accessing information that is relevant to their lives. “*What health services is my child entitled to?*” “*Where can I access antiretroviral drugs?*” The lack of this sort of information denies people the ability to drive their own development process and makes it difficult for them to monitor the development actions that are done by others in their name. That is why Concern Universal introduced the accountability tool - Wall journal - It is a wooden frame posted next to the community meeting place containing articles of community interest and allowing the rapid flow and easy access to information by community members.

**3.3 Social Accountability Tools.** Please select the social accountability tools and mechanisms that are expected to be used during the Project’s lifetime. Mark all that apply. This information will be used for knowledge and learning across GPSA’s activities. *[Click on text field in e-application to mark your answer(s)]*

<b>Social Accountability Tools and Mechanisms</b>	
<b>Transparency and Access to Information</b>	
Develop policy proposals to advance new, modify or reform existing transparency and access to information legislation or regulations (national, state/provincial, municipal, sector)	
Develop information and communications materials to make public information accessible to targeted audiences	X
Submission of requests for access to public information	X
Develop online database <u>to display</u> public information in accessible, understandable formats	
Independent budget analysis (national, state/provincial, municipal, sector)	X
Use of Supreme Audit Institution reports/other Oversight Agencies’ reports & data	X
<b>Other(s) Please specify:</b>	

<b>Voice and Representation</b>	
Develop civic application to display public information <b>and</b> engage citizens or targeted audiences through the use of ICT tools (e.g. crowd-sourcing, SMS)	
Capacity-building of CSOs, CSO networks and/or targeted citizen groups	X
Setting-up or strengthening state-civil society councils or committees	X
Use of formal public petition process or organization of informal collective petition process (e.g. using web-based petition tools)	
Use of formal citizen participation mechanisms (e.g., public hearings, participatory rulemaking processes, etc)	X
<b>Other(s) Please specify:</b>	
<b>Accountability</b>	
Develop online civic application <u>to monitor</u> government's enforcement of transparency/ATI policies	
Develop web-based civic application to monitor (national, state, municipal, sector) public programs and institutions	
Independent budget monitoring (including budget expenditures tracking, budget process monitoring)	X
Design and implement community scorecards to assess service delivery (availability of inputs, service quality)	X
Design and implement social audits of public policy/public program implementation, community-based monitoring of public works' execution	X
Independent monitoring of procurement and contracting processes	X
Design and implementation of complaints handling or grievance redress mechanism	
Collaboration with accountability institutions (e.g. Ombudsman Office, Supreme Audit Institution)	X
Use of international standards and monitoring mechanisms to monitor (national, state/provincial, municipal, sector) country's compliance, enforcement and implementation of policies and programs	
<b>Other(s) Please specify:</b>	

**3.4 Summary of Project Components.** *[Click on text field in e-application to complete the three sub-questions]*

**3.4.1 Project Summary.** Please provide a general description of the proposal's main components, including their key objectives, activities, beneficiaries and stakeholders that will be engaged. You will be able to provide detailed information about each component in Part 2: Project Components.

This Project has 3 core components: (i) Increasing capacity of local CBOs/CSOs for social accountability engagement; (ii) Increasing engagement between supply and demand side actors on the quality of health service delivery (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to) and (iii) Knowledge and Learning.

The first Project component is: Increasing capacity of local CBOs/CSOs for social accountability engagement.

Intermediate Outcomes of this component are: (i) Local CBOs/CSOs in 2 Provinces with skills, techniques and tools for evidence based engagement in social accountability (including Budget related work) and (ii) Improved internal good governance and accountability mechanisms within local CBOs/CSOs.

Main Activities under this component are: 1. Base line and Mapping; 2. Training (and follow up) of members of CBOs/CSOs in SA and Budget cycle and processes; 3. Training (and follow up) of members of CBOs/CSOs in SA and Budget Analysis and Monitoring techniques and tools (including community/ citizen scorecards, social audit, budget tracking and monitoring, procurement monitoring, PETs, public hearing); 4. Promotion of internal democratic dialogue within the CBOs/CSOs (including internal governance principles, communication, transparency, gender, compliance with regulations). Main stakeholders include (i) beneficiary local CBOs/CSOs (these will be representing most vulnerable groups in the 2 provinces, namely women, children, people with disabilities, PLHIV); and (ii) government and local authorities

The second Project component is: Increasing engagement between supply and demand side actors on the quality of health service delivery.

Special focus will be put on maternal and child health, access to ARV treatment, budget decentralization (from National through provincial and district level) and humanization of health service delivery. In target areas SA tools (such as community score cards, budget tracking, social audits, etc.) will be used to identify and track how resources are being used for the provision of health services, to identify satisfaction levels and priority concerns service users have, to produce relevant data on the provision of services and to enable the sharing of that valuable information with all relevant (public and non public) stakeholders operating in the sector.

The intermediate Outcomes include: (i) Effective monitoring on the quality of service provision in health sector (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to) in two Provinces and (ii) Increased effective and informed dialogue between local CBOs / CSOs and government around health issues in two Provinces



The main Activities are: 1. Increasing citizens' access to public information on local health issues (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to). 2. Supporting CBOs/CSOs in the use of SA Tools and Techniques (including independent budget work, scoring-card, social audit, public hearings) on monitoring the health sector. 3. Provision of assistance and logistical support to CBOs/CSOs for collection of grass root evidence in health sector. 4. Promotion of effective dialogue and evidence-based engagement around health issues between CBOs/CSOs & GoM.

The third Project component is: Knowledge and Learning

The Intermediate Outcomes are: (i) Best practices, lessons learned (through case studies, life stories etc.) and common challenges in use of SA tools and approaches identified by SAKSAN staff using participatory approach (with full beneficiaries involvement) and shared between CBOs/CSOs and other stakeholders in 2 Provinces and at National level; and (ii) Field realities influence government health policies (focus on MCH and ART, budget decentralization and more generally on humanization of health service delivery).

The main Activities are: 1. Support to local media (e.g. community radios, newspapers, TV) to educate general public about social accountability and disseminate Project information and findings. 2. Identification and production of Lessons Learned to share information, challenges, experiences and good practices (including reports, digital life stories, case studies, newsletters, documentaries). 3. Organization of Workshops to share information, lessons / challenges and experiences with implementing CBOs / CSOs, national *fora* (GIG and NAIMA+), Government, Donor Agencies, World Bank and other relevant stakeholders. 4. Establishment of partnership with National Assembly working groups.

**3.4.2 Summary of Lessons Learned.** Summarize what lessons have been learned from previous experiences in the project's sector or area, including projects carried out by your organization or by other actors in your own country, or from other countries. Explain how the project design has taken these lessons into account.

In Mozambique Concern Universal has successfully implemented governance and social accountability initiatives since 2009 and have received repeated support from donors including Ford Foundation, European Union and Swiss Agency for Development and Cooperation. Some of the lessons learnt through our social accountability work are:

1. Access to information is the critical gateway for governance work. In Mozambique, there are noticeable gaps in general knowledge about the legal basis that guides their operation and about the spaces for citizen participation in local governance.
2. It is important to work simultaneously with the supply and demand side of governance. This helps to establish channels of communication and interaction between government and civil society.
3. Rights- and evidence- based approach and the concept of social accountability are still a novelty for citizen and government in Mozambique.
4. In training on social accountability there is a need to give greater prominence to aspects of the responsibilities (*paying taxes etc.*), and not only on rights.
5. There is a big gap in the capacity of civil society (*and not only*) in reading government plans, budgets and reports.
6. There are challenges for the voluntary nature of the members of civil society engaged in governance work.
7. It is important to recognize the great power of the media.

These lessons have been incorporated in the design of this proposal that includes specific response approaches and activities.

**3.4.3 Alternatives Considered.** What alternative interventions were considered in the design of this project? What were the pros and cons of such alternatives? Please include at least one alternative considered. Explain the reasons why the chosen project design is the most appropriate.

One of the alternatives considered in the design of this Project was to start directly with implementation of the activities of monitoring and accessing the government performance in health sector. Citizen ability to participate in decision-making within public resource management processes is foundational to social accountability. In Mozambique there are still large knowledge gaps among local CBOs/CSOs about social accountability concept and its practical tools. There are significant knowledge and evidence gaps and the local civil society organizations need to acquire additional skills and knowhow. Moreover there are challenges in internal governance and accountability mechanism within local CBOs/CSOs. Furthermore, there are many weaknesses in relation to skills for engagement with policy makers and service providers. That is why the Project opted to start with the capacity building activities in order to build capacity of supply-side actors to produce and provide justifications and explanations regarding the quality of service delivery in health sector.

## SECTION 4: PROJECT IMPLEMENTATION

**4.1 Capacity-Building:** Please explain and justify how you are planning to address your organizations – or mentee(s) CSOs - capacity-building throughout the Project's lifetime. Capacity-building areas may include organizational areas (financial management, ICTs,

etc) or core areas related to the achievement of the Project's objectives (e.g., sector/policy analysis, such as poverty or budget analysis, etc.) Indicate whether your plan to request external support for this purpose; if you have already identified external support please explain.

This question must refer to the recipient's or mentee's capacity-building and institutional strengthening activities. Capacity-building activities related to the implementation of social accountability activities, and targeted at the Project's direct external beneficiaries must be described in Section 3: Project Description, under the appropriate Component. If the Proposal focuses on Institutional Strengthening of beneficiary CSO(s) only, and this issue has already been addressed under a Component, you may skip this question indicating "Question answered in Component X".

Since 1996 Concern Universal Mozambique works in partnership with local CBOs/CSOs, local communities and local government. Concern Universal Mozambique's support to local civil society organizations consists of organizational development building as well as on-the-job training. Local CBOs/CSOs need support in areas such as internal good governance and accountability, planning, monitoring and evaluation, mainstreaming, integration of actions, financial management, impact measurement, lobby and advocacy, links with wider national and international best practice etc.

Within this Project Concern Universal will transfer know-how and provide assistance in programmatic and finance management and accounting, project planning and participatory monitoring and evaluation among others. The special emphasis will be placed on promotion of internal democratic dialogue within the CBOs/CSOs, including internal governance principles, communication, transparency, ender, compliance with regulations etc.

By way of example, Concern Universal *Mozambique* has received funding from the Mecanismo de Apoio à Sociedade Civil (MASC), a mechanism funded by DFID and Irish AID for the implementation of local governance monitoring work in partnership with national CSOs. MASC has produced a document outlining the key lessons learnt by international organizations supporting civil society in Mozambique based on the successful experience of Concern Universal Mozambique. The paper highlights the best practices that Concern Universal Mozambique introduced such as: joint planning, open partnership day, promotion of internal democratic dialogues, regular technical support visits, joint exchange visits, etc. Concern Universal Mozambique is the only INGO with a head office in Niassa province and its presence is highly appreciated by government and other stakeholders. Joint Evaluation of support to civil society engagement in policy dialogue – "Mozambique Country Report, April 2012", evaluation commissioned by three international development agencies (ADA/Austria, Danida/Denmark and Sida/Sweden) states "*Provincial presence such as Concern Universal's is generally valued by the local CSOs and it is recognized to strengthen civil society and facilitates space for dialogue*".

**4.2 Role of Partners.** Describe the Project's proposed implementation arrangements with external actors/partners; and proposed roles and types of contribution to the Project. For Mentoring proposals, clearly describe mentoring and partnership arrangements between mentor organization and mentee(s) CSO(s).

This Project will be delivered through partnership and collaboration with: (i) existing community capacity - CBOs and CSOs; (ii) government (at district & provincial and national level including Provincial and National Assembly); (iii) local media (e.g. community radios, newspapers, TV); (iv) national, regional and international organizations and networks; (v) donors agencies etc.

Partnership is at the heart of Concern Universal's work, reflecting the principles of interdependence and responsiveness that guide it. Concern Universal has developed a comprehensive Partnership Guide that captures organizational learning related to working in partnership. Concern Universal regard partnership as a long-term relationship where the focus is not on a specific project but rather on maximizing mutual learning and effectiveness.

Concern Universal Mozambique's Partnership model is part of the overall Project exit strategy, ensuring that right from the start of the Project we address sustainability aspects. This Project will build the internal capacity of local CBOs/CSOs for informed engagement for monitoring and assessing government performance - in providing feedback on and voicing demand for improved service delivery in health sector. As part of Concern Universal's commitment to aid effectiveness, and to responsible and accountable management, our relations with local CBOs/CSOs are shaped by a mutual respect.

Local CSOs, members of FONAGANI and NAFEZA networks will be equal partners alongside Concern Universal in guaranteeing the success of the Project. Local CBOs/CSOs in this proposal represent some of the most vulnerable and excluded groups and have strong grass root presence in the target communities, so they will continue to develop the activities in those communities after the Project completion ensuring that Project investments are not lost.

In 2012 Concern Universal has signed the Memorandum of Understanding with NAFEZA (comprising 65 associations from Zambézia Province) and FONAGNI (comprising 80 associations from Niassa Province) for joint promotion of social accountability movement in Mozambique. At the begging of the Project clear Agreements will be signed with both NAFEZA and FONAGNI spelling out the

contributions and roles of each partner in implementation of this Project.

**4.3 Monitoring, Evaluation and Learning. You are suggested to answer the following questions after you have completed the Project's Results Framework (refer to required attachments)**

*[Click on text field in e-application to answer the 3 sub-questions below]*

**4.3.1 Monitoring.** Please describe the Project's monitoring system, including the specific methods and tools that will be used. Justify how the proposed methods and tools are adequate to the problem(s) being addressed by the project. What resources will be needed to rollout and implement the monitoring system? E.g. financial, human, technical, use of ICTs, etc. Will external support be needed? If yes, please explain. Please make sure to address all these questions.

This Project is in line with the Government of Mozambique priorities and targets as outlined in the PARP (Poverty Reduction Strategy Paper) and monitoring system will be linked directly to PARP governance pillar. It also establishes a direct link with the Health Sector's Strategic Plan (PESS). The PESS envisages as one of the strategic objectives the establishment of a strong health partnership based on mutual respect, by amongst other, developing and strengthening functional partnerships with non-for-profit organizations; strengthening and supporting the participation of civil society in planning, monitoring and assessment of health systems, as well as of service provision. The Plan also envisages the strengthening of existing community structures to enable communities to effectively participate in local health councils or similar structures to increase community demand for health services.

Moreover, the monitoring process of this Project will link directly with community-based monitoring. MELF (Monitoring, Evaluation and Learning Framework) will be simple and comprehensive in order to be fully understood by the local CBOs and CSOs. The advantage of this integrated MELF is that any problems can be identified as they occur and acted upon to ensure that Project delivery is not unduly disrupted. The Project will continuously reflect on practice, regular meetings will take place for the reflection together with local CBOs and CSOs staff and government to review actions, impact, challenges faced and lessons learnt. The Project will use both qualitative and quantitative processes of data collection and ensure that Project indicators reflect both local conditions and recognized benchmarks.

Data will be gender, age and vulnerability-disaggregated to measure impact on men and women, boys and girls. Concern Universal will ensure that the MELF captures indicators that are contained in the Project Results Framework. Baseline data will be used to refine planning and targeting and will also form the basis for monitoring progress and evaluating overall achievement.

The monitoring and evaluation techniques that will be applied by the Project are: (i) KAP study, a highly focused evaluation that measures changes in human knowledge, attitudes and practices in response to a specific intervention. Concern Universal Mozambique experience has shown KAP studies to be a cost-effective and resource conserving method. KAP studies tell us what people know about certain things, how they feel, and how they behave; (ii) Case studies – the Project will include a plan for an analysis and presentation of a series of case studies with a view to better understanding the Project's intended and unintended impact; (iii) Human interest digital stories – Concern Universal has 6 trainers in digital storytelling methodology. This methodology puts the technology in the hands of participants. It involves opening a space for reflection on a particular issue or question, and then linking these reflections into processes of feedback between different groups, while simultaneously documenting the content of these sessions and developing ways to creatively communicate the key messages. The Project monitoring will directly feed into management decisions.

**4.3.2 Evaluation.** Describe the intervention's evaluation methods. Why these are adequate to evaluate the intervention expected intermediate and final outcomes? What resources will be needed to design and implement the proposed evaluation(s) Will external support be needed? If yes, explain. Please make sure to address all these questions.

In terms of methodology, the Evaluation will proceed as follows: Concern Universal will first undertake a baseline analysis of how effectively CBOs/CSOs and citizens are participating in social accountability initiatives in selected Provinces and how effectively these processes are being implemented, before the activities start.

Secondly, in order to carefully evaluate the impact of its work, Concern Universal will collect information systematically throughout the implementation of the Project detailing activities undertaken and results obtained through Outcome Journals. Thirdly, this information will provide the basis for evaluating the impact of the activities – with Concern Universal's goal being to increase civic engagement in these processes via the use of evidence. The results of this analysis (the comparison between baseline findings and changes identified after the application of project training and support activities) will be used for learning purposes and shared internally and with external stakeholders.

This rigorous documenting and reporting chain will enable the Project to: (i) Collect evidence of its impact in strengthening the capacity of demand-side stakeholders; (ii) Enable Project activists to tell their contribution stories and provide evidence in support of these contribution stories; (iii) Monitor and evaluate the effectiveness of Project activities; (iv) Refine its training and support structures and refine its monitoring and advocacy tools; (v) Produce Case studies on the application of social accountability monitoring and advocacy tools, and on civic participation in Mozambique (vi) Test and modify its Theory of Change.

Independent organization will be contracted by the Project to carry out Mid-Term Project evaluation. The rigorous Mid-Term evaluation will establish effectiveness, efficiency, and impact of specific approaches before scaling up. The results of the Mid-Term evaluation will be used to refine interventions and support internal Project learning. Evaluation will disaggregate by sex, age, wealth and social group, and will include locally generated indicators of individual and group empowerment. Over the years Concern Universal has commissioned a number of external evaluations and the key principles have been integration of recommendations and lessons learnt. Evaluation will be carried out with the participation of target communities and stakeholders representatives.

**4.3.3 Knowledge and Learning.** Describe the proposal's approach to knowledge and learning (K&L) including type of learning products (case study, how-to notes, lessons learned report, etc), and who will be responsible for it? Will researchers or academic institutions be involved in any way?

Specify how the information produced through monitoring and evaluation will be used to feed into the proposed intervention, adapting it and improving its likely effectiveness and impact. What resources will be allocated to develop and implement the proposed K&L system? Does the organization have an existing K&L system that will be used to support the project's K&L activities? Will external support be needed? If yes, explain. Please make sure to address all these questions.

Concern Universal is committed to learning, "proving & improving" the effectiveness of our work. Concern Universal will use its national and regional networks such as national good governance group (GIG) and HIV and health group (NAIMA+) and regional social accountability group for sharing of the best practices (including both successes and failures) of this Project at the national level and in the region. We will use our role on these forums to share learning and experiences and to work with others so that these lessons are embedded in wider programming.

More widely there are many examples of Concern Universal using lessons of its practice to influence others. Concern Universal is committed to ensuring that we are a responsive learning organization. This Project will place significant emphasis on improved learning, sharing and coordination at community, district, provincial, national and international levels. Concern Universal will use its position on national forums, working groups and taskforces in Mozambique to use this learning to advocate for policy changes. Concern Universal will also build on its existing links with internationally-renowned research institutions to conduct a series of action research studies to ensure that learning is underpinned by a robust evidence base.

The Project staff will include dedicated full time knowledge and learning officer. She was trained by Institute for development Studies (IDS - located at the University of Sussex in Brighton, UK) trainers in digital storytelling methodology. She will be assisted by the external consultant-researcher. This researcher was trained by the World Bank in Social Accountability in Africa course in November 2012-January 2013 period and he will assist field staff to tell compelling contribution stories regarding the impact of their work, and will also be responsible for the production of case studies analyzing the effectiveness of social accountability tools.

Learning and information-sharing events will be organized for groups of operational clusters at both national and regional levels. Concern Universal is committed to sharing learning from this Project for wider application. Concern Universal demonstrates a commitment to inter-Project learning and sharing. Concern Universal has a public commitment to publish an annual assessment of our work against a range of predetermined performance indicators so that NGOs, development partners and members of the public can assess whether our work is achieving sustainable results and providing good value for money- the first of these reports was published in May 2012 and is available on our website.

-Concern Universal regularly prepares best practice policy notes (*Concern Universal Mozambique is a key player in developing internal policy note on Social Accountability*). The learning management of this Project will be directly linked to the Project Monitoring and Evaluation system. The Project will document case studies, key lessons learned and challenges resulting from the development of this Project, risks encountered, and mitigating measures undertaken.

**4.4 Sustainability.** Please consider the following questions in your answer about the project's sustainability:

Do you expect that the intervention(s) implemented by the Project will continue beyond the duration of the Project? Is sustaining the intervention beyond the duration of the GPSA funding a condition to sustain any positive outcomes? If yes, how do you plan to ensure the sustainability of the intervention(s)? If the project will be implemented as a pilot, or in a specific geographic area (local or regional level) please explain if it could be replicated or scaled up at a broader level, and how could this be carried out.

Concern Universal Mozambique's Partnership and capacity building model is part of the overall Project Sustainability strategy, ensuring that right from the start of the Project we address sustainability aspects. This Project has been designed to ensure sustainability (*long-term benefits to beneficiaries*). Rather than material inputs, which are in need and provided through other projects and mechanisms, this Project will focus on knowledge, attitude and skills for social accountability engagement and strategy changes to fully apply existing

policies.

These qualities which, when correctly imparted, provide a basis for appropriate and sustainable development. Concern Universal ensures that our interventions are fully integrated within existing country policies and decentralized structures to ensure Project sustainability and ownership. The major emphases will be placed on the enabling environment, improved learning, sharing, coordination and sustainability at different levels. Citizens and CBOs/CSOs will take an active role in demanding high quality delivery health services as well as a transparent and accountable use of public resources through the strengthening of their role in participatory processes and monitoring of governance practices at local level.

## PART 2: PROJECT COMPONENTS

The proposal may have a maximum of 3 components; in addition, all proposals must include a Knowledge and Learning (K&L) component. Please note that you will be able to provide further information about your K&L plan in question 4.5.1 (Monitoring, Evaluation and Learning). The table below explains the rationale for designing a K&L component and offers some guiding questions for this process:

### Guidance for designing the K&L component

One of GPSA's key objectives is to contribute to the generation and sharing of knowledge on social accountability, as well as to facilitate knowledge-exchange and learning uptake across CSOs, CSOs' networks, governments and other stakeholders. *GPSA's Knowledge Window* will seek to put the best knowledge on social accountability tools, practices, and results in the hands of practitioners and policy-makers in order to enhance the effectiveness of SAcc. Support will cover:

- (1) Development of a global platform for knowledge management, exchange and networking, and
- (2) Other knowledge and learning activities aimed at developing and nurturing practitioner networks and peer learning, especially South-South exchanges, and filling research gaps. The Knowledge Platform will provide support to GPSA Grantees through knowledge and learning throughout the project cycle. The knowledge management platform will generate a site for learning, peer to peer exchanges and networking, providing ongoing support to project implementation. Other knowledge and learning activities, including S-S workshops, specific events and knowledge partnerships, etc., will help grantees perfect SAcc projects and provide them with access to expert and peer knowledge about SAcc lessons learned and good practices to feed into their projects.

Consistent with these objectives, *GPSA requires that grant proposals include a K&L Component, whereby applicants develop a K&L plan that will enable them to approach the proposed interventions as opportunities for improving their knowledge about the strategies and pathways for advancing transparency, accountability and civic engagement. Special emphasis should be made on learning mechanisms, including those available to the recipient and beneficiary CSOs, and also to key external audiences.*

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

- ✓ What are our K&L needs and priorities? What types of K&L resources do we already have? Are they effective in achieving the objectives for which they were developed? Do we need to improve them or generate new resources?
- ✓ Who are the specific audiences or groups 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?
- ✓ If the proposal includes an operational component for implementing a social accountability intervention, what mechanisms will be developed to generate K&L derived from the intervention? How do we devise K&L opportunities that are realistic within our time and resource limitations, and that may help us to generate useful feedback along an analysis – action – reflection continuum?
- ✓ If the proposal includes capacity-building/training activities designed for specific audiences, what types of K&L products would be useful to develop in order to (i) generate ongoing and dynamic learning opportunities beyond single, one-time capacity-building events; (ii) ensure that such products are utilized by our intended audiences in an effective manner?

**Part 2 of the e-application requires the following information to be completed for each component. If you are working on your application offline, please copy and paste the table below in this document for each component included in the proposal.**

**Component 1:** Insert Title/Definition of Component

Increasing capacity of local CBOs/CSOs for social accountability engagement.

**Description of Component.** The component's description must summarize its main objectives and activities, beneficiaries and other key stakeholders that will be engaged.

The first Project component is: Increasing capacity of local CBOs/CSOs for social accountability engagement. It focuses capacity building for enhanced and informed engagement of local CBOs/CSOs regarding transparency and accountability in delivery of health services.

Intermediate Outcomes of this component are as follows: (i) Local CBOs/CSOs in 2 Provinces with skills, techniques and tools for evidence based engagement in social accountability (including Budget related work) and (ii) Improved internal good governance and accountability mechanisms within local CBOs/CSOs.

Main Activities under this component are: 1. Base line and Mapping; 2. Training (and follow up) of members of CBOs /CSOs in SA and Budget cycle and processes (including public resources management system: needs assessment, planning, expenditure management, performance management, public integrity and oversight); 3. Training (and follow up) of members of CBOs/CSOs in SA and Budget Analysis and Monitoring techniques and tools (including community/ citizen scorecards, social audit, budget tracking and monitoring, procurement monitoring, PETS, public hearing); 4. Promotion of internal democratic dialogue within the CBOs /CSOs (including internal governance principles, communication, transparency, gender, compliance with regulations). Stakeholders within this component will include (i) beneficiary local CBOs/CSOs (these will be representing most vulnerable groups in the 2 provinces, namely women and children, persons with disability and PLHIV, but not limited to) and (ii) government and local authorities.

The ability of citizens to organize for collective action and the capacity of CBOs/CSOs to facilitate and support such mobilization are crucial to the success of social accountability initiatives. Citizen's access to information and the ability to participate in decision-making within public resource management processes is fundamental to promote social accountability and citizen's participation.

In Mozambique, in general, there is a significant lack of knowledge among local CBOs/CSOs, and citizens in general, about social accountability, its concept, practical tools etc. Furthermore, there are serious issues of internal governance & accountability to members within CBOs/ CSOs.

With regards to capacity-building activities, we expect that training on social accountability and in the use of tools will have to be broken into separate sessions to enable smooth participation of target organizations. We expect to progressively increase number of trained organizations in the following years, to a maximum of 135 organizations. Besides training the Project will place the major focus on the follow up activities and ongoing technical support and mentoring.

**Planned outputs:** insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

**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 (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

For this component we expect to achieve the following outputs:

- (i) Base-line study and mapping undertaken. The baseline findings will also be crucial for the other two project components and will also be used for monitoring progress in these;
- (ii) Members of CBOs/CSOs trained (and continuously supported) in social accountability and Budget cycle and processes (including public resources management system: needs assessment, planning, expenditure management, performance management, public integrity and oversight);
- (iii) Members of CBOs/CSOs trained (and continuously supported) in social accountability and Budget Analysis and Monitoring techniques and tools (including community/ citizen scorecards, social audit, budget tracking and monitoring, procurement monitoring, public expenditure tracking survey - PETS, public hearing);
- (iv) Promoted internal democratic dialogue within the CBOs/CSOs (including internal governance principles, communication, transparency, gender, compliance with regulations).

Training will be coupled with regular mentoring and follow-up by SAKSAN to ensure an appropriate application of tools and concepts delivered (both at SA and Budget literacy level, as well as regarding the implementation of good internal governance practices).

The indicators for these Outputs include: (i) Number of comprehensive baseline and mapping reports produced; (ii) Number of CBOs/CSOs (with members disaggregated by age and gender) trained in social accountability and budget cycle and processes; (iii) Number of CBOs/CSOs (with members disaggregated by age and gender) trained in social accountability and Budget

Analysis techniques and tools and (iv) Number of events (training and mentoring) addressing internal democratic culture within CBOs/CSOs.

**Estimated value (in US dollars) of Component:** please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

**US\$ 221.634. It represents 32% of the Overall Project Budget.**

**Timeframe of Component:** estimated dates when activities under this component will start and end.

**Start date: 01/07/2013**

**End date:30/06/2016**

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

**Assumptions** are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.

Along this analytic exercise it is important to be aware that the processes that lead from activities to outputs to outcomes are not linear or always logic, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

We assume that for these outputs to be achieved it will be crucial that:

- (i) all stakeholders are available to actively participate in the base-line survey. This will include not only the availability of CBOs/CSOs, but also the openness of local government/authorities and relevant entities to provide and share relevant information for project implementation;
- (ii) all participants are available to attend sessions and sessions involve balanced gender participation; and
- (iii) will on the part of some members of CBOs / CSOs to address internal governance issues. This is important as civil society organizations can not advocate for more socially accountable governance if they are not themselves accountable to their own members and constituencies.

**Risks:** what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don't hold.

**Risks** are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to identify risks in a realistic manner, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

The risks include:

- (i) There is a risk that stakeholders are not available to dedicate their time to participate actively in the base-line survey. This risk is rated as MEDIUM. Some government representatives usually feel that any process which involves the participation of citizens in public matters represents some sort of political opposition and may provide only limited information and openness to the baseline team. We intend to minimize this risk by informing all levels of government (central, provincial and district/local) of any Project steps; by making officials aware of the importance of social accountability to meeting citizens' needs and, especially, to the success of government's own plans and policies;
- (ii) With regard to training sessions there is a risk of not being able to involve all relevant participants in sessions and, considering that there is still a large exclusion of women in Mozambique. This risk is rated as LOW to MEDIUM. The Project will work towards fostering a balanced participation of both men and women;
- (iii) Will on the part of some members of CBOs/CSOs to address internal governance issues. This is important as civil society organizations can't advocate for more socially accountable governance if they are not themselves accountable to their own members and constituencies. Many civil society groups operate as a "one man case show" without appropriate governance mechanisms including regarding transparency, communication, internal

procedures, members' participation and accountability. This risk is rated as MEDIUM to HIGH. We will make sure that the Project addresses good internal governance at the very beginning of implementation and through regular workshops to promote good internal governance practices along the Project span.

**Component 2: Insert Title/Definition of Component**

Increasing engagement between supply and demand side actors on the quality of health service delivery.

**Description of Component.** The component's description must summarize its main objectives and activities, beneficiaries and other key stakeholders that will be engaged.

The second Project component is: Increasing engagement between supply and demand side actors on the quality of health service delivery.

This component focuses engagement of local CBOs/CSOs to influence service delivery, policies and local decision making processes and increase responsiveness of the supply side actors.

The intermediate Outcomes include: (i) Effective monitoring on the quality of service provision in health sector (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to) in two Provinces and (ii) Increased effective and informed dialogue between local CBOs/CSOs and government around health issues in two Provinces.

The main Activities under this component are: 1. Increasing citizens' access to public information on local health issues. 2. Supporting CBOs/CSOs in the use of SA Tools and Techniques (including independent budget work, scoring-card, social audit, public hearings), on monitoring the health sector. 3. Provision of assistance and logistical support to CBOs/CSOs for collection of grass root evidence in health sector (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to). 4. Promotion of effective dialogue and evidence-based engagement around health issues between CBOs / CSOs & GoM (Provincial Development Observatories and Provincial Assemblies and other existing government participation and dialogue mechanisms) at sub-national level (provincial and district levels).

The main beneficiaries of this component are the interest groups directly affected by service quality with major emphasis on the most vulnerable such as women, people living with HIV and persons with disability.

Stakeholders within this component will include (i) beneficiary local CBOs / CSOs (these will be representing most vulnerable groups in the 2 provinces, namely women, children, people with disabilities, PLHIV) and (ii) government and local authorities. This component will follow-up and assist CBOs/CSOs in the correct use and application of tools learned. Many local organizations and/or groups do not base their activities on strong evidence; we are of the belief that no SA initiative will be successful without strong evidence used. In order to effectively and efficiently apply tools learned CBOs/CSOs will need assistance not only in collecting grass root evidence, but also on the interpretation and analysis of the data collected.

Moreover, this component will contribute for improving service delivery by strengthening the participations of CBOs/CSOs in existing government interaction mechanisms at sub-national level using the evidence produced during implementation to foster the improvement of service delivery and related policies.

**Planned outputs:** insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

**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 (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

For this component we will be seeking to accomplish the following outputs:

- (i) Increased access to public information on local health issues (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to);
- (ii) Social Accountability Tools and Techniques (independent budget work, scoring-card, social audit, public hearings), locally used by CBOs / CSOs on health sector;
- (iii) Assistance and logistical support provided to CBOs/CSOs for collection of grass root evidence;
- (iv) Increased effective dialogue and evidence-based engagement around health issues (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to) between CBOs/CSOs & Government of Mozambique (Provincial Development Observatories and Provincial Assemblies and other existing government participation and dialogue mechanisms) at sub-national level.



The Indicators for these Outputs include: (i) Number of local CBOs / CSOs with access to public health information - Plans, Budget and reports; (ii) Number of local CBOs / CSOs applying social accountability Tools and Techniques; (iii) Number of CBOs / CSOs using evidence collected at grass-root level and (iv) Number of evidence-based health issues raised by CBOs / CSOs within dialogue and participation mechanisms.

**Estimated value (in US dollars) of Component:** please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

**US\$ 266.308. It represents 38% of the Overall Project Budget.**

**Timeframe of Component:** estimated dates when activities under this component will start and end.

**Start date: 01/01/2014**

**End date:30/06/2017**

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

**Assumptions** are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.

Along this analytic exercise it is important to be aware that the processes that lead from activities to outputs to outcomes are not linear or always logic, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

For these Outputs to come alive, the following assumptions are crucial:

- (i) Availability of all relevant public documents at both national and sub-national level. The availability and reliability of public document and data is essential to undertaking social accountability initiatives.
- (ii) CBOs / CSOs with skills and competences for social accountability engagement. The capacity and technical competences of target organizations and/or groups will be crucial to ensure the success of proposed initiative. Thus, in addition to (a) training on Social Accountability (concept), (b) training on social accountability tools and mechanisms, (c) promotion of good internal governance, it is also important to provide support to target beneficiaries in correctly applying tools learned;
- (iii) CBOs / CSOs show commitment to undertake evidence - based work. This means that target organizations/groups need to be fully aware of the production of clear and meaningful evidence to support dialogue with service providers, policy-makers, legislative bodies and government in general;
- (iv) Decentralization agenda and participatory mechanisms continue a priority for the Government of Mozambique. If, in one hand, social accountability is particularly useful for an effective decentralization of service provision, on the other hand, decentralization is the entry point to foster accountability at local level. Thus, the currently growing enabling decentralization agenda and environment in Mozambique is crucial for the success of local social accountability initiatives.

**Risks:** what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don't hold.

**Risks** are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to identify risks in a realistic manner, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

(i) Access to information is still a concern in Mozambique. In fact, Mozambique is amongst countries which only provide some budget information (scores 41-60 in the recent 2012 Open Budget Index). Despite the fact that transparency and access to information has been significantly improving, public access to information is still limited, limiting, consequently, civic participation. This risk is rated as MEDIUM. To address this risk we plan to interact with relevant state officials to make sure the information is made available for Project purposes and to promote demand-side collection of information.

(ii) The risk that CBOs / CSOs will not have the required skills and competences to correctly apply tools learned. This risk is rated

as MEDIUM. The Project will ensure that Project staff provides assistance in the implementation and application of tools opted by target groups/organizations;

(iii) There is a risk that target CBOs / CSOs do not get a full grip of the importance of evidence for engaging in monitoring. This risk is MEDIUM. The Project staff will create awareness on the relevance of producing clear and meaningful evidence to improve dialogue with supply-side actor, including with legislative bodies at central level;

(iv) Despite the fact that decentralization agenda and participation is a policy priority for the Government of Mozambique, should this trend reduce, then social accountability at local level (the main focus of this proposal) may be compromised. This risk is rated as LOW. Concern Universal will, at all times, keep all relevant stakeholders (at all levels) updated about all Project steps.

**Component 3: Insert Title/Definition of Component**

Knowledge and Learning. This component focuses the generation and sharing of knowledge on social accountability.

**Description of Component.** The component’s description must summarize its main objectives and activities, beneficiaries and other key stakeholders that will be engaged.

The third Project component is: Knowledge and Learning.

The Intermediate Outcomes of this component are: (i) Best practices, lessons learned (through case studies, life stories etc.) and common challenges in use of SA tools and approaches identified by SAKSAN staff using participatory approach (with full beneficiaries involvement) and shared between CBOs/CSOs and other stakeholders in 2 Provinces and at National level and (ii) Field realities influence government policies (with focus on MCH and ART, budget decentralization and on humanization of health service delivery, but not limited to).

The main Activities under this component are: 1. Support to local media (e.g. community radios, newspapers, TV) to educate general public about social accountability and disseminate Project information and findings. 2. Identification and production of Lessons Learned to share information, challenges, experiences and good practices (including reports, digital stories, case studies, newsletters, documentaries). 3. Organization of Workshops to share information, lessons / challenges and experiences with implementing CBOs / CSOs, national *fora* (GIG and NAIMA+), Government, Parliament, Donor Agencies, World Bank and other relevant stakeholders. 4. Establishment of partnership with National Assembly working groups.

We firmly believe that the implementation of this Project will create stakeholders and general public demand for more information, more capacity, more responsiveness and more active participation. For that purpose, we understand that local media are useful actors to create awareness and promote active participation ensuring, thus, that health care users are seen as active elements of the health care provision and the core actors in the accountability relationship.

The media will also be used to inform stakeholders, and promote learning and sharing and to keep all actors updated about Project implementation. This can definitely help foster participation, monitoring and voice citizen’s opinions and enable the discussion of local health issues. Furthermore, the Project expects to involve local media (especially, but not limited to, community radios and newspapers) promoting their active participation as strategic social accountability actors.

The Project will ensure that specific Provincial and National events are undertaken to disseminate all the lessons learned during implementation. Sharing such information will: (i) help Project staff and target organizations to improve implementation and maximize results; (ii) enable sharing practices and learning with other entities involved in social accountability work; (iii) enable sharing social accountability content with government actors, fostering further consideration of local realities in policy and decision-making and promoting more socially accountable governance; (iv) provide information to World Bank and other donors to enable feeding into a global pool of knowledge.

The Project envisages working with the National Assembly, as being the National Assembly an oversight body *par excellence* and the legislative body, we are of the understanding that forming a partnership with this body will be relevant for Project success.

**Planned outputs:** insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

**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 (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

For this component we will be seeking to accomplish the following outputs:

- (i) Local media (e.g. community radios, newspapers, TV) supported to educate general public about social accountability and disseminate Project information;
- (ii) Lessons learned identified (through participatory approach) and produced to share information, challenges, experiences and good practices (including reports, digital stories, case studies, newsletters, documentaries);
- (iii) Workshops undertaken to share information, lessons / challenges and experiences with implementing CBOs / CSOs, national fora (governance group - GIG and HIV and health network - NAIMA+), Government, Parliament, Donor Agencies, World Bank and other relevant stakeholders;
- (iv) Partnership established with National Assembly working groups.

The indicators for these Outputs include: (i) Number of broadcasted programs and articles on SA topics; (ii) Number of lessons learned collected and disseminated; (iii) Number of workshops and events undertaken and (iv) Number of technical meetings with National Assembly working groups.

**Estimated value (in US dollars) of Component:** please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

**US\$ 212.058. It represents 30% of the Overall Project Budget.**

**Timeframe of Component:** estimated dates when activities under this component will start and end.

**Start date: 01/07/2013**

**End date:30/06/2017**

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

**Assumptions** are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.

Along this analytic exercise it is important to be aware that *the processes that lead from activities to outputs to outcomes are not linear or always logic*, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

The following are seen as the main assumptions for success of this component:

(i) Enabling media environment continues in Mozambique; (ii) Capacity, competences and time made available for producing documents. A crucial aspect of this will be the ability to collect, analyze structure and synthesize existing data for sharing and learning purposes. Resources (financial, human and time) are covered by the Project in order to enable this function; (iii) CBOs / CSOs working in SA in the health sector willing to share, recognize failures and learn; (iv) National Assembly remains open to work together with civil society. National Assembly has been showing a growing trend to cooperate with civil society actors. This is crucial to ensure that local realities and needs are transmitted to and taken into consideration by members of parliament.

**Risks:** what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don't hold.

**Risks** are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to *identify risks in a realistic manner*, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

The Risks include:

(i) Despite significant improvements in freedom of the press in the country, Mozambique still does not have an Access to Information Law to guarantee access to relevant public information and to protect media to be prosecuted due to publication of relevant public information. This risk is rated as MEDIUM. Project team will undertake to keep all stakeholders - especially government - informed of all Project steps to avoid any bottlenecks related to access to information;

(ii) Limited capacity, competences and time made available for producing documents may hinder success of this component. This risk is rated as MEDIUM. Concern Universal will ensure that resources are planned to dedicate time and staff (including knowledge and learning officer) to undertake the collection, analysis, structuring of data available and to ensure such data is shared;

(iii) CBOs / CSOs working in social accountability sector may not be willing to share, recognize failures and successes and learn. This risk is rate as LOW. Project staff will ensure that information from beneficiaries is collected and that the latter are aware of the importance of sharing data for dissemination and learning purposes;

(iv) National Assembly has been showing a growing trend to cooperate with civil society actors. However, in Mozambique it is also been recognized a strong political influence over the National Assembly and its limited power to exercise oversight. This risk is rated as MEDIUM. Concern Universal will ensure that actions will be carried out to bring all actors together to promote engagement, including resourcing to GIG (Governance Group) and NAIMA+ (Network of Organizations Working in the Area of Health and HIV/AIDS) - of which Concern Universal Mozambique is an active member.

### PART 3 OF GPSA APPLICATION: PRELIMINARY ORGANIZATIONAL ASSESSMENT

This section covers information that is required in order to carry out a preliminary assessment of your organization's management and governance capacities. In the event the proposal is selected for grant funding, please note that the organization will be required to undergo a full due diligence assessment. As part of the latter, the organization may be required to receive training on fiduciary aspects related to the management of the GPSA grant.

<p><b>Type of CSO.</b> Indicate what type of civil society organization is the recipient organization. For purposes of the GPSA CSOs include legal entities that fall outside the public or for profit sector, such as non-government organizations, not-for-profit media organizations, charitable organizations, faith-based organizations, professional organizations, labor unions, workers' organizations, associations of elected local representatives, foundations and policy development and research institutes. Include year of establishment as a legal entity.</p>
<p>International non-government organization, Year of establishment: 1976, Registered charity No: 272465 · Company Limited by Guarantee · Registered in London No: 1278887. Registered in Mozambique since 1996, last register updated in December 2012.</p>
<p><b>Activity Reports.</b> Does the Organization publish an annual activity report on its website? If so, please attach the file at the bottom of this page or provide the link to the website. If not, indicate "No".</p>
<p><a href="http://www.concern-universal.org/files/concern_universal_impact_report_2012.pdf">http://www.concern-universal.org/files/concern_universal_impact_report_2012.pdf</a>  <a href="http://www.concern-universal.org/mz/index.php/publicacoes">http://www.concern-universal.org/mz/index.php/publicacoes</a></p>
<p><b>Prior WB experience.</b> Does the Organization have prior experience with a World Bank-financed project or grant implementation? If so, please specify and include project names, funding amounts and years of implementation (e.g. 2005-2009). If not, indicate "No".</p>
<p>Yes - Creating Commercial Community Enterprises through the Promotion of Fuel Efficient Stoves and Biomass Briquettes, USD 150,000, Concern Universal Gambia, Year 2011.</p>
<p><b>Financial Reports.</b> Does the Organization have financial audit reports? If yes, please attach at the bottom of this page a copy of each of the two most recent audited financial statements and procurement reports. If not, indicate "No".</p>
<p>Yes, please find documents in attachment</p>
<p><b>Public Audit Reports.</b> Are the audit reports public and/or published on the website? If so, please provide the link. If no, please state so in the space below.</p>
<p><a href="http://www.concern-universal.org/files/concern_universal_final_signed_accounts_2012.pdf">http://www.concern-universal.org/files/concern_universal_final_signed_accounts_2012.pdf</a>  <a href="http://www.concern-universal.org/files/tar_accounts_2011.pdf">http://www.concern-universal.org/files/tar_accounts_2011.pdf</a></p>
<p><b>References.</b> Provide at least 3 references that can attest to your organization's management and implementation capacity. Include names of persons, positions, organizations and contact information (telephone and e-mail). References may include people from government, CSOs and donor organizations.</p> <p><b>For proposals that include mentoring arrangements,</b> if the Mentor Organization is submitting the application only, please attach a letter of support from the Mentee Organization(s) at the end of the application.</p>
<p>1. Laura Bott, Head of Governance Domain, SDC Swiss Cooperation Office Mozambique, Av. Ahmed Sékou Touré n° 637  P.O. Box 135, Maputo, Mozambique, Tel: +258 21 360519; /Email: <a href="mailto:laura.bott@sdc.net">laura.bott@sdc.net</a></p> <p>2. João Pereira, General Director of CSSM - Civil Society Support Mechanism (MASC – Mecanismo de Apoio à Sociedade Civil), Av. Do Zimbabwe n. 137, Maputo, Mozambique, Tel: +258 21 486794 / Email: <a href="mailto:j.pereira@masc.org.mz">j.pereira@masc.org.mz</a></p> <p>3. Valentina De Bernardi, Attaché, Social Sectors &amp; Humanitarian Assistance, EU Delegation - Mozambique, Tel: + 258 21 481000 ext 351/  E-mail: <a href="mailto:Valentina.DE-BERNARDI@eeas.europa.eu">Valentina.DE-BERNARDI@eeas.europa.eu</a></p> <p>4. Grilo Lubrino, National Director of Administrative Studies and Procedures, Ministry of Public Affairs, Government of Mozambique, Tel: +258 82 306 0222/ E-mail: <a href="mailto:glubrino@utresp.gov.mz">glubrino@utresp.gov.mz</a></p>

#### ATTACHED FILES

Please download the required attachments from the online grant application. Fill out the templates offline and upload them.

- Proposal Budget template
- Project Team template
- Project Results Framework template

If you wish to add supporting materials about the proposal or your organization's work, you may do so by clicking on "attached files" at the bottom of Part 1 of GPSA Application.