



AN EVALUATION OF THE OPEN CONTRACTING FOR HEALTH (OC4H) PROJECT IN ZAMBIA

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ACRONYMS

COVID-19	:	Coronavirus Disease
CSO	:	Civil Society Organization
DGP	:	Democratic Governance Program
E-GP	:	electronic government procurement system
FCDO	:	Foreign, Commonwealth and Development Office
GRZ	:	Government of Republic of Zambia
MOH	:	Ministry of Health
MoU	:	Memorandum of Understanding
MoU	:	Memorandum of Understanding
OC4H	:	Open Contracting for Health
OCDS	:	Open Contracting Data Standards
OECD	:	Organization for Economic Co-operation and Development
PE	:	Procurement Entities
SME:	:	Small and Medium Enterprises
TIGH	:	Transparency International Global Health programme
PEs	:	Procurement Entities
TAGS	:	Transparency Action Groups
TI-Z	:	Transparency International Zambia
WHO	:	World Health Organization

EXECUTIVE SUMMARY

This is an Evaluation Report of the Open Contracting for Health (OC4H) Project in Zambia. The OC4H Project was implemented by Transparency International Zambia (TI-Z) from March 2018 to March 2021. It was funded by the UK Government's Foreign, Commonwealth and Development Office (FCDO), under the umbrella of Transparency International. However, the Project was developed by Transparency International Global Health programme (TIGH). This End of Project Evaluation was commissioned by TI-Z. It assesses the project relevance, effectiveness, efficiency, impact and sustainability, among others.

The evaluation shows that the Open Contracting for Health (OC4H) Project was aligned with the local needs and priorities of the citizens of Zambia. The Project was solely aimed at strengthening the institutional capacity of public health Procurement Entities (PEs) to effectively implement the use of open contracting in health sector procurement. It did this while building the capacities of the private sector and civil society to participate in open contracting for a more effective public procurement system. It was aligned to Zambia's policies and legal frameworks on strengthening the anti-corruption fight and enhancing the public procurement processes as outlined in the Anti-Corruption Commission Act No. 3 of 2012 and the Zambia Public Procurement Act No. 8 of 2020, respectively.

Generally, the respondents endorsed the view that the Project's core mandate of contributing to improving healthcare procurement by ensuring fair prices for health and related goods and services, strengthening service delivery of healthcare systems and enabling diversification of economies by supporting competitive tendering processes was sound. In addition, the Project was perceived from the Evaluation as relevant in terms of contributing to improved procurement in the health sector as it promoted transparency and accountability in health procurement. Thus, contributed to the enhancement of information flow, transparency and accountability in the sector.

With respect to the attainment of the project Operational Objectives, it was observed that the project team attained the envisaged results. The study showed that the project was effective as progress to the intervention objectives were, to a large extent, met and visible. It was also noted that the project design was fairly good. The project design was content and contextually appropriate, as such, it was acceptable to all stakeholders. The only concern raised by the respondents, mainly at the local level around project design, was the limited involvement of local level partners into the planning of project activities. The project did, however, make deliberate efforts to consult with relevant stakeholders at the national level, who are in effect, higher level representatives of the local level partners and the project was designed taking into account their input. The project also invested a lot of time in stakeholder orientation so as to bring relevant stakeholders on board and at the same level. This is evidenced by the good level of understanding of the project among local level stakeholders.

It was noted that the Project had a comprehensive and detailed Annual Action Plan for the entire period of support, which was plausible, doable and justifiable. Further, it was noted that OC4H

aims were clear, deliverable, and measurable. From the OC4H Annual Action Plan, the operational objectives were:

(a) Open contracting and Open Contracting Data Standards (OCDS) adopted in health sector procurements through targeted stakeholder advocacy.

(b) National health systems have the skills and resources needed to implement open contracting in public procurement.

(c) Supplier diversity in health sector public procurement is facilitated.

(d) Civil society is sustainably engaged in public procurement processes.

It was noticed that Operational Objective 1 was attained in the target areas and now tenders are being advertised transparently with considerable accessibility to information online by stakeholders, a situation that was not transpiring before. The evaluation shows that the Project, through its interventions under Operational Objective 2 and the creation of a multi-stakeholder platforms, narrowed the information gap that existed and built trust among the public sector, private sector and the civil society actors.

The evaluation established that local SMEs are now able to participate in tendering processes, after their capacity was built through the project. This result responds to Operational Objective 3 about supplier diversity in health sector public procurement being facilitated. It was also visibly noted that the platform members had acquired skills in procurement processes, construction and project monitoring, this more specifically spoke to monitoring the procurement of health infrastructure projects. The platform members had the ability to engage government officers in the Ministry of Health and the District Commissioners in matters related to health procurement. The result chain speaks to how Operational Objective 4 was achieved.

The evaluation established that the OC4H project was not as widely known in the communities and among stakeholders save for those that were close to the project itself. The limited knowledge of OC4H was also attributed to the inability by the TI-Z/ OC4H to build a widespread and effective external communication platform to constantly inform the public.

Factors contributing to project effectiveness included sound competence and strong leadership within the team which established direction and aligned the Project Officer and TI-Z seconded staff, including District Animators to the Project goals. The only setback was the learning curve for the new project officer when the original OC4H project Officer resigned and had to be replaced. It is evident however, that TIZ handled this transition very well.

The evaluation showed that the efficiency aspect of the project was sound. The Project established a core strategic team with a visible balance of competency, internal communication and capacity to implement program activities efficiently. This helped to fast track community related activities aimed at increasing community and other stakeholders' knowledge of the project. It was noted that the Project had a good Absorptive Capacity with limited variances with budget lines showing strong fiduciary systems in TI-Z. It was further noted that deliverables were mostly met in a timely

manner. There is further evidence that resources allocated to the project were utilized prudently and there was value for money.

The evidence indicates that the Project was quite impactful at the local (national) level. The impact being referred to, are the long-lasting changes that the Project made as well as the far-reaching results in the result chain.

With respect to sustainability, there was no indication that TI-Z would continue with the OC4H activities and programmes once the funding had ended. The respondents understood that the approach adopted by the project was to encourage other partners at the district level to continue with the project activities. There is a high appetite for the project interventions and it is evident that the local level partners are interested in continuing with the project initiatives even without the project support in terms of resources. However, the local partners do not fully understand how the gains of the project will be sustained. The TI-Z officers involved in the project were aware of the Phase-out Strategy but not the local partners.

Given the forgoing and in the spirit of maximising OC4H project relevance, efficiency, effectiveness, and sustainability. The recommendations are summed up as:

- 1. Develop a strategy for sustainability of the UK-TI-Z /DFID fund;*
- 2. Strengthen the institutional capacity to expand the project and include other districts (as recommended by local level partners), demonstrating the interest the project has generated among stakeholders;*
- 3. The project should also invest more in awareness raising, more visibility actions using various forms of media and Information, Education and Communication (IEC) material in order to gain more support from the public and stakeholders. The project should invest in Information, Education and Communication (IEC) materials, preferably simplified and translated into local languages so that the message can stay with the people and they can have reference material. Diverse approaches and tools to awareness raising should be employed;*
- 4. Strengthen TI-Z relationship with Government by personal contact and lobbying;*
- 5. Design a mechanism to motivate District Animators to ensure successful roll out of activities;*
- 6. Increasing logistical support to the partners as well as animators on the ground in all forms, financial, material, equipment, etc.;*
- 7. Undertake comprehensive stakeholder mapping, power mapping, influence and relationship mapping; and*
- 8. Continue employing a multi-stakeholder collaborative approach which demonstrated ability to catalyse effectiveness and guarantee results.*

1.1 Background to the Evaluation

Transparency International Zambia (TI-Z) was desirous to conduct an end of project evaluation for the Open Contracting for Health (OC4H) project to assessment of its relevance, effectiveness, efficiency, impact and sustainability, considering the context as well as processes and learnings. To this effect TI-Z engaged a team of Independent consultants to carry out this assignment as an external evaluation.

After officially being assigned to conduct the evaluation, the evaluation team had an inception meeting with the contracting authority, staff from Transparency International Zambia (TI-Z) and Transparency International United Kingdom (TIUK). During this meeting, parameters of work were agreed to, how the assignment will be approached and how the work will practically be done, as well as discussing, agreeing on, and refining any other contractual matters both parties felt needed attention.

A roadmap was then developed outlining event timelines such as, by when the contract would be signed, by when the inception report will be submitted by when field work should commence and by when the reports are due. The Evaluation team proceeded to develop the evaluation tools, did the Inception report and submitted it together with the evaluation tools as per schedule, they further developed an Itinerary for field work and commenced the field work thereafter. The team interviewed all relevant stakeholders who the project interacted with, acquired more insight from them thereby adding value to the evaluation process. The field work commenced in Eastern province with Petauke District, Katete and finally Chipata District. Then Southern Province followed starting with Pemba District, then Choma, Livingstone and finally Kazungula. Data was also collected in Lusaka and abroad from the implementing partners, donors and other key stakeholders.

Having collected the data, the evaluation team proceeded to sort and analyse the data as per proposed and agreed upon methodology, then proceeded to draft the report with their findings from the evaluation.

1.2 The Rationale for the Evaluation

TI-Z engaged an independent consultant to undertake an evaluation exercise of their work aimed at reviewing internal and external operations, management as well as stakeholder relationships. According to the Terms of Reference of the evaluation, the final evaluation of the TI-Z project funded by the UK Government's Foreign, Commonwealth and Development Office (FCDO), under the umbrella of Transparency International was carried out focusing on the assessment of its relevance, effectiveness, efficiency, impact, and sustainability, while paying attention to context and processes and learnings.

In addition, the goal was to identify performance levels, achievements and lessons learnt over the

last 36 months. More specifically, the evaluation sought to generate learning and knowledge about the conditions under which the project achieved and may sustain its results in the context of open contracting principles. It further sought to show the results and social return on the investment made in the project and assess progress made towards the achievement of results at the outcome and output level.

1.3 Methodology of the Evaluation

The evaluation process employed diverse but interactive methodologies with the aim of soliciting validated information for the attainment of the stated objectives. Being an end of project evaluation and considering the kind of information that was required, the exercise was more qualitative than it was quantitative. A questionnaire was administered to 130 sampled respondents in the seven target districts (Chipata, Katete, Petauke, Pemba, Choma, Livingstone and Kazungula) of Eastern and Southern as well as key informants from Lusaka provinces of Zambia. The Response Rate was 85%. The data was collected through Key Informant Interviews (KII) and Focused Group Discussions (FGD) using structured questionnaires and interview guides respectively. Three types of questionnaires and an interview guide for the FGDs were used. The structured questionnaires were, one for TI-Z staff, one for the cooperating partners and one for government and private sector actors. The local level respondents were randomly from among those who participated in project implementation while key informants were purposively selected, mainly dependent on their level of interaction with the project and their having relevant information that would add value to the evaluation exercise. A snowball approach was also used where, if other actors who had relevant information were noted during the interviews, they were included in the sample as respondents.

1.4 Limitations of the Evaluation

During the data collection phase of the evaluation, respondents had to be purposively sampled (selected) based on their having relevant information incidental to the evaluation process. The data collection period for Eastern province particularly Chipata, coincided with Easter holidays, so the evaluation team had to make in-field adjustments to ensure that all the data was collected from all the respondents as well as to accommodate time for in house sorting of data. To this effect, the field work period in Eastern province was shorter than originally planned, but all the data was collected. This adjustment meant that more time was spent in Southern Province which had more districts to be covered as well as more time allocated to in- house data sorting and analysis, but the quality of the data collection process was the same.

1.5 Structure of the report

The report is structured as follows: Section I gives a summary of the contents of the evaluation report, after which Section II outlines the main findings and analysis of the evaluation. Section III outlines lessons learnt from the evaluation. The report ends with Section IV which highlighting key recommendations based the evaluation findings. Attached to the report are: Terms of Reference

SECTION II

The evaluation process employed diverse but interactive methodologies with the aim of soliciting validated information for the attainment of the stated objectives. Data collection involved the use of qualitative tools due to the nature of the information required. A questionnaire was administered to 130 sampled respondents in Eastern, Lusaka and Southern provinces of Zambia. The sample size selected was appropriate given that the respondents were heterogeneous representing the private sector, civil society, community groups and government officers. These were sampled from the following districts, Lusaka, Chipata, Katete, Petauke, Choma, Pemba, Livingstone and Kazungula. The demographic profile of the respondents is provided in the tables below.

Table 1 shows the demographic pattern of respondents by gender who took part in the evaluation process of the project. There were 110 respondents in total, of which 66 representing 60% of the respondents were males and 44 representing 40% of the respondents were females.

Table 1: Respondent's Gender

	Frequency	Percent	
Valid	Male	66	60.0
	Female	44	40.0
	Total	110	100.0

Table 3 shows the various institutions where the respondents were drawn from which include private sector, government officers (namely the procurement officers and District Health Officers), Ministry of Health, civil society and community leader's. This involved a deliberate selection of a sample based on their specialized role, which was necessary for addressing the objectives of the research.

Table 2: List of Institutions where respondents were drawn.

Name of Institution	Frequency	Percent	Valid Percent	Cumulative Percent
Civil Society	59	54	54	54
Private Sector	11	10	64	64
Community leaders	11	10	74	74
Government Offices	22	20	94	94
Cooperating Partners	2	1.8	95.8	95.8
OC4H staff	5	4.2	100	100
Total	110	100.0	100.0	

were used for accessing all information required for the evaluation exercise. The interaction was conducted with the following target groups namely OC4H management and staff, cooperating partners; stakeholders; and beneficiaries of OC4H work. In addition, and specifically interviews were held with Government of the Republic of Zambia Ministry of Health. The list of interviewees is on Appendix II. Relevant documents were reviewed, and these included:

- (a) Strategic Project Document (2018-2021);**
- (b) Annual Work Plans and Budget;**
- (c) Financial Reports;**
- (d) Activity Reports;**
- (e) Sustainability Plan for OC4H;**
- (f) Human Resource Management Document;**
- (g) COVID Mitigation Plan;**
- (h) Operating Manuals for OC4H;**
- (i) Zambia Public Procurement Authority (ZPPA) Act, No 8 of 2020 and Regulations;**
- (j) Ministry of Health Policy;**
- (k) National Anti-Corruption Policy;**
- (l) Stakeholder list; and**
- (m) Asset Reports.**

Structured interview questions were formulated and administered to selected beneficiaries of the project. Given the mix of the target groups in this category of beneficiaries, a mixed approach to sampling was used to choose the appropriate respondents for the interviews. The sample was selected using the two-stage cluster and systematic random sampling approaches. In some cases, purposive sampling was used for communities or stakeholders involved in the project from private sector, community leaders responsible for trainings as well as procurement officers in public clinics and hospitals.

2.0 EVALUATION FINDINGS AND ANALYSIS

The following section outlines the evaluation findings based on the responses from the questionnaire and interviews that were undertaken. This section focuses on looking at

what has worked? What has not worked and why it has not worked? The evaluation assesses the Open Contracting for Health (OC4H) project against four evaluation criteria namely: relevance, effectiveness, efficiency, and sustainability (OECD, 1991).

2.1 RELEVANCE

This criterion assesses whether the Open Contracting for Health (OC4H) project was aligned with the local needs and priorities of the citizens as well as those of the Zambian health sector. It was noted that the overall aim of the OC4H project was to increase transparency in health sector public procurement in Zambia. The OC4H was designed to contribute toward open contracting establishing itself as the default process for healthcare procurement with the overarching goal to better health systems functioning and improve overall health outcomes of target populations. This contribution came through OC4H supporting national health systems to implement open contracting standards in their health systems.

The intended overall impact of the OC4H initiative is the reduction in corruption risk in public procurement for health. This was to be achieved through attainment of the primary outcome of increased transparency in public procurement of national health systems. The OC4H initiative targeted a critical mass of national health systems who would work together with civil society groups to effectively apply open contracting standards in health procurement processes. Part of the theory of change was that opening up health procurement processes would increase transparency which will in turn save funds through reduced corruption in health procurement. Funds saved through open contracting were to be identified and, where possible, compared to procurement costs in previous years and reported to a wider audience.

It was envisioned that the Project would follow the “golden-triangle” approach of engaging government, civil society and the private sector working together to bring about effective open contracting in healthcare. In addition, the Project also aimed at strengthening the institutional capacity of public health procurement entities (PEs) to effectively implement the use of open contracting in health sector procurement while building the capacities of the private sector and civil society to participate in open contracting for a more effective public procurement system. This was in recognition of the fact that public procurement within the healthcare sector is highly vulnerable to corruption, with severe implication for overall health and socio-economic development of a country.

The core mandates of the OC4H Project, which are; improving healthcare procurement by ensuring fair prices for health and health related goods and services; strengthening service delivery of healthcare systems and enabling diversification of economies by supporting competitive tendering processes, are in line with the commitments made by the Zambian government by being party to the Southern African Development Community (SADC) Protocol Against Corruption, particularly Article 4 (1) b which encourages “systems of Government hiring and procurement of goods and services that ensure the transparency, equity and efficiency of such systems”; the United Nations Convention against Corruption and the African Union (AU) Convention on the Prevention and Combating of Corruption (Articles 2 and 3). The above convention imposes an obligation on Zambia and all member states to establish and provide effective practices aimed at the prevention of corruption.

In addition, the OC4H Project and TI-Z work is in tandem with the Zambian legal framework, specifically the Anti-Corruption Commission Act No. 3 of 2012 and the Zambia Public Procurement Act No. 8 of 2020, which among others provides for electronic Government Procurement (e-GP). Worth noting is that, at the time of the evaluation, Zambia did not have a National Anti-Corruption Policy because the draft National Policy was still undergoing national validation. It is envisaged, once approved, the Policy will provide comprehensive guidelines aimed at strengthening the capacities of institutions to mitigate and prevent corruption in the procurement process.

A review of OC4H activities showed that the activities were aligned to the strategies in the draft National Policy. Specifically, in relation to ensuring that political will existed in the country to support open contracting measures; adequate mechanisms of accountability; strengthening the capacity of the judiciary to ensure adherence to the law and the development and implementation of strategies to strengthen oversight and civil society institutions involved in corruption prevention.

The data shows that all the respondents generally regarded the project as relevant in terms of contributing to improved procurement in the health sector. From the interviews and meetings with stakeholders, it was established that the relevance of OC4H project cannot be over emphasized for the following reasons, the project:

(a) Opened up the procurement processes in the health sector especially with the embracing of online E-Systems, which was shrouded in secrecy. The procurement processes in the health sector were before the project mainly too closed and prone to manipulation and corruption. The Project promoted transparency and accountability in health procurement in the seven target districts. According to the respondents, the project was very useful and timely considering it came at a period when corruption was rife in the health sector, particularly in health sector procurement. It cast a spotlight on health procurement and has made it increasingly difficult for the responsible actors to engage in corruption.

The Public Sector partners are gratified that there is a reduction in loss of resources directly due to corruption. They are also delighted that the Project has facilitated for quality works in government projects due to the OC4H project facilitated CSOs' monitoring of selected infrastructure projects.



Figure 1. FGD with respondents in Petauke.

“There are a lot of successes recorded due to the presence of TI-Z and this has made certain workers in government departments to work according to the required standards. They are very careful and make sure they do the right thing, as they know they are being watched and monitored.”
Respondent, Petauke

(b) This has in turn instilled community confidence in the systems in place. In addition, the Private Sector actors are equally gratified that there is reduced pilferage of materials by the builders they contract because of constant project monitoring and checking of bills of quantities by the civil society and community members. The respondents attributed this particular ability in monitoring the Bill of Quantities to the Construction training that they underwent that made them familiar with quality issues and standards that are acceptable for buildings and related infrastructure. Facilitated the creation of a formal platform where all stakeholders (government officers, private sector and civil society) could engage and collectively identify ways of strengthening the health procurement systems. This has bred and fostered trust and better collaboration amongst various stakeholders. As all information is made available and accessible to every stakeholder, it has contributed to enhanced information exchange, transparency and accountability in the tendering process and the sector at large. The tenders are properly advertised

and feedback on non-award including reasons and appeal processes is now being provided to the bidders thereby reducing suspicion of foul play and compounding the trust amongst the stakeholders.

(c) Contributed to the motivation of citizens and their confidence through capacity building that has enabled them to start monitoring procurement processes. This has empowered them to start reporting suspected malpractices and corruption in health procurement. The Project has brought about community awareness on the health projects and there is community participation in the health procurement process even if it may only be at contract performance monitoring. At least there is a lot of interest and there is some form of participation. This interest has been bolstered by the better information flow

“Before the Project, as SMEs we did not have adequate knowledge and skills to participate in the tenders. The online nature of the system and use of internet has opened up the process and limited instances of corruption due to the transparent and public bidding as well as awarding of contracts. As SMEs, we can follow through the process as it unfolds, and reasons related to decisions in awarding of tenders, and this limits the suspicion of would-be suppliers.”- Respondent, Kazungula District.

among various stakeholders, thereby bridging the information gap that existed before the project interventions that inhibited this participation.

Government workers, particularly procurement officers are no longer afraid to share procurement information with members of the public after being capacity built to understand that this is public information which the citizens should have access to. The access to contractual information and information related to the tender processes has made it feasible for end users of services in the Health Sector to make follow-ups on any issues as well as exact accountability in the use of public funds.

It helped to enhance procurement processes understanding and reduce misinformation about procurement processes in the health sector. The SMEs were empowered through the project (capacity building) to be able to fully participate in the tenders and they are grateful for the opportunity.

Figure 2. PASME Radio Station is one of the Media Houses that forms part of the monitoring Group with journalists that were trained in Petauke, Eastern Province



(d) In a similar regard, the availability of this information and related information in public domain due to the Project interventions has enabled Journalists and other monitoring groups in the areas to identify and investigate red flags as well as monitor instances of potential corrupt practices in procurement.

2.2 EFFECTIVENESS

This section assesses the extent to which stated interventions objectives were met, not met or progress being made as well unintended results were achieved to attain the objective.

2.2.1 Project Design

The Evaluation is of the view that the Project design was fairly good. 50% of respondents contended that the Project design was acceptable as it was contextually appropriate. However, the respondents had the following concerns with regard the project design:

(a) The local level stakeholders, especially at district were not fully involved in project design and in the initial project activity planning. It was observed that Transparency International United Kingdom (TI-UK), the Cooperating Partner and Transparency International-Zambia, the implementing organisation, were the institutions that were fully knowledgeable of the Project Design in the initial stages of the project. This,

according to the respondents, made it difficult for the local stakeholders to understand the benchmarks that were set and what success of the project was being measured against as this information was restricted to a privileged few. To mitigate this challenge, the Project had extensive orientation for all stakeholders involved in the project. The Project also made deliberate effort to consult and engage stakeholders at the national level who were higher level representatives of the local level partners. The difference however is that these national level stakeholders were engaged at the beginning of the project and not constantly as the district /local level partners were throughout the project. In addition, the Project enhanced the provision of on the project goals and the procurement in the health sector.

(b) The local partners (also known as Transparency Action Groups (TAGs)) felt that they were engaged in the middle of the project. They had no idea how the contractors from the Health Projects were engaged, what had happened before their involvement and related issues. A contextual history of such issues was deemed necessary for better and quality monitoring.

(c) Though the OC4H Project had appropriately conducted a stakeholder mapping, it could have done better in terms of adequately capturing the right private sector stakeholder to add value to the project. It was argued that most local Small and Medium Enterprises (SMEs) involved and trained by the project did not add value to the process as they were suppliers on non-medical products and in most cases, they supplied insignificant quantities to pose a dent on the health procurement system. It would have been better to also deliberately target the contractors selected to build maternity annexes that were being monitored by the project.

(d) The emphasis on the procurement cadre in the Ministry of Health, especially at provincial and district directorates of health levels, was not appropriate because these were lower levels of authority in the line of command as far as health procurement is concerned. Medical product procurement is mostly done from the central at the Headquarters and so failure to involve them may not be impactful.

(e) The target seven districts namely Pemba, Choma, Livingstone and Kazungula in Southern province, and Petauke, Katete and Chipata in Eastern province were too few to have positively impact on the procurement processes in the entire country. It should be mentioned however, that the impact in the target districts was very evident. It can also be said that the collaboration between the OC4H project and ZPPA has encouraged the roll-out of the e-GP system country wide.

The respondents further contended that because of the above concerns, the project had teething challenges. It took a long time for the Project to fully identify the stakeholders and engage Transparency Action Groups in the initial stages of Project implementation. The slow pace of implementation and rollout of the project was also due to the unexpected lengthy engagements with critical stakeholders like government officials in Ministry of Health.

“TI-Z had to spend a lot of time and resources to engage stakeholders, especially Government Officials because procurement is a serious aspect of government operations. In addition, it is a very sensitive area of government hence we needed to ensure that there was a lot of buy-in for the Project especially from senior government officials. Thus, we need to educate officers continuously and patiently on the goals of the OC4H Project and the envisaged role of the Procurement Officers. It was only when we were sure that there was buy-in that the project could roll out its activities to the district”. Respondent in Lusaka.

2.2.2 Contribution to Change

It was noted that OC4H Project had a comprehensive and detailed Strategic Plan, Annual Action Plan for 2018, 2019 and 2020, which were both plausible and doable. It was observed that the annual Action Plans for the project were justifiable. The logical framework was easy to understand, and staff had bought into the idea.

Further, it was noted that OC4H aims were clear, deliverable, and measurable. The contract documents and log frame showed a suitable and factual baseline, which could provide a good foundation for measuring the impacts of the programme.

It was noted by respondents that the general capability to implement project aspects needed fine-tuning by designing a Strategic Plan and Change Management Strategy for the OC4H project. This would enable OC4H to adjust to changing times and better respond to emerging issues.

From the OC4H Annual Action Plan, the operational objectives were stated as:

- (a) Open contracting and OCDS adopted in health sector procurements through targeted stakeholder advocacy.
- (b) National health systems have the skills and resources needed to implement open contracting in public procurement.
- (c) Supplier diversity in health sector public procurement is facilitated.
- (d) Civil society is sustainably engaged in public procurement processes.

Below is an analysis based on operational objective areas identified in the Project Document submitted and authorised by TIUK. Under each operational objective, this report discusses the some of the activities undertaken and the perceived changes or contribution to change.

Operational Objective 1

Open contracting and Open Contracting Data Standards (OCDS) adopted in health sector procurements through targeted stakeholder advocacy. The activities under the operational objective included:

- (a) Develop advocacy tools for open contracting and open contracting and Open Contracting Data Standards.
- (b) Launch and roll-out of OC4H toolkit.
- (c) Collaborations with target stakeholders to promote open contracting.
- (d) Monitoring, Evaluation and Learning (MEL); and
- (e) Participate in regional meetings on advocacy for open contracting.

It was observed that the sub-activities implemented under this result area were the development and printing of OC4H materials and Billboards, radio and social media advocacy programmes. It also developed a training toolkit for Government, Private Sector and Civil Society actors. It also held meetings with institutions such as Zambia Public Procurement Authority (ZPPA) and Zambia Institute of Purchasing and Supply (ZIPS). It also collaborated with Anti-Corruption Commission (ACC) to roll out Procuring Entities trainings aimed at identifying and reporting corruption red flags in procurement; stakeholder meetings on OC4H were conducted as well as monitoring, evaluation and learning visits to targeted districts.

It was noted that the above activities contributed to having approximately 60% of the target Procuring Entities (PEs) in 8 target districts operationalizing the electronic Government Procurement system (e-GP). This included the installing of the e-GP system, uploading procurement plans, tenders and providing feedback to stakeholders. E-GP is now part of the procurement processes strengthening agenda. District Health Offices in all the target districts authorized the procurement officers to integrate e-GP in the procurement system.

The evaluation ascertained that because of the project implementing activities under Operational Objective 1, the tenders are now being advertised transparently with full accessible information online to everyone, a situation which was not occurring before.

Operational Objective 2

National health systems have the skills and resources needed to implement open contracting in public procurement. The activities under this operational objective included regular engagements with Procuring Entities to support their implementation of open contracting and conduct Open contracting and Open Contracting Data Standards trainings for Procuring Entities. Based on the assessment of capacity building activity reports and interviews with PEs during field visits, the evaluation notes that approximately 75% of the 14 Procuring Entities interviewed demonstrated increased capacity and skill to utilise electronic Government Procurement system (e-GP).

It should be emphasised that the OC4H project, although it facilitated training of target Procuring Entities, it could not sustain the skills imparted in the districts and the gap was mainly due to transfers of some Procuring Entity personnel. The evaluation noted that some of the Government Procurement officers interviewed were new in the districts and did not benefit from the OC4H e-GP system trainings.

Further evidence shows that the Procurement officials at the district health offices are now able to use the e-GP system after the capacity building through the project. This responds to operational objective 2, about National Health systems having the skills and resources needed to implement open contracting in public procurement. The Project developed successful advocacy tools for open contracting and organised trainings for government procurement officers in the Ministry of Health in the project operational districts. In total, 14 government procurement entities were trained. Additionally, the new legislation, the Public Procurement Act No. 8 of 2020 was enacted during the life span of the project.



Figure 3. Some SMEs form part of the FGD in Livingstone

The respondents also added that the projects for the awarded tenders were now being completed on time due to the spotlight cast on them through monitoring visits. The contractors were now aware that the community and everybody else is watching and monitoring progress and quality of projects. The SMEs also confessed that there was reduced pilferage of building materials by contracted builders due to the monitoring visits.

Operational Objective 3

Supplier diversity in health sector public procurement is facilitated. The key activities under the objective were to facilitate trainings and meetings for private sector on issues around public procurement and opening contracting.

There are limited changes noted under this result area. It could be noted that private sector coordination platform was established in the districts but there was little to show supplier diversity in health sector. The role of this coordination platform at district level was limited because most or nearly all the procurements were conducted at headquarters level or central government level. The district procurement teams at the district health offices have a threshold above which they cannot procure goods and services. So for everything above their threshold, procurements are done at the central level. It was argued that most medical products and services were procured centrally at the Ministry of Health Headquarters. Engaged officers at District level could in this regard not influence the outcomes of procurement processes over which they had no control.

The Project could therefore be more efficient if it balanced its focus between local level (district health) procurement officers and the Headquarters procurement officers. This would be instrumental for especially monitoring projects that posed a potential risk of having a significant dent on the delivery of public services due to the scale of projects associated with the sums of public funds involved at that level of procurement.

In the same vein, it was observed from focus group discussions that the stakeholders' identification and inclusion criteria left much to be desired. The nature of most of the Small and Medium Enterprise (SMEs) who were engaged in the process of advocacy and capacity building activities had no role in procurement processes.

The project relied too much on ZPPA in conducting the procurement trainings to the extent that some of the activities were delayed due to ZPPA's unavailability. The project would have done well to build the capacity of project staff to be able to conduct the trainings by themselves should ZPPA staff be unavailable. Though it should be noted that this level of collaboration with authorities such as ZPPA was a positive touch and

yielded better results. It helped the networking and sustainability components of the project.

The evaluation established that local SMEs are now able to participate in tenders, after their capacity was built through the project. This result responds to operational objective 3 about supplier diversity in health sector public procurement being facilitated.

Operational Objective 4

Civil society is sustainably engaged in public procurement processes. The activities to be implemented under this operational objective included: engagement meetings with CSOs to introduce open contracting and OCDS concepts; and CSO/media trainings on procurement monitoring and developing a procurement monitoring framework.

The sub-activities were; identification of relevant CSOs in project districts, facilitating OC4H project engagement meetings with CSOs and developing training packages for CSO and Media. The project also conducted follow-up visits to support CSOs in OC4H activities. It was observed that in nearly all the 7 districts the Civil Society Organisation coordination platforms were established. It was also visibly notable that the platform members had skills in monitoring procurement processes and project monitoring. This also included monitoring the procurement of health infrastructure projects. The platform members acquired the ability to engage government officers in the ministry of health and the district commissioners in matters related to health procurement. The result chain speaks to how effective the intervention was or how Operational Objective 4 was achieved, which is about civil society being sustainably engaged in the procurement process.

Generally, the respondents were of the view that the project was very effective with an average score of 83%. Examples of the Project effectiveness include the fact that after the intervention, in the case of capacity building, civil society and community members used their knowledge acquired to conduct monitoring activities of some projects that were awarded tenders.

Further to these resultant actions of the intervention, the civil society and community members were able to write a report of the monitoring exercise and submit it to the District health Officers in respective Districts. Action was taken on the part of the district health offices in response to the monitoring reports that had been submitted to them. In addition, corrective action was taken, and some facilities had to be redone in some parts that were identified as unsatisfactory. To this effect, it can be said the project was able to achieve far reaching results that initially anticipated.

2.2.4 Visibility/Awareness

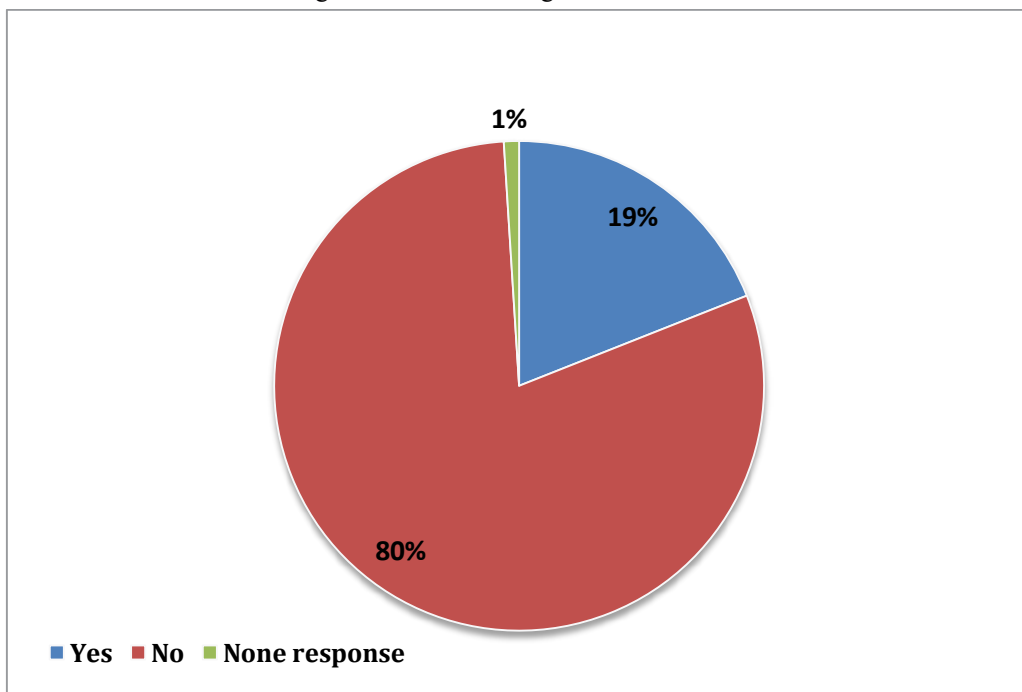
The evaluation established that the OC4H project was not well known in the communities and among stakeholders. It could be observed from Figure 5, that 80% of the respondents from the private sector and civil society organisation exhibited inadequate understanding of their role in the project and the mandate of the project.

Nevertheless, it was also determined that the limited awareness was mostly among the community members and stakeholders who were close to the project. Part of this was attributed to the technical nature of the project activities and as such, only a privileged few had the opportunity to interact and be close to the project. Therefore, the project could use more visibility to garner more support from the community and other stakeholders.



Figure 4. Meeting and courtesy call at the Provincial Health Offices and Provincial Health Procurement Officers share experiences and interaction between themselves, the District Health Offices and the Project.

Figure 5: Understanding of OC4H Services



It was established that awareness raising was through limited collaboration with the media, mainly radio programs in very few locations. There was not enough information in form of Information, Education, Communication (IEC) materials available for public distribution. Further, even the little that was available was only in English and not in local languages. It was also noted that there was limited utilization of the local media and radio stations that make use of the local languages to ensure that there is widespread awareness around the project. As an example of limited visibility, the project only has one bill board in Livingstone among its operational areas. It was further noted that limited involvement of traditional leadership in the project could have contributed to low awareness levels. It was also established that where the District Commissioner's office was involved and had buy in, the project got a good degree of support and popularity.

The limited knowledge of OC4H was also attributed to the inability by the TI-Z/ OC4H project to build a widespread and effective external communication platform to constantly inform the public.

2.2.4 Factors contributing to Project Effectiveness

(a) STAFF COMPETENCE

Generally, it was established that OC4H project has a strong leadership team which has managed to establish direction and align the Project Officer and TI-Z seconded staff, including District Animators to the Project goals. Further, it was noted that most employees understood the core mandate of the project and were familiar with the organization's core mandate mainly because its objectives and strategies were well defined. In addition, the current project officer had the right set of skills, attitude, behavior, experience, and knowledge of the project core mandate. It was established that the officer and seconded staff had embraced OC4H standards and understand what is expected of them.

(b) HUMAN RESOURCES DEVELOPMENT AND TRAINING NEEDS

It is only best practice in project management and organizational capacity development that essential members of staff constantly or regularly undergo training to update their current skills and knowledge levels in line with technical development and meet the changing project demands. To this effect, there has to be a Human Resources Development and Training Plan. It is important that the Project develops and implements a training plan to support training activities that are in tandem with the long-term goal and vision of the organization. It was noted from the assessment that despite the relevant skills and knowledge being present among the staff associated with the project, it would benefit the project if there was constant and further training in areas including but not limited to:

- (a) Communication, publicity, lobbying and advocacy skills.
- (b) Information technology, database management and networking
- (c) Project Management, Monitoring and Evaluation; and
- (d) Project sustainability.

(c) OPPORTUNITIES

The evaluation established that the project had utilised the opportunity of the established need for an intervention that could foster transparency, accountability and integrity in health procurement. It was eminent and obvious that the gap existed, and the project attempted to fill it. Related to the above-mentioned opportunity or because of it, there was general receptiveness of the project by the key stakeholders, especially the government, SMEs, Civil Society and the community members. The health sector in the country was riddled with corruption scandals in procurement, a situation which re-emphasised the need for the OC4H program and to amplify its scope.

The project also utilised the opportunity whereby one of its cooperating partners (SIDA) was also partnering/supporting the Ministry of Health in Health infrastructure development (Maternity Annexes) and took the occasion to monitor these projects. The project emphasized and echoed the importance and convenience of new technologies like the internet in procurement (e-procurement). It further exposed inefficiencies of using different kind of systems in procurement. Procurement systems that were being shunned originally are now being accepted, integrated and being improved upon for better efficiency in government processes. The project also exposed gaps between the Accounts Departments and the Procurement Departments in the use of different systems that do not speak to each other and has made a case for harmonizing these multiple systems still being used in government processes (e-GP and Navision).

2.2.5 Factors that limited Project Effectiveness.

The evaluation established several deficiencies, challenges and limitations during the implementation of the project. These included:

(A) CONCENTRATION ON CONTRACT PERFORMANCE MONITORING

The project seemed to have shifted its focus in the last year of the project life by concentrating on contract performance monitoring rather than procurement process monitoring. As can be evidenced by the monitoring of construction projects of maternity annexes rather than the procurement process. For instance, it would have been expected that the Open Contracting for Health project should have been the one to blow the whistle

on the procurement of expired drugs, defective medical supplies and equipment (the \$17 Million Honeybee Medical Supplies scandal). The expectations would have been that the project through its partners is conducting health procurement monitoring as well as contract performance monitoring.

(B) LIMITED ENGAGEMENT OF TRADITIONAL LEADERS

It was also established that the Project had no deliberate effort to engage traditional leadership. Most of these operational areas are small towns and mainly rural, so most of the parts are under traditional authority. The traditional leaders carry a lot of authority and it becomes difficult to accomplish anything without their support. The fact that the project did not sufficiently engage the traditional leaders where some of the target clinics the projects was monitoring are located paused some challenges for them.

(C) IMPACT OF COVID

The emergence of the COVID-19 pandemic hampered the operations of the project. Project meetings could not be held as required, and there were occasional lockdowns. Virtual meetings were difficult because some partners either lacked the equipment or knowhow to participate in virtual meetings. Other costs for safety emerged such as face masks, sanitizers, etc. Social distancing entailed that the meetings and trainings could only have a few people, so where one meeting of about 30 people should have been held, it required 2 to 3 meetings, therefore increasing the costs, financial, time, material and other.

(D) PREVAILING ECONOMIC SITUATION

The prevailing economic situation also presented a unique challenge to the project, in the sense that prices of goods and services kept rising to the effect that what was budgeted for at a certain amount a few months ago was no longer manageable because the amount required had doubled and the project had to adjust quite a lot to accommodate the changes.

(E) STAFF TURNOVER IN GOVERNMENT MINISTRY

The project also had a challenge with staff turnover and transfers from the public sector (government) partners. The exact challenge was that the staff seconded by the government ministry or department to work with the project would be trained in various aspects, relationships would be established, and then without warning the individual would no longer be available or would be transferred to another station. Another

individual would then take up their place, and he/she would need to have their capacity built as well as be brought to speed, build new relationships and other related setbacks.

(F) INADEQUATE LOGISTIC SUPPORT TO LOCAL PARTNERS

Most local partners were of the view that the Project did not provide adequate logistical resources to support their activities on the ground. It was observed that local partners did not have follow up monitoring visits due to inadequate financial resources from the project. They needed more support such as transport, identity cards and t-shirts, among others for easy identification thus have ease of access into health facilities.

(G) LIMITED ACCESS TO INFORMATION ON ONGOING PROJECTS

Local partners had limited access to information, especially during monitoring exercises because the public and private firms were reluctant to offer information on the contract or tender. Local partners found it difficult to monitor sometimes because of lack of documentation owing to poor record keeping by the contractors.

(H) TIME LAPSES BETWEEN ENGAGEMENTS

There were gaps and inconsistencies between successive engagements with external stakeholders and within the Project. The Project staff would take a considerable amount of time from one engagement or activity to implementing the next, which created some level of disconnect and loss of momentum. The project ought to devise ways and means of being consistent with its engagements with the partners. Consistency maintains momentum and interest including ease of follow ups as well as high likelihood of requested or recommended action being taken. Inconsistency yields laxity and a general sense of lack of seriousness, including forgetting to perform important tasks on part of the partners. This is exacerbated by the fact that the local structures felt they were not made aware of the available resources at the different levels of the project and hence, in circumstances where there are delays, it can yield a lot of mistrust in the apportionment of resources. Issues around transparency of project resources should be addressed by secretariat from the onset.

(I) LEARNING CURVES FOR VARIOUS STAFF.

It was observed that from the management team to the project officer, they all engaged with the project at different times in the life of the project. None of the staff involved with the project was there from inception. This could have accounted for a few delays here and there to allow for learning curves at different times that staff were brought on to the

project. However, it should be noted that this is merely an internal administrative issue and did not negatively affect the project.

2.3 EFFICIENCY

The criterion of efficiency measures how inputs were economically (usually financial, human, technical and material resources) converted to outputs and activities. The other criterion for determining efficiency is assessing if the resources committed were commensurate to the result being demanded by the project.

(a) Cost Effectiveness and Efficiency

Over the last two years, OC4H has scored well with respect to efficiency. It has established a core strategic team with a visible balance of competency, communication and capacity to implement program activities efficiently. The Transparency International United Kingdom (TI/UK) supported OC4H with a total sum of ZMW3,411,469.48 for the period of three years 2018 to 2021. The total support was broken as follows ZMW 593,566.48, ZMW1,247,675.00 and ZMW1,570,228.00 for the period the 2018/2019, 2019/2020 and 2020/2021 respectively. The OC4H Annual Financial analysis shows that:

(b) Absorption Capacity

It was noted that the Project had high Absorptive Capacity. The Project had minimum variances with project budget lines as could be noted in Table 1. The project greatly benefited from strong TI-Z's internal fiduciary controls.

(c) Human Resources

The professional fees, which included the salary element were 43% of the total budget of the Project. A critical element of efficiency is ability to ensure that staff have the technical capacity to implement activities and initiatives. It was also noted that during the lifespan of the project, there were a number of staff that were associated to the project that have since left starting from the management level to the project officer. Only one staff among those that were present at project inception are still around or attached to the project. It was however, noted that TI-Z management had a robust mechanism of orienting new project staff and shortening the learning curve.

(d) Reports (Narrative and Financial Reports)

It was found that narrative and financial reports were regularly produced. The quality of the reports was high and comprehensive in nature. However, an identified gap with regards to reporting revealed that activities carried out were reported only at output level and not at outcome level.

TABLE 1: FINANCIAL ANALYSIS FOR OC4H

No.	DETAILS	BUDGET(ZMW)	EXPENDITURE (ZMW)								VAR.	
			2021	%	2020	%	2019	%	2018	%		
-												
1.	Grants received	3,411,469.48			1,570,228.00	46	1,247,675.00	37	593,566.48	17		
2.	Utilization of funds											
3.	Inception meetings with stakeholders	115,000.00					52,050.00	7	63,000.00	8	50	
4.	Interface meeting with service providers	142,000.00	30,975.00	7	111,386.00	8					361	
5.	Roll out trainings											
6.	Develop IEC materials	100,000.00	47,642.00	10	14,824.00	1	16,500.00	2	20,000.00	2	1,034.00	
7.	Radio Advocacy programs	82,000.00			47,800.00	4	3,000.00	0.4	30,000.00	4	1,200.00	
8.	Develop OC4H billboards											
9.	Toolkit Consultation Meetings	8,000.00							8,000.00	1		
10.	Meetings / Training with ZIPS TK	10,500.00			4,531.00	0.3			6,000.00	0.7	31	
11.	Meetings with partners - Continuous engagement	8,000.00							8,000.00	1		
12.	TIZ MEL visits to districts	87,000.00	33,356.00	7			26,800.00	3.5	26,817.00	3	27	
13.	Visits to districts for person	79,000.00					39,350.00	5.1	39,400.00	5	250	
14.	Col with ZPPA to TS e-GP 4 PE											
15.	Develop training content - local content											

32.	CSO community monitoring training	75,000.00	5,650.00	1	67,033.00	5					2,317.00
33.	Trainings on toolkit Government/CSO	36,000.00			36,154.00	3					154
34.	National level Engagements-MOH HQ	13,500.00			13,547.00	1					47
35.	Quarterly monitoring visits	65,000.00	65,022.57	14							22.57
36.	Accountability systems Pes/CSO	135,000.00	133,298.20								1,701.80
	Total expenses	3,412,000.00	465,279.76		1,324,033.00		771,379.00		830,938.00		20,370

2.3.1 Human Resources and Administration

The ability to transform inputs into outputs depends on the availability and capability of human resources. It was noted that the Project had one (1) full time officer, who was the project officer. This officer was supported by the TI-Z Executive Director, Programme Manager and Finance and Administration Manager. The annual total emoluments for the full-time project officer were approximately ZMW 1,460,000.00. In terms of emoluments, the project contributed to the salaries of the TI-Z Management that is Executive Director, Programme Manager and Finance and Administration Manager at 5.7%, 6.7% and 6.7% of the Full Time Equivalent (FTE) respectively. This contribution amounted to GBP 1, 567.10 each annually.

It could be observed that the project was understaffed. For the results the project was demanding and the level of intensity of work, the project officer and the project as a whole could have benefitted from having an assistant project officer or two. It was noted that the project officer spent considerable amounts of time dealing with administrative duties such as procurement, photocopying and finances.

The project Officer had limited time to effectively engage and orient the private sector and civil society on the project mandate and their respective role. It was noted that the CSOs that were not close to the project (those that did not interact with the project) did not understand it very well.

2.4 IMPACT

The evidence indicates that the Project was quite impactful at the local (national) level. The impact being referred to, are the long-lasting changes that the Project made as well as the far-reaching results in the result chain.

Notable examples of long lasting changes include but are not limited to: the capacity of Civil Society and community members to participate in public procurement, monitor projects as well as demand for accountability; the capacity of stakeholders in Construction that allow for them to monitor issues of quality control and Bill of Quantities (BOQs) against the final products; the capacity of SMEs to participate in tenders and use procurement data; the capacity of government officials to use e-GP and willingness to publish all the relevant data and make it accessible.

Another specific example emanating from the field interviews is that before the SMEs knew how to use procurement data and the kind of information to look for, the Ministry of Health never fully explained the nature of the contracts between skilled labour contracts and full contracts and as such the bids would be wrongly filed. There are now more SMEs

bidding with the correct documentation. They now have access to pertinent information as reasons for non-award of contracts are now being provided through notices of non-award and information on appeal processes. Therefore, SMEs and other stakeholders have benefited from the interventions of the project in terms of addressing capacity and information gaps that ultimately threatened the transparency and accountability in the procurement processes.



Figure 6. The various stakeholders in Chipata share sentiments on the quality-of-service delivery.

The evaluation also showed that the project empowered community members to demand for accountability and hold office bearers accountable through its interventions. As such, there is more ownership of these projects and the process by community members. Besides ownership, there is a more general appreciation of local projects in the project areas by not only the communities, but the service providers as well. The service providers are better able to serve the communities by bringing out issues and system challenges that affect their ability to perform their work as well as the quality of the services they deliver. Further to this, it was noted that action is being taken on poor quality of work as well as other non-contract performance issues. Work and tasks are also being completed in a timely manner and the people are benefiting from the operational quality facilities and services being delivered.

Stakeholders in the operational areas can use the e-GP system. Even in terms of partnership building, the project demonstrated complementarity with government efforts by facilitating trainings in e-GP with the government partners in operational areas. A process which might not have been achieved on the government roll-out calendar for

the e-GP system. According to information from government officials obtained by the evaluation team in the field, the e-GP system will now be rolled out country wide by the Zambia Public Procurement Authority largely due to, among others, the influence of the project particularly in pilot districts. Though the project should be cautious and not to claim attribution for the roll out but instead should claim contribution.

The Project created a lasting platform for better communication, interaction and networking amongst the various stakeholders. An impact that will live beyond the life of this project and a platform that may be essential and utilized in other interactions and engagements of thematic accountability and transparency issues.

The inclusiveness and divergence of stakeholders from the onset of activities such as in trainings has fashioned good relations that are even stretching beyond the scope of the OC4H Project. Networking helped in easing pre-existing tensions and ensuring that people look at each other as partners in development as well as fostering unity between the stakeholders themselves. It has therefore bridged the gap between the community and government offices/officials.

There has also been information on other issues of public interest within and beyond the health sector that have come to light and people have been able to question and apply similar skills in demanding for accountability in respect to those issues. For instance, people have been able to call for a land audit in one of the project areas. In another instance, ideas have been borrowed from the OC4H Project and applied to Constituency Development Fund (CDF) Projects due to the awareness raised around the need for transparency in the utilization of public resources.

2.5 SUSTAINABILITY

The criterion on sustainability measures whether the organization is likely to continue in the aspects of social, economic, environmental, organizational, and capacity once external support has been withdrawn. Aspects of sustainability considered included the capability, processes, organizational change, services and service delivery, participation, and representation. Given the nature of the project, the evaluator assessed the extent to which the benefits of OC4H project, programme or activities are maintained after formal support of TIUK and Dfid has ended. It was observed by most respondents that there was no indication that TI-Z would continue with the OC4H activities and programmes once the funding had ended.

The respondents understood that the approach adopted by the project was to encourage other partners at the district level to continue with the project activities. There is generally a huge appetite among stakeholders for the project initiatives to continue. They have demonstrated willingness to continue with the interventions even in the absence of the resources from the project.

“As stakeholders and end users we will still continue to work together even after the project comes to an end because of the needs that continue to exist on the ground. In the absence of directly provided resources, we can use resources within our disposal to organize ourselves and go and monitor projects since Livingstone has walkable distances. Our togetherness and the training received in key areas will allow us to sustain the work for further projects.”- Respondent, Livingstone.

The 2019 OC4H Project Monitoring report conducted in October 2019, showed that the issue for a Sustainability Plan was raised but there was no formal directive by TI-Z Management to prepare a Sustainability Plan. At the time of the evaluation, TI-Z did not have a specific OC4H Project Sustainability Plan. Though the evaluation understood that the organization embedded the project within the Democratic Governance Programme (DGP), and as such, as matter of sustainability policy, project activity sustainability has been assured through retaining most of the project activities under the Public Resource Management component of DGP. In this vein, it is understood that some project activities will be up taken as components of the Democratic Governance Program activities.

It was noted from various staff Meeting reports that TI-Z had its own discussions on how to ensure that project activities continued after end of financial and technical support, however, there resolutions were not formally shared with partners. The Transparency Action Groups (TAGs) are stronger in some districts and weaker or non-existent in others. For instance, the Choma TAG is the one that coordinates the work in Pemba. It might be useful to have functional TAGS in each district of operation. This was an area of concern specifically for Kazungula that does not have a TAG functional in the area. There was a concern raised from the government officers’ side one the issue of identification cards and where authority to continue monitoring activities would be drawn from by the combination of stakeholders beyond the life of the project.

“I would advise the team to organize and register themselves as a Transparency Task force of some sorts to have even more authority and an identity so that it’s easier to approach government offices and officers for them to avail information readily. Otherwise you risk being turned away from government offices as it is without Transparency International Zambia and this Project in the picture.”- Ministry of Health Officer from Kazungula.

Another challenge that was noted was in the design of the project phase out strategy. A phase out strategy was apparently more pronounced at secretariat level as opposed to grassroots level. The higher-level phase out was there but there was no deliberate strategy for the local actors and local level.



Figure 7. Government officers shared their views with the various stakeholders on how they could enhance and sustain their role of monitoring even beyond the life of the project.

4.0 LESSON LEARNT

The following is a documentation of lessons learnt from the evaluation of the work of OC4H project:

(a) For success to be guaranteed in a social enterprise, there is need for comprehensive planning and monitoring and evaluation of activities. This should be done in a very consultative manner involving management, staff, beneficiaries, and clients.

(b) Intensive involvement of key stakeholders from the beginning and throughout the project life, especially during the design, planning, implementation as well as Monitoring, Evaluation and Learning (MEL) phases was very critical to the project.

(c) The project exhibited a high level of flexibility and adaptability to changing situations and emerging issues and this served as a valuable lesson as per evaluation conducted. The project had to adjust and adapt to the COVID pandemic, inflation and other economic woes. Flexibility and adaptability were seen to be strong considerations in project design and implementation.

(d) The other important lesson was that the multi-stakeholder and collaborative approach employed by the project played a pivotal role in the project achieving the results it did. It fostered ownership, trust and unity by purpose that saw a common and mutual goal being established and understood the same way by different parties.

(e) It was established that another important lesson was thorough stakeholder and power mappings. The case of leaving out traditional leaders and the two prominent community members who actually sit on the District Health Procurement Committees.

(f) Lean organization structures are cost effective but could in the long run erode the registered success. It seemed from the evaluation that TI-Z employees at times have heavy workloads, which could result in burnout, a reduction in efficiency and productivity if not addressed by management.

(g) The District Animators had a very powerful role to play in the OC4H project. The roll out of activities depended on the vibrancy of the district animator. Moving forward, if the project was to be replicated, the choice and role of animator would be critical.

(h) TI-Z's competency dimension is sound and constitutes staff with broad-based range of expertise. However, it is experienced staff turnover during the lifespan of the project which could have resulted in some delays in certain activities being implemented.

- (i) TI-Z staff have installed experience and historical memory needed for effective and efficient development of the next phase of the project.
- (j) Internal communication is as important as external communication. There is need for regular meetings and prompt feedback mechanism within TI-Z and its District Animators as well as implementing/monitoring groups.
- (k) OC4H project had inadequate publicity and visibility actions, hence very few people (outside of the project sphere) know and appreciate the OC4H project.
- (l) OC4H project has no sustainability plan.

5.0 CONCLUSION

After 36 months of implementation, the Open Contracting for Health (OC4H) Project could be graded as a success. The evidence indicates that the Project was quite impactful at the local level. Its impact will have long-lasting changes and will have far-reaching positive effects in the results chain. The evaluation concluded that the project design was content and contextually appropriate, except for the fact that in subsequent initiatives there will have to be more stakeholder involvement in activity planning. The evaluation also concludes that the project was not only relevant to all stakeholders but the national development process of the country.

The Project was effective and efficient. The 4 operational objectives were achieved as outlined in the action plan. The project had high absorption capacity and activities undertaken had value addition to the reform of the procurement process in Zambia. It was noted that the interventions contributed to the enactment of a new public procurement law. However, it was established that the project was not well known by the public and as such, more visibility actions and awareness raising ones were necessary especially with the locals.

With respect to sustainability, there was no indication that OC4H activities and programmes would continue once the funding had ended. The Project did not also have a phase out strategy for the local level. Phase out was apparently more pronounced at Secretariat level as opposed to grassroots level. The Evaluation also took note of the challenges and limitations the project had, primary among which was the COVID-19 pandemic and its related effects.

5.1 Key Recommendations

The following recommendations are based on the interviews conducted during the evaluation as well as the analysis of the findings. All have been made to maximize OC4H project relevance, efficiency, effectiveness, and sustainability. The recommendations are:

(1). Develop a strategy for sustainability of the TIUK /DFID fund. This strategy should outline programmes to ensure continuity of OC4H activities after initial funding from the TIUK comes to an end. The Strategy will help OC4H project to:

(a) Remain focused on sustainability.

(b) Keep an eye on the clock by enforcing the pursuit for multiple sources of finance.

(c) Design models for partnering with Corporate Partners. It should help OC4H segment its corporate partners with respect to in-kind; cash; taste and preference; fee for service; and gift of labour.

(d) Help OC4H diversify its project portfolio.

(2). Strengthen the institutional capacity to deliver: The OC4H project should consider recruiting an additional three (3) officers in a phased approach. This measure has the potential to increase annual human resource cost by US\$ 54,344 annually. The positions are Advocacy Officer/Publicity and District Liaison /Monitoring and Evaluation Officer;

(3). Expand project focus to cover the entire procurement process as a whole and not just a component of it, contract performance monitoring which is at the end of the procurement cycle. Currently, CSOs and Community members are only involved in monitoring construction projects, which tenders have already been awarded, instead of monitoring the entire procurement process up to contract performance monitoring. They should also be monitoring procurement of other goods and services in the health sector to ensure conformity with OCDS and Open Contracting principles;

(4). Strengthen its publicity and visibility actions around its community work. It needs to celebrate its social enterprise. It should use multi-platforms to disseminate information on its services and products. Diverse approaches and tools to awareness raising should be employed. The project should invest in Information, Education and Communication (IEC) materials, preferably simplified and translated into local languages so that the message can stay with the people and they can have reference material;

(5). Design a mechanism of motivating District Animators to ensure successful roll out of activities. The project should also consider increasing logistical support to the partners on the ground in all forms, financial, material, equipment, etc;

(6). Invest more time in comprehensive stakeholder mapping, influence and relationship mapping, undertake power mapping, planning their activities and methods of execution. With comprehensive mapping, the project ensures it leaves no one behind; and

(7). It is highly recommended by the local level project partners that the project continues in its areas of operation and possibly expands to other areas as well. In the event that this be the case, the documented lessons can be used to replicate and scale up the project initiatives.

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- UNDP (2020), *United Nations Supports Zambia's Response to Covid-19 - Rallies Local Communities into Action*, Lusaka, Zambia.
- TI (2020), *Modelling Reform Strategies for Open Contracting in Low- and Middle-Income Countries*, TIUK,

Project Name: Open Contracting for the Health (OC4H)

1. Project Background

Each year governments around the world spend vast sums of public funds on health-related contracts for everything from medicines to hospitals. Public procurement within healthcare is extremely complex and often opaque. This makes it highly vulnerable to undue influence and misuse, with severe implications for global health and economic development. Effective procurement policies can help ensure that high quality, cost effective products are purchased at the right time, in the correct volume, at the right price and deliver to the health needs of the local population.

Due to the scale of public expenditure and its direct impact on local communities, health is an ideal sector to demonstrate the benefits of open contracting practices in public procurement. The growing consensus among governments, civil society and the private sector on the potential of open contracting has been demonstrated through the commitments made at the 2016 Anti-Corruption Summit in London where countries including Argentina, Malta, Mexico and Nigeria all made specific reference to the health sector in their national action plans. Open contracting also aligns with the commitment made by the African Union, in January 2018, when it recognized corruption as hampering “efforts aimed at promoting democratic governance, socio-economic transformation, peace and security and the enjoyment of human rights in the AU member states”, and declaring 2018 “African anti-corruption year”.

Overall, open contracting has been shown to significantly contribute to the strengthening of health systems, complementing the efforts of governments, international donors and institutions to build efficiencies and better meet the needs of the population. Open contracting can minimize public procurement vulnerabilities, and has the potential to allow health systems to develop the resilience needed to withstand health crises, such as the Ebola outbreak in West Africa, and also the recent outbreak of COVID 19. In different contexts (e.g. Colombia and Ukraine), open contracting has also proved to benefit small and medium enterprises (SMEs), by contributing to fairer and more competitive markets that have in turn benefitted the service users.

Based on the above background, in 2018, the Open Contracting for Health (OC4H) project was developed by Transparency International Global Health programme (TIGH). The project is funded by the UK Government’s Foreign, Commonwealth & Development Office (FCDO). The OC4H initiative aimed at improving healthcare systems through the principle of open contracting in healthcare procurement, building on existing efforts by government, civil society and the private sector (the ‘golden triangle’) to identify opportunities for open contracting in the health sector. OC4H worked with key partners to make procurement more transparent and accountable by making a step towards open contracting as the default process for public healthcare procurement, in order

APPENDIX I: Terms of Reference for Evaluation

to achieve better functioning health systems and outcomes in Zambia. The project worked with public procurement officials to strengthen open contracting data at a local level. The project also worked to increase disclosure of contracting information, improve public participation in contracting processes and collaborative engagement between government, civil society and private sector. The project strengthened the capacity of community monitors and civil society to collectively and effectively demand accountability and value for money in public contracting health sector.

2. Project Description

In partnership with Transparency International Global Health programme, TI-Z has been part of a global initiative that seeks to reduce corruption in the healthcare sector, and improve global health and healthcare outcomes through a project known as the 'Open Contracting for Health (OC4H)'. OC4H is a three-year project which will come to an end on 31/03/2021. The project aimed to improve healthcare systems in a number of countries across Sub-Saharan Africa and Asia, through the principle of open contracting in healthcare procurement. The project aimed to enhance performance of contracts through increasing contract information disclosure and citizen monitoring with a view of addressing challenges that negatively impact on the quality, schedule and cost of contracts in Zambia. Open contracting is the practice of publishing and using accessible procurement cycle information to ensure that the vast sums of public money are spent honestly, fairly and effectively. This approach uses government transparency to foster participation between public bodies, businesses and civil societies to boost the integrity, fairness and efficiency of public contracting. The project is being implemented in seven districts in Eastern and Southern Provinces of Zambia i.e. Chipata, Katete, Petauke, Choma, Pemba, Livingstone and Kazungula.

3. Project Development Outputs, Outcomes and Impact

The three main outputs for the OC4H project are:

- National health systems have the skills and resources needed to implement open contracting in public procurement
- Supplier diversity in health sector public procurement is facilitated
- Civil society is sustainably engaged in public procurement processes

The outcome of the OC4H project is:

- Public procurement in national health systems is made more transparent

The expected impact of the OC4H project is:

- Health outcomes in partner countries have improved

The full Log frame can be found in Appendix I.

4 . Stakeholders

- FCDO - Funder
- TIGH – Project Lead
- Transparency International Zambia (TI-Z) - Implementing organization
- The Procurement Officers and District Health Officers in all 7 districts - Local Governments
- Ministry of Health (MoH)
- Zambia Public Procurement Authority (ZPPA)
- CSOs
- Private Sector across all districts (SMEs)

5. Methodologies used by the project

- Contract and public infrastructures monitoring (construction and up grading of Health Centres)
- Capacity building for procurement officers, private sector actors (SMEs) and CSOs
- Review / Feedback meetings with all stakeholders
- Use of online tool (e-GP)

6 . Key activities conducted

- Build alliances between various national stakeholders
- An OC hub designed to build capacity around the production, analysis and use of data
- Training for government procurement officials to introduce open contracting standards
- Facilitation of peer-to-peer learning
- Support to civil society to independently and sustainably monitor the use of open contracting standards
- Collection of evidence and data throughout the implementation of the project and the dissemination of learning
- Hosting national/ district workshops
- M&E activities

7. Purpose and Scope of the Evaluation

The main goal of this consultancy is to carry out the final evaluation of the TI-Z project funded by FCDO under the umbrella of Transparency International focusing on the assessment of its relevance, effectiveness, efficiency, impact and sustainability, while paying attention to context and processes and learnings

8. Specific objectives of the evaluation

- Generate learning and knowledge about the conditions in which the project achieved and may sustain its results in the context of open contracting principles
- Show the results and social return on investment made in the project. This should be done in a credible and transparent way

9. Scope of Evaluation

The scope includes content, geographical and time scopes.

(a) Content scope

The content scope for Evaluation is determined using OECD-DAC criteria for evaluation. Relevant criteria are associated with a number of key questions that are to be addressed and explored. The evaluation will also cover the analysis of the process of implementation, the changes that have occurred because of the project's intervention, opportunities and constraints that have been encountered, important lessons that have been learnt and recommendations for future design and implementation for TIGH and TI-Z.

(b) Geographical scope

The geographical scope will include; the 7 districts namely Chipata, Katete, Petauke, Choma, Pemba, Livingstone and Kazungula are the districts targeted by the project, as well as the Central government entities such as Zambia Public Procurement Authority (ZPPA) and Ministry of Health (MoH), CSOs and SMEs.

(c) Time scope

The evaluation shall be expected to complete within 20 days, between 1st March and 25th March 2021.

10. Evaluation Criteria and Key Questions to Be Addressed in the Evaluation:

The following provides a guide to the questions to be addressed by this evaluation, under

each of the criteria below:

Long term outcome/Impact

- a. Did the OC4H project contribute to the intended impact of improved health outcomes within the country?
- b. Did the OC4H project achieve the intended outcome within the country?
- c. What positive or negative unintended outcomes resulted from the project?

Process

- a. Have the OC4H projects activities been effective? Have some been more effective than others, e.g. training vs advocacy?
- b. Of the three outputs/target stakeholders which was most effective in contributing to the outcomes? Are there any key lessons relating to these?
- c. How can Procurement Data be better linked to social accountability activities and other decision making transparency processes such as contract monitoring?
- d. How can Procurement Data be better used by formal accountability/oversight institutions such as ZPPA, audit offices and anti-corruption departments?
- e. How effective was the program M&E System in contributing towards effective management and quality implementation of the program activities? Is there evidence to show that information emanating from the monitoring system was adequately documented, reviewed, shared and utilized to improve management decision making and quality of program implementation at all levels of the project?
- f. Is there evidence to show that information emanating from the benefiting CSOs and privates sector actors was adequately documented, shared and utilized to improve the quality of program implementation?
- g. What key challenges (internal and external) to implementation were encountered and how effectively were these responded to? What can the project learn from these challenges that can help future interventions of TI-Z?
- h. To what extent was the project aligned to the immediate needs and priorities of the target beneficiaries (including government agencies, other CSOs, private sector, citizens and Local government districts) as well as the priorities of national and local government agencies?
- i. To what extent were agencies such as ZPPA, Ministry of health, and other CSO etc. involved in the project design and implementation process?
- j. To what extent did the project adequately respond to needs/issues raised by the project beneficiaries (issues concerning public procurement, citizen participation, citizen's feedback and social accountability issues)?
- k. How appropriate were the alternative solutions/changes that was proposed by TI-Z help to improve the situation in public procurement processes?

- l. What were the influencing strategies put in place by the project to address the issues concerning open contracting that affect service delivery to the citizens?

Efficiency:

- a. Where will the lasting impacts be, what are the major opportunities that were missed, and what other opportunities are there?
- b. Can the program make a reasonable case in terms of value for money considerations informed decisions on financial expenditures on project inputs and activities with a view to maximizing program outputs?
- c. Were there adequate resources to achieve the desired outputs and outcomes?
- d. How did the project use resources for implementation? Could the use of resources be improved?

Sustainability

- a. Does the project have an exit plan?
- b. During the implementation of the project what have the target beneficiaries done as a result of the project and will continue to use even when the project is no more?
- c. To what extent has the program developed local capacities, linkages and plans for ensuring that the effects of the different interventions can be sustained?
- d. How has OC4H embedded itself within national CSO and development networks? Was there any benefit to this, and what potential is there to continue to utilize in-country networks beyond the lifespan of the project?
- e. How has the project been embedded into the health sector in the country? Is it possible to demonstrate that the project has contributed to impacting the performance of health services delivery?

Optional Additional Questions

These questions are not essential to the evaluation, however if an evaluator feels they can address all the above questions as well as examine the following it would be a welcome addition.

- a. How can health information systems be used to inform procurement plans?
- b. How could verification of stock of health commodities/medicines at the service level be used in conjunction with procurement data and/or contract monitoring in order to further accountability in the health sector?

11. Methodology

It is expected that the evaluation will be carried out in conformity with evaluation best practices. The methodology will be defined by the consultant as it suits the scope of the evaluation.

12. Duration

The estimated duration of the assignment is 30 days. The first draft of the report must be submitted by 25th March, (to go through an internal review process) and the final report with comments addressed must be submitted on or before 9th April.

13. Reporting requirements/deliverables

In the course of the assignment the evaluator shall provide the following outputs in English:

- a. Inception report outlining a detailed plan, methodology and timeline of activities to be accomplished by the evaluator under the assignment. This should be submitted in the form of a presentation to the TI-Z project team.
- b. Interim report, to inform the project team of preliminary results.
- c. Final evaluation report that answers the key evaluation questions, outlining persons/institutions interviewed, data collected, lessons learned and recommendations for future projects, consulted and validated with TI-Z project team. This report will be submitted on 9th April 2021 taking into consideration the consultant addressing comments made by the TI-Z/ TIHI team.

14. Support

The consultant will be provided support by both TIGH and TI-Z to provide additional context about the project as well as identifying and putting into contact with relevant external stakeholders for potential interviews.

15. Application procedure

All expressions of interest should include:

- a. Letter of interest (maximum one page)
- b. Technical proposal highlighting: brief explanation about the consultant's profile, consultant's understanding of the TOR and previous experience in similar assignments.
- c. Financial Proposal: the financial proposal should provide cost estimates for services to be rendered including daily profession fees and incidence expenses

16. Qualification and competencies

To accomplish the objectives of the end line evaluation, the resource person/consultant should have the following key qualifications and competencies.

- a. The evaluator should be a reputable consulting company or an individual that shall be selected on basis of the knowledge and experience in the monitoring and evaluation field.

- b. At least 5 years of professional experience in using evaluation methods of similar projects.
- c. At least 5 years' experience in conducting similar studies, financed by international financial institutions such as World Bank/USAID, DFID among others.
- d. Lead consultant should have at least relevant Master's degree with bias in Monitoring and Evaluation.
- e. Knowledge of theory of change will be considered an asset.
- f. Knowledge on Open Contracting is an added advantage
- g. Knowledge of the governance, transparency and accountability programme.
- h. Excellent oral and written English

17. How to Apply:

All suitably qualified and interested consultants should submit expression of interest that includes technical and financial proposal as well as, Curriculum Vita and contact information for three professional referees not later than 18th February 2021 at 5:00pm to info@tizambia.org.zm

The complete application packet must be submitted in the required format with the required attachments.

- a. Technical Proposal
- b. Technical Budget and budget notes

Offers received after the specified date will be considered late and will be considered only at the discretion of TI-Z. TI-Z reserves the right to make an award based on initial submission. TI-Z reserves the right to make no award if it is determined that the offers submitted do not satisfy the needs of the organization. All written proposals submitted must be valid for a period of not less than sixty (60) calendar days from the stated closing date.

18. Notification of Selection

TI-Z will notify the offered who submitted the highest scoring proposal in writing by email. Clarifications and revision of minor errors and omissions may be requested. Upon completion of either, offered may be required to submit a revised quote. All prospective candidates are advised to follow the application procedure and guidelines provided. Please note: Due to the current coronavirus pandemic we will not be accepting hard copy application submissions. Thank you.

TI-Z will not reply to any phone enquiry and that will lead to automatic disqualification.

IMPACT	Impact Indicator 1.1
Health outcomes in 2 partner countries have improved	World Health Organization health surveillance statistics have improved
	Impact Indicator 2.1
	Costs avoided through open contracting are identified, compared to a procurement cost benchmark and reported
OUTCOME	Outcome Indicator 1
Public procurement in national health systems is made more transparent	Open contracting principles are applied in partner country public health systems
	Outcome Indicator 2
	Data generated by Open Contracting can effectively be used to report instances or trends of inefficacies and vulnerabilities that may reveal trends or instances of corruption
OUTPUT 1 - GOVERNMENT	Output Indicator 1.1
National health systems have the skills and resources needed to implement open contracting in public procurement	The Open Contracting for the Health Sector hub is made available and adapted to the respective context
	Output Indicator 1.2
	Relevant national procurement staff's capacity is improved in relation to open contracting principles
	Output Indicator 1.3
	Government actively publish tender documents to an open and transparent platform
OUTPUT 2 - PRIVATE SECTOR	Output Indicator 2.1
Supplier diversity in health sector public procurement is facilitated	Private sector entities, including SMEs, are regularly engaged with meetings and activities around open contracting and transparency in public sector procurement
	Output Indicator 2.2
	Potential contractors, including SME's, utilise open contracting information for public procurement
	Output Indicator 2.3
	Potential contractors have increased capacity to access and utilise open contracting public procurement information
OUTPUT 3 - CIVIL SOCIETY	Output Indicator 3.1
Civil society is sustainably engaged in public procurement processes	Civil society monitor public procurements in health, using both Open Contracting data as well as physical inspection.
	Output Indicator 3.2
	The Open Contracting for the Health Sector hub is made available to civil society organisations and adapted to the respective context
	Output Indicator 3.3
	Civil society's capacity to advocate for, and use Open Contracting information is increased.

APPENDIX II: LIST OF PEOPLE INTERVIEWED

NAME	ORGANISATION	TOWN	SEX			
M. Nyambe	TI-Z	Lusaka	M			
R. Mutale	TI-Z	Lusaka	M			
D. Mutale	TI-Z	Lusaka	M			
S. Sikazwe	TI-Z	Lusaka	F			
W. Chibamba	Citizen	Chongwe	M			
Mwala Sinyinda	CSO/SME	Kazungula	M			
Mike Siyunyi	CSO/Lushomo Trust Grace Centre	Kazungula	M			
Mathias Wachata	Sekute Development Trust/Coordinator for CSO	Kazungula	M			
Aaron Daka	Business Chamber	Kazungula	M			
Agatha Masialeli	Community Member	Kazungula	F			
Beatrice Mubiana	Journalist- East Star Radio	Kazungula	F			
Inambao Mutema	Headman Chiefs Council	Kazungula	F			
Gladson Sialumwemwe	FODEP	Kazungula	M			
Chola Mulenga-	SME	Kazungula	F			
Mr. Simapunga Henry	Procurement Officer	Kazungula	M			
Mr. Lukumba	Procurement Officer	Kazungula	M			
Stephania Maseka	TIZ Member Livingstone	Livingstone	F			
Thomas Muluza Kalande	Small Medium Enterprise (SME)	Livingstone	M			
Ben Muka Kuyunda	Project officer PPAZ	Livingstone	M			
Margaret Nyanga	Neighbourhood Health Care Member	Livingstone	F			
Melody Sondo	Youth Chairperson - Alpha Gramis Women	Livingstone	F			
Christine Mutema	NGOCC District Coordinator/TIZ Animator	Livingstone	F			
Gabriel Mutale Chileshe	Caritas Livingstone	Livingstone	M			
Wilfred Phiri	TAG Animator/ALAC Secretry Petauke District	Petauke	M			
Connet Mwanza	Community Leader/Business Person	Petauke	M			
Pastor Teddy Mundia	Church/COmmunity Leader	Petauke	M			
Columbia Changa	Coordinator Petauke NZP+/Vice Chairperson ALAC	Petauke	M			
Jane Chizulu	Community Leader- Kalindawalo/TAG Member	Petauke	F			

Job Mwanza	TAG Vice Secretary/Director-Sport for Development	Petauke	M			
Hellen Phiri	Secretary TAG Petauke-Chairperson Main Location C Ward	Petauke	F			
Donald Sakala	Businessman/Community Leader/TIZ member	Petauke	M			
Joseph Tembo	PASME Radio Station	Petauke	M			
Lawrence Muzi	Chairperson TAG/Member Advisory Legal Centre	Chipata	M			
Nellie Ndlovu	Vice Chair of TAG /Enterprenear	Chipata	F			
Jason Kamanga	Member TIZ/Board	Chipata	M			
Dorothy Ndlovu	YWCA Regional Coordinator/Chair ALAC	Chipata	F			
Brian Mbewe	ACC/Treasurer Chipata TAG	Chipata	M			
Reuben Zulu	Animator/OC4H Chipata	Chipata	M			

APPENDIX III: WORK PLAN

Period	Consultant Activities	OC4H Project Manager
23/03/2021	Signing of Contract by partners	
23/03/2021	Initial start-up meeting with TIZ Senior Management Team	<ul style="list-style-type: none"> • Project Documents • Budgets • Annual Reports • Mapping Reports • Provide critical / necessary documents • List of stakeholders from TIZ/OC4H
24/03/2021 to 28/04/2021	Desk study phase. Literature study/ document review of core OC4H activities and related areas, refinement of approach	
26/03/2021 28/04/2021	Inception Report Submitted Preparation and finalization of data collection tools	
31/03/2021 to 13/04/2021	Data collection, field visits and interviews	
13/04/2021 to 18/04/2021	Report writing	
19/04/2021	Submission of First Draft Report (presentation of initial findings of the review)	Submit comments on the First Draft Report
22/04/2021	Receipt of comments on the Inception Evaluation Report	
23/04/2021 to 26/04/2021	Review of comments and Finalization of Draft Evaluation Report	
28/04/2021	Submission of Second Draft Evaluation Report	
29/04/2021	Receipt of comments on the Second Draft Report	Receive comments on the Second Draft Report
30/04/2021	Review of comments and finalization of the Report	
30/04/2021	Submission of Final Evaluation Report	Approve the Report



A. KEY INFORMANT QUESTIONNAIRE

KEY INFORMANT INTERVIEW QUESTIONNAIRE

CATEGORY

Government Civil Society Private Sector Ordinary Citizen

Dear Participant :

Transparency International Zambia is conducting an end-of-project evaluation for the Open Contracting for Health (OC4H) Project in Zambia. It seeks to assess the performance of the Project and document some lessons. In order to accomplish this undertaking, some stakeholders (such as yourself) were identified and selected to respond to a set of questions, answers to which will provide the basis for the evaluation.

Your responses will be held in the strictest of confidence and used for analytical purposes only. Your candid feedback will be most helpful and much appreciated. We appreciate your cooperation and time in this evaluation exercise.

Date Today:/...../.....

Day / Month / Year

INSTRUCTIONS: Where appropriate put an X to indicate your answer in the provided spaces. Where appropriate, write your response in full in the provided spaces.

A. DEMOGRAPHIC INFORMATION

1. Name of respondent:
2. District:
3. Province:
4. Sex:
5. Department/ Community:
6. Position?

B. PROJECT AWARENESS

7. Do you know of the Open Contracting for Health (OC4H) Project? Yes No
8. Have you at any point interacted with the OC4H project? Yes No
9. How would you rate your knowledge or understanding of the OC4H project?
Very low Low Medium High Very high
10. In your own understanding, what was the project trying to achieve?
.....
.....
.....

C. PROJECT DESIGN

11. Were you at all involved in the conception of the OC4H project as a whole?
Yes No
12. Were you involved in the planning of Activities for the OC4H project? Yes No
13. If yes, to what extent would say you were involved? Not much Moderately Very much
14. Were you involved in the implementation of OC4H activities (Did you participate in any of the OC4H project activities)? Yes No
15. If yes, to what extent would you say you were involved? Not much Moderately Very much

D. PROJECT RELEVANCE AND RESPONSIVENESS

16. Do you feel the Project was relevant to you and your immediate community? Yes No

17. Explain your response in 16.
.....
.....

18. Do you feel the project was relevant to the larger community and to the country?

Yes No

19. Explain your response in 18.
.....
.....

20. Was the project responsive to your needs and those of your community?

Yes No

21. If yes, to what extent would you say the project was responsive?

Not much Moderately Very much

E. PROJECT EFFECTIVENESS

22. Did the project **raise** any substantive issues around:

(a) Public procurement in health? Yes No

(b) Citizen participation in public procurement in health? Yes No

23. Did the project help **solve** any substantive issues around:

(a) Public procurement in health? Yes No

(b) Citizen participation in public procurement in health? Yes No

24. Did the project effect any changes that helped improve public procurement processes in health? Yes No

25. If yes, kindly specify, if no, skip to question 26.
.....
.....

26. Would you say the project was effective in addressing some issues around open contracting in Health in Zambia? Yes No

27. If, yes, what strategies employed by the project do you believe were more effective in addressing concerns around open contracting in health in Zambia?
.....
.....

28. Which activities would you say were most effective in contributing towards achievement of objectives which the project amplify given an opportunity?
.....
.....

29. Do you believe that procurement data is useful in promoting social accountability?

Yes No

30. Explain how procurement data can be useful for citizens in public procurement and contract monitoring in health.
.....
.....

31. Is there a situation during the project life where the project used procurement data to hold office bearers accountable or demand for certain changes in the public procurement processes in health?

Yes No

32. If yes, kindly give example.
.....
.....

- 33. Has the project influenced oversight institutions to use procurement data to effectively carry out their oversight role in procurement processes in the health sector?
Yes No
- 34. IF yes, How?
.....
.....
- 35. How can procurement data be better utilized by all stakeholders to improve procurement process in health and ultimately Health Service delivery?
.....
.....

F. PROJECT EFFICIENCY

- 36. In your own assessment, did the project invest enough resources to achieve the desired results, i.e. were the inputs sufficient for the demanded/desired outputs? Yes No
- 37. In your own assessment, do you believe that the project made optimal use of the resources made available to it to maximize gains from the project? Yes No
- 38. Explain/Justify your answer in 37.
.....
.....
- 39. In your own assessment, do you believe that there was value for money during the implementation of the entire project? Yes No
- 40. Explain/Justify your answer in 39.
.....
.....
- 41. Is there something that the OC4H project can show for all the investment that went into it? Yes No
- 42. If yes, provide example/s.
.....
.....
- 43. Do you have any recommendation on how better the project resources can be used to achieve better results? Yes No.....
- 44. If yes, kindly share the recommendations.
.....
.....
- 45. Is there a particular set or combination of resources (Time, Human, financial, material, equipment, etc.) that the OC4H project should invest more in for better outcomes?
Yes No
- 46. Kindly justify your response and list them if any.
.....
.....

G. PROJECT IMPACT

- 47. In your own assessment, did the OC4H project **achieve** its intended outcome in Zambia? Yes No
- 48. Justify your response. If yes, what can show us this? If no, what do you think could have contributed to failure to achieve intended outcome
.....
.....
- 49. Did the OC4H project **contribute** to the intended impact of improved health outcomes within the country? Yes No
- 50. Justify your response to 49. If yes, what were the contributions? If No, what were the failures?
.....
.....

- 51. Were there any unintended outcomes of the project interventions? Yes No
- 52. If yes, kindly list the positive and or negative outcomes of the project interventions.
.....
.....
.....
- 53. What would you say the lasting impact of the project would be?
.....
.....
- 54. Can the project claim to have impacted on the health service delivery in Zambia?
Yes? No

H. PROJECT SUSTAINABILITY

- 55. Do you know if the OC4H project has a sustainability plan? Yes No
- 56. Did the OC4H project build your capacity in any way? Yes No
- 57. If yes, what capacities would you say the project has built in you?
.....
.....
- 58. What have you done as a result of the project interventions?
.....
.....
- 59. Do you or your colleagues have enough interest and motivation to continue with the OC4H work even after it closes? Yes No
- 60. If yes, what will you continue to do that is related to the project interventions and continued contribution to its envisaged outcomes?
.....
.....
- 61. In your assessment and understanding, to what extent has the program developed local capacities, linkages and plans for ensuring that the effects of the different interventions can be sustained? Very little Little Moderate Quite much Very much
- 62. Explain/Justify your answer in 61
.....
.....
- 63. Do you think the OC4H project has located itself strategically within and among the relevant stakeholders at the national and local level networks (e.g. with MOH, ZPPA, CSOs, Private Sector Actors, etc.)? Yes No
- 64. Is there potential TI-Z and other interested partners to ride on the relationships and networks established by the project? Yes No
- 65. Would you recommend for the OC4H project be replicated elsewhere? Yes No

I. PROJECT VISIBILITY

- 66. To what extent is the project visible /known at the national level? Very little..... Little Moderately Quite much Very much
- 67. To what extent is the project visible /known at the local level? Very little..... Little Moderately Quite much Very much
- 68. What deliberate visibility actions do you know the OC4H project to be engaged in?
.....
.....
- 69. What publicity mediums does the project use to make itself known?
.....
.....
- 70. Does the project engage in any publicity campaigns? Yes No

71. If yes, what is the focus of the messaging in publicity campaigns? What the project is The project relevance Progress and change stories

J. PROJECT LESSONS

72. What in your opinion was not done right during the course of the project?.....
.....

73. What in your opinion worked well/ was done right during the course of the project?
.....

74. What can be done differently in order to maximize results?
.....

75. What opportunities exist that were not tapped into?
.....

76. Are there specific challenges that deserve special mention as having hampered progress towards achieving the desired results?
.....
.....

K. ADDITIONAL INFORMATION

77. How can health information systems be used to inform procurement plans?
.....
.....

78. How could verification of stock of health commodities/medicines at the service level be used in conjunction with procurement data and/or contract monitoring in order to further accountability in the health sector?
.....
.....

B. COOPERATING PARTNER QUESTIONNAIRE

Dear Partner,

In the quest to successfully evaluate and review the OC4H Project in Zambia, we request your responses from a few questions provided in this questionnaire. Kindly note that, the information provided herein is meant for appropriate understanding of your experience in your partnership with the OC4H project. We assure you that confidentiality and anonymity are guaranteed in this evaluation. To this effect, do not write your name in this questionnaire. For any clarifications contact Emmanuel Mali at +260950561592 or email: mulipa2013@gmail.com.

QUESTIONS

1. How long did you partner with the OC4H project? _____ Years
2. What motivated your organization to partner with or support the OC4H project in Zambia?
.....
.....
.....
3. What kind of support did you offer to the OC4H project? Financial? Technical? Or both?
.....
4. If it was financial support, what is the total amount of the support to OC4H project?
(indicate the currency)
5. If it was technical support, kindly specify what kind of technical support was provided and in what areas?
.....
.....
.....
6. What was the purpose of your financial and technical support to OC4H project? I.e. what was it meant to achieve?
.....
.....
.....
7. Did this support yield the results that you expected as stated above?
.....
8. Was the partnership mutually beneficial to both parties?
(a) Yes
(b) No

Please provide more details:

9. What in your opinion worked well in the partnership?
.....
.....
.....

10. What in your opinion did not work well in the partnership?

.....

11. Did the OC4H Project have the following documents?

Document	Yes	No	Do not know
(a) Strategic Plan			
(b) Communication Plan			
(c) Risk Management Plan			
(d) Sustainability Plan			
(f) Advocacy Plan			
(g) Capacity Development Plan			
(h) Human Resource Management Policy			

12. How would you rate the performance of OC4H Project in Zambia? (out of 100% and Explain) Rating

.....

13. Did you take part in OC4H Project strategic planning/budgeting event?

(a) Yes
 (b) No

Explain your answer

.....

14. Did you take part in any of the OC4H Project monitoring and evaluation exercises?

(a) Yes
 (b) No

Explain your answer

.....

15. How would you rate the absorptive capacity of OC4H Project in Zambia? (out of 100% and Explain)

.....

16. Did you face any challenges during your partnership with OC4H Project?

(a) Yes
 (b) No

Please provide more details if yes:

.....

17. Did your organization receive financial, audit and narrative reports as scheduled?

- (a) Yes
- (b) No

18. How can OC4H Project leverage more on this partnership in future?

.....
.....
.....

19. Describe OC4H Project's internal controls to manage and safeguard your support?

.....
.....
.....

20. Was the OC4H Project innovative as a project?

- (a) Yes
- (b) No

Explain your response

.....
.....
.....

21. Was the OC4H Project flexible and adaptive to changing environments and emerging issues?

- (a) Yes
- (b) No

Explain your response

.....
.....
.....

22. Did OC4H Project's management and organizational structures meet your expectations?

- (a) Yes
- (b) No

Explain your response

.....
.....
.....

23. Did the OC4H Project have the right personnel to implement its activities?

- (a) Yes
- (b) No

Explain your response

.....
.....
.....

24. Where you satisfied with OC4H project communication strategy?

- (a) Yes
- (b) No

Explain your response

.....

.....

.....

25. Are you satisfied with OC4H project sustainability prospects?

- (a) Yes
- (b) No

Explain your response

.....

.....

.....

26. Are you convinced that the project has achieved its set objectives?

- (a) Yes
- (b) No

Explain your response

.....

.....

.....

27. Do you believe there was value for money in the OC4H project?

- (a) Yes
- (b) No

Explain your response

.....

.....

.....

28. Have you as a partner seen any changes that can be attributed to the project interventions?

- (a) Yes
- (b) No

Explain your response

.....

.....

.....

29. Was the OC4H project implemented to your satisfaction as a partner?

- (a) Yes
- (b) No

Explain your response

.....

.....

.....

30. Is there something that as a partner you feel the project can do differently or better?

- (a) Yes
- (b) No

Explain your response

.....

.....

.....

31. Would you as a partner be willing to support the OC4H project further?

- (a) Yes
- (b) No

THANK YOU

C. STAFF QUESTIONNAIRE:

OC4H PROJECT STAFF QUESTIONNAIRE:

Dear respondent,

In this questionnaire, we ask you about OC4H operations (internal and external), management and stakeholder relationships in the last 36 months. The questionnaire has different segments. In each of the segments, you will be expected to provide information that is incidental to the successful implementation of the OC4H project. You will be expected to provide information on your understanding of the project, the project design, the operations of the project, the management, the innovation culture around the project, Stakeholder Engagement, Monitoring, Evaluation and Learning aspects of the project, Efficiency, Effectiveness, Impact, Visibility and Lessons learnt during the implementation of the project..

We would like to ask you to be realistic and objective in assessing the project. We guarantee complete anonymity and confidentiality of the gathered data. These will be represented on aggregate level alone. Please provide answers on all questions even though you feel that they repeat themselves occasionally. This is the only way we can assure statistical validity of the questionnaire. In spite of this, if you feel uncertain about some statements, circle the letter X (do not know).

Understanding of OC4H Project and the design

Where applicable, indicate the degree of agreement or disagreement suitable to your understanding of OC4H as a project.

Please circle one choice for each of the following statements.

(1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree; X = do not know) or
(1 = very little, 2 = little, 3 = moderately, 4 = quite much, 5 = Very much, X = no response)

1. You wholly understand the core aims of OC4H as an organization	1 2 3 4 5 X
2. The OC4H Project vision is clear and easy for me to assimilate and understand.	1 2 3 4 5 X
3. The Mission Statement of OC4H Project is clear and easy for me to assimilate and understand.	1 2 3 4 5 X
4. OC4H Project has built wide communication platforms to be known to the public.	1 2 3 4 5 X
5. You understand the Action Plan	1 2 3 4 5 X
6. How long have you worked on the OC4H project?	
7. Were you part of the conception of the OC4H project? Yes No	
8. Were you involved in the planning of the OC4H activities? Yes No Indicate extent of involvement	1 2 3 4 5 X
9. Were you involved in activity implementation for the OC4H project? Yes No Indicate extent of involvement	1 2 3 4 5 X
10. To what extent did you involve the other stakeholders (including government agencies, other CSOs, private sector, citizens and Local government districts) in the project design and action plan formulation?	1 2 3 4 5 X
11. To what extent did you involve the other stakeholders (including government agencies, other CSOs, private sector, citizens and Local government districts) in project implementation?	1 2 3 4 5 X

Organizational operations

Where applicable, indicate the degree of agreement or disagreement that fits the situation in OC4H PROJECT operations

Please circle one choice for each of the following statements. (1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree; X = do not know)	
12. The objectives of OC4H Project are well defined.	1 2 3 4 5 X
13. The OC4H Project is highly appreciated by the communities.	1 2 3 4 5 X
14. The OC4H Project activities meets the needs of the communities.	1 2 3 4 5 X
15. The OC4H Project strategies were suitable for the progress of the organization.	1 2 3 4 5 X
16. The OC4H Project has achieved its objectives in the last 36 months as stated in its Action plan.	1 2 3 4 5 X

Project Management

Where applicable, indicate the degree of agreement or disagreement that fits the situation in OC4H PROJECT Management

Please circle one choice for each of the following statements, on question 20 please provide details:- (1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree; X = do not know)	
17. OC4H Project hiring, recruitment processes and procedures are transparent and satisfying	1 2 3 4 5 X
18. In our organization we often organize internal training for our employees.	1 2 3 4 5 X
19. As a Staff at OC4H Project I am satisfied with the senior and subordinate relationship.	1 2 3 4 5 X
20. The OC4H Project staff structure is adequate to perform optimally	1 2 3 4 5 X
21. Senior managers in any important decision seek information from external experts.	1 2 3 4 5 X
22. OC4H Project explicitly rewards its staff and I am satisfied with that.	1 2 3 4 5 X
23. OC4H Project frequently send trains its staff to acquire information and experience.	1 2 3 4 5 X
24. I feel part of the OC4H Project team	1 2 3 4 5 X
25. Human resources matters are effectively handled	1 2 3 4 5 X
26. OC4H Project has highly skilled staff to be able to steer the project effectively	1 2 3 4 5 X
27. OC4H Project staff at all levels is highly knowledgeable of open contracting issues	1 2 3 4 5 X
28. OC4H Project was adequately resourced (i.e. office space, computers, stationery, vehicles) to effectively deliver its mandate	1 2 3 4 5 X
29. Roles of the cooperating partners in the project were well defined	1 2 3 4 5 X
30. Roles of stakeholders in the project were well defined	1 2 3 4 5 X

Project MEL

In this section, you are requested to provide appropriate responses to questions below:-	
1.	Does the project have a standalone Monitoring, Evaluation and Learning system? Yes No
2.	How was progress against miles stones monitored and other performance variables measured?
3.	How effective was the program M&E System in contributing towards effective management and quality implementation of the program activities?
4.	Is there evidence to show that information emanating from the monitoring system was adequately documented, reviewed, shared and utilized to improve management decision making and quality of program implementation at all levels of the project?
5.	If, yes, kindly provide examples.

Project Efficiency

In this section, you are requested to provide appropriate responses to questions below:-	
79.	In your own assessment, did the project invest enough resources to achieve the desired results, i.e. were the inputs sufficient for the demanded/desired outputs? Yes No
80.	In your own assessment, do you believe that the project made optimal use of the resources made available to it to maximize gains from the project? Yes No
81.	In your own assessment, do you believe that there was value for money during the implementation of the entire project? Yes No
82.	Explain/Justify your answer above.
83.	Is there something that the OC4H project can show for all the investment that went into it? Yes No
84.	If yes, provide example/s.
85.	Do you have any recommendation on how better the project resources can be used to achieve better results? Yes No.....
86.	If yes, kindly share the recommendations.
87.	Is there a particular set or combination of resources (Time, Human, financial, material, equipment, etc.) that the OC4H project should invest more in for better outcomes? Yes No

Project Effectiveness

In this section, you are requested to provide appropriate responses to questions below:-	
1.	Did the project raise any substantive issues around: (a) public procurement in health? Yes No (b) Citizen participation in public procurement in health? Yes No
2.	Did the project help solve any substantive issues around: (a) public procurement in health? Yes No (b) Citizen participation in public procurement in health? Yes No
3.	Did the project effect any changes that helped improve public procurement processes in health? Yes No
4.	If yes, kindly specify,
5.	Would you say the project was effective in addressing some issues around open contracting in Health in Zambia? Yes No
6.	If, yes, what strategies employed by the project do you believe were more effective in addressing concerns around open contracting in health in Zambia?
7.	Which activities would you say were most effective in contributing towards achievement of objectives which the project amplify given an opportunity?
8.	Is there a situation during the project life where the project used procurement data to hold office bearers accountable or demand for certain changes in the public procurement processes in health? Yes No
9.	If yes, kindly give example.
10.	Has the project influenced oversight institutions to use procurement data to effectively carry out their oversight role in procurement processes in the health sector? Yes No
	IF yes, How?

Project Impact

In this section, you are requested to provide appropriate responses to questions below:-	
1.	In your own assessment, did the OC4H project achieve its intended outcome in Zambia? Yes ... No
2.	Justify your response. If yes, what can show us this? If no, what do you think could have contributed to failure to achieve intended outcome
3.	Did the OC4H project contribute to the intended impact of improved health outcomes within the country? Yes No
4.	Justify your response above. If yes, what were the contributions? If No, what were the failures?.....

5. Were there any unintended outcomes of the project interventions? Yes No
6. If yes, kindly list the positive and or negative outcomes of the project interventions.
7. What would you say the lasting impact of the project would be?
8. Can the project claim to have impacted on the health service delivery in Zambia Yes? No

Project Visibility

In this section, you are requested to provide appropriate responses to questions below:-
1. To what extent is the project visible /known at the national level? Very little..... Little Moderately Quite much Very much
2. To what extent is the project visible /known at the local level? Very little..... Little Moderately Quite much Very much
3. What deliberate visibility actions do you know the OC4H project to be engaged in?
4. What publicity mediums does the project use to make itself known?
5. Does the project engage in any publicity campaigns? Yes No
6. If yes, what is the focus of the messaging in publicity campaigns? What the project is The project relevance Progress and change stories

Lessons Learnt

In this section, you are requested to provide appropriate responses to questions below:-
1. What was not done right during the course of the project?.....
2. What worked well/ was done right during the course of the project?
3. What can be done differently in order to maximize results?
4. What opportunities exist that were not tapped into?
5. Are there specific challenges that deserve special mention as having hampered progress towards achieving the desired results?
6. What can the project learn from these challenges that can help future interventions of TI-Z?

Project Innovative Culture

Where applicable, indicate the degree of agreement or disagreement that fits the status of innovativeness in OC4H PROJECT

Please circle one choice for each of the following statements.

(1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree; X = do not know)

- | |
|---|
| 1. Innovation proposals are welcome in OC4H Project.
1 2 3 4 5 X |
| 2. Management actively seeks innovative ideas.
1 2 3 4 5 X |
| 3. Innovation is perceived as too risky and is resisted.
1 2 3 4 5 X |
| 4. People are not penalized for new ideas that do not work.
1 2 3 4 5 X |
| 5. Managers promote and support innovative ideas and creative processes.
1 2 3 4 5 X |

Stakeholder Engagement

In this section, you are requested to provide appropriate responses to questions below:-

1. Does OC4H Project involved its stakeholders in its planning and budgeting activities?

(a) Yes (B) No

If Yes, please provide some names of notable stakeholders

.....
.....

2. Does OC4H Project involved its stakeholders in its activities?

(a) Yes

(b) No

If Yes, please provide some names of notable stakeholders

.....
.....
.....

3. Does OC4H Project engage stakeholders in its monitoring and evaluation? (a)

(a) Yes

(b) No

4. If Yes, please provide some names of notable stakeholders

.....
.....
.....

5. What value do the stakeholders bring to OC4H Project performance?

.....
.....
.....

Business Operations

In this section, you are requested to provide appropriate responses to questions below:-

1. What is the OC4H Project position in the sector?

.....
.....

2. What is OC4H Project's niche/ comparative advantage?

.....
.....
.....

3. How has COVID-10 impacted on OC4H Project?

.....
.....
.....

Sustainability of OC4H Project

In this section, you are requested to provide appropriate details on the following questions: -

1. What is your view on OC4H Project sustainability?

.....
.....
.....

2. Does OC4H project have a sustainability Plan?

(a) Yes

(b) No

3. If No, please indicate why

.....
.....
.....

4. Have you been involved in internal discussions on how to ensure OC4H Project's sustainability?

(a) Yes

(b) No

5. Explain your response

.....
.....

6. How can OC4H Project increase its sustainability prospects?

.....
.....
.....

7. How can OC4H Project generate income from its activities?

.....
.....

11. In your assessment and understanding, to what extent has the program developed local capacities, linkages and plans for ensuring that the effects of the different interventions can be sustained? Very little Little Moderate Quite much Very much
12. Do you think the OC4H project has located itself strategically within and among the relevant stakeholders at the national and local level networks (e.g. with MOH, ZPPA, CSOs, Private Sector Actors, etc.)? Yes No
13. Is there potential TI-Z and other interested partners to ride on the relationships and networks established by the project? Yes No
14. Would you recommend for the OC4H project be replicated elsewhere?
15. In your assessment and understanding, to what extent has the program developed local capacities, linkages and plans for ensuring that the effects of the different interventions can be sustained? Very little Little Moderate Quite much Very much

Thank you for your time!!!!

D. FOCUS GROUP QUESTIONNAIRE



INTERVIEW GUIDE

FOCUS GROUP DISCUSSION – OC4H ENDLINE EVALUATION

A. Project awareness, understanding and interaction

1. What can you tell us about the Open Contracting for Health (OC4H) Project? What do you know about it?
2. What (if any) kind of interaction have you had with the OC4H project? For how long?
3. Were you involved in the planning of activities for the project?
4. Were you involved in the implementation of activities? Did you participate in any OC4H activities?

B. Project efficiency, effectiveness and sustainability

5. Do you think the project committed enough resources for the results it was demanding?
6. Do you think whatever resources were used in the best way possible to achieve results?
7. Is there anything that you can point to that the project has achieved from all the resources it committed and used during the project life?
8. What do you understand the project intended to achieve?
9. Did the project achieve the intended results? If yes, what do you think are the factors that contributed to the success? If, not what do you think contributed to the failure?
10. Were there any unintended outcomes of the project interventions? Positive or Negative.
11. What will you remember most about this project? What will remain with you that you will be able to use even after the project has finished?
12. Will you be able to carry on with the work even when the project has ended?
13. Would you recommend the project be replicated in other areas?

C. Project Visibility

14. How well would you say the project is known around here and elsewhere?
15. What do you think could have led to the project being known very well or very little in the communities and elsewhere? What were those involved in the project doing to make it known?
16. What do you think should have been done that wasn't done to make the project more popular?

D. Opportunities and Challenges

17. What opportunities exist/existed that the project took advantage of or that the project should have taken advantage of?
18. What were the main challenges in implementing this project? How were they avoided, course corrected or what solutions would you propose in dealing with these challenges?

E. Lessons learnt

19. Are there any particular lessons that were learnt during the implementation of this project?
20. What would you propose the project does differently or better and how? PPENDIX V: EVALUATION MATRIX

APPENDIX V: EVALUATION MATRIX

Evaluation Criteria	Questions	Indicator	Means of verification
Relevance: It addresses the extent to which the objectives and activities of the development interventions – in this case OC4H – are consistent with country needs and priorities, beneficiaries and partners’ and donors’ policies.	Is the OC4H programme based on an adequate understanding of the bottlenecks in that process? Does OC4H address the relevant causes?	Confirmation by stakeholders’ meetings and OC4H document review	Meetings with stakeholders Field visits – “Tested”
	Are the activities of OC4H in line with Zambia’s needs, priorities and policies, including the needs, priorities, and rights of the people?	Extent to which OC4H programme intervention logic is coherent with relevant national strategy or Policies.	Review of GRZ documents FGDs and interviews with key stakeholders Interviews with OC4H Representative.
	Are the activities and outputs of the OC4H consistent with the intended impact and effects?	Extent to which OC4H programme design coherent	Review of OC4H programme documents Assessment of the log-frame and programme intervention
Effectiveness: it is a measure of the extent to which the interventions’-in this case OC4H-intended outputs and outcomes have been achieved.	To what extent, how and in what respect has OC4H fulfilled its overall objectives? Or making progress to do so? What major factors are contributing to achievement or non-achievement and progress or lack thereof?	Extent to which observed changes in relevant indicators within OC4H programme period are in line with the programme objectives	Review of progress and monitoring Reports. Interviews and FGDs with key stakeholders will be used to determine major factors contributing to achievements or non-achievements.
	Has OC4H taken the specific needs of vulnerable groups into consideration	Extent to which implemented programmes activities are including support to vulnerable groups	Review of work and activity plans FGDs with selected vulnerable groups
	Has the OC4H programme strategy worked as envisaged? (wrt to theory of change)	Extent to which OC4H programme objectives have been achieved through the causal links established by the programme intervention logic	Review of programme documents and progress reports. Interview and FGDs with programme stakeholders
	What has been the basis for selection of OC4H programme partners? Has selection been appropriate/ worked as intended, and what have the implications for results been? What has been the involvement of civil society? What further potential for the involvement of civil society can be expected and how should this be developed?	Criteria for Partners selection Extent to which CSO has been in OC4H programme activities	Meetings / interview with key programme stakeholders

	What has been the experience of partners in the target areas?		
Efficiency: it is a measure of whether the financial and human resources are used as fruitfully as possible to allow results to be achieved in a cost-effective manner	To what degree has the OC4H been implemented in line with plans and budgets? Why/why not and with what implications?	Extent to which the plans for the programme have been changed and adapted in accordance with changes overtime. Extent to which activity and disbursement targets have been met	Review of progress and financial reports/audits Interview with key stakeholders Review of progress minutes
	Were activities cost efficient	Comparison of realised programme budget figures vs. implemented activities.	Review of progress and financial Audit reports
	Were objectives achieved on time?	Extent to which schedules are followed	Review of progress reports
	Was the programme implemented in the most efficient way? To what extent and why has the use of funding modalities been cost effective and efficient in the context of Zambia	Extent to which the same programme objectives could have been reached for less cost. speedy of delivery and costs of procurement actions	Review of progress and financial reports Interviews with key stakeholders Review of minutes
	How has the general management of the OC4H programme been addressed (management, organisation and governance structure and procedures)	Extent to which programme management has been able to facilitate and monitoring programme implementation.	Review of programme documents and minutes Interviews with key stakeholders
	To what extent have progress and achievements of the OC4H been monitored? To what extent have the outcomes of this monitoring been used to improve programming and/or learning purposes?	Extent to which M&E data are presented and discussed by management	Review of M& System and procedures established for OC4H programme. Review of changes and adaptations in plans overtime.
	How cost efficient has the implementation of OC4H programme been?	Extent to which the same programme activities could have been implemented less costly	Review of Progress Reports and Financial audit reports
Sustainability and Impact: Sustainability is a measure of whether the benefits of	What has happened as results of the programme?	Extent to which programme interventions can be linked directly/indirectly to development results.	Interviews with key stakeholders

<p>development interventions – in this case OC4H – are likely to continue after external support has been completed.</p> <p>Impact is a measure of all significant positive and negative, primary and secondary wider effects of a development intervention on its beneficiaries and other affected parties. It considers the wider social, economic and other intended and unintended effects of the intervention.</p>		Changes observed as results of the programme	
	What real difference has the programme made to the beneficiaries?	Changes in key performance indicators? Perceptions by beneficiaries	Assessment of M&E data FGDs and key informant interviews Field visits
	How many people have been affected	Total number	Review of Progress Reports Meetings with key stakeholders
	To what degree have the selected choice of partners supported ownership at all levels, and as such longer-term sustainability and impact?	Extent to which the stakeholders support by OC4H are including programme activities/ benefits into own/ joint planning and budgeting.	Interviews with key stakeholders Review of planning / budgeting documents from OC4H programme
	When looking at the overall picture of OC4H programme, its achievements and results, areas of progress or lack hereof. what are the prospects that the benefits of the programme will continue after donor funding ceases?	Extent to which activities are being planned to continue the benefits of the programme. Extent to which institutional arrangement will support a continuation of the benefits of the programme. Extent to which risk mitigation and exit strategy considerations are included in the programme implementation plan.	
	In a forward-looking perspective: what issues and priorities should be considered for the further support to OC4H, to enhance impact of support and sustainability.	Extent to which issues are being raised by key stakeholders. Actual programme achievements measured against future budget commitments.	Key stakeholder interviews Assessment of evaluation findings



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