

Open Contracting for Health

Final Evaluation Summary

Transparency International Global Health Programme



Health Centre, Uganda

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Introduction

In 2017 Transparency International Global Health (TI GH) signed a three and a half year contract with the UK's Foreign, Commonwealth & Development Office (FCDO), (previously DFID). The grant fell under the Fiscal Accountability, Sustainability and Transparency funding stream, which seeks to contribute to SDG 16 by developing effective, accountable and transparent institutions.

The initial project came to an end in March of 2021, however a 4 month extension was granted until the end of July 2021. Part of the purpose of the extension was to use the time to conduct an evaluation into the project. This evaluation seeks to demonstrate the relevance, effectiveness, efficiency, sustainability and key learnings of the project.

Project information

The Open Contracting for Health (OC4H) project ran from November 2017 until July 2021 for a total budget of £2.5 million. The project operated in Nepal, Kenya, Uganda, Zambia and South Africa, with TI's partner chapters implementing the in country work. TI GH also collaborated with the Open Contracting Partnership, who provided technical assistance to chapters in matters relating to procurement.

The project aimed to contribute to the overarching impact of improving health outcomes within the target countries. The outcome the project would aim for in order to achieve this was that public procurement in national health systems are made more transparent.

The three outputs in order to achieve this outcome were:

- 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 three outputs relate to the main stakeholders the project would be aiming to work with, the government, private sector and civil society, providing each of these stakeholders with the tools and resources necessary to engage with the open contracting process. This would result in procurement data being made more transparent, which in turn will reduce the opportunities for corruption. By doing so more money will be used effectively in the healthcare system, instead of being lost to corruption, thus contributing to improved healthcare outcomes.

Specific activities taken to achieve these outcomes include;

- *Capacity building*; Working with all stakeholders to increase their capacity to interact with open contracting processes. This includes training procurement officers to upload data to procurement systems; Small and Medium Enterprises (SMEs) to use the information to bid on contracts; and CSOs to be able to effectively monitor procurement processes. In order to help with this process an online training portal was developed by TI GH called [The Hub](#), which allows participants to continue to build capacity after initial training by chapters
- *Advocacy*; Chapters worked with government to advocate for stronger systems and those systems to be used more effectively
- *Stakeholder Collaboration*; Chapters brought together the key stakeholders the project focused worked with to collaborate on improving procurement systems, sharing their individual learnings and needs from interacting with the procurement processes

- *Monitoring*; TI chapters trained CSOs and groups of community members to monitor procurement processes and work with government to ensure that they were conducted to the highest standards.

The methods and techniques varied between countries, with these activities being contextualised by the chapters, but broadly covered the above topics in their aim of bringing about change in the countries.

Evaluation process

The evaluation sought to show how relevant, efficient, effective, and sustainable the project model has been. This will allow TI GH and partner chapters to be able to strengthen the methodology for future projects as we seek to increase the use of open contracting to reduce corruption.

In order to evaluate the project a decision was taken to conduct individual evaluations in three of the five implementing countries. This was done partly due to COVID-19 related travel restrictions meaning one evaluator would not be able to conduct the evaluation in multiple countries. Additionally, this method meant that evaluators based within each country could conduct the study, providing a greater level of contextual awareness. It was also felt this approach provided the best value for money, by not needing to pay for travel costs greater funds could be allocated to the time for the evaluator to conduct a more detailed study.

The countries selected were Uganda, Zambia and Nepal. These countries were chosen for a variety of reasons. The project commenced earlier in Zambia and Uganda so had longer to implement the project methodology. Nepal is the only country not based in sub-Saharan Africa so provided a broader geographic focus. Finally, FCDO granted a costed extension for these three countries, and therefore having the evaluation target these locations meant that more time could be spent on each study.

The terms of reference for the evaluations was developed in collaboration between TI GH and the respective implementing chapters. A key set of questions was developed focusing on the following areas; Relevance, Efficiency, Effectiveness, Sustainability, Key Learnings, and Key Recommendations. Having these key questions standardised across the evaluations has allowed for cross comparison for implementing the project.

The hiring process was then led by each individual chapter, with assistance from TI GH. The evaluators were asked to present their methodology for conducting the evaluation. While there are some variations, broadly all three conducted an initial scoping using secondary sources provided by the chapters, such as narrative reports, key project documents and case studies. This was followed by conducting a series of interviews with a range of stakeholders. The methods for selecting specific participants varies, and more details can be found in each evaluation. Each evaluator then analysed their results to produce a report.

The respective reports for each country can be found here; [Uganda](#), [Zambia](#) and [Nepal](#).

This document seeks to highlight some of the findings from the individual evaluations. The statements below have been taken from these evaluations. If the finding is specific to one country, it is stated, if not then the same finding was presented from multiple countries. This accumulation of findings from the independent evaluators hopes to present the positives and negatives that were found in the project implementation, as well as lessons for future similar projects.

Results

Results against logframe targets

Across the three outputs stated above, there were nine indicators. Each of these had targets at the individual country level, which cumulated into an overall target for the OC4H project. Only 3 targets were not met across the five countries, meaning 42 out of 45 targets were met or exceeded. This cumulated into 8 out of 9 targets which were deemed to have been met, or exceeded at the central OC4H level. The full break down of the logframe with targets and results can be seen in Annex 1.

Relevance

The evaluators sought to assess the relevance of the projects aims as they align with the interests of key stakeholders including Government, Private Sector, CSOs and broader beneficiary groups.

- *Government*

In all three countries the evaluators found the project to be relevant to the strategic aims of both national and local government.

The core mandate of the OC4H Project was to improve healthcare by ensuring transparent procurement processes for health related goods and services, as well as strengthen service delivery of healthcare systems.

This was in line with both national and international commitments made by the relevant governments. All focus countries had various aims which involved reducing corruption more broadly, and ensuring that there was better allocation of resources, particularly in the health sector. National Governments also had specific aims which the project contributed to - reducing corruption in the procurement processes, with commitments to 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 from civil society institutions involved in corruption prevention.

According to the respondents, the project was relevant, coming at a time when corruption was perceived to be 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. In Nepal government participants stated they were grateful for the project, and believe it led to a reduction in loss of resources directly due to corruption. They were pleased that the project has helped ensure government projects are completed to the highest standard, due to the OC4H project facilitated CSOs' monitoring of selected projects.

Government staff in Zambia, particularly procurement officers, reported that are no longer afraid to share procurement information with members of the public after chapter capacity building efforts, as they now understand that this is public information which the citizens should have access to. The staff stated that 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.

In addition, the project contributed to the ongoing rolling out of the new Ugandan procurement system, which is a key government objective. This was confirmed in an interview with officials who revealed that "the idea of open contracting is a tripartite idea where we would have the government, CSOs and communities." Further, in the monitoring of the construction for upgrading the health

centres, the project supported Ugandan Government's aims to construct the health centres within cost, quality and time.

- *Private Sector*

The project was also found to be relevant to the private sector. The private sector is one of the victims of lack of transparency in procurement, due to political interference in procurement and demand for bribes from technical staff responsible for procurement and management of contracts. A lack of transparency results in a distorted playing field, where some players engage in illicit activities to do business, to the detriment of others. Discussion with participants revealed that it is the demand for bribes that drives contractors to do poor quality construction and buy subpar supplies. The OC4H project focused on addressing the lack of transparency that entangles the private sector by ensuring that contracts were published and advertised for the correct amount of time. This, along with training, helped the private sector to participate and compete for the contracts in their districts.

The project also instilled confidence in the systems in place. Private Sector actors reported 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 creation of a space through regular meetings facilitated by TI Chapters where all stakeholders (government officers, private sector and civil society) could engage and collectively identify ways of strengthening the health procurement systems 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.

In Uganda, TI helped SMEs to organise into formal Private Sector Associations, which received recognition from government. Members of these associations stated that it enabled them to collectively voice concerns and issues. It helped to enhance procurement processes understanding and reduce misinformation about procurement processes in the health sector. The SMEs were found to have been empowered through the project to be able to fully participate in the tenders.

- *CSOs*

The project collaborated with local CSOs to increase their capacity to engage in the procurement processes, the evaluators also found that the project was relevant to this stakeholder. It 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. This interest has been bolstered by the better information flow among various stakeholders, thereby bridging the information gap that existed before the project interventions that inhibited this participation.

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.

The OC4H project supported the CSOs to do their work of monitoring service delivery, speaking for the local communities and holding the government to account. The project therefore was relevant to the CSOs whose core business is the promotion of good governance and accountability.

- *Beneficiaries*

The opinion received by the stakeholders about the relevancy of the program is positive. The majority stakeholders considered that the project was so far aligned to the immediate needs and priorities of the government sector, private sector, CSOs and citizens.

The project responded to the issues raised by the stakeholders. The basic issues are the public procurement in health sector, private sector participation, citizen's feedback and accountability. When responding to these issues the majority of the stakeholders found this program relevant.

Communities need quality services, which can be provided through transparent and competitive procurement processes. Local communities complained of poor quality of construction and supplies but they did not have knowledge and powers to act and demand for improvement. The project defined and explained the roles and rights of citizens to participate in the affairs of the government. Particularly in Uganda, citizens were informed that they should participate in monitoring the implementation of procurement contracts in their communities and assured of their rights to access procurement information including contracts. The OC4H project kept the local communities informed and able to monitor procurement contracts and as such it was relevant to the communities' needs of quality services and infrastructure.

Efficiency

The evaluators assessed the project based on how efficiently resources were allocated and used to achieve the projects aims. Across all three countries they stated the implementation to have been conducted in an efficient manner.

Detailed work plans and budgets were completed at the start of each financial year, and reviewed quarterly. These ensured that the key project targets were met. The planning was also conducted in a way to provide flexibility in approach. For example, Uganda moved some activities to additional locations in order to widen the scope of their impact. The flexibility in approaching activities allowed the project to achieve high results in the most efficient way.

Additionally, the project provided value for money, with 100% of funds that were distributed being utilised, and instalments being sent in a timely manner to ensure no pauses to implementation occurred. This is further shown with the OC4H project receiving positive feedback centrally from the donor on the key value for money indicators that were agreed upon with FCDO.

Effectiveness

The evaluators assessed the effectiveness of the project in achieving its intended outputs and outcomes. Across the three evaluators the main lessons were split across the three outputs, as well as several cross cutting activities. While there were some areas which could have been more effective, the majority of the activities were seen as being effective in achieving their aims.

The overarching finding was that OC4H was effective in making procurement more transparent than before. There was increased disclosure of procurement information at the level of local government as a result of their engagement with the project. The trainings and intense engagements with the officials enabled them to increasing disclosure of information.

- *Capacity Building*

According to the opinion of stakeholders they have strengthened their capacity on open contracting in health sector procurement after they participated in this program. Formal meeting and orientation programs on open contracting were organized and trainings on Open Contracting Data Standard, Public Procurement, and use of government procurement protocols, were conducted for the stakeholders. The project was effective in contributing to improving the technical capacity of the district leaders, community monitors and CSOs through participation in monitoring and trainings.

However, it was stated that a broader range of government officials should have been involved in the training. While the capacity of some district technical staff was improved through training in open contracting, other relevant staff were not included in the capacity building interventions. The trainings were limited to the procurement officers. In Zambia it was stated that the contract committees and potential evaluation committee members and contract managers who are crucial for the open contracting practices were not trained. It suffices to say that the capacity building intervention was effective but the targets of the staff to train was inadequate because other important actors were not included. Future interventions should consider these categories of key actors as well.

Additionally, a key element to the capacity building strategy involved using The Hub, however the evaluator in Uganda reported that it was not effective. Initially the Open Contracting hub was thought to be made available and adapted to the respective context to be used for improving capacity of procurement staff and CSOs. This was not effective as the procurement staff were not enthusiastic about it. Additionally, few CSOs staff, despite the training conducted on using the hub, completed and obtained certificates of completion. The most outstanding reasons which were provided for not attending not completing was low internet connectivity and lack of internet data. However, these reasons are not very strong, as if someone had substantial interest in the training they would be able to utilise the system. It appears the relevance of the course to their daily work was not seen.

- *Overall focus and planning*

The local level stakeholders, especially at district were not fully involved in project design and in the initial project activity planning. This, according to the respondents, made it difficult for the local stakeholders in Zambia to understand the benchmarks that were set and what success of the project was being measured against. 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 projects original planning had an emphasis on the procurement at sub-national level which, was not completely 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 headquarters and so failure to involve them may have reduced the impact.

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 local 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.

In Zambia, it was also stated that working primarily at the district level meant that there was a large impact in these districts, but that this did not transfer to a wider uptake of open contracting principles in the rest of the country.

Also in Zambia it was stated that 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.

- *Government*

The evaluations found that the project was effective in achieving its aims in relation to the government sector. This was done through a mixture of training government officials, and advocating for greater take up of open contracting principles.

The activities under this operational objective included regular engagements with procuring entities to support their implementation of open contracting and giving training on open contracting and Open Contracting Data Standards trainings for procuring entities. It should be emphasised that the OC4H project, although it facilitated training of target procuring entities, it could not sustain the skills imparted at the sub-national level, mainly due to the high levels of staff turn-over.

In Zambia, the evaluation ascertained that because of the project implementing activities tenders are now being advertised transparently with full accessible information online to everyone, a situation which was not occurring before. Further evidence shows that the procurement officials in Uganda at the district health offices are now able to use the e-GP system after the capacity building through the project.

However, one problem of focusing on training at the district level is that certain products such as medicine, or goods over a certain value had to be procured centrally. Therefore building the capacity of district level officials could not change the overarching system.

In Zambia TIZ collaborated with the central procuring body to provide training to district officials. This increased the quality of training, but at times resulted in delays as the project became dependant on this external assistance to deliver results.

The project developed successful advocacy tools for open contracting. Although not a direct result of this advocacy, Uganda have started to roll out a new EGP system which is more OCDS compliant, and Zambia have adopted new procurement legislation which is in line with open contracting standards during the life span of the project.

- *Private Sector*

The project effectively engaged with the private sector - the SMEs who were regularly engaged with meetings, training and dialogues around open contracting and transparency in public sector procurement. In Uganda, members of the Private Sector Associations focused on supplies, services and works. The engagements not only increased the capacity of the private sector entities to utilise open contracting information for public procurement but also facilitated relationship building between the private sector and the local government. Before the project, the local government had engaged the private sector only during pre-bid meeting and bid opening which provide limited opportunities for dialogues.

However in Zambia it was noted that although 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 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.

The evaluation established that local SMEs are now able to participate in tenders, after their capacity was built through the project. However, while this benefited those who interacted with the project it did not diversify suppliers as stated in the project plan.

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.

- *CSOs*

In Uganda site monitoring by community monitors and CSOs together with district official's generated information that was used to report instances of inefficiencies, poor workmanship, poor quality of materials among others issues. In some instances, especially in the construction of the health centers, corrective actions were made. In Iceme health center in Oyam district for example, the contractor removed the ceiling that had started to fall in and reconstructed it when local leaders, together with community monitors demanded that it should be well-constructed. However, outside the health center construction, the local governments were slow in taking actions on the reported instances of inefficiencies and shoddy work. Interviews with CSOs indicate that the local governments at times do not take tough actions on poor work that has been reported because they are conflicted in some procurements.

In Zambia at the local level CSO coordination platforms were established. It was 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 local officials in matters related to health procurement.

However, also in Zambia 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, for identification to have ease of access into health facilities.

The approaches of mobilizing and building the capacity of civil society made them able to demand for information on public procurement, access some information and monitored public procurements in health through physical inspection. Before the project, access to information by CSO was extremely difficult. They were not aware about their rights to access public procurement information. It was mainly the anti-corruption CSOs who were involved in monitoring procurements. Findings revealed that CSOs have increased their engagement with the local governments, demand for access to information and hold the local government accountable for procurement inefficiencies.

- *Broader Communication*

It was determined that there was limited awareness among the community members and stakeholders who were not directly involved with 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.

It was established that awareness raising was through limited collaboration with the media, mainly radio programs in very few locations. Further, in Zambia this was only available in English and not in local languages. It was further noted that limited involvement of traditional leadership in the project could have contributed to low awareness levels.

Sustainability

The evaluations also assessed the sustainability of the project. Sustainability is defined as the project having a long term effect that will continue to be in place beyond the close out of the project. The findings can again be split into each of the stakeholders, along with an assessment of the general plans.

- *Government*

It was found in all countries, the practice of use of procurement data in health sector is in the preliminary stage. It is due to technology apprehension and the lacking of an integrated ICT system in concerned government entities. This makes it hard to link procurement data to social accountability activities, other decision making, and transparency processes, such as open contracting. The procurement data can be better used if a robust ICT based information system is introduced. In Uganda a new system is currently being launched, in Zambia the existing systems are in the process of being updated and merged, and in Nepal a new system is under construction, so moving forward this should be less of an issue.

- *Private Sector*

In Uganda, the Private Sector Associations were formed to drive the interest of the private sector in accessing procurement information and enjoying transparency in public procurement that secures competitions in doing business with government. The OC4H project built the capacity of the associations and generated consensus on their collective power. The associations will pursue their interest as the private sector irrespective of the presence and support of the OC4H project and TIU. The convergence of interests of members will drive the sustainability of the initiatives. However, the groups were still in nascent stage and have not yet tested implementing any of their planned actions without the support of TIU. There is a worry that private sector businesses by their nature are competitive and competitions for business opportunities among members may drive internal divisions that can weaken the initiatives for promoting open contracting in public procurement.

- *CSOs*

The project developed local capacities through trainings, participation in monitoring, and engagement with other actors on open contracting. It is hoped that the local capacities will be utilized to continue monitoring public procurement processes and implementation. The monitoring frameworks which the OC4H project developed are also available for local leaders to use. These provide opportunities for the sustainability of the OC4H initiatives and results but political influence and conflict of interest in contract award will water down the local capacities that have been developed.

The CSOs need funding to operate and lack of funds will suffocate their efforts to push forward with the open contracting initiatives. In addition, some of the CSOs do not directly implement governance and accountability projects and therefore demanding for transparency in public procurement will be additional work that cannot be sustained without the facilitation from TI. These challenges, potentially undermine the hope for sustainability arising from the involvement of CSOs.

In Uganda the community monitors were selected from the local communities, trained and participated in monitoring of the construction at the health centers. As members of the local communities, they will continue living in their communities and it is hoped that they will utilize the skills they acquired to monitor other public construction in the health centers, schools and other public places.

The biggest obstacle the community monitoring will face is the power to hold contractors accountable, as they were not part of the established formal structure of monitoring that is known in local government. They got their power from chapters and are recognized partly because of chapters supporting the joint monitoring. The extent to which the local officials will continue to recognize the community monitors, receive their reports and respond to issues they raise will determine the level of sustainability of the project results accruing from the involvement of community monitors. Unless the local government empowers community monitors, their roles will stop being effective.

- *Plan*

The respondents understood that the approach adopted by the project was to encourage other partners at the local 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.

However, the evaluation noted that there was no explicit sustainability plan in the country level projects, and this may mean that key activities which could have helped ensure sustainability have been missed.

Key Learnings and Recommendations

The evaluations highlighted some key learnings from the project, as well as recommendations for future implementation. Some of these cover similar points and so have been presented in the table below.

Focus	Key Learning	Recommendation
Flexible Project Management	The flexible and adaptable design of a project allows a project to take up emerging relevant opportunities that spur the delivery of results and remain relevant to the changing circumstances. The OC4H project was flexible and adapted 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-19 pandemic, inflation and political challenges. Flexibility and adaptability were seen to be strong	Future projects should also adapt the same flexible project management style.

	considerations in project design and implementation.	
Planning	For success to be guaranteed in a project, there is need for comprehensive planning, and monitoring and evaluation of activities. This should be done in a consultative manner involving management, staff, beneficiaries, and clients at the start of the project.	Intensive involvement of key stakeholders from the beginning and throughout the project life, especially during the design, planning, implementation as well as monitoring and evaluation phases is very critical to the project.
Capacity	<p>Building capacity of all staff who are relevant in the procurement chain such as heads of departments and other line staff who are usually nominated as project managers/supervisors, and contract committee is important for holistic improvement in procurement processes and execution.</p> <p>There is limited capacity of government entities due limited government training and a high staff turnover. There is also lack of IT infrastructure to use electronic procurement system in all offices</p> <p>Private sector has limited time to dedicate to training on use of the EGP, as it is not currently seen as essential.</p> <p>Some CSOs lack budget and expertise to advocate on the issue of public procurement and open contracting.</p>	<p>Institutional and technical capacity of the health sector government entities needs to be enhanced.</p> <p>Separate procurement guidelines could be introduced for the health sector procurement in some contexts, if procurement processes for health based goods are substantially different.</p> <p>Frequent orientation/training/refresher program on open contracting to stakeholders.</p>
Legislative Change	<p>Without the compelling laws, there will be very limited uploading of procurement information onto procurement portals. Because there is no compelling law, staff do not feel need to use the system.</p> <p>In Zambia the private sector stakeholders revealed the problem of inconsistent and conflicting rules, regulations and procedures of government regarding health sector procurement which are apparently hindering smooth open contracting. According to them, the current procurement act is generic across all public sectors; there could be benefit</p>	There should be continued advocacy for stronger legislation to ensure that open contracting principles are used.

	<p>for a separate special procurement procedures and terms and conditions for the health sector procurement. Therefore, private sector demands for policy reforms regarding health sector procurement.</p>	
Community monitoring	<p>Unless the local government empowers community monitors, and includes their roles in the contracts the local governments sign with contractors, the roles of community monitors will be reduced as contractors will ignore them. Effective communication and engagement between community monitors and the districts procurement project supervisors can contribute in empowering community monitors.</p> <p>Giving local leaders and community monitors the knowledge and power is instrumental in monitoring procurement contracts and holding contractors accountable. Without the knowledge, local leaders and community monitors cannot effectively monitor. They would not have the information to base their recommendation. Similarly, power allows the local leaders and community monitors to question and report the works and services they found inappropriate and of poor quality.</p>	<p>The project should work with government to ensure community monitoring efforts are engrained in government processes.</p> <p>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 in some locations 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.</p> <p>Open contracting projects should include all the sectors in the districts and not only the health sector. This is because the improvement in procurement in only health sector may not lead to a whole systematic improvement in procurement.</p>
Stakeholder Interaction	<p>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.</p> <p>However, the project should have included a broader range of government officials, and been sure to include traditional leaders in planning the project.</p>	<p>Any future project should consider increasing logistical support to the partners on the ground in all forms, financial, material, equipment, etc;</p> <p>Invest more time in comprehensive stakeholder mapping, influence and relationship mapping, undertake power mapping, planning their activities and methods of execution.</p> <p>Chapters should select and work with CSOs that are engaged in fighting corruption because they easily incorporate the issues of open</p>

		contracting into their business and ease the financial burden of facilitation.
Communication	<p>The project had inadequate publicity and visibility actions, hence very few people (outside of the project sphere) know and appreciate the need for open contracting.</p> <p>Project stakeholders need continuous communication among them regarding issues on open contracting.</p>	<p>The project should 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, preferably simplified and translated into local languages so that the message can stay with the people and they can have reference material.</p> <p>Continuous communication, use of media interaction, updates, follow up, engagement with the stakeholders and advocacy for OC.</p> <p>Regular publicity through media should be continued.</p>
Sustainability	<p>The risk of program sustainability has been reported by the stakeholders, with a longer term approach needed to scale up to new districts and bridge the impact onto the national level.</p>	<p>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.</p> <p>Develop a strategy for sustainability of the OC4H project. This strategy should outline programmes to ensure continuity of OC4H activities after initial funding comes to an end.</p>

Conclusion

The project evaluations have found that broadly speaking the project was relevant to all stakeholders involved, the activities were carried out efficiently, the majority of the activities were effective, and although there was no direct sustainability plan some benefits and interventions will continue beyond the project close.

Local CSOs have been provided frameworks, and trained in procurement monitoring methodologies which they will be able to utilise beyond the length of the project, holding government to account during procurement processes. At the time of evaluation CSOs had monitored 100+ procurements and construction works across five countries, being able to rectify over 60% of the problems they found. This helps ensure that construction processes that are being conducted will be of benefit to the community for a longer period of time.

Across the five countries the project was also able to train over 400 SMEs. This has helped them to access contracting information so they are able to bid on potential projects, rather than being cut out due to a lack of available information. In some places these SMEs have organised into collectives allowing them to collectively voice issues they may have with the procurement processes to government officials.

The project has increased the capacity, and confidence of government officials in releasing procurement information. This has mainly taken place at a decentralised local level, and is often not done through an electronic system in OCDS format. However, access to information has increased, and communities have better access to more information. Across the five countries over 500 government officials have been trained, not only giving them the ability to upload data to procurement systems, but the confidence to proactively share information they know should be within the public realm with the community.

During the project in Uganda a new online procurement portal has been piloted. Kenya have also recently updated their portal to be more user friendly, with Nepal still working on theirs. In Zambia new procurement legislation has been passed, while in South Africa consultation is ongoing on new procurement legislation.

So while we can see that there are direct benefits coming from the project at the local level, at the national level changes are starting to be implemented in regards to open contracting principles. While the project cannot claim full responsibility for these changes, the interaction with relevant government ministries over the course of the project cycle will have contributed to the direction of these changes.

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Annex A - Logframe Summary									
LogFrame		Current Target	Kenya	Uganda	Zambia	South Africa	Nepal	Summary	Notes
OUTPUT 1 - GOVERNMENT National health systems have the skills and resources needed to implement open contracting in public procurement	Output Indicator 1.1	The Open Contracting for the Health Sector Hub is adapted to the respective context in 4 countries	Yes	Yes	Yes	Yes	Yes	Exceeded	The Health Sector Hub has been adapted to all five OC4H countries. This includes translating the whole website into Nepali, creating learning groups for university students in Uganda, as well as content and courses specific to each context
	Output Indicator 1.2	In countries A and B 50% of procurement staff from target areas and institutions have completed the one-off training to introduce open contracting standards In country C 35% of procurement staff from target areas and institutions have completed the one-off training to introduce open contracting standards In country D 20% of procurement staff from target areas and institutions have completed the one-off training to introduce open contracting standards	25%	86%	100%	0%	88%	Met	In Countries A and B (Uganda and Zambia) more than 50% of relevant procurement staff have completed the one off training. In Country C (Nepal) more than 35% of relevant procurement staff have completed the one off training. In Country D (Kenya) more than 20% of relevant procurement staff have completed the one off training
	Output Indicator 1.3	At least 25% of tender documents for public procurement for health are made available to potential suppliers using the open and transparent platform in at least 3 countries	85%	100%	100%	88%	100%	Met	This has been measured by showing the % of tenders which are published with their tender documents, i.e. showing 'tender documents for public procurement for health are available to potential suppliers'. This serves as a way of demonstrating what % of tenders that are being published abide by one of the key OCDS standards of having the relevant documents attached when published.
	Output Indicator 1.3	Government actively publish tender documents to an open and transparent platform							
OUTPUT 2 - PRIVATE SECTOR Supplier diversity in health sector public procurement is facilitated	Output Indicator 2.1	Private sector representatives are sustainably engaged in multi-stakeholder groups on open contracting	Yes	Yes	Yes	Yes	Yes	Met	In Zambia, Uganda, Kenya, SA and Nepal meetings have been organised between Small and Medium Entities (SME's), and government officials and CSOs
	Output Indicator 2.2	Confirmation through post meeting surveys that 1 Private Sector organisation using open contracting data in 4 countries	15	51	47	3	7	Exceeded	Private sector entities have been trained and made aware of commitments from government to publish procurement information, as well as how to access and utilise this information in South Africa, Kenya, Uganda, Zambia and Nepal
	Output Indicator 2.3	Potential contractors are aware of commitments to publish open contracting public procurement information in at least 5 country	54	51	206	40	77	Met	Private sector entities have been trained and made aware of commitments from government to publish procurement information, as well as how to access and utilise this information in all OC4H countries
	Output Indicator 2.3	Potential contractors have increased capacity to access and utilise open contracting public procurement information							
OUTPUT 3 - CIVIL SOCIETY Civil society is sustainably engaged in public procurement processes	Output Indicator 3.1	In countries A and B 20 procurements are monitored In countries C and D 10 procurements are monitored	5	23	35	0	63	Missed	The original indicator stated there would be 60 procurements monitored across five countries. Unfortunately COVID-19 related lock downs means that while frameworks were developed and networks of CSOs were given these frameworks in Kenya and South Africa, they were not able to monitor the required target. However, 126 procurements have been monitored, more than double the original target, but only across 3 of the 5 countries
	Output Indicator 3.2	At least 3 CSOs in partner countries D and E have access to the OC4H hub and can effectively apply it At least 5 CSOs in partner countries A, B and C have access to the OC4H hub and can effectively apply it	17	69	136	15	200	Exceeded	More than 5 CSOs have been given access to the hub and can effectively apply it in Kenya, Uganda, Zambia, SA and Nepal. 437 CSOs have been given access to the hub in total, substantially more than the 21 in the original target.
	Output Indicator 3.3	4 CSO's are trained on Open Contracting in A, B and C countries. 2 CSO's are trained on Open Contracting in D and E countries.	17	52	65	15	47	Exceeded	More than 4 CSOs have been trained on open contracting in all OC4H countries. 202 CSOs have been trained in total, substantially more than the 16 in the original target.
	Output Indicator 3.3	Civil society's capacity to advocate for, and use Open Contracting information is increased							