

Appendix F – Illustrative logframe for Citizen Voice and Action

Hierarchy of Objectives		Indicators	Means of verification	Assumptions
Project Goal	To improve the availability, accessibility, acceptability and quality of local [health or education] services	Community members have better access and feel that the quality of services has improved. Local policies or by-laws are being effectively implemented.	Focus group discussions Key informant interviews Focus group discussions Key informant interviews	
Outcome I	To improve services and policy implementation to enhance health and education outcomes	% of children aged 0–59 months with a birth certificate, reported by caregiver and verified by observation. <i>Compendium of Indicators</i> For health: % of stock outs of essential drugs in the last month. # of skilled health workers per 1000 population. For education: Recommended teacher/student ratio (government policy for primary and optional - secondary) % of teachers in the school with appropriate qualifications (based on government policy)	Caregiver survey Health facility tool School facility tool	Government has resources available to improve services Political will exists Conducive local environment for CVA
Output I.1	Citizens are engaged with government on the delivery of quality health or education services	Description of action plans developed by the community Description of community action plans implemented during the reporting period # of communities / CVA groups implementing action plans during the reporting period Description of results of implementing action plans / action taken by duty bearers during the reporting period	Action plans and working group documentation and reports	Communities willing to engage with duty bearers Conducive local environment for CVA
Output I.2	Citizens are monitoring of services provided against government commitments and standards	# / % of facilities monitored past six months that meet government standards. # / % of facilities monitored scored as meeting good quality as defined by community. # / % of health facilities which report no stock-out of key relevant 7-11 essential drugs and commodities in the past six months.	Scorecards	Community members willingness and ability to participate in monitoring Conducive local environment for CVA
Output I.3	Strengthened collaboration and networking between partners in the programme	# of networks and coalitions formed. # of functional networks and coalitions during the reporting period. # of networking meetings held during the reporting period.	Signed MoUs or informal agreements Coalition action plans Meeting reports	Government and other partners willing to engage with the community

Outcome 2	To increase citizens awareness of government public policies on health and education and advocacy action to improve implementation	<p>% of household respondents ever engaged or engaged in the past 12 months with policy and advocacy for child well-being by gender, wealth quintile.</p> <p>% of household respondents who know at least two policies and citizen's entitlement by gender, wealth quintile.</p>	<p>Add to caregiver survey</p> <p>Add to caregiver survey</p>	<p>Community and government willing to participate in process</p> <p>Government willing to listen to alternative views from non state actors</p>
Output 2.1	CVA working groups are organised and plan out the CVA process	<p># / % of communities that have formed CVA groups.</p> <p># local stakeholders sensitised by type.</p>	<p>Working group action plans</p> <p>Working group reports</p>	Community willing to participate actively and individuals willing to work as volunteers
Output 2.2	CVA working groups have the knowledge and skills to implement CVA	<p># / % of functional CVA groups.</p> <p># of materials on government commitments and citizens entitlement distributed.</p>	<p>Working group reports</p> <p>Government budgets and plans</p>	Individual CVA members willingness and ability to participate actively