Concepts, theories, methodologies and evidence on social accountability for health services

GOAL Uganda – May 2012

Since 2004 service delivery failures (and poor development outcomes) have been increasingly seen as the consequences weak governance and accountability failures. This has stimulated a great deal of discussion about the role of participatory programmes which encourage interaction between citizens and service providers to improve accountability. This review explains the concepts and assumptions underlying accountability approaches, explores the necessary conditions for the approaches to be effective and reviews multiple methodologies (tools) for promoting accountability. The literature review also discusses the emerging evidence base regarding the effectiveness of social accountability programmes – especially their potential for sustainably improving health service provision. It also includes sections on best practice in designing and monitoring social accountability programmes.

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The increasing discussion of *weak governance* and *accountability failures* which lead to *poor service* delivery has led to more programming to empower citizens to engage in decisions affecting their own development. Essentially, *social accountability initiatives* (often called citizen voice and accountability) *include citizens and civil-society actors in the processes of monitoring and decision making for public services*.

When it comes to service provision, often the pressure to meet short term sector output targets (especially where human development indicators are very poor) is more immediate than the institutional reforms necessary to make service delivery systems sustainable in the long term (Commins 2007). *Supply side* interventions to improve *accessibility* and *quality of services* are very common, but increasing inputs into a system where there is insufficient accountability for their use may provide more opportunity for misuse of resources and further weaken the system. While the longer term changes do take time, recent work has also shown that *demand side* social accountability approaches can have immediate effects on access to services and better health outcomes. If this holds true over time, social accountability may positively influence *short term* sector outputs while enhancing prospects for accountable and responsive services in the *long term*.

Uganda has been one of the most popular countries for implementation and measurement of social accountability interventions. In Uganda, some have pointed out opportunities for standardisation and scale-up of some approaches to community monitoring, with more attempts to document outcomes and increase effectiveness (Selvaggio, et al 2011). A much-cited *randomized evaluation* of a *citizen report card* intervention in the health sector in Uganda in 2005 concluded that the approach led to *significant improvements in the quality and quantity of primary health care provision and resulted in improved health outcomes in the communities* (Bjorkman & Svennson 2007).

Section II: Underlying concepts for social accountability

In many countries, power is abused by authorities and the limited resources intended for development are misused. Formal mechanisms (elections, audits, balances of power, etc.) designed to balance power relationships between the *state*, *civil society* and *market institutions* often fail to reinforce accountability. In much of the developing world, public institutions are captured by the powerful, with the *poor lacking representation and access to services*. Because of these accountability failures, economic growth by itself is not sufficient to alleviate poverty and "pro-poor reforms require *changes* in three distinct arenas: *within the state itself*, *within society* and at the *state-society interface*" (Fox 2005).

changes within society (empowerment of individuals) **+** changes within state (inclusive and responsive institutions) **+** changes in the state - society interface ("space" for particiaption and collective voice) **=** increased accountability and responsiveness
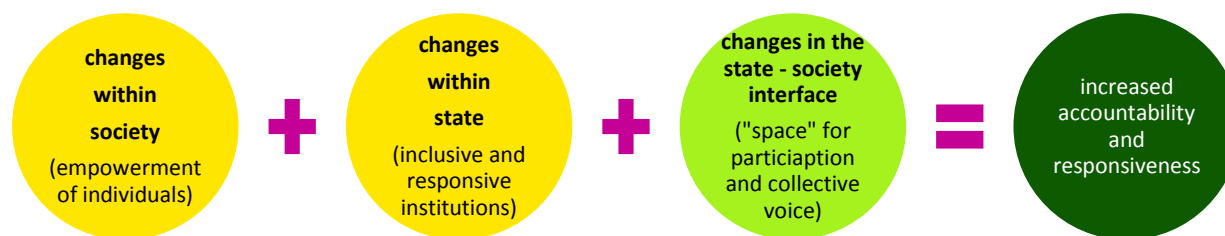
There is an increasing interest in practical interventions designed to rebalance the relationships between *state* (policy makers, service providers, duty-bearers) and clients (citizens, rights-holders, users of services). Some efforts strengthen the *spaces* and encourage direct relationships between *citizens* to *service providers* in the hopes of having a quicker impact on quality of services. *Meaningful participation* and access to these spaces requires individual and collective *empowerment*. Women's empowerment is especially important; women are often unable to make decisions regarding their own health and development.

All forms of accountability are based on the relationship between two key concepts: **answerability** and **enforceability**. Open spaces require **political systems** and **duty-bearers** that are committed to participation and have the tools to enable it in a meaningful way. Analysing the **policy environment** and degree of **official openness** is important, but understanding the **willingness** and **ability** to adhere to official laws and practices at all levels is more difficult and arguably more significant. Social accountability tools that get citizens involved (in practice) will only be successful if there are ways to sanction bad performance and reward good performance.

Civil Society Organisations (CSOs) have a role to play in ensuring accountability in many contexts (McLoughlin 2008; Wild and Domingo 2010, McGee & Gaventa 2010; Tembo 2012). Some authors point to **strong civil society** almost as a **precondition** or necessary factor for the success of voice and accountability work (GSDRC).

Section III: Overview of voice and accountability methodologies

Various initiatives are thought to empower citizens, improve the quality of governance and increase development effectiveness (McGee & Gaventa 2010). This is in line with **GOAL's mission** "to work towards ensuring that the poorest and most vulnerable in our world and/or those affected by humanitarian crisis have access to fundamental rights of life, including (but not limited to) adequate shelter, food, water & sanitation, healthcare and education."

The **evidence base** on transparency, voice and accountability is limited considering the increasing interest and funding for social accountability programs in the past 10 years (McGee & Gaventa 2010). Arguably, showing the **direct impact** of *any* development intervention is very difficult (Earl et al 2001). The limited evidence does not necessarily mean that there is no link between transparency/accountability and other outcomes, but it does mean that "a more robust evidence base is needed to make the case convincingly" (McGee & Gaventa 2010).

There are about are about 20 major interventions which are directed at policy-making (especially access to information), budgeting or service provision points. This literature review has gathered the various approaches into three types as listed below.

1. *Access to Information*: Standing alone, access to information could be considered to have intrinsic value, but it seems other conditions must be in place for the information to be channelled to accountability (answerability, enforceability and responsiveness) or development outcomes.

2. *Budget tracking*: Interventions combining access to information and various strategies for "following the money" have documented results such as: discovery of missing funds, leading to punishment or disciplinary action of officials; formal cooperation between citizens groups and national audit processes; and legislative reform (right to information) at local and national levels (Sundet 2008).

3. *Social services*: Overall, there seems to be growing evidence that there is a relationship between public-service seeking behaviour, positive provider behaviour and various voice and accountability mechanisms. Social accountability mechanisms "are able to influence development outcomes and can help improve governance, but that they do not necessarily guarantee improvements in public service … rather, they are long-term processes which require time, money and patience" (McLoughlin 2010). Qualitative assessments of Nigeria's Partnerships for Transforming Health Systems (PATHS) project found that "involving clients and community representatives in the assessment and monitoring of service delivery not only helped open up space for citizen voices to be heard in the health sector, but also strengthened provider responsiveness to client needs" (Green no date).

Section IV: Designing a social accountability programme

For complex governance approaches, strong understanding of context is critical for smart design. Essential conditions for social accountability approaches include transparency, access to quality information and political will. Other conditions

mentioned in successful cases are an active civil society; timing (readiness for change); good publicity via independent media; a combination of top-down and bottom-up initiatives; and building partnerships and coalitions between stakeholders (McLoughlin 2010).

Successful approaches require **linkages** from the **local levels** (participatory monitoring, gathering evidence) up to **sub-national planning** (setting priorities and allocating budgets based on evidence of needs and priorities from below and also to national levels (influencing policy priorities and budget allocation). Social accountability programs such as those designed to allow for **maximum participation** of community members in ranking their issues and raising their concerns (such as citizen report cards or community scorecards) enhance transparency and legitimacy of the processes themselves. Moving farther **upstream**, the "operational meaning of 'participation' [is increasingly shifting] from beneficiary involvement in community-level projects to **citizen engagement in policy formation** and **implementation** to influence and hold governments accountable" (GSDRC).

The **best practices** for social accountability recognise a number of key factors to consider in design and implementation. These are **inclusion** of government stakeholders, broad **participation**, understanding transaction **costs and risks** to citizens who engage, ensuring that processes are productive and not too confrontational and **managing expectations**. Expectation management is critical to avoid "citizen disillusionment if there is no perceptible improvement in the quality of services. …the public (must) remain informed … about the constraints public agencies face and cautioned against expecting too much and too soon" (McDonald no date).

Given the complexities of social accountability programming, many authors point out that logical framework models of mapping activities and inputs up to a goal are usually insufficient to explain **project logic** based on on-going state-citizen relations which are "in themselves, a complex web of formal and informal interactions that are difficult to disentangle" (Tembo 2012). There are strong reference to developing and articulating a **Theory of Change** as a foundation for programme design, implementation and evolution.

Section V: Monitoring and evaluation of social accountability programmes
Many donors, implementers and researchers are increasingly interested in measuring the effectiveness and impact of these approaches. In the past few years, **randomised control trials** (RCTs) have been increasingly used to "measure the impact of … short-term interventions in the fields of health, education and agriculture" (Walton 2011). Because of the **scientific sampling** approach, RCT findings are powerful. However, they are often insufficient to explain the reasons **why some causality is observed**. In relation to governance programmes, a common critique is that RCTs are more suited to measuring short-term results with short causal chains and less suitable for complex interventions where many factors produce change (Jones 2009).

While monitoring and evaluating the effectiveness of voice and accountability interventions is difficult, many experts suggest methods like **most significant change** and **outcome mapping**. Rather than **attribution**, these approaches focus more on **contribution** to the creation of **conditions necessary for desired changes** (answerability, enforceability, participation and responsiveness). These rigorous qualitative methods started to "spread in alternative monitoring and evaluation circles occurred just when donor exigencies are driving implementers towards 'harder' and more generalisable evidence, rather than approaches which capture nuances, complexity and messiness" (McGee & Gaventa 2010).

Ultimately, the most significant questions remain: do social accountability approaches lead to better development outcomes? Positive change depends strongly on many contextual factors outside the influence of a project. The only way to answer the questions about the effectiveness of social accountability approaches is to design with research and monitoring in-built. This **action research** approach should also track the factors outside the direct influence of the project. Ideally, a rigorous and thoughtful monitoring will combine suitable **quantitative and qualitative methods**.

II. UNDERLYING CONCEPTS FOR SOCIAL ACCOUNTABILITY

1. Concepts driving discussions

A few fundamental concepts are the basis of understanding and improving accountability. At the highest level, the goal is to ensure that more people have access to the rights to which all human beings are entitled. Many people are not realizing the right to drive their own development because there are many barriers to participating in formal and non-formal decision making. For more people around the world to claim their rights and benefit from development, efforts must be deliberately pro-poor and address some of the systemic causes of chronic poverty. What is more, there is a **social contract** between a government and its citizens, particularly in relation to standards for service delivery. In cases where governments have standards, but are not honouring the social contract, there is no accountability.

a. *Rights-based perspective*

A rights-based approach to development underlies (or should underlie) much development work – whether driven by government or civil society. This means that policies, programmes and projects respect, protect and promote access to all universal human rights. These include **freedoms** of **thought**, **movement**, **association** and the **rights** to **services** (such as education, healthcare), to **vote**, **participate** in public affairs and cultural life. These are just some of the many freedoms and rights to which all human beings are entitled. It is also important to note that **rights** and **responsibilities** go together. Thus, while citizens are primarily rights holders, they also have the responsibility of participating in public life and contributing to improvements.

Programming around improved accountability for service provision is very firmly rights-based programming. Most programmes aim to increase citizens' awareness about rights and entitlements for public services and encourage citizens to seek information, question providers and demand services. These programs also aim to increase productive interfaces between duty-bearers (civil servants, politicians and service providers) and rights-holders (citizens) about what the government **can give, is giving <u>and</u> should give**.[1] This is in line with **GOAL's mission** "to work towards ensuring that the poorest and most vulnerable in our world and/or those affected by humanitarian crisis have access to fundamental rights of life, including (but not limited to) adequate shelter, food, water & sanitation, healthcare and education."

Another very important element of the rights-based approach to development is that the emphasis is on both **process <u>and</u> outcomes**. The focus on process is important because it should lead to more input of local stakeholders and engagement of the communities over the outcomes and goals of programmes.

b. *Participation*

Discussion about participatory practices started to shape development practice in the 1980s and 1990s and participation is widely considered best practice in interventions to surface and promote the priorities of communities. Participation has its' own broad and distinct set of evidence and literature and participation is a central theme to accountability work.

Despite the recognition that participation should be a defining feature of development interventions, the implementation realities are not perfect. Sometimes government or non-state (civil society) implementers do not have sufficient capacities, resources or time for meaningful involvement of large numbers of community members in the steps of the project cycle for service provision (needs assessment, design, implementation, monitoring, evaluation, redesign). Yet, meaningful participation in civic life is a human right.

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[1] Conversation with Uganda National Health Consumers/Users Association (UNHCO) Feb 17, 2012. Kampala, Uganda.

The conditions are still not fully in place for delivering services that meet the priority needs of citizens, and gaps in development outcomes are not allowing people to live very healthy lives and exercise a range of choices. Acknowledging these significant gaps, the "*operational meaning of 'participation' [is increasingly shifting] from beneficiary involvement in community-level projects to citizen engagement in policy formation and implementation to influence and hold governments accountable*" (GSDRC).

The table below highlights various levels or degrees of participation in development programmes. Accountability programmes are based on meaningful participation, so it is useful to review the various characteristics and typologies to better understand where these programmes should focus. These typologies are generally organised from least active to most active. The level of active engagement of people is associated with *meaningful participation,* whereby individuals are helping to make decisions or even shaping the questions and discussions about things that affect their communities. *The process of engaging citizens as key actors in their own development (not passive recipients of services) is essential*. This process is important in and of itself, but it is also a means to improve development outcomes.

TYPES OF PARTICIPATION (VeneKlasen & Miller 2002: 106)		
Typology	**Characteristics**	
Token participation	Less active (less meaningful)	**People sit on committees, but they are not elected and have little/no real power.**
Passive participation		**People participate as recipients of information.** They are told what has been decided or what has happened. The administration or project management passes on this information, but there may be little/no opportunity for feedback from participants.
Participation by **consultation**		People participate by being consulted or by answering questions. **External agents define problems and information gathering process, and control the analysis.** The professionals are not obligated to include peoples' views.
Participation for **material incentives**		People participate by contributing resources, for example labour, in return for food, cash or other material incentives. **People provide resources, but are not necessarily involved in decisions as to what is done.** They have no stake in carrying on with things when the incentives end.
Functional participation	More active (more meaningful)	**People participate at the request of external agencies to meet predetermined objectives.** There may be some shared decision-making, but this usually happens only after the big decisions have already been made by external agents.
Interactive participation		People participate in joint analysis and development of action plans. **Participation is seen as a right, not just the means to achieve project goals**. The process involves methodologies that seek all the different perspectives and use structured learning processes. Because groups are involved in decision-making, they have a stake in maintaining the project. Local institutions are strengthened.
Self Mobilisation		**People participate by initiating actions independently of external institutions.** They develop contacts with external institutions for the resources and technical advice they need, but control how the resources are used. The mobilisation may or may not challenge existing distribution of wealth and power. Government and NGOs sometimes provide support for self-mobilisation.

c. Ownership

The rights-based and participatory approaches are connected to citizen ownership over their own services. Ownership is a commonly used word among development practitioners and governments. *Ownership* can refer to the degree to which citizens or community members identify a public service as being for them, and also realise they have some roles and responsibilities in relationship to the service point or provider. There is a strong underlying logic that participatory, rights-based programming improves the community ownership over a public service. Specifically, the more active and meaningful the participation opportunities are, the more ownership there will be.

d. Pro-poor development

Much as the emphasis on community participation in prioritising their needs was increasing, powerful international actors such as the International Monetary Fund (IMF) and the World Bank in the 1980s and 1990s were more focused on market-oriented reforms privatization, liberalization and competition (or 'New Public Management') to improve direct service provision (DFID 2010: 67). These practices, known broadly as "structural adjustment" were the subject of significant debate in the 1990s. Civil society actors around the world agitated strongly against these policies, advocating for debt forgiveness and more "bottom-up" and nuanced approaches to solving systemic problems. They argued that the market-oriented changes demanded were particularly damaging for poor people in less developed countries who depend almost entirely on public services.

General consensus started to emerge that economic growth does not create sufficient conditions for lifting people out of poverty. Pro-poor growth encourages policies and practices that ensure more equitable gains from economic growth to reduce the rates and severity of poverty (as measured by living standards) (Ravaillon no date: 2).

Building from this, discussions about social accountability began, in the mainstream, with the *World Bank 2004 Human Development Report*. This report highlighted that ***economic growth itself is not sufficient to alleviate poverty because poor service provision results from accountability failures, or disruptions in the relationships between state (****policy makers, service providers, duty-bearers) **and** clients** (citizens, rights-holders, users of services)*. It is important to note that while the "branding" of social accountability programs is about ten years old, many of the programs which are considered social accountability are essentially based on participatory planning and monitoring processes.

Now, it is quite widely agreed that citizen and civil society participation in the decision-making processes are key to good governance and pro-poor development initiatives (GSDRC). This is the essence of "social accountability" programming, which offers opportunities for practical work and discussions about larger development objectives.

2. Good governance & types of accountability

Accountability is an often used term – and indeed it applies to societies and organisations in many ways shapes and forms. Accountability is related to democratic theory and good governance. ***In reality, accountability follows power relationships – the more powerful have more authority to demand accountability and the ability to avoid being answerable themselves.*** This is an uncomfortable reality.

In relation to development discourse, accountability includes government responsiveness to citizens, civil society responsiveness to project beneficiaries and accountability of recipients of funds (government or civil society) to funders. The table below compares of the presence and absence of accountability – especially related to the social contract and the obligations of the state (Schnell & Coetzee 2010: 9).

When accountability is <u>present</u>	When accountability is <u>absent</u>
Someone has an **obligation**	There is **no clear** obligation *and/or*
To meet certain **commitments** or **standards**	**No commitments** or standards have been set *and/or*
If it is found that these have not been met	There is **no way** to tell if these have been met *and/or*
There are **consequences** to face.	There are **no consequences** to face.

a. Answerability & enforceability

Broadly speaking, *accountability* is the concept that individuals, agencies and organizations (public, private and civil society) are held responsible for executing their powers (through provision of goods or services) according to a certain standard (Tisne 2010 in McGee & Gaventa 2010: 4). *All forms of accountability are based on the relationship between two key concepts: answerability and enforceability.*

Answerability is the responsibility of duty-bearers to provide information and justification about their actions. Duty-bearers should be answerable to their superiors and also to the people whom they serve (or are supposed to serve). *Enforceability* refers to the possibilities of penalties, consequences or sanctions for failing to answer accountability claims (Goetz & Jenkins 2005 in McGee & Gaventa 2010: 4). Rewards can also encourage answerability, responsible use of power or improve service provision.

While most accountability interventions are based on answerability, enforceability is essential to achieve true accountability (McGee & Gaventa 2010). *Without enforceability, answerability is of limited relevance or practical use.* Unless there are consequences for failing to perform services according to standards, many duty-bearers (service providers) will not have much incentive to improve – especially given other constraints (like lack of budget, understaffing, etc..). Enforceability is closely linked with incentives for improving answerability. Incentives can be punitive (if a health worker has been found selling drugs in a private pharmacy that she accessed for free at a health centre she will be fired) or positive (health workers will be appreciated by the community for the efforts they are making despite having insufficient inputs to facilitate their work).

b. Vertical, horizontal & social accountability

The literature generally focuses on three broad types of accountability: *vertical*, *horizontal* and *social*. Vertical and horizontal accountability are generally the more formal mechanisms in multi-party democratic systems. Effective vertical and horizontal accountability rely on the healthy balance of powers in the government (executive, judiciary and parliament) and electoral processes that are observed to be "free and fair" and are utilized by citizens. *Because these formal mechanisms for vertical and horizontal accountability are often imperfect, various alternative social accountability mechanisms (also called direct or demand-side) are increasingly gaining attention.*

Another way of thinking about accountability relationships is to look at *mechanisms established by the state* compared to *mechanisms initiated by civil society* (Brinkerhoff 2001 in Schnell & Coetzee 2010: 12). In some places, *citizen-led mechanisms* have been initiated by civil society because of dissatisfaction with the performance of state-led mechanisms and sometimes they become adopted into state practice (more on this in **section III**). It is usually the case that citizen-led or social accountability approaches compliment the state-led vertical or horizontal mechanisms.

The definitions below of vertical, horizontal and social accountability are not attributed to any one individual or source, but rather compilations of important concepts from many definitions.

| Accountability	Definition
Vertical	▪ **Vertical accountability** measures allow citizens to hold institutions and states to account, whether through **elections** or through social **mobilisation** or **advocacy** and **lobbying.**
	▪ Vertical accountability refers to direct engagement by **individuals** and **groups** with **governments** and other **duty-bearers** through participation in democratic political processes, and with **service providers**.
	▪ The effectiveness of vertical accountability mechanisms depends on citizens' awareness of rights and choice, and their ability and readiness to engage and use voice, either through political cycles or through civil society mobilisation and involvement in monitoring mechanisms.

Horizontal	▪ **Horizontal accountability** mechanisms involve **state entities monitoring** and demanding answers from (and sometimes sanctioning) other state entities to prevent abuses of office. ▪ Examples of checks and balances include: **judicial institutions** reviewing the constitutionality of **executive decisions;** the **public audit function** monitoring public spending; **parliamentary committees** providing government oversight; and **ombudspersons** or **human rights commissions** investigating **citizens' complaints.** ▪ For horizontal mechanisms to be effective the various institutions must have balanced power and function independently without undue influence from individuals or groups.
Social Or **Direct** **Demand-side**	▪ Because the formal vertical and horizontal accountability mechanisms are often imperfect, citizens have begun to engage directly with the state and service providers through budgeting, monitoring and other oversight processes in what are variously referred to as **'direct', 'social' or 'demand-side' accountability** processes. ▪ Social accountability aims to **increase accountability through civic engagement, and to complement and reinforce conventional mechanisms of accountability.** ▪ Social accountability mechanisms – such as community monitoring or public expenditure tracking – allow communities to be directly involved in monitoring government performance, generating evidence and demanding accountability.

c. Long route V. short route to accountability

Most countries with weak governance systems and poor formal accountability mechanisms also have a difficult time providing an adequate quantity and quality of services to the population. The state (government) is the primary provider of services – especially in rural areas – because of weaknesses in the private sector. Writers on citizen participation and good governance note that social accountability became a central theme as the World Bank identified service delivery failures as ultimately linked with accountability failures (McGee & Gaventa 2010).

The World Bank 2004 report identified traditional ways to enforce accountability (vertical and horizontal) were failing because of the imperfections in application of these systems. The traditional route of accountability involves *citizens* working through *policy-makers* to reach *providers* of services. This can be done via advocacy (voting or lobbying) for improvements in policies and services that are ultimately enforced through the compact with service providers. This traditional route, which often fails to enforce accountability, was dubbed a *long route* to service provision.

From this realization emerged the concept of a short route *to address accountability failures by linking citizens to providers in direct relationships in the hopes of having a quicker impact on quality of services.* The short route of accountability provides for direct community action, both through community provision of services and through communities holding providers accountable at the point of service delivery (Commins 2007: 5). Practical interventions to increase direct citizen – provider interactions is a way of opening up spaces for the state and citizens to dialogue, build mutual understanding and provide feedback. There is a perceived relationship between citizen involvement, ownership and improved service delivery. Hence, the momentum has gathered behind strengthening this short route.
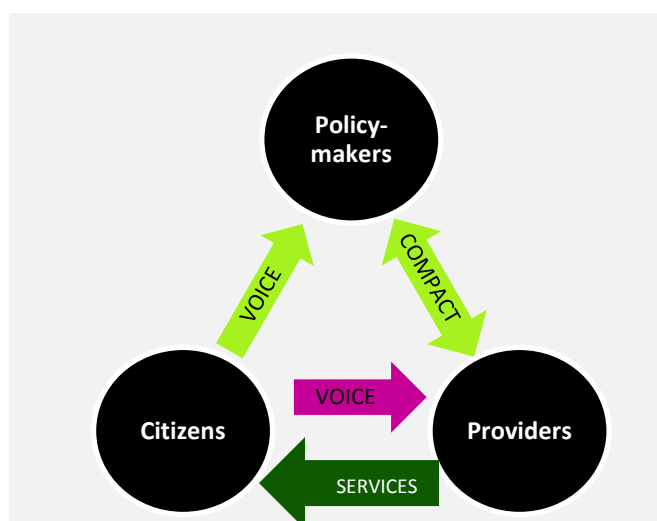
Programs designed to enhance the short route must address possibilities for strengthening the long routes. Ultimately the long routes may pave the way for larger scale changes (policy development, prioritization of resources and more responsive services). Understanding the relationship between short route and long route is important because development actors (governments, funders and implementers) need to weigh the advantages (in the short term and long term) from various strategies to improve service delivery.

The diagram below, adapted from Schnell & Coetzee (2010: 32 – 36) shows the accountability relationships in detail – including the distinction between elected leaders and technocrats which is highly relevant for the Uganda context. This diagram looks at the foundations for accountability between key segments of the society (public, service providers, elected leaders and government officials). It also shows that the media, trade unions and CSOs all play critical roles in reinforcing these accountability relationships.
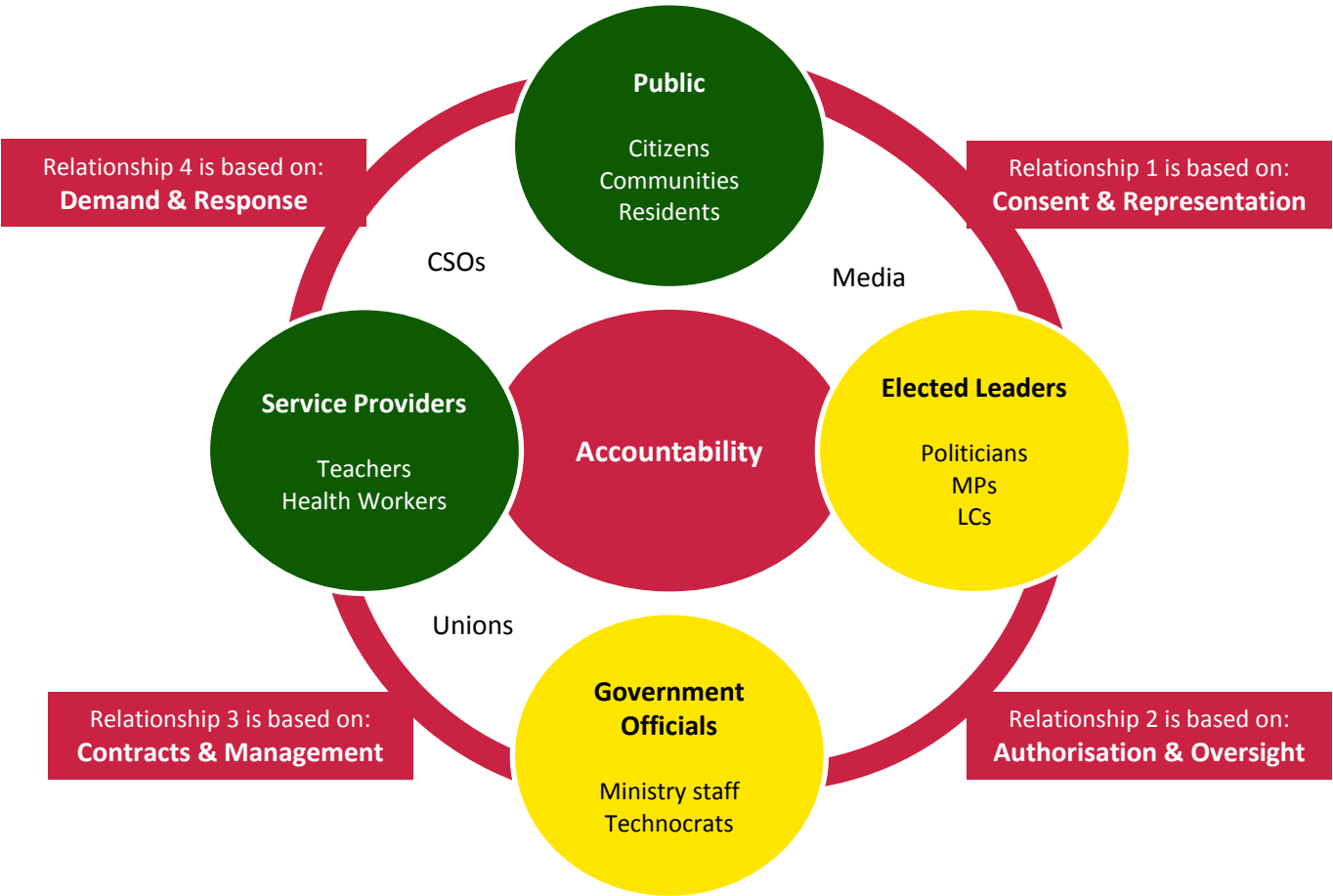
d. Short term outputs & long term sustainability

The short and long routes are essentially *governance approaches* to improve service delivery. There are a variety of ways to improve service delivery – focusing on the short route is one and increasing inputs on the supply side is another. When considering the various approaches to improving the quality and quantity of service delivery, it is important to consider the potential advantages of both supply and demand-side approaches. Adopting a governance approach to improving service

delivery may seem controversial, especially in circumstances where service delivery systems are under-resourced and supply-side interventions are also necessary.

Supply and demand side approaches can have different timeframes for results. *Often, pressure to meet short term sector output targets is more immediate than the institutional reforms necessary to make service delivery systems sustainable in the long term* (Commins 2007: 4). Given overwhelming poverty and poor health, education and livelihood indicators, the pressure to produce significant and immediate results in service delivery is very strong. The focus on immediate deliverables and value-for-money drives decisions about interventions. Institutional reforms are important, but they are much more difficult to achieve.

The objectives of delivering better services and strengthening local governance are related, but they are often confused (Commins 2007: 4). *Supply side interventions are very common, but increasing inputs into a system where there is insufficient accountability for their use may provide more temptation and opportunity for misuse of resources and further weaken the system.* Depending on the context (amount/type of resource increase and degree of mismanagement), there may be some improvements in service delivery in the short term from more inputs into the system. However, this type of intervention might not address the overall lack of accountability which is important for sustainable change in the long term.

While the longer term changes do take time, recent work has also shown that demand side social accountability approaches can have a positive effect on access to services and better health outcomes in the short term. If this holds true over time (and this is still an open question), social accountability may positively influence short term sector outputs and enhance prospects for accountable and responsive services in the longer term. For more on this, please see **section II**.

e.   Impact of development assistance on accountability

One very interesting element of accountability relationships that is somewhat outside the scope of this in-depth review must also be acknowledged here. This is related to transparency and the impact of development aid. In some instances, aid relationships can *prioritise upward accountability* at the expense of non-responsiveness of private or public service providers to their primary clients (UNDP 2006).

The Paris Declaration on Aid Effectiveness recognises this and codifies the concern that donors have about the links between accountability and aid effectiveness. The Paris Declaration emphasizes ownership over development strategies among recipient governments, alignment of funding with national development priorities, better harmonisation and coordination among donors, results-based management and mutual accountability (OECD 2008 in Wild and Domingo 2010: 1). However, there is still a long way to go in understanding the myriad ways that development assistance is related to accountability and to make strides towards funding that strengthens, rather than undermines, *downward accountability* of the state to citizens.

One risk of supply-side interventions noted above is that introducing resources where accountability is weak and *corruption* is a challenge can further compromise domestic accountability. This and other challenges for funders are noted below:

> *Aid can contribute to domestic accountability in two key ways. First, it can impact on capacity for domestic accountability (for example through donor support to civil society, parliamentarians and other key domestic actors). Second, … aid can impact on the scope for domestic accountability (Hudson and GOVNET, 2009). There has been increasing criticism of the extent to which aid to low-income countries with poor governance (particularly in parts of Africa) can further weaken domestic accountability (Bräutigam and Knack, 2004). It can skew accountability, creating incentives so that **governments are more accountable to donors than to their citizens**; it can undermine the development of a more legitimate tax-based social contract between citizens and the state; and, where there is a lack of transparency, it can undermine budget processes and policy processes, for example by reducing the ability of*

parliaments, audit institutions and civil society to hold the government to account where they do not know how much aid has been received and how it has been used (Hudson and GOVNET, 2009) (Wild and Domingo 2010: 2).

3. Power and empowerment

a. Power relationships in society

Social accountability is fundamentally about **shifting and reformulating** many **power imbalances in society**. As highlighted in the diagram below, rebalancing power to increase accountability and responsiveness requires changes on many levels: within society, within the state and in the state-society interface (Fox 2005: 5).
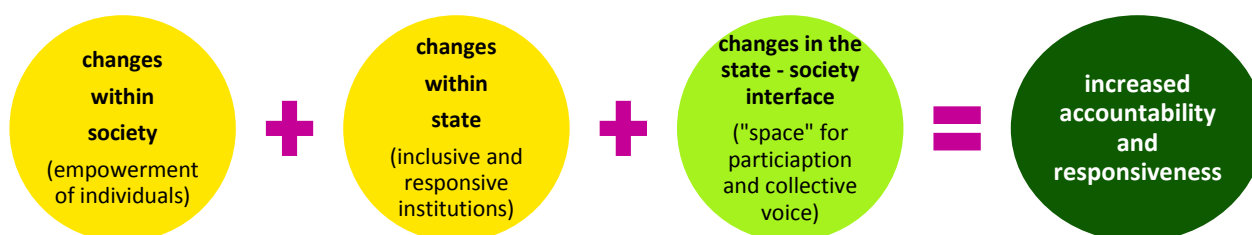
No matter what context, making significant changes in any of these dimensions is a difficult, **long-term process**. It will be impossible for one project or intervention to change all of these simultaneously. ***Accountable and responsive service delivery may depend strongly on many additional contextual factors outside the influence of a project.*** Success can also be defined as improved outcomes as a result of the accountability and responsiveness, but this is farther along in the causal chain and ultimately affected by other factors (more on this in **section III.4.b**). A project designed to contribute to enhancing or expanding the state-society interface will only be effective if there are other processes in motion that are looking at individual empowerment (changes within society) and looking at the inclusiveness of the state (policies and their implementation). Simultaneous changes can create conditions for more responsiveness, whereby programs and resources are directed to the priority areas which citizens have helped to define.

A deeper operational definition of responsiveness related to health sector is: The degree to which health providers and policy makers respond to the concerns and suggestions of clients and communities by changing the way business is done in the health sector. This may involve a change in attitude, organisational culture, systems, procedures or policies (Green no date: 4).

Traditional approaches to improving accountability focused more on the functioning of democratic systems (vertical and horizontal mechanisms).[2] They usually focused on strengthening state institutions and/or creating spaces for public consultation, without addressing power relations between citizens and the state, and the interactions and interfaces between them.[3]

Here it may be helpful to look at a common model of organizing society which has three main elements: the state, civil society and market. The **state** refers to government institutions that make policy, develop standards, regulate the market, interact with civil society and allocate resources. The **market** includes private sector entities or individuals which produce goods and services for consumption and use by citizens and the state. Finally, **civil society** is the collective term for

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[2] Traditional interventions focused on formal electoral process, audit functions, judicial reform, etc..
[3] http://www.gsdrc.org/go/topic-guides/empowerment-and-accountability accessed Jan 27, 2012

organisations like churches, unions and community-based organisations that allow citizens spaces to associate with each other based on shared interests and goals. In a healthy society, the state, market and civil society all have active roles to play in balancing each other and creating conditions for individuals to survive and succeed.
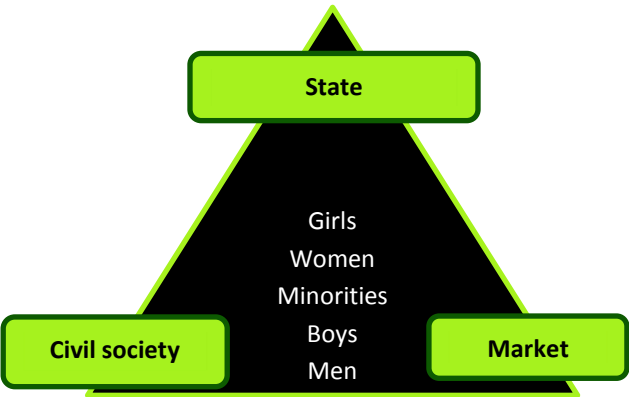
Many societies do not have a very healthy balance of powers between the state, market and civil society. The increasing emphasis on social accountability acknowledges that **power relationships** and **weak formal mechanisms impede effective answerability and enforceability among the various segments of society**. Therefore, social accountability moves beyond investing in systems and focuses increasingly on building the skills and abilities for citizens and civil society groups to have the power to interact with formal state institutions in a constructive, proactive way.

b. Levels, domains and dimensions of empowerment

Taken very broadly, empowerment can be understood as a dynamic and indivisible process, not a thing (Eyben et al 2008: 21). *Empowerment* generally refers to people's (increased) ability to make choices regarding their own development. This comes through development of resources, assets, skills and transformed institutions. Building from the discussion above about power dynamics, there is an understanding that empowerment is about changing the power dynamics to improve access to and use of spaces for meaningful participation.

> *Empowerment and accountability are interrelated, with considerable overlap between them.* ***The empowerment and accountability agenda thus takes an integrated view of how people can gain the necessary resources, assets, and capabilities to demand accountability from those who hold power.*** *This requires not only social and political empowerment, which forms the basis of transformed relations with the state, but also economic empowerment, which enhances people's abilities to engage. The underlying logic is that greater empowerment also allows for greater accountability (GSDRC).*

Empowerment occurs when people "are able to imagine their world differently and to realize that vision by changing the relations of power that have been keeping them in poverty" (Eyben et al 2008:3). Power relations and empowerment need to be balanced within various levels, domains and dimensions in order to have more accountability and responsiveness.

Empowerment (GSDRC)		
Levels	**Domains**	**Dimensions**
Individual	State	Political
Family	Market	Social
Community	Society	Cultural
		Economic
		Legal

c. Intrinsic V. Instrumental

One of the major questions in empowerment and accountability is whether this type of program is *intrinsic (is valuable in and of itself)* or *instrumental (is a means to an end).* Another way of putting this is that empowerment and accountability

can either be viewed as objectives or as an overall approach to development or one means of achieving a development outcome (such as better health services).

The "intrinsic" versus "instrumental" concept is important because it has links to the theory of change for a project. For example, if a project is designed to see voice and accountability as an objective, the theory of change stops when individuals or citizen's groups have the ability to participate in and influence the development discussions of the community or at higher levels. Some implementers and researchers see interventions more as a means to an end, which can mean that the chain of logic about the project goal extends beyond a measure of empowerment such as collective voice or degree of participation and links to higher development outcomes such as better health outcomes. The challenge here is that often long-term, sustainable changes in service delivery require other elements – such as allocation of more funds, incentives for providers to offer better services and punishments if those services are not offered.

d. Individual agency

Participation practices often begin locally (Gaventa 2006: 27), and the ability to participate is often linked to individual agency. *Individual agency* is a person's ability to act on behalf of what s/he values and has reason to value (Sen 1999). Forms of individual empowerment that lead to enhanced agency are legal, social (protection), political, economic. *Economic empowerment* is the ability of women and men to participate in, contribute to and benefit from growth which reflects their contributions. In many cases, women's contributions are not valued in economic terms and their relative power in their homes and communities is much less than men's. *Political empowerment* focuses more on the formal vertical mechanisms discussed above, such as in institutions and electoral processes. *Social empowerment* involves taking steps to change ones' own place in society so that it is respected and people are recognized on the terms they want to live (Eyben et al 2008).

e. Changes within society: Woman power?

Women are excluded from decision-making for their personal and public lives. In Uganda, this manifests in only 22% of married women making sole decisions about their own healthcare, with husbands making decisions in 40% of the case (UBOS UDHS 2006 in Health Sector Strategic Plan III 2010: 21). Women's voices are not heard in matters related to their own health and well-being.

In most societies, particular groups or constituencies are marginalized or specifically excluded – they are not empowered as individuals. In the case of ethnic minorities, fear or resentment can lead to their deliberate exclusion from participating in decision-making or using services. Other groups, such as women, youth or adolescent girls may be excluded based on deeply held views on their respective roles in societies. For women specifically, their

> *… frequent disadvantage in using accountability systems is based on their subordinate status in relation to men at home (husbands, fathers, brothers) or men as decision-makers and power-holders (traditional leaders, local council members, party leaders, judges, police), which constrains women's ability to assert or exercise their rights. Women's limited decision-making power within the household means that their relationship to the public sphere or the market is often mediated by men (UNIFEM 2008: 16).*

Thus, empowerment of women is necessary for participation and so that they can make decisions for themselves which ultimately affect their own development.

For young women, these issues are even more pronounced as their ability to participate is often impacted by age and gender barriers. Young women are highly vulnerable as they attempt to navigate their homes and communities and attain the services they need. In many developing country contexts, early marriage, cross-generational relationships and other social arrangements do place further limits on the power of young women to exercise their agency in relation to reproductive health and other critical areas.

f. Collective voice

Individual empowerment and agency help create the conditions for collective voice among community groups and more formal civil society organizations. Social accountability programs are also called voice and accountability programs. **Voice** refers to the ability of people to work together and exert influence. Some argue that social accountability can lead to empowerment (McGee & Gaventa 2010: 7). In this instance, "empowerment of disadvantaged groups to exercise their voice effectively, so that power relations are reconstituted to their advantage, is a defining characteristic of 'deep' – as opposed to formal electoral – democracies (McGee & Gaventa 2010: 7). In this sense, deep democratic practices allow the space for citizens and civil society groups to actively participate in monitoring, planning and policy formation rather than simply casting a vote. As discussed above, this is essential, particularly where elections are not fulfilling their purpose of holding leaders to account.

g. Changes within the state and in the state-society interface: Open spaces?

In order to address power dynamics and move towards more transparent, accountable and responsive systems one considers the somewhat abstract, but widely discussed, concept of **"space" for citizens to engage with the state**. Spaces are often formal arrangements, but the less formal or invisible power dynamics and spaces are incredibly influential. Understanding various spaces and how they function is key to understanding the relationship between participation and power, and thus to unpacking some of the preconditions and assumptions which shape a theory of change about expected outcomes from voice and accountability programming.

Meaningful participation and access to these spaces requires individual and collective empowerment. In exploring the relationship between power and the accessibility of spaces, one notable scholar on these topics introduces the idea of a power cube (Gaventa 2006: 23 - 33). Many of the relationships in the 'power cube' and the opportunities for participation are built on intimate spaces and individual empowerment (Gaventa 2006: 27). The dimensions of the power cube are summarised in the table below based on the level of the space, characteristics of spaces and dominant forms of power.

Basic Levels	Characteristics of Spaces	Forms of Power
Global – These include international (United Nations, World Trade Organization), regional (African Union, East African Community) and may issue in an era of global governance which takes decision-making further from the average citizen.	_Closed_ – Deliberately exclusive for a where decisions made behind closed doors, by a set of elite actors who make no efforts to include citizen voices (nor do they apologize for failing to do so!)	_Visible_ – These are the formal rules and structures which govern institutions and their functioning. Strategies targeting this level look at policymaking so process is more democratic and accountable to the people.
National – The level of the nation-state which often sets national standards, policies and priorities for resource allocation and development.	_Invited_ – People (users, citizens, beneficiaries) are invited by authorities to participate. Could be one-off or on-going processes of consultation.	_Hidden_ – Despite the rules that exist on paper, this is the exercise of power in practice – whereby some powerful people or institutions control the agenda and decision-making.
Local – The level closer to the people. With the increasing movement toward deconcentration of power and decentralization in planning this should theoretically allow for citizen participation in setting priorities.	_Created/claimed_ – These are often created by social movements, usually more "organic" and have emerged because conventional spaces referenced above are still exclusive or do not work for people.	_Invisible_ – This is the power that shapes the psychological and ideological boundaries of individuals and groups. This is the socialization which affects how people see themselves in relation to the world and it affects how much influence they think they have in spaces.

Many civil society interventions focus on increasing or changing these spaces or rely on opening of these spaces described in the table above. Empowerment is about the invisible spaces that shape an individual's sense of self. Civil society can try

to make hidden spaces more visible or seek invitations to consultations. Failing this, civil society may need to create or claim spaces outside the state in order to influence change (Tembo 2012: 20). The caveat here is that opening up spaces also requires individual empowerment and collective voice to lead to more legitimate participation, as noted in the excerpt below:

> *Creation of new spaces for public participation is intended to enable more direct forms of citizen engagement in policy making.* ***However, simply creating new spaces for participation does not guarantee greater inclusion, nor does it automatically enable the most marginalised segments of the population to articulate their voices and demand accountability.*** *The outcomes of participatory approaches are affected by power and power relations, which shape participatory spaces and can create exclusion and inequality (Chambers 2006).*

4. Essential conditions within the state: Transparency, access to information & political will

Most of the literature on social accountability describes context, access to information and political will as essential elements (conditions) for achieving responsiveness and accountability in service provision. In **section I.3**, empowerment and spaces for participation were presented as elements of changes within society and changes in the state-society interface. This section examines transparency, political will and access to information as elements of good governance and *conditions* linked to the *success of accountability programmes*.

Indeed, "reference to *laws* and *policy* is often regarded as a better basis for engagement because it sets the standards based on the established rules of the game" (Tembo 2012: 20). However, where issues are contested CSOs can "use mechanisms whereby citizens are organized away from the state actors or system and then gradually draw in the state actors

Essential conditions

Creating conditions: If the conditions (conducive policy environment, laws/rights on access to information, transparency in practice) do not exist, social accountability interventions could aim to create these conditions.

Building from conditions: In some cases, these conditions already exist and the environment is conducive for deepening citizen participation in monitoring, demanding and expressing their preferences for service provision.

concerned. The hope is that the results from organizing outside the official process will become undeniable evidence of what the community needs and hence incentivize positive government resources" (Tembo 2012: 20). The latter is in line with the discussions about opening up spaces in the section above.

a. Transparency

Transparency signifies "an openness of the governance system through clear processes and procedures and easy access to public information for citizens [stimulating] ethical awareness in public service through information sharing, which ultimately ensures accountability for the performance of individuals and organizations handling resources or holding public office" (Suk Kim 2005 in McGee & Gaventa 2010: 4).

Transparency is closely linked to accountability. Not only is access to information a right (**section III.2.a**) but many believe that more transparency in state decision-making can facilitate greater accountability to citizens. However, there is no automatic linkage between transparency and accountability, as there must ultimately be opportunities (spaces) to influence decision-making and hold duty-bearers to account (enforceability). Transparency is a ***necessary but insufficient condition*** for achieving accountability.

b. Political will in policy and practice

Referencing the discussions about space and power above, much of the literature discusses the importance of political will in sharing information and preparedness to actually open up spaces for meaningful participation by citizens and civil society representatives. *Political systems and individuals* charged with the functioning of those systems must be *committed to participation and have the tools to enable it* in a meaningful way. Political will can be documented in the intuitional frameworks – such as *constitutions* which guarantee freedoms and rights; *laws* about access to information; *policies* on decentralization; national and local development *plans*; or *formal processes* for inclusion of civil society in policy formation or budgeting.

i. Inclusiveness

Analysing the degree of *official openness* is important, but understanding the actual *willingness* and *ability* to adhere to official laws and practices at all levels of government is more difficult and arguably more significant. Tembo describes to the *functional openness* of systems as "understanding narratives" or stakeholder accounts of how certain outcomes (desirable or undesirable) come about in particular contexts (Tembo 2012: 26 – 27). These narratives are about *how things are functioning in practice, on the ground*. These narratives add meaning and context to aggregate or country level indicators on press freedom, corruption, transparency and good governance.

ii. Responsiveness

As noted above in **section II.2.a**, accountability relies on *answerability* and *enforceability*. In practice, enforceability is about incentives to improve performance or policy adherence. Social accountability tools that get citizens involved (in practice) will only be successful if there are ways to *sanction bad performance and reward good performance.* Systems of sanctions and rewards are often lacking in systems with little accountability at the point of service provision.

> *If the incentive framework under which providers operate isolates or protects them from outside pressures—for example, their funding stays the same or they experience no risk of dismissal—social accountability mechanisms, such as scorecards or hotlines, are unlikely to work well. (Rinegold et al 2012: 95).*

In terms of responsiveness, answerability and enforceability reinforced through demand-side initiatives also have limits. Demand-side approaches may achieve some things in the short term via low cost/no cost solutions and more citizen engagement and monitoring that leads to more efficiency of allocated resources (and some changes in behaviour). However, in the longer term, "*social accountability is not just a "demand-side" concern* [and] … cannot be considered separately from the broader *incentive framework* under which providers operate" (Rinegold et al 2012: 95). Here, incentives refer to positive reinforcement or additional inputs/resources made available.

iii. Decentralisation

It is interesting to note the number of times that *decentralisation* comes up in discussions or papers about social accountability. The two concepts should not be confused, though they are highly related. In many cases, decentralisation laws and processes are designed to bring decision-making closer to the people, so in some sense can be an example of political will at the highest levels. However, the effectiveness of such laws depends on how they are implemented – in most poor countries with limited ability to collect taxes at local levels, there is a large dependency on central governments for resource allocations. Policy and development priorities are also very often determined at the central government level, where it may be more difficult for citizens to have opportunities for meaningful participation. Thus, commitment to decentralisation may indicate some degree of political will, it is not a sufficient condition for ensuring more citizen participation.

> *… decentralisation alone is no guarantee for a more effective responsive Government. Unless there is community participation in making decisions and managing development, decentralisation may be less responsive to community needs and desires than a centralised authority" (Wild and Domingo 2010: 7).*

c. Access to information

Usually, civil society advocacy for right of access to information focuses on putting terms for access to information into law. Of course, this will only be effective if laws are observed. The observation of laws is governed by political will and practical considerations such as the availability and quality of information. Please see **section III.2** and **Annex 1** for more on information access.

In programming terms, provision of information about rights and entitlements or gathering of information about public service allocations is one of the primary building blocks to interventions. Indeed, "providing information is the first step to improving accountability to excluded groups – information helps people to understand the services they are entitled to, and the mechanisms available to them to demand this level of service" (UNDP 2003).

Possibly the most significant constraint to sharing information is the ***actual availability of information*** in the first place. Most countries in sub-Saharan Africa have limited amounts of information and much is of dubious ***quality***. For this reason, some of the voice and accountability programmes look at generation of information from the bottom-up and others look at the comparison of public information to on the ground realities (triangulation).

> *A simple but critical point about the design of information interventions is that they will not work without good data. Information campaigns about the financing of services and performance can have demanding data requirements. In low- and middle income countries, data about spending at the facility level may not be easily available. Data on student performance are not collected in some countries, and even where data are available, they may not be accessible at the school level. Scorecard and report card exercises that generate data on performance from subjective assessments of citizens and communities pose different data challenges, including the challenges of collecting good-quality data and the difficulties of interpreting beneficiary assessments (Fiszbein, Ringold, and Rogers 2011 in Ringold, et al 2012: 96).*

5.   Role of civil society

Much of the literature notes that civil society organisations (CSOs) do have an important role to play in accountability work and citizen empowerment. As noted above, CSOs can help to create spaces for citizen participation – either advocating for policy changes or helping to realise the policies in practice. In addition, a stronger civil society is part of the checks and balances of healthy society relationships as noted above the state, market, civil society in **section II.3.a**.

CSOs have a strong role to play in ensuring accountability in many contexts (McLoughlin 2008; Wild and Domingo 2010, McGee & Gaventa 2010; Tembo 2012). Some authors have pointed to ***strong civil society*** almost as a ***precondition*** or necessary factor for the success of voice and accountability work (GSDRC). Indeed, much of the community-based accountability work in monitoring is done by CSOs (national, international or both in partnership). The relative success of citizen report card interventions in Uganda as opposed to India is partially attributed to the follow-up of civil society organisations (McLoughlin 2010: 3; McGee and Gaventa 2010:12).

However, there is a caveat also that off-budget support (money from funders directly to NGOs as opposed to passing through the government budget mechanisms) can also make it more difficult to develop strong domestic accountability (**section II.2.e**). The growing emphasis on accountability of NGOs (down to beneficiaries and up to host-country governments) is a very important part of the initiatives on global aid transparency (McGee and Gaventa 2010: 18).

III.   OVERVIEW OF VOICE AND ACCOUNTABILITY METHODOLOGIES

1. General evidence base

Given the drive towards *results-based management* for enhanced development effectiveness, many funders, researchers and implementing agencies are looking for hard evidence on the *effectiveness* of various social accountability approaches. Many authors (especially the more academic ones) find that the general evidence base on transparency, voice and accountability is quite sparse considering the increasing discussion and interest (and funding) for social accountability programs in the past 10 years (McGee and Gaventa 2010: 20). Moreover, "much of the current evidence base relies on *untested normative, positive assumptions* and *under-specified relationships between mechanisms and outcomes*" (McGee & Gaventa 2010: 8). In effect, this means that many of the theories based on social accountability reflect how people want to see the world, and the belief that participation can make a very positive difference.

Another author points out that the same few examples of "successful" interventions are usually given repeatedly in the various literature about effectiveness and outcomes of interventions (Sundet 2008: 21). At this stage, positive evidence in one setting is not corroborated in others, sometimes similar approaches have led to different outcomes in different contexts which makes it difficult to draw conclusive evidence on trends or if the underlying assumptions driving this work are true (McGee and Gaventa 2010: 21). What is more, "there does not appear to be any research available which seeks to compare the results of different mechanisms, or attempts to draw any conclusions about which mechanisms are the most effective" (McLoughlin 2010: 1).

The limited evidence does not necessarily mean that there is no link between transparency/accountability and other outcomes, but that "a more robust evidence base is needed to make the case convincingly (McGee and Gaventa 2010: 21). In addition to hard evidence (robust can be considered larger body of evidence which has been systematically or scientifically gathered), it should be possible to look at strong documentation of qualitative evaluations, but these are somehow disregarded in the current climate and discussions about evaluation.

While the results-based management is increasing the pressure to prove the impact of interventions and justify investments in the approaches, this is difficult. *Arguably, showing the direct impact of <u>any</u> development intervention is extremely difficult* (Earl et al 2001: 6 – 10). Before looking at the evidence about various mechanisms in practice, it is important to set out some definitions on concepts related to measuring programmes: *effectiveness*, *correlation* and *causality* (*attribution of impact*).

a. Effectiveness

Because of the complexity of many social accountability approaches given the wider context, most implementers and researchers are limited to looking at the *effectiveness* of interventions as achieving stated, short-term goals. *The extent to which an initiative is effective in achieving stated goals* (i.e., did the intervention designed to make information more available actually lead to that result? (McGee & Gaventa 2010: 3). Accurate measures of effectiveness may be the best way to analyse whether the inputs to a project have actually contributed to (or caused) the outcomes. In relation to attempts to measure the transparency and accountability,

> *Of available work to date, most tends to focus on what we might call the first level of impact, i.e. the **effectiveness** of the initiatives themselves. Fewer have been able to how the links from the initiatives to broader development, governance and empowerment goals. At the more intermediate level, some studies – but remarkably few – shed light on assumed connections between transparency, accountability and citizen engagement – assumptions which, explicitly or otherwise, are at the heart of all of this work (McGee & Gaventa 2010: 21).*

b. Correlation

In designing and measuring programmes, it is important to carefully think through possible correlations. Two primary preconditions for voice and accountability programmes were highlighted above – access to information and political will. McGee and Gaventa (2010: 28) highlight two examples of how **correlation could be confused with causality** in such programmes:

- *Can transparency be taken to lead to less corruption or is it that less corrupt countries are more likely to introduce transparency measures?*
- *Is it that mobilized citizens are more likely to hold states to account, or that involvement in accountability initiatives generates mobilized, empowered citizens?*

In setting out programme designs with research questions in-built, stakeholders must think through the context and design appropriate methodologies to implement and measure programme progress. Some research methodologies try to address these questions with experimental research designs (such as randomized control trials) but these are also very challenging for governance programmes. More on the challenges of measurement in **section V**.

c. Causality (attribution of impact)

It is very challenging to determine the extent to which programmes or projects have actually *caused changes*. This is even more difficult when looking at social accountability interventions because they usually require a mix of approaches at various levels to see outcomes. Good program designs usually incorporate multiple strategies, but it can be difficult to understand which element has caused change. Moreover, some of the outcomes may not be expected until far in to the future, and it is almost impossible to do long-term tracking of outcomes.

> *Attribution* is 'a recurring headache for those engaged in multi-actor, multi-location, multi-level and multi-strategy change work' (Guijt 2007: 27). The civil society activism on which many citizen-led and social accountability initiatives are premised constitutes a set of dynamics which are very hard to disentangle from other social, political, structural or institutional factors or the actions of other state or non-state actors, and the sustainability of which is contingent on many extraneous factors. (Mejía Acosta in McGee and Gaventa 2010: 28).

Attributing *impact* requires **demonstrating the causality between a project intervention or policy and the outcomes (intended and unintended)**. Impact can also be thought of as the degree to which an initiative attains higher goals (i.e., people access information and use that to lobby for inputs into a system of service provision) (McGee and Gaventa 2010: 3 - 4). Usually in development interventions, the goal is identified as something which a project contributes to but does not achieve without other actions or conditions. In thinking of impact as the degree to which a project contributes to a goal is really about questioning the link between the project logic, implementation effectiveness and longer term outcomes – basically it equates impact with the very "big picture."

2. Overall types of intervention methodologies and evidence base

Very broadly speaking there are two categories of social accountability mechanisms – *choice **and** voice* (UNIFEM 2008: 4 – 7). *Choice* mechanisms typically offer cash transfers or open up competition for service provision with the state (such as enabling the establishment of private facilities) so that citizen's/consumers can exercise their choice as a mechanism for accountability. Choice mechanisms can be considered a more market-based accountability mechanism whereas voice mechanisms are more governance-based approaches. While it is important to note the distinction between choice and voice, this review focuses on voice interventions. *Many of the poorest individuals in sub-Saharan Africa live in rural areas and will depend on public sector services for the foreseeable future and market-oriented approaches to service delivery may not be the most effective method for tackling social accountability failures* (DFID 2010: 56 – 74).

The diagram below is not comprehensive, but offers a way to compare demand-side interventions of voice and choice with supply-side conditions (interventions) necessary for improvements in accountability and responsiveness. In relation to service delivery, demand side interventions are often used in combination and at the same time depend on supply-side actions. Demand side actions also attempt to address supply-side issues such as adoption of a policy environment conducive to participation and client-centred approaches to technical inputs. These relationships are truly complex.
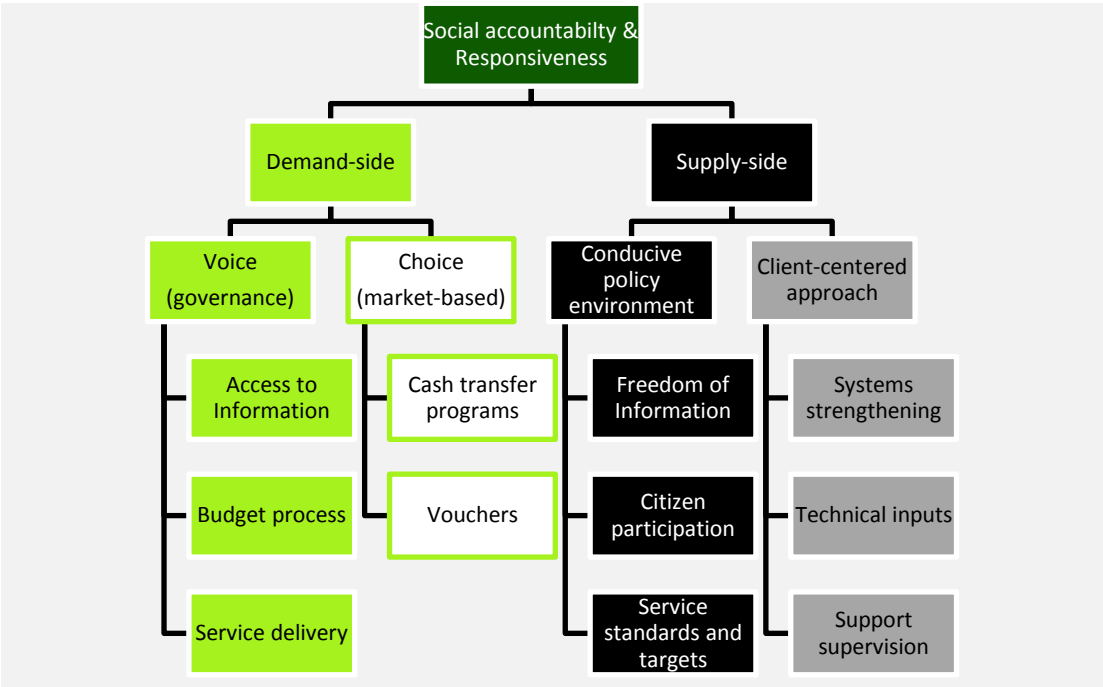
There are about **20** major types of social accountability methodologies (also often called voice & transparency), which can be broken in to a few major categories: *right of access to information*, *budget process* and *service delivery*.[4]

The summary below gives brief overview of each type, examples of interventions and the very general evidence based on what has been tested thus far. For more details on each methodology; associated challenges and lessons; and some of the commonly cited research or evidence on each please see **Annex 1**.

Right of access to information	Budget process	Service delivery
▪ Campaigns to institute Freedom of Information laws ▪ Advocacy for budget information ▪ Demand for information about inputs/allocations	▪ Participatory budget analysis ▪ Budget monitoring ▪ Auditing of audits ▪ Public expenditure tracking surveys (PETS) ▪ Participatory audits ▪ Social audits	▪ Establishment of charters ▪ Grievance mechanisms ▪ User/client satisfaction surveys ▪ Citizen report cards (CRCs) ▪ Community scorecards ▪ Community-based participatory monitoring

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[4] From the literature reviewed, it seems there is no standard ways of categorizing voice and accountability tools. The categorization here is based on McGee and Gaventa 2010 as it seems to be the closest categorization to the programming interests and potential capacities of GOAL.

a. Right of access to information

There are many examples of advocacy and agitation for access to information. There has been a proliferation in the number of countries with access to information legislation, which increased from 12 in 1990 to 80 in 2010 (McGee & Gaventa 2010: 17).

Examples of right of access to information interventions: Note that many of these are connected with efforts to be involved in budget process or monitor service delivery. They include: campaigns to institute Freedom of Information laws, advocacy for budget information, demand for information about inputs/allocations.

Are they effective? There are very few studies on how (or if) access to information has been translated in to development outcomes or goals (McGee and Gaventa 2010: 15). This indicates that access to information is more of a ***precondition or essential element of social accountability strategies***. Standing alone, access to information could be considered to have intrinsic value, ***but other conditions must be in place for the information to be channelled to accountability*** (answerability, enforceability and responsiveness) or development outcomes. One example from South Africa Open Democracy Advice Centre (ODAC) talks of promoting community-based information strategies – which would be more like linking information to other actions by which communities can use the information (McGee and Gaventa 2010: 16).

b. Budget process

Of all of the fields of citizen-led accountability and transparency, those related to budget processes are among the most developed. This makes senses because budget development is a very formal process which should go through standard procedures and leverage horizontal systems (which were more of a focus in previous decades). Various budget interventions and initiatives have been employed since the 1980s with growing recognition that budget allocations reflected the policy preferences of governments, the "democracy and good governance" agendas of the 1990s and the growing demands of donors for transparency in the use of bi-lateral aid (McGee and Gaventa 2010: p 12). Most budget process interventions rely on accessibility of information – related to government budget allocations and the use of inputs into a certain sector or for specific segments of the population.

Examples of budget process interventions: Note that many of these tools can also be leveraged in relation to service delivery as well. They include: participatory budgeting, participatory budget analysis, budget monitoring, auditing of audits, public expenditure tracking surveys (PETS), participatory audits and social audits.

Are they effective? In general, budget transparency is associated with ***better*** quality governance, political turnout, socio-economic and development indicators, credit ratings and fiscal discipline. It is also associated with ***reduced*** corruption (McGee and Gaventa 2010: p 13). While these are positive correlations, it is difficult to say if that more budget transparency causes these other things. Maybe governments that are more inclusive in budget planning also have systems in place to reduce corruption (better horizontal accountability) and enforceability (can impose punishments on violators). ***Interventions combining access to information and various strategies for "following the money" have documented results such as: discovery of missing funds, leading to punishment or disciplinary action of officials; formal cooperation between citizens groups and national audit processes; and legislative reform (right to information) at local and national levels*** (Sundet 2008: 19).

c. Service delivery

As noted above, citizen engagement in service delivery has roots in the WB 2004 HDR as the ***short route*** and social accountability. Many agencies working on social accountability ultimately adopt this approach as a measn to achieve better service delivery outcomes for participants. Many interventions are designed to incorporate more citizen participation in

monitoring, planning and policy development so that resources will reflect their needs. Most social accountability interventions designed to address service delivery incorporate elements of access to information and budget processes. What often emerges are project strategies that mix approaches and methodologies – and rightly so given the number of factors that need to be affected to make the short route (or the long route) effective. *Even with a good mix of tools in application, there may be a somewhat forced connection between social accountability and improved development indicators.* This is discussed further below in **section III.4.b**.

Examples of service delivery interventions: Some of the interventions listed above are connected to service delivery in different ways, but the defining feature of this category is that is closer to the community or point of service delivery itself. They include: establishment of charters, grievance mechanisms, user/client satisfaction surveys, citizen report cards (CRCs), community scorecards, community-based participatory monitoring.

Are they effective? Interventions such as community scorecards have found positive results on number of pregnant women undergoing checkups and delivering in hospitals (India), and citizen report cards were linked to reductions in malnutrition (India) as well (McLoughlin 2010: 2). Citizen report cards are also linked to improved quality of health in Uganda (more on this in section III.3.b below) but had limited effect on improvements in education (India). Some more qualitative work from Nigeria's Partnerships for Transforming Health Systems (PATHS) project has shown that *"involving clients and community representatives in the assessment and monitoring of service delivery not only helped open up space for citizen voices to be heard in the health sector, but also strengthened provider responsiveness to client needs"* (Green no date: 2).

Overall, there seems to be growing evidence that there is a relationship between public-service seeking behaviour, positive provider behaviour and various voice and accountability mechanisms. This can mean that such interventions are a very good way to help create many of the necessary conditions involved in improving health outcomes. However, while many make the connection to larger development outcomes, this must be done with caution. *Social accountability mechanisms "are able to influence development outcomes and can help improve governance, but that they do not necessarily guarantee improvements in public service … rather, they are long-term processes which require time, money and patience"* (Agarwal et al 2009 in McLoughlin 2010: 2).

3. Social accountability in Uganda

Uganda has been one of the primary countries in which various types of social accountability interventions have been implemented and measured. Other popular countries for this work are Brazil, India, Indonesia, the Philippines, Malawi and South Africa. The policy environment in Uganda is, in many ways, ideal for social accountability work. The decentralization policy and national development plans place great emphasis on citizen participation in monitoring and accountability. The main challenge is translating these priorities into action. For more on this, please see the complimentary background piece for GOAL Uganda's entry into social accountability programming (*Context analysis: Uganda is ready for social accountability).*

Civil society actors in Uganda are active and trying to get even more deeply engaged in gathering evidence and demanding accountability. The **Uganda Debt Network** (UDN) is a very prominent actor in this arena and various mechanisms are referenced throughout the literature as examples of interventions. The **National NGO Forum**, **Development Network of Indigenous Voluntary Associations** (DENIVA), **Uganda National Health User's and Consumer's Organisation** (UNHCO), **Kabarole Research and Resource Centre** (KRC) and various **district NGO Forums** are other Ugandan CSOs that play a prominent role in social accountability work.

There are many examples of social accountability work in Uganda – particularly monitoring of public services. Most civil society actors lament that they have struggled to document the results of their work systematically, and many speak modestly – referring to contribution rather than attempting to attribute their work to specific outcomes.[5] Some keen observers of Ugandan civil society and advocacy opportunities have noted that there may be *space for standardisation and scale-up of some approaches to community monitoring*, with more attempts to *document outcomes and increase effectiveness* (Selvaggio, et al 2011: 3).

Despite the general weaknesses in documenting outcomes and effectiveness from various CSO initiatives in Uganda, some interventions have been the subject of rigorous research and analysis. Some of this research has involved randomized control trials (see more on this in **section V**) on citizen report cards. The table in **Annex 1** has many references to social accountability programmes in Uganda. However, here the focus is on two specific approaches in Uganda and their effectiveness (both of these have received a lot of attention in the literature on social accountability).

a. Public Expenditure Tracking Surveys (PETS)

Uganda had long been held up as a successful example of PETS done for education sector in **1996**, which created outrage over fact that **80%** of funds for schools went missing from national to school levels. This prompted actions by the Ministry of Finance and Ministry of Local Government to make information on fund transfers to schools. A follow-up PETS in **2002** showed only **20%** leakage in funds and all heralded this as great success.

Meanwhile, a more comprehensive retrospective context analysis looked at trends in education in Uganda from **1990** through to **2002** and found that a lot of changes in the education sector in UG were happening which had an effect on leakage. These included rapid increase in number of schools, introduction of decentralisation, changes in government funding streams and introduction of Universal Primary Education (UPE). All of these developments affected resource generation, allocation and use at the school levels in addition to the measures taken in response to the PETS (Hubbard 2007 in Sundet 2008). *This analysis concluded that in the face of many other changes and factors, the influence of the PETS itself was overestimated.*

Interestingly, a related research piece (using the PETS data on education spending) noted that an information campaign which published data on monthly grants to schools in newspapers had a large impact. They found that "schools in geographic areas with newspaper access received significantly more of the intended transfers" (Rennikka and Svensson 2006 in Walton 2011: 9).

b. Citizen Report Cards (CRC)

A much-cited *randomized evaluation* of a *citizen report card* intervention in the health sector in Uganda in 2005 concluded that the CRC *led to significant improvements in the quality and quantity of primary health care provision and resulted in improved health outcomes in the communities*. This intervention was designed to test the idea that community monitoring could strengthen accountability relationships and address some of the underlying causes of poor service delivery (Björkman and Svensson 2007: 2). Based on literature reviews and pilot testing, the "conjecture was that lack of relevant information and failure to agree on, or coordinate expectations of, what is reasonable to demand from the provider were holding back individual and group action to pressure and monitor the provider" and the intervention was designed to address these documented (Björkman and Svensson 2007: 21).

This experiment was conducted in **50** communities, and facilitated by local community-based organizations (CBOs) who were trained in data collection and other tasks associated with the intervention methodology. This was a randomized field

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[5] Conversation with Uganda Debt Network (UDN) Feb 14, 2012. Kampala, Uganda.

experiment similar to medical field trials which study "the impact of a biological agent or treatment practice in a community setting when the community health workers and/or medical personnel competently carry out their tasks. ***In the experiment … no new health interventions were introduced and the supply of health inputs [remained] un-changed. Instead we focused on incentivizing health workers to carry out their tasks through strengthened local accountability"*** (Björkman and Svensson 2010: 16). In this intervention, community members:

1. Discussed baseline information on the status of health service delivery relative to other providers and the government standard
2. Were also encouraged to develop a plan identifying key problems and steps the providers should take to improve health service provision.

Indeed, "the primary objective of the intervention was to initiate a process of community-based monitoring that was then up to the community to sustain and lead" (Björkman and Svensson 2007: 2). The results, as summarised in the table below, were very positive in the treatment (as compared to control) communities.[6]

Results after one year of citizen report card intervention (Björkman and Svensson 2007)
▪ Significant improvements in weight of infants
▪ Markedly lower number of deaths among children under 5
▪ Utilization for outpatient services was **20%** higher in treatment than in control communities
▪ Improvements in waiting time, examination procedures and absenteeism
▪ More than **1/3** of the health unit management committees (HUMCs) were dissolved or received new members whereas none of the control communities saw these changes
▪ Absence rate of health workers is **13** percentage points lower in treatment facilities
▪ Possibility that more drugs leaked from control communities – control communities had more drug stock-outs even though they saw fewer patients
▪ More people in treatment communities received information about the danger of self-medicating and importance of family planning
▪ About **19%** increase in patients seeking antenatal care
▪ About **22%** increase in patients seeking family planning

The findings of the CRC randomised control trial (RCT) in Uganda are often compared to the results of a similar RCT for CRCs on education in India. Findings of the RCT in India's education sector found much less impact than the approach in Uganda for health. This is partially because the ***Uganda example focused on development and agreement around action plans*** (Walton 2011: 2) and ***CSOs were more reportedly more actively involved in the follow-up of health workers and community actors in the Uganda example*** (J-PAL; Walton 2011: 2; McLoughlin 2010: 8). Some also point out that the education sector is different than health in several in several ways which might have affected citizen willingness and ability to engage in school monitoring.

The main challenge with interpreting the findings of the RCT in Uganda's health sector is that the research methodology cannot tell us what elements of the project design and implementation were most responsible. Further analysis points to the following critical observations:

> ***It is not clear which intervention component was most responsible for the results****: the report card, the information about rights and entitlements, the community encouragement to identify problems and necessary changes in provider behaviour in a community action plan, the private meeting with providers that demonstrated how their perceptions of quality differed from household assessments, or the meeting in which the community and providers agreed on a community contract.*

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[6] In rigorous evaluations such as randomized control trials the main way to set up a counterfactual (an idea of what would have happened without the intervention) there is a need to have both "treatment" communities and "control" communities.

Second, interpreting what exactly happened is also a bit of a challenge. Although the results are consistent with an improvement in provider accountability, they are also consistent with a pure stimulus to demand and an increase in the intrinsic motivation of providers who might have been receiving feedback on their performance for the first time (Ringold et al 2010: 104).

These open questions provide opportunities for interesting discussions. While it is noted that the same outcomes have been produced by other kinds of interventions, those other interventions (i.e., a large behaviour change campaign designed to stimulate demand) may not be as cost effective as this approach. While it is difficult to calculate the exact costs, citizen report card approach seems to be a more cost effective approach than other known approaches to improve health outcomes. This is described in more detail in the box below.

Accountability and value-for-money?

As noted in **section I.2.c & d**, there are potentially many ways to influence the quality and accessibility of service delivery – supply side, demand side, and the short and long routes. One of the considerations in rigorous evaluations is the cost effectiveness of interventions – in public health terms this is sometimes done on a "cost per death averted" basis.

A back-of-the-envelope calculation suggests that the intervention [citizen report cards], including the cost for collecting data for the report cards (the main cost item), at a cost of $3 per household in the catchment areas or $160,000 in total, only judged on the cost per death averted must be considered to be fairly cost-effective. The estimated cost of averting the death of a child under five is around $300, which should be compared to the estimate that the average cost per child life saved through the combined and integrated delivery of 23 interventions shown to reduce mortality from the major causes of death in children younger than 5 years is $887 (Bryce at al. 2005 in Björkman and Svensson 2010: 21).

This essentially means that community-monitoring *could* be a quite cost-effective way to improve health outcomes in communities.

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4. Unanswered questions

The examples from above, particularly the detailed one on citizen report cards in Uganda shows that these methodologies can hold promise for improved outcomes in the short term but that implications for longer term impact need much more research.

a. Long term effects and diminishing returns

It is hard enough to measure the short term effectiveness of programs, let alone their longer term impacts – sustainable contributions to fundamental systemic changes. Most organisations do not have time or resources to measure what is happening two or three years after a project has ended.

One interesting question that receives little attention is the idea of "diminishing returns" to a program – if the positive results measured in the short-term will last without on-going support to interventions. In the case of the citizen report card intervention in Uganda, one can question whether the gains achieved (presumably from the low cost/no cost solutions implemented and some behaviour changes at the community level) would persist after two or three years of doing the same process. Presumably, at some point, much higher level actions – especially on the supply-side would be needed to maintain those gains.

Were we to measure the same outcomes two or three years later, would the results persist? Do we think that a one-time intervention, often not lasting more than seven days, would permanently alter the trajectory of user-provider relations in an area? In the Kenyan intervention that trained parents to monitor and evaluate their children's teachers, the researchers returned to measure outcomes one year after the program ended and found that the positive effect of this intervention on learning outcomes had worn off (Duflo et al. 2007)." (Ringold et al 2012: 106).

b. Links to development outcomes

What most civil society and government actors ultimately want to see is better quality of life for individuals, families and communities. This requires access to services of sufficient quantity and quality. Given this, we are left with very *significant questions:*

- *Do social accountability approaches lead to better development outcomes?*
- *How directly related are improved governance (more accountable and responsive services) and better health, education and life indicators for people?*

One review of voice and accountability initiatives found that links with very high level goals such as measurable changes in the Millennium Development Goals (MDGs) are often artificial and forced, sometimes by donors who need to see that link (Rocha et all 2008 in McGee and Gaventa 2010: 8). There may be too much emphasis on counting participation and wanting evidence of contribution to MDGs (Rocha et all 2008 in McGee and Gaventa 2010: 8). Some "point to the need for separating intermediate outcomes – behavioural and attitudinal changes – from longer-range impacts on more rigidly defined developmental and democratic outcomes (e.g. direct policy changes; the progress made on MDG-related targets" (Menocal and Sharma 2009 in McGee and Gaventa 2010: 28).
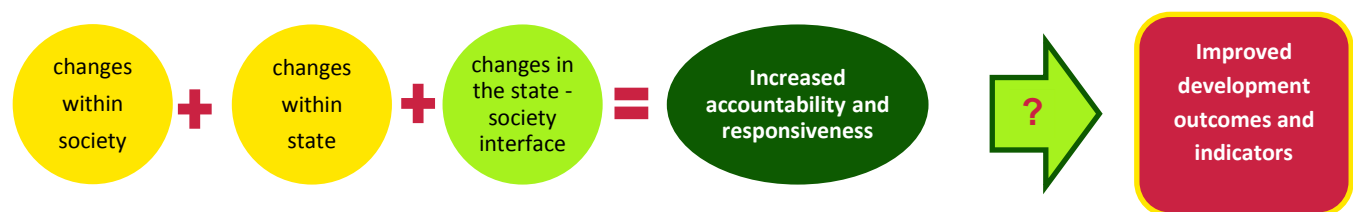
The answer to the linkage between social accountability mechanisms is possibly a question of short term outcomes and long term systemic changes which one hopes will lead to better, more sustainable outcomes. The next section talks about how to define program goals based on the context and what is realistically within the realm of influence of social accountability approaches.

IV.   DESIGNING A SOCIAL ACCOUNTABILITY PROGRAMME

1. Relevance of theory of change

A *Theory of Change* is a tool for developing solutions to complex social problems. A basic theory of change explains how a group of early and intermediate accomplishments create conditions for producing long-range results. A more complete theory of change articulates the assumptions about the process through which change will occur and specifies the ways in which all of the required early and intermediate outcomes related to achieving the desired long-term change will be brought about and documented as they occur (Anderson 2005).

As is noted throughout this review, most of the literature on social accountability discusses the fact that the underlying assumptions of these programs are complex. As a result, most of the discussions about project design focus on clearly articulating the theory of change behind the project. Many articles have pointed to the fact that *poorly developed or undertheorised theories of change have made evaluation of effectiveness impossible*.

Theory of change is recommended above standard tools such as logframes. For *complex governance approaches*, logical framework models of mapping activities and inputs up to a goal are not sufficient to explain project logic based on on-going

state-citizen relations which are "in themselves, a complex web of formal and informal interactions that are difficult to disentangle" (Tembo 2012: v). The theory of change should produce an integrated mapping of all conditions for a project to be successful – including conditions beyond the reach of the project. Typical logframes do not explain why one set of activities and inputs will lead to outcomes as opposed to another set of activities (Tembo 2012: 1), whereas developing a theory of change should force the discussion and resolution about why one set of conditions is targeted.

Another approach to developing a project design suitable for a very complex context is Outcome Mapping. *Outcome Mapping* looks at *design, monitoring and evaluation holistically at the start of the project to define clearly what a project has control over and can hope to influence.* Because of the strong components of monitoring in Outcome Mapping, more details on this are provided below in **section V.2.b** and **Annex 2**.

Outcome Mapping: Building Learning and Reflection into Development Programs
International Development Resource Center 2001
*As development is essentially about people relating to each other and their environments, the focus of Outcome Mapping is on people. **The originality of the methodology** is its shift away from assessing the development impact of a program (defined as changes in state – for example, policy relevance, poverty alleviation, or reduced conflict) and toward **changes in the behaviours, relationships, actions or activities of the people, groups, and organisations with whom a development program works directly.** This shift significantly alters the way a program understands it's goals and assesses its performance and results. **Outcome Mapping establishes a vision of the human, social, and environmental betterment to which the program hopes to contribute and then focuses monitoring and evaluation on factors and actors within that program's direct sphere of influence.** The program's contributions to development are planned and assessed based on its influence on the partners with whom it is working to effect change. As its essence, development is accomplished by, and for, people. Therefore, this is the central concept of Outcome Mapping (Earl et al 2001: 2).*

a. Contextual realities

Nearly all of the literature reviewed emphasizes a very strong understand of the context in programme design. This may seem like a very obvious point, but it is emphasized so strongly given the complex number of factors that need to be in place to know whether any social accountability approaches will work and determine which methodologies (tools) can lead to the process of change which is envisioned. The other factors which affect the outcomes of social accountability must be factored in to the theory of change and monitored throughout implementation – positive or negative changes in these factors (usually outside the control of the project) may ultimately change the degree of effectiveness of the outcomes of the intervention.

> *… it is necessary to surface and make explicit the **pathways** via which **complex initiatives**, destined to take effect in **complex circumstances**, are expected to have their **effect** and to continuously **revisit** this throughout the initiative, in recognition that social contexts and processes are always in flux, with emergent issues, unforeseen risks and surprises arising throughout. (McGee & Gaventa 2010: 28)*

It seems that one significant trend is towards using a *World Governance Assessment* (WGA) or *political economy analysis* (PAE) to systematically improve and integrate contextual understanding into a theory of change (Tembo 2012). These tend to be large scale assessments, but a similar effect can be achieved by understanding the macro climate (looking at various freedom, corruption and governance indicators compiled globally) for a given country and comparing this with "*ground-truthing*" exercises such as the narratives described above in **section II.4.b**.

b. Identifying individuals and institutions that drive change

Another key element of the theory of change is identifying agents that can make change. This is where Outcome Mapping is also useful because it introduces the term *boundary partners* as "individuals, groups, and organisations with whim the program interacts directly and with whom the program anticipates opportunities for influence." They are called boundary

partners because they *are on the boundary between a project and the real world – hence they are the partners that a project needs to influence to create conditions for change in the world*. The boundary partners are actors that must be engaged by a project and influenced to act or agitate on behalf of the community in order for something to happen (Tembo 2012; Anderson 2005). The key questions for developing a theory of change and identifying the necessary agents are:

- *Who* are these actors (individuals, organisations, institutions)?
- *What* are the incentives and interests of the actors involved?
- *How* do they shape citizen-state negotiations and outcomes related to public services being provided?
- *Which* mechanisms or platforms (processes, spaces) are available where power imbalances are neutralised?

The box below outlines some of the major steps in developing a theory of change, which should be facilitated and done by a group of designated stakeholders. For an example of Outcome Mapping process please see **Annex 2**.

DEVELOPING A THEORY OF CHANGE (adapted from Anderson 2005)

1. **Long-term outcomes (goal)**
   - What are the ultimate goals of this program or initiative? How will you define success in this program?
   - What are your funders or program participants expecting to get from their investment in the program?
   - What will be different in your community in the long term as a result of successfully reaching your goal?

2. **What are the necessary and sufficient preconditions?**
   - Backwards mapping to look at variety of necessary conditions that need to be achieved to reach the goal
   - Define the four to six most important preconditions for reaching the long-term goal
   - We may not have control over all of these

3. **Indicators (benchmarks) – what do we need to observe to know that the precondition is met?**
   - Who or what is the target population of change?
   - What are the indicator(s) of change among this population?
   - How much change has to occur on this indicator for us to claim to have successfully reached the outcome?
   - How long will it take to bring about the necessary change and reach our threshold in this indicator in the target population?

4. **Actions (interventions)**
   - For each of the outcomes on our map that we think we may have some influence over, what type of intervention would we need to implement in order to bring it about?
   - Will any specific programs/interventions that we currently offer bring about an outcome on this map?
   - Will policy changes or institutional practices be required to bring about this outcome? If so, what type of change is required?

5. **Assumptions**
   - Assumptions about why each precondition is necessary to achieve the result in the pathway of change and why the set of preconditions are sufficient to bring about the long-term outcome. Assumptions may include findings from past experience, documented best practice and evidence from academic (or basic) research.
   - When you look at the total picture, do you believe that the theory makes sense?
   - Do the preconditions make sense as the logical steps toward the long-term outcome?
   - How will we be able to bring about the outcomes at the levels we have predicted?
   - Is there anything going on in the real world that may make it difficult to transform this theory into reality?
   - Is this theory of change **PLAUSIBLE**? Pathway of change must lead to the long-term goal.
   - Is this theory of change **FEASIBLE**? Capacities and resources to implement the strategies must be available.
   - Is this theory **TESTABLE**? Specify how success will be measured so that achievement of progress (meeting thresholds or benchmarks) can be documented. Define indicators for each outcome in clear terms that a researcher or evaluator can use to produce a research plan?

2. Project design

Building from the theory of change, we go to the practical considerations of determining how the conditions necessary for achieving the outcomes and goal are achieved. As described above and provided in the table in **section V**, there are many documented cases of successful social accountability mechanisms. The "successful cases variably cite the following enabling factors; an ***active civil society***; ***timing*** (specifically, readiness for change); ***good publicity*** (through an independent media); the ***quality and accessibility of information***; a ***combination of top-down <u>and</u> bottom-up initiatives***; and ***building partnerships <u>and</u> coalitions*** between stakeholders" (McLoughlin 2010: 2).

a. Level(s) of intervention

Successful social accountability approaches require linkages from the local levels (participatory monitoring, gathering evidence) up to sub-national planning (setting priorities and allocating budgets based on evidence of needs and priorities from below and also to national levels (influencing policy priorities and budget allocation). There is sub-literature on accountability related to participation 'upstream' and 'downstream' in the processes. Some have pointed out that "citizens are more likely to be involved in monitoring the implementation of government programs if they have also been involved in shaping them in the first place" (Houtzager et al 2008 in McGee & Gaventa 2012: 5). For this reason, it is important to look at the linkages between local and national levels and enable citizen participation as far *upstream* as possible.
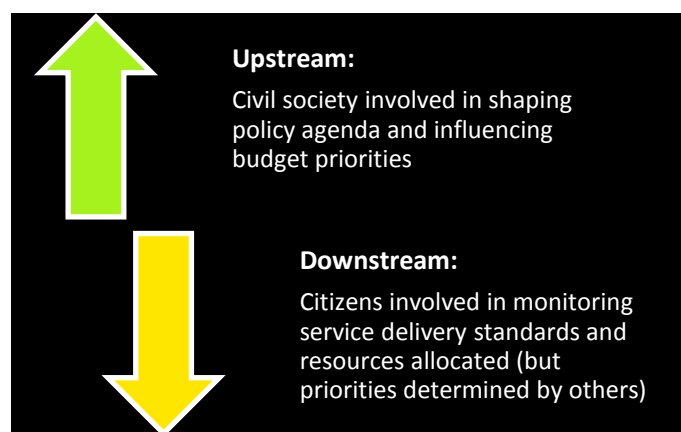
It is most likely not possible to begin an intervention and immediately work at multiple levels. Deciding where to start (and which tools to use) should depend on the background of the implementing organisation and knowledge of various social accountability mechanisms and advocacy agendas that may be on-going. It must also be determined based on the strong analysis of context.

b. Mixing methodologies

Sections II, IV and V have noted that many social accountability interventions have been implemented using multiple reinforcing strategies and tools at various levels. In order to achieve success in addressing complex issues, this is likely to always be advisable.

The diagram below presents a very basic cycle of service delivery starting with policy formation, moving in to resource allocation, service delivery, monitoring that delivery (and effectiveness of policy), taking corrective measures at service delivery and eventually, if necessary, taking steps to revise policies or rethink resource allocations. At various points along this cycle, there may be opportunities for developing citizen and civil society voice interventions. A few of the most

common social accountability methodologies (or outcomes from them) are noted in the diagram to illustrate the myriad opportunities that exist.

Based on a theory of change, the programme design will determine the best starting point for intervening based on available organisational resources and knowledge of the context. The entry point might be downstream community-based monitoring using a report card or scorecard to understand and monitor known resources. Depending on the theory of change, the ultimate programme goal (super goal) and the timeframe of the project, the initiative could connect to more upstream citizen participation in local level planning based on the evidence gathered downstream. Ultimately, initiatives could connect to national level advocacy for policy changes or budget discussions.
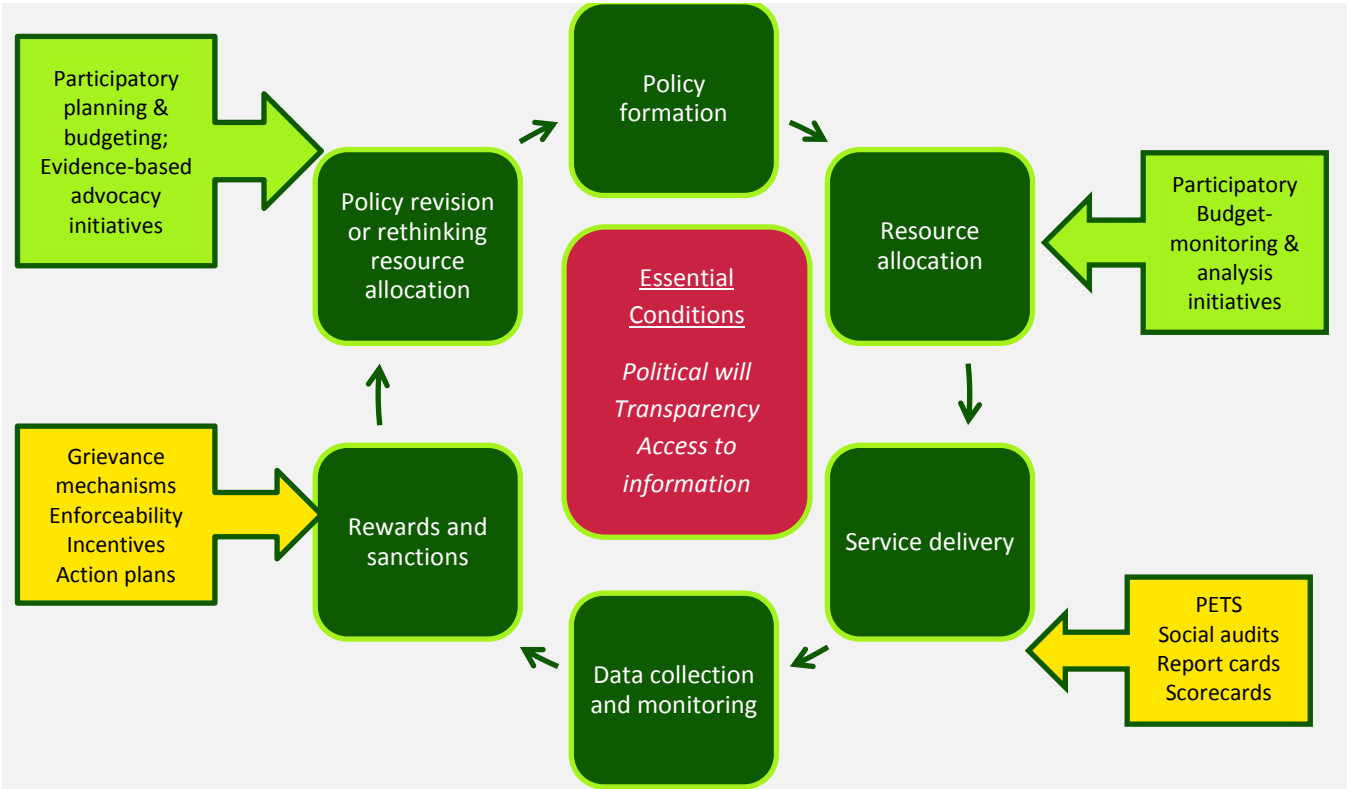
3. Emerging best practices

As described above, and political will (**II.4.b.**) access to quality information (**II.4.c.**) and are essential conditions to effective social accountability programs. A number of best practices in implementing social accountability programs – particularly those at the community or local levels – have emerged and these are in many ways fundamental to the theory of change. The table in **Annex 1** provides some of the challenges and lessons for various social accountability approaches.

a. Local government ownership

This point is highly related to political will, but it speaks to the individual power holders and service providers at lower levels than need to be part of successful interventions from the start. Without this, the national legal framework and policy environments may be more difficult to translate in to action. Local leaders (in outcome mapping, they would be some of the boundary partners) need to be constructively and positively engaged from the beginning of any process. There is a need to

invest in dialogue when developing an intervention and prior to data collection to foster a common understanding of baselines and the purpose of monitoring. It should be emphasized that the process will help officials and service providers carry out their mandate of community participation – this can help advance decentralisation. Leaders need to see the linkages between these interventions, ownership in communities and leaders' own ability to improve service delivery.

b. Communication and transparency

For social accountability approaches to be effective, all processes must be transparent and communicated through appropriate forums. A program designed to obtain accountability (answerability and enforceability) must also be accountable. At the local level, information needs to be presented in a way that it can be understood by all participants. Lack of literacy and numeracy, often correlated to other indicators of empowerment, is an inhibitor. This can reinforce exclusion from some spaces – especially those that are exclusive formally or in practice.

c.   Awareness of elite capture

It is absolutely necessary to include government actors and other power holders in social accountability programmes to achieve maximum success. However, some methodologies and tools can serve to further empower elites in communities. For example, a project focusing on grievance mechanisms (setting up a comment box) may only be accessible to those who are more literate. Interventions which focus on individual monitors to survey citizen perception may backfire if the monitors are very powerful or fail to reach a broad range of respondents in their surveys. Depending on the objectives and goal of the programme, interventions which enable maximum participation (where citizens speak for themselves) are ideal. The issue of who invites people to participate is very important. An RCT on community monitoring of road work in Indonesia found that invitations delivered by local elites are less likely to generate full and free participation by citizens as opposed to invitations delivered via the schools (J-PAL 2008).

d.   Inclusiveness

In line with the above, it is essential to recognize the needs of many different citizens to determine levels of satisfaction with services. Citizens at the community level form *many unique constituencies*. Women, female youth, men, male youth, people with disabilities, special interest groups (such as HIV+ individuals) and minority groups may have very different levels of knowledge, measures of success and service provision priorities. It is critical to include users of services and non-users of services to get a sense of the reasons that people have challenges in making maximum use of available services.

Different socio-economic groups also have different measures of success. All data collection should be gender disaggregated to assess the differential impact of services on specific constituencies (men, women, young women, young men, persons with disabilities, HIV+ people, etc.). No matter which methodologies are employed, it is essential to allow a safe space and opportunity for women to express their ideas, discuss the extent to which their unique needs are/are not met and contribute to the monitoring process.

Moreover, broadly inclusive social accountability programs such as those designed to allow for maximum participation of community members in ranking their issues and raising their concerns (such as citizen report cards or community scorecards) enhance transparency and legitimacy of the processes themselves. Ethnic diversity (in the case of Uganda) was found to adversely affect collective action for service provision (Björkman and Svensson (2009), so the lesson here is that dynamics within communities need to be very well understood as one factor in determining the design of the programme.

e. Awareness of transaction costs

There are many practical considerations when designing a project that invites and requires broad citizen participation. Time spent in meetings and follow-up actions represent an opportunity cost. This is a paramount concern – especially for women who are key participants yet whom also have incredible numbers of tasks and work in their daily lives. Requiring contribution of time or maybe even in-kind support from citizens can also translate into a *de facto* request for payment of services. In locations where public services are intended to be free, this is a challenge which should be navigated carefully.

To compensate for time, some strategies include incentives for mobilizing citizens. These vary "from one context to another, from promising food, to dancing, to linking to something most citizens want to listen to. In other cases, people are not necessarily expected to come together but are presented with a virtual space, for example a radio programme they can call in to" (Tembo 2012: 17). *However, the mechanisms for incentivising must be approached with extreme caution – some incentives may off-set costs in the short term but could compromise the longer term sustainability of citizen engagement.*

In addition, depending on the context, citizens who agitate may put themselves at risk of harm or harassment from authorities or other powerful figures. As noted by Tembo, there have "been historical moments in these countries that have discouraged citizens from seeking and sustaining positive engagement with their government" (Tembo 2012: 17). In contexts where people have suffered persecution (harassment, detention, threats or use of force) because they have spoken out, it is very understandable that people would fear engaging in monitoring or other activities. *Again, deep understanding of context is necessary to understand if these approaches will work and if the rewards from participation outweigh the potential risks.*

f. Expectation management

Something which receives much less focus in academic literature and formal evaluations, but features prominently in tools and literature prepared by practitioners (see all CIVICUS materials) is the idea that social accountability programming can potentially do harm.

If expectations are not managed from the beginning of the process, this "can lead to citizen disillusionment if there is no perceptible improvement in the quality of services. It is important that the public remain informed through meetings and seminars about the constraints public agencies face and cautioned against expecting too much and too soon" (McDonald no date). If people demand for certain services without a strong understanding of the supply-side constraints, they may be disappointed. This may affect willingness to participate in future processes, and this would undermine activities dependent on citizen participation. Citizens should understand the input gaps experienced at the facility level and sympathize with service providers for things that are outside their immediate control.

g. Incentives for individual participation when monitoring is a public good

Another note related to inclusiveness (broad participation) and transaction costs is that monitoring can be considered a public good (ie, the efforts of one or a few people can benefit the entire community). Because of this, the problems of "free riding" may emerge – people whose participation is thought valuable may not participate if others are already monitoring and they will benefit from the effort of others. One piece of research on roads in Indonesia has found that community monitoring was not as effective as the threat of a top-down audit and that community monitoring was effective only when individuals This may be inevitable (J-PAL 2008: 1 – 4).

h. Do no harm

The question of whether various social accountability approaches can do harm is one that needs constant reflection for the context – and it is highly related to the other issues noted above in this section. In the literature, ***virtually no one "explores possible risks or documents negative effects arising from TAIs [transparency and accountability initiatives], although some begins to note these at an anecdotal or speculative level"*** (McGee & Gaventa 2010:8). It seems that practitioners of these programs are more likely than academics to explore these questions.

However, it must be noted that social accountability in practice can pose risks to individuals or groups that raise a voice on accountability failures. People may be at risk of threats or persecution if they push too hard and too fast to make change – depending on the context these risks could be very dangerous. In the longer term, if people do not see positive changes as a result of their participation, they may be less likely to spend their time and energy participating in monitoring or planning in the future. In the latter case, where people already lack confidence in formal vertical or horizontal accountability measures and do not trust the state, it would be very damaging to erode confidence in the potential of alternative accountability mechanisms.

i. Strong facilitation

Without strong facilitation by individuals or organisations with strong knowledge of the context, respect for community members and excellent relationships it will be very difficult to ensure adherence to the best practices referenced above.

V. MONITORING & EVALUATION OF SOCIAL ACCOUNTABILITY PROGRAMMES

Various social accountability mechanisms do have a potentially powerful role to play in development, especially where formal accountability measures are ineffective. ***There is a demand for more research into voice and accountability approaches, demonstrating their effectiveness and understanding the conditions that lead to success and failure.*** This requires enhancing the rigour of the design and evaluation (design with research in mind) (Tembo 2012: v). To facilitate this, a learning process should be deliberately embedded in the programme so as to allow stakeholders to reflect on what they think is happening and to examine their assumptions (Tembo 2012: 3) throughout the process of implementation.

> *Given the wide acknowledgement that that voice and accountability mechanisms often do not contribute directly to broader development goals, Foresti et al (2007) argue that an assessment framework for them should include indicators that demonstrate ' "pathways to change" that might lead from V&A interventions to meta-goals' (McGee and Gaventa 2010: 30).*

1. Action research

Incorporating an on-going cycle of "action-analysis-learning" into implementation (Tembo 2012: 23) can easily be made part of most voice and accountability programs. Most social accountability programmes involve collecting data to form the basis of analysis and objective discussion. Some approaches specifically generate data and qualitative information on community perceptions – all of this is action research.

> *Most social accountability processes tools, such as citizen report cards (CRCs) and community-based performance monitoring (CBPM) are focused on the behaviour of public office holders and citizens' own responsibilities. These behaviours and responsibilities often come out in interface meetings. Existing social accountability tools, therefore, present a potential source of data for systematic analysis of actor behaviour (Tembo 2012: 27).*

Thus, accountability processes themselves generate significant information which must be used to determine if the various conditions in the theory of change are being met. The next step is to identify appropriate monitoring and evaluation method(s) to complement or validate these findings from the action research.

2. Measurement options

Given the oft-repeated acknowledgement that more information is needed, we turn to the options for measuring the effectiveness and impact of interventions. The quote from a recent World Bank review of voice and accountability initiatives sums up some of the major measurement challenges:

> *Second, investment in better quality evidence is needed. Evaluations of social accountability measures are by nature complex. Social accountability efforts are frequently introduced alongside other service delivery reforms—including the introduction of new programs and services, such as a grievance redress measure along with a [another] program—and it is not necessarily straightforward to disentangle their impact from other changes. In addition, social accountability measures tend to be small pilots, making it a challenge to ensure adequate sample sizes to detect statistically meaningful effects and determine when something is truly not working (Andrews 1989). The potential exists to improve quality through upstream attention to the quality of evaluation design (see appendix 1). (Ringold et al 2012: 100).*

a. Quantitative options

There is increasing interest in evaluating impact to develop and evidence base about what works, where, why and for how much. This has led to a keen interest in using randomized control trials (RCTs) that establish a counterfactual (ie, provide an idea of what would have happened if the intervention was not done). RCTs are also called experimental approaches and they actually have their roots in medical research. In the past few years, RCTs have been increasingly used to "*measure the impact of development programmes … traditionally focused on short-term interventions in the fields of health, education and agriculture*" (Walton 2011: 1).

Randomization is arguably the best way to achieve this and some argue that use of RCTs is the best way to definitively conclude that there is an effect (or impact) from a specific program. However there are many challenges to using RCTs. *RCTs do tend to be very costly and are therefore most justifiable from a "research and development" perspective, not simply an "evaluation."*

In addition, a common critique is that *RCTs are more suited to measuring short-term results with short causal chains and less suitable for complex interventions where many factors produce change* (Jones 2009). Empowerment and accountability programmes are likely to fit in the latter category" (Walton 2011: 2).

Some of the major concerns about RCTs are listed in the table below. There are ways around some, but not necessarily all of these challenges. Most academic researchers or on-the-ground support institutions such as Innovations for Poverty Action (IPA) are able to avoid some of these issues. In the case of evaluating governance programmes, the limitations that need to be overcome are scale-up to measure higher-order or long term changes and focus more on learning (_why_, not _how much_). Many authors recommend combining experimental (RCT) approaches with qualitative methods (Blattman 2008, Jones 2009 in Walton 2011: 3).

Possible challenges and limitations of RCTs (adapted from Walton 2011: 3)

Scale: Most evaluations at the village level (where it is easier to find enough like units to randomize), but empowerment and accountability processes involve higher-order institutions and actions. RCTs need large sample sizes so will not be suitable for

measuring accountability within a single organization, which will require qualitative methods.

External validity (applicability across contexts): the unique characteristics of a village can interfere with ability to generalise results and state that the project would work in another context. Many RCTs focus on individuals or households, but in fact individual behaviour is shaped by social pressure from the community.

Complexity: Governance programs combine a range of activities targeted at a number of levels so it is difficult to determine the level of randomisation. If intervention uses many activities, it is hard to tell which is most effective.

Time Frame: Because experiments take place in real time, it is hard to measure long-term processes (governance and accountability usually take time.

Coordination: Funders often attempt to create synergies (supply and demand) or between governance interventions (social and vertical or horizontal) so it can be difficult to determine reason for success.

Selection: There is a bias in selection of RCT – because of the cost and because of the need to show results – funders or NGOs might be most inclined to conduct an RCT on programmes most likely to work. Researchers also want to evaluate programmes where they can generate conclusive results.

Theoretical Gap: Most studies to not sufficiently explain why an intervention has or has not worked, which limits transferability to other contexts.

Assignment of treatment: There are also ethical issues around how to assign treatment and some point out that it is not ethical

b. Qualitative options

Noting the concerns about the limitations of the most prominent quantitative options for establishing impact (randomised control trials), we turn to other options. Qualitative evaluation is often perceived as difficult and time-consuming to gather and analyse. While this can be true, one of the biggest challenges is that quantitative information generally appears to be a much more powerful way to capture the impact and effectiveness of programs. Funders and INGOs in particular feel and exert pressure to quantify their results. Yet there are other ways to systematically capture effectiveness.

> *A set of new approaches are emerging in the broader field of social change that help to address the attribution problem: **Outcome Mapping**, and narrative-based approaches such as in the **Most Significant Change (MSC) method**. Both are found to do justice to complex and dynamic realities better than established methods which often attempt to reduce reality to what is measureable. Foresti et al (2007: 23) suggest the World Bank's 'modified notion of attribution' – 'most likely association' – as a further recourse. We have identified a few pioneering approaches with these in the TAI field, including the use of Outcome Mapping in the DFID 'Accountability in Tanzania' programme and of the MSC technique in Transparency International's GTF-funded AC:DC (Anti-Corruption; Delivering Change) programme (Burge 2010: 20). Yet despite their obvious applicability to the field of T&A [transparency and accountability], examples to date are few and far between. **This may be because their spread in alternative monitoring and evaluation circles has occurred just when donor exigencies are driving TAI implementers towards 'harder' and more generalisable evidence, rather than approaches which capture nuances, complexity and messiness. (McGee & Gaventa 2010: 29).***

In a sense, the use of rigorous qualitative methodologies is quite cutting-edge for accountability initiatives.

i. Outcome Mapping

As referenced above in **section IV.1** Outcome Mapping is potentially a very useful tool for developing a theory of change and isolating outcomes. *Outcomes are defined as changes in the behaviour, relationships, activities or actions of the people, groups, and organisations with whom a program works directly*. These outcomes then "enhance the possibility of development impacts – but the relationship is not necessarily a direct one of cause and effect. The idea is that behaviour changes ultimately underlie all changes of state (like cleaner water, better access to healthcare) (Earl et al 2001: 2). The

manual on Outcome Mapping doubles as a facilitation guide on how to develop a project logic and identify the changes in behaviour that are necessary. The indicators of behaviour change also have *graduated progress markers with the changes* that the *project expects to see* (about four), *would like to see* (about eight) and *would love to see* (about three). These are then benchmarks for the project strategy (or against the theory of change).

Because accountability looks at power dynamics, spaces for meaningful participation and behaviour change at individual and structural levels there is a very strong case to be made for using Outcome Mapping as a driving process for design and monitoring of accountability. The Accountability in Tanzania (AcT) project is one initiative sited as using this strategy at present. *http://www.accountability.or.tz/outcome-mapping-approach/*

ii. Most significant change (MSC)

Most Significant Change (MSC) is a participatory evaluation technique which includes project stakeholders from beneficiaries all the way up to senior levels of an organisation and even funders. *It is designed to collect and analyse stories of significant changes in different areas of change*. These areas, called domains by the developers of MSC can include changes in people's lives, changes in nature of participation, changes in sustainability of organisations or activities. The changes are sought by asking open-ended questions such as "*Looking back over the last year, what do you think was the most significant change in people's lives?*"

Stories are collected from participants, recorded by field staff and then the process of deciding which story is the most significant begins. This probably includes a field level vetting and selection of a few stories that then rise up to a mid or senior level management for further analysis, vetting and selection of stories. The reason for each selection is documented when the selected stories are elevated to the next level. Stories can even go up to the level of the funders of a project. In the end, after one story is selected as the most significant, feedback is provided to the field staff and communities about why it was chosen.

Properly done, this can be a simple means of making sense of a large amount of complex information collected from many participants across a range of settings and also ensuring that information about the changes caused by the program move throughout an organisation. This methodology can help identify unexpected changes or outcomes in a way that seeking information based on pre-defined indicators may not. There are also recommended ways to do higher level meta and secondary analysis on the types and nature of changes being reported by participants.

MSC cannot work unless the organisational culture or some champions within an organisation are willing to try the approach and committed to making it work. It also works best if there is time in the program lifecycle to run the MSC approach a few times. MSC is not intended to be a stand-alone technique but can be used for monitoring or evaluation as a compliment to more conventional monitoring.

MSC is good for programs that are …	There may be less time-consuming ways to achieve these monitoring objectives…
▪ *Complex and have potentially divergent outcomes* ▪ *Large and with numerous organisational layers* ▪ *Focused on social change* ▪ *Participatory in ethos* ▪ *Designed with repeated contact between field staff and participants* ▪ *Struggling with conventional monitoring systems* ▪ *Providing highly customised services to a small number of beneficiaries*	▪ *Capture expected change* ▪ *Develop good news stories for public relations* ▪ *Conduct retrospective evaluation of a program that is complete* ▪ *Understand the average experience of participants* ▪ *Produce an evaluation report for accountability purposes* ▪ *Complete a quick and cheap evaluation*

c. Measurement summary

On the whole, given the complexity of theories of change around accountability a single form of measurement or evaluation is not likely to be sufficient. If possible, various methods can be used in combination in order to contribute overall to the knowledge of what is why things work (or fall short of expectations).

Measuring social accountability programmes (modified from McGee & Gaventa 2010: 33 – 34) NB: table does not consider costs (human, financial, etc.) in the strengths and weaknesses		
Example	Strengths	Weaknesses
Quantitative survey	- Drawing generalisable conclusions on basis of representative sample (i.e. high external validity) - Perceived as *objective* - Can generate numbers, which can be more persuasive than prose for some audiences - Measuring how far the intervention has been implemented (*effectiveness*) - Measuring impact as proxied by indicator(s) - e.g., % of people benefitting	- Explaining the degree of implementation attained, or understanding what made the impact happen - Capturing what is not easily quantifiable or countable - Sampling can be difficult in some environments
Experimental approaches such as randomized control trials (RCTs)	- Isolating impact of a particular intervention - Includes 'Before'/'after' and 'with'/'without' comparisons, via use of control group - High *internal validity* (i.e. permits conclusions about causal relationships) *Measuring*, *counting* - Eliminates selection bias, through random approach - Most immediately applicable to service delivery interventions because 'with'/'without' contrasts are most tangible	- Capturing the unexpected or unforeseen - Recording what actually happened - Explaining nuances of *causality* or change processes; can miss complex interactions of multiple variables - Little *external validity* (i.e. RCTs do not produce findings that allow valid generalisations to be made from this case to other research contexts) - Less useful when intervention's expected outcomes are intangible or non-material (*behaviour change*)
Qualitative case studies	*Purposive sampling* (e.g. to focus on successful cases or failures) - Tracing back from a given outcome (positive or negative) the various factors and dynamics that gave rise to it, including complex contexts (i.e. high *internal validity*)	- Comparability over time or with other cases; regrettably few multiple-case comparative studies are available - Limited *external validity* (not knowing significance of findings, beyond the specific case)
Participatory approaches	- Encompassing different 'indicators' and perceptions, especially those of users/participants/intended beneficiaries - Building stakeholders' ownership and participation in the initiative as a whole	- Replicating across many or diverse contexts because - Limited external validity - Deriving quick, yes/no answers
Indices and rankings	- At-a-glance comparative information - Mobilising the low scorers into action through peer- or reputational pressure or shame - Macro (country) level indicators	- Explaining reasons or contexts behind scores or rankings - Ground-truth about why things are happening at more local levels
Outcome mapping *Accountability in Tanzania (AcT)*	- Detecting and understanding *changes in behaviours*, *relationships* and/or *activities* of people and organizations - Tracing emergent change, including unforeseen aspects, in complex contexts - Actively engaging stakeholders	- Demonstrating initiative's direct contribution to development impacts - Demonstrating meeting of prescribed goals - Producing generalisable findings (*external validity*)
'Most Significant Change' *DFID GTF programme by Transparency International (Burge 2010)*	- Actively involving stakeholders in deciding what change or 'impact' is worth analysing, and what value to assign to it - Recognising and capturing complexity and *unexpected dimensions* - Generating learning for participants	- Producing generalisable findings - Generating upward accountability to funders over pre-specified outcomes - Time-consuming, resource-intensive, single-initiative focus

There are many different terminologies in use and this table attempts to summarise the major types of interventions, which levels that can be most beneficial and what is included. The challenges and lessons are often drawn from tools themselves and the evidence base, as well as the analysis of the author of the literature review (based on iterative discussions with the GOAL Uganda team). When it comes to finding out who is doing what where and designing an interventions, some of the primary questions must be about an organisations specific methodology, how participatory it is, who is participating directly in the process, the underlying theory of change, and if they have measured how it is working .

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
People-centred Advocacy Or **Citizen-centred Participatory Transformative Social Justice** **Primary Levels:** Macro Mezzo Community	▪ Advocacy can take many ways, shapes and forms ▪ Advocacy takes place at so many levels ▪ It should always be evidence-based ▪ It should happen as early as possible in the policy development, implementation and review cycle (ie, not wait until policies are in draft written form, but before that) ▪ **People-centred advocacy** has been defined as "a set of organised actions aimed at influencing public policies, societal attitudes, and socio-political processes that enable and empower the marginalised to speak for themselves" (Samuel, 2002). This approach is also referred to as _citizen-centred advocacy_, _participatory advocacy_, _transformative advocacy_ and _social justice advocacy_. ▪ People-centred advocacy is not a linear process, it is an <u>iterative</u> process of examination and adjustment (VeneKlasen & Miller 2002: 100) ▪ Should involve the people most affected by a particular problem ▪ Places equal value on expertise (outside knowledge from multiple disciplines) and experience (what it is like to live with the problem!) ▪ In contrast to traditional approaches to advocacy that seek to effect policy change on behalf of marginalized groups, people-centred advocacy aims to effect social transformation fostering civic-engaged citizens who can negotiate for their rights in the process of fulfilling their basic needs (Rietbergen-McCracken no date: 1)	▪ Requires strong understanding of power, gender and social change ▪ Should not focus only on law and policy (but look at power dynamics which affect implementation of policies) ▪ Important to have meaningful participation and leadership of efforts by poor or marginalised – strengthen the voice of the marginalised in decision-making ▪ Due to excessive focus on policies and laws, many advocacy groups overlook aspect of participation and run campaigns themselves (process compromised vis-à-vis outcomes)	▪ Because advocacy has its' own broad literature base which is temporarily ▪ Advocacy in some way, shape or form is part of each of the interventions below ▪ No specific evidence base reviewed for people-centred advocacy ▪ Seminal resource on people-centred advocacy is VeneKlasen, L., with Miller, V., 2002, 'Power and Empowerment', in A New Weave of Power, People & Politics: The Action Guide for Advocacy and Citizen Participation, Practical Action
Right of Access to Information[7] Or	▪ Very broad range of interventions, usually part of other initiatives ▪ In some ways advocacy on the right to information can be seen as a primary intervention, which is necessary for all other forms of social accountability	**= INSTRUMENTAL** ▪ May have limited intrinsic value	▪ Proliferation of countries with access to information legislation increased from 12 in 1990 to 80 in 2010 (McGee & Gaventa 2010: 17)

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[7] Freedom of Information (FoI) used to be the more preferred term, but the new term of Right of Access to Information is more inclusive of this as a right and recognizes the downstream realities (ie, just having Freedom of Information codified in law does not necessarily mean the information is of good quality and accessible).

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
Access to Information Or **Freedom of Information (FoI)** **Primary Levels:** Macro Mezzo Community	▪ At macro levels, could be in the form of advocacy campaign for Freedom of Information (FoI) Law or policy ▪ At mezzo levels, may be more about accessing information ▪ At community levels, may be related to: o Awareness raising about entitlements and rights o Information about inputs/allocations for services or projects o the gathering, analysis and dissemination of information at the local level o Most of these are foundational part of another intervention, not really stand-alone ▪ Information dissemination (via radio, newspaper, public dialogues, public posting, various ICTs) is often a strong element of the various methodologies listed below ▪ Radio shows can provide a "**virtual space**" and reduce transaction costs (mostly transport and waiting time) for citizens ▪ This is mostly an **upstream** method – likely to be focused on policy/legal advocacy to codify the right to information into law and then the actually accessing information **A prominent success story from India:** 1. Suspicions about corruption sparked an RTI campaign. Sit-ins, rallies lobbying finally convinced local government to pass law allowing *citizens right to inspect records*. 2. *Inspections* showed irregularities. 3. *Public hearings* held to compare official records with village members' records, etc. 4. MKSS amassed lots *of record-based evidence of the corruption* (fake payrolls, public works that were never constructed). 5. Government officials then invited to more *public hearings* to answer questions from public 6. *Short term result*: workers were paid, corrupt officials punished for embezzlement. 7. *Long term result*: Rajasthan passed a RtI Law in 2000 and then issue went to national level and India passed RtI Law in 2005.	▪ Instrumental value, but that means it requires other interventions and preconditions ▪ Relies on political will to share the information (this is where policy and reality meet) ▪ Information must be available (ex, no census in 30 years then no census data!) ▪ Somewhat dependent on quality (reliability) and quantity of information available	▪ *Information provision* has been found to have little impact by itself on the level of engagement by citizens in engaging for accountability with school systems in one study. In another study, when tied to a community –based information campaign, positive impacts were found. (Bannerjee 2007) as cited in (McGee & Gaventa 2010: 22). ▪ **One often cited example is from India (starting in 1990 with an organization called MKSS in Rajasthan) – see Sundet 2008, Commins 2007.**
Participatory Budgeting	▪ Could be at mezzo level or macro level ▪ Highly relevant in decentralized systems where the desire is to have	▪ Where PB is new, it is important to invest time and	▪ *Participatory budgeting initiatives* can contribute to multiple outcomes, including

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
Primary Levels: Macro Mezzo	• The term "participatory budgeting" is used to refer to a wide range of practices. It can be carried out in different ways with varying levels of citizen participation. PB can sometimes refer to government efforts to consult the citizen groups or invite citizens to comment on its budget proposals. However, PB usually involves a process that offers an opportunity for interested citizens to express their opinions and then collectively make decisions about budgetary allocations. PB involves three basic steps. They are (Malena & Khallaf CIVICUS): *Step one: Preparation and initiation* • Generate a list of stakeholder groups such as citizen organisations, residents' groups, faith-based groups, tenants' organisations, relevant government institutions and officials, private sector, etc.. • At the very outset to bring an initial group of key citizen and government representatives together to collectively agree to initiate and design a PB process. • Establish the scope of the initiative by earmarking the quantum of funds to be allocated while also specifying the sources of such funds. Many PB initiatives initially utilise new, uncommitted or 'flexible' resources. In the initial stages of PB, the amount of funds allocated is frequently quite small ranging only 2 to 3% of the overall investment budget. • Agree upon a set of guiding principles of the PB process such as universal participation, transparency, objectivity, gender sensitivity, social inclusion, equity etc.. • Decide on the regulations and rules of the initiative. It is important that all parties agree to these. CSOs can sometimes play a role in facilitating this process. • Establish a calendar of events/planning cycle. *Step two: Participatory budget formulation* • PB initiatives often begin with information campaigns, public education, and workshops to promote budget literacy and explain the principles of PB. • A next important step is to convene open neighbourhood or street level public meetings giving space for citizens to express and debate their needs and priorities. CSOs play a major part in this phase of PB, helping to organise community groups and facilitate public meetings. • Convene a municipal level forum to decide budgetary priorities, where citizens share the results of their assessment of needs and proposed investments/projects with the municipal officials and the general public. • Proposals for projects identified in this process are subject to technical review and subsequent approval by local authorities with or without modifications. *Step three: Implementation* • Projects approved through the PB are implemented through a process of	effort upfront to ensure that both the citizens and the government officials understand its principles and rationale. • Governments may not be interested in involving citizens and civil society in the budget process. They may see it either as interference and a threat to their political legitimacy or doubt citizens' competence to identify and agree on priorities. Exposing government officials to successful PB initiatives can help to nurture political will. • Governments may lack resources, personnel and skills to initiate and manage the PB process. In such cases, CSOs and sometimes external donors and specialists can provide assistance.	improved public services, re-direction of resources to poor communities, new civic associations, etc.., strengthened democratic processes, etc.., but there are also contradictory findings in some settings (Golfrank 2006 and others) cited in McGee & Gaventa 2010: 22). • *Budget advocacy initiatives* can contribute to better management of earthquake reconstruction funds (Pakistan) or changes in budget priorities (South Africa) (IBP studies 2010) as cited in (McGee & Gaventa 2010: 22)

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
	• competitive bidding. • Typically, citizen groups that are engaged in the PB process also participate in monitoring the implementation of the approved projects/investment-decisions and in evaluating the corresponding public works/services. • As the implementation process gains momentum, the new annual budget for the succeeding year cycle begins.		
Participatory Budget Analysis Or **Budget Monitoring Initiatives** **Primary Levels:** Macro Mezzo	• Usually involves analysis of a budget for sense of government priorities vis-à-vis community priorities to understand the gaps • This is a bit more "downstream" than participatory budgeting as it involve analysis of budget allocations. Participatory budgeting might be considered more proactive. • Specific interest groups or specific sectoral interests would drive this analysis – example could be gender-responsiveness, inclusion for specific needs of disabled citizens or minorities, etc.	• While it is good that it is an upstream intervention it is only beginning of the trail • Ideally would be combined with interventions that look at actual allocations or use of funds (PETS, social audits, CBMS) • Focus on answerability of officials, but probably not linked to enforcement	• Not much specific evidence on the impact of single issue or single sector budgeting • Multi-country case studies have shown *Budget monitoring initiatives* can contribute to improved budget transparency and awareness, as well as enhanced resources and efficiency in expenditure utilization (Robinson 2006) as cited in (McGee & Gaventa 2010: 22)
Auditing the Audits Or **Monitoring the Audits** **Primary Levels:** Macro	• Create database of official audit queries • Make these compiled queries available to the public, translated into non-technical terms (disseminate on radio, newspaper, etc.) • Follow-up on the action taken (if any) on the audit findings • Make the record of follow-up public also	• High level intervention • Requires group/citizen with the capacity to analyse and translate official audit queries • Dependent on Right to Access – audit reports must be part of the public record • May require long term attention to have success	• The example referred to here is in South Africa – a research group at the University of Rhodes started this in mid-1990s (see Sunet 2008 for more) • In SA, at beginning found that only 10% of audit findings were followed by corrective actions • As result of this project, SA created special team to follow-up on audit queries and things improved (audit disclaimers reduced to 54%) • The temporary project (and special team) were disbanded, however, and quickly number of disclaimers rose to 86%.
Public Expenditure Tracking Surveys (PETS)	• Continuous public involvement in expenditure tracking where actual users of services (such as parents of children attending a school) • Traces flow of public resources for provision of public goods or services from origin to destination	• PETS do not do anything, they can provide information on which to take action • Must be combined with	• Best piece on this is Sundet, 2008 • Uganda had long been held up as a successful example of PETS done for education sector in 1996, which created

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
Or **Participatory Public Expenditure Tracking** **Primary Levels:** Macro Mezzo	▪ Helps identify bottlenecks, inefficiencies, and leakage or corruption in the supply chain ▪ Public expenditure tracking usually involves some form of both quantitative and qualitative research such as: o Verifying financial accounts to monitor the actual flow of funds and o Interviewing consumers of services about their experiences to assess quality, accessibility and cost ▪ Can be used at the micro level (one facility) or macro level (an entire district or health sub-district) ▪ Can also be used to examine one particular service, such as the availability of family planning services or contraception ▪ Can contribute to improved delivery of services by focusing on particular components of health service delivery or on a particular consumer group, such as women or adolescent girls ▪ Most examples are at the macro level, thus the methodology requires sophisticated and potentially expensive stratified random sampling techniques (Sundet 2008) ▪ **Practical and direct test of how effective financial system is, can identify weakness, form basis for policy recommendations or policy dialogue**	campaigns to do something with information generated ▪ Effectiveness highly dependent on political will at top-most levels ▪ Relies on provider willingness to share budget or financial reports, and the accuracy or availability of documentation ▪ Depending on the scope and scale of intervention, can be quite complicated and may require numerous partners tracking at different levels of the supply chain ▪ Sundet 2008 notes that PETS not really the best tool for CSOs because they require random sampling and may not be best use of CSO time (may not have the skills)	outrage over fact that 80% of funds for schools went missing from national to school levels ▪ This prompted actions by the Ministry of Finance and Ministry of Local Government to make information on fund transfers to schools ▪ Follow-up PETS in 2002 showed only 20% leakage in funds and all heralded this as great success ▪ Meanwhile, Hubbard 2007 (in Sundet 2008) did a very comprehensive context analysis and looked at trends from 1990 through to 2002 and found that a lot of changes in the education sector in UG were happening which had an effect on leakage, so the great success of the PETS was overestimated. ▪ Sundet also highlights the challenges in Tanzania when CSOs have attempted to do PETS – they have not had much political cooperation, sharing of information and tried to do something more complex than had capacity for, leading to very limited results! ▪ In the Ugandan education sector, for example, Reinikka and Svensson (2005, 2009) use a PETS approach to study the effects of a public information campaign aimed at empowering parents. They find a large reduction in resource leakage toward primary schools in response to the campaign (Bold et al 2010: X)
Participatory Audits **Primary Levels:**	▪ Involvement of citizens or citizens' groups in monitoring development programs or activities ▪ Community monitors public works	▪ May be best for large scale public works, not necessarily continuous service delivery	▪ In Philippines, a CSO was formed in response to a new govt policy to increase community participation in monitoring development programs:

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
Macro Mezzo	• Community document sub-standard work (better to have photos, paper trails, etc.) and suspected fraud or embezzlement • Could also be focused on a citizen's group audit of a specific procurement process	• May require some with a bit of technical knowledge about how to identify sub-standard work • May require very good documentation capacity of CSOs	1. The CSO (CCAGG) compiled detailed files and when government announced it had completed 27 projects in their area, CSO produced their file showing otherwise. 2. CSO files triggered official government audit, which confirmed findings 3. Citizen monitors called as witnesses for the prosecution of the culprits (who were sanctioned accordingly) 4. CSO signed formal agreement with National Commission on Audit to be part of official audits
Social Audits Primary Levels: Community	• Evaluation of public records and user feedback comparing the real with expected benefits related to service delivery • Usually a one-off process for assessing the social, community and environmental benefits of a particular service • Conducted by government agencies, CSOs or citizens themselves • Can comprise multiple data collection methodologies, including key informant interviews, household surveys and public hearings • Mostly 'bottom-up' processes initiated and/or conducted by consumers in claiming entitlements from the state/ providers *See also* Pekkonen, A and Sadashiva, M. CIVICUS	• Does not necessarily include development of action plans around findings • Like many others, this needs to be approached from a perspective that it complements other approaches • Can require substantial technical support, especially in obtaining and analysing data. External funding may also be required. • Access to public records is crucial for a social auditing process. • In some cases, the non-existence of accurate public records is a problem. In such cases, social audits can focus on user feedback and advocate for improved record-keeping over time.	• India is commonly referenced in literature on this (in some cases states have made this in to law) • *Social audits* can contribute to exposure of corruption and effectiveness in programme implementation (Singh 2009) as cited in (McGee & Gaventa 2010: 22)

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
Establishment of Charters (for citizens' or consumers) **Primary Levels:** Macro Mezzo	▪ Documentation or codification of rights and priorities that are agreed by the state (government, service providers) and citizens (or representative civil society groups) ▪ Various charters can be seen as both "ends" and "means" depending on context in which they were developed ▪ If charter results from a civil society process, it can be a rallying point	▪ May need constant reinforcement through monitoring of adherence ▪ Needs to be supported by upstream interventions such as policy advocacy and budget development	▪ Not much discussion of the evidence-base in literature reviewed.
Performance Contracts **Primary Levels:** Macro Mezzo	▪ Could be between first line service providers and government (examples of this in east and southern Africa) ▪ Could be between citizens and service providers (though not much of this referenced in literature) ▪ "**Citizen-leader pacts**" – Example from Concern's work where they supported civil society organizations in five districts to take advantage of the 2011 election process to advocate for HIV patients. CSOs lobbied candidates and sitting officials, challenging each to come up with a plan for what they would do to address HIV issues if they were in office. Able to broker "**citizen-leader pacts**" with officials (signed by elected officials and ▪ "**Imihigo**" – In the case of Rwanda, cited example of the "**imihigo**" was launched by government in 2006. In a sense, it is more a mechanism which formalises the process of citizen participation under the decentralised system. Modern imihigo process is linked to pre-colonial (traditional) practice whereby leaders would publicly vow to achieve certain goals and face public humiliation if they did not. President Kagame now signs contracts on basis of imihigo process with Mayor of each district!	▪ Depends on political will for enforceability ▪ Like most other things, cannot alone ensure accountability of bureaucrats and service providers to citizens ▪ Requires continuous follow-up and reminders about what is contained in the contracts or pacts	▪ Rwanda's imihigo perceived to have contributed to increased uptake of some services (Scher 2010) ▪ Concern's "citizen-leader pacts" there is a qualitative/process evaluation pending and GOAL should follow-up for relevant sections of this which they are willing to share!
Grievance Mechanisms Or **Citizen Complaint Systems** **Primary Levels:** Point of service	▪ **Hotlines** - Could be an on-line system or telephone hotline which allows customers to make a complaint (Mumbai India water services) ▪ **Suggestion boxes** - Could be establishment of a "suggestion box" in a health centre or school where people can put anonymous comments about their observations, commendations and requests for the service providers to review and hopefully take action on complaints. The RCT of the community scorcards in Uganda found establishment of the suggestion box as a positive outcome in many communities (part of the low/no cost local action plan). ▪ "**spaces**" for those who are unable to express views in public - Interesting example from Masindi district in Uganda of the Masindi District Education	▪ **Passive** – Can be more passive (ie, many rely on technology which enables individuals to complain) which is good for service provision but does not necessarily have benefits of enhancing collective voice ▪ **Elite capture** – those that feel the system will be effective are more likely to use it	▪ Generally the evidence on this is limited ▪ Best source on this is Ringold et al 2012 which actually classifies "grievance mechanisms" as one of the two major categories of V&A mechanisms (the other category being "information interventions" ▪ In India, one piece of research showed that complaint mechanisms can contribute to reduction of corruption, by linking citizens directly to managers who can then hold

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
	Network (MADEN) that has formed school advocacy clubs as a way to empower youth and improve the management of the school. The groups meet, but some are still shy to share their ideas. Each has established a suggestion box, which is opened every two weeks during meetings and read aloud for better representative voice (Tembo 2012: 14-15).	(probably those who already feel they have power), or people without certain skills (literacy, numeracy, money for phone calls or internet access) might have harder time using these ▪ **Extreme opinions** – possibly only those with complaints (as opposed to praise) or very extreme complaints (as opposed to people with minor issues) will utilise ▪ **May exclude non-users** – this is a significant risk. Many might be located at or near service points. This means that automatically it will get more opinions of users and exclude non-users. ▪ **Technology access** – very important here for complaint mechanisms relying on mobile phones or internet. In many cases, coverage is still low in rural areas, costs are high and some population groups (women, in particular) may have less access.	managers to account (Caseley 2003) as cited in (McGee & Gaventa 2010: 22)
User/ client satisfaction surveys **Primary Levels:** Community Point of service	▪ Can be used at service delivery points (or a few days later as follow-up in a more neutral space) to ascertain customer satisfaction regarding quality of services ▪ Can assess supply side quality issues in health including number of drugs proscribed, customer's understanding of how/when to self-administer medicine, etc.. ▪ Most likely to be used as a complimentary technique to triangulate findings from other methodologies	= SUBJECTIVE ▪ Using "public satisfaction" indicators has limits – ie, might not be the best indication of empirical quality (Bold et al 2010) ▪ Citizen judgement of quality is defined by their perception	▪ Nothing really available in terms of impact – this is more of a qualitative intervention that could be used to assess perception of services provided, but not necessarily the quality of services (let alone establish causality of the intervention)

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
		▪ Perception of quality could be higher than "warranted" or expected because the limited knowledge of standards and rights prevents citizen's from expecting more	
Citizen Report Cards (CRC) **Primary Levels:** Community	▪ Quantitative questionnaires which assess citizen satisfaction levels with public service agencies and rank them in terms of their performance (McLoughlin 2008) ▪ Indicators/parameters are determined by researchers or outsiders, rather than by community members themselves ▪ Uses formal stratified random sampling to ensure that the data is representative of the underlying population ▪ The major output is the actual perceptions or assessment of services in the form of the report card ▪ **Generates a stock of information on the problems which can then be used to exert pressure for change** ▪ Feedback to providers and the government is at a later stage, usually through the media or large-scale advocacy campaigns ▪ The unit of analysis is the household level; data is then aggregated to draw conclusions at a macro-level *See also* Pekkonen, A. CIVICUS briefing on the tools.	**= EXTRACTIVE** ▪ Somewhat extractive (ie, communities do not decide the indicators) but the imposition of standard indicators is what enables conclusions between communities or at more macro levels. ▪ Conducting a large survey of service users can be costly and time consuming. In addition to skilled human resources and a dedicated organisation to sustain the process, it may require external financial support. ▪ Crucial that meetings between users and service providers remain constructive and focused on the problem at hand while making concrete recommendations to improve the provision of services. ▪ Sustained follow-up and pressure may be required to translate CRC findings into actual reforms. ▪ CRCs require support from	▪ A randomized evaluation of a citizen report card intervention in the health sector in Uganda in 2005 concluded that the CRC led to significant improvements in the quality and quantity of primary health care provision and resulted in improved health outcomes in the communities (Björkman and Svensson, 2009). ▪ Comparing results of randomised control trials for CRCs on education in India and had less impact because the CSOs were more actively involved in the follow-up of health workers and community actors in the Uganda example (J-PAL; Walton 2011; McLoughlin 2010: 8) ▪ In relation to the RCT in Uganda, "it is not clear which intervention component was most responsible for the results: the report card, the information about rights and entitlements, the community encouragement to identify problems and necessary changes in provider behaviour in a community action plan, the private meeting with providers that demonstrated how their perceptions of quality differed from household assessments, or the meeting in which the community and providers agreed on a community contract. Second, interpreting what exactly happened is also a bit of a challenge. Although the results are consistent with an improvement in provider accountability, they are also consistent with a pure stimulus to demand and an increase

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
		the media who need to be engaged from the very outset. ▪ The CRC process can lead to citizen disillusionment if there is no perceptible improvement in the quality of services.	in the intrinsic motivation of providers who might have been receiving feedback on their performance for the first time" (Ringold et al 2010: 104).

Community Score Cards
 	
Primary Levels:
Community
	▪ Communities (users + providers) generate own indicators
	
	▪ Quantitative surveys + qualitative assessments (focus groups)
	
	▪ Information is generated via focus group interactions and scoring, followed a multi-step process:
	  o Gathering data about inputs/entitlements
	  o Community-generated score cards through FGDs
	  o Self-evaluation by providers
	  o Public interface meetings
	
	▪ Public meetings ("interface meetings") between service users and providers allow for immediate feedback
	
	▪ Interface Meetings often result in mutually agreed upon reform agenda, action plans and strategies for follow up
	
	▪ Usually followed by a participatory assessment of the resulting changes by the community, using scorecards
	
	Principles:
	  ▪ Communities should generate, understand, review, use and own data
	  ▪ Aim is to ensure maximum participation of the local community in the gathering
	  ▪ Emphasis is more on achieving immediate response and joint decision-making
	
	▪ Does not involve explicit sampling
	
	Steps (from Pekkonen, CIVICUS)
	
	Step 1: Preparatory groundwork and research:
	  ▪ Identify the subject and scope of the assessment (e.g. health provision for
		= LIMITED GENERALIZABILITY
		
		▪ Generalizability for higher advocacy purposes somewhat reduced because standard indicators are not used to assess.
		
		▪ Limitation of group generated indicators (essentially public satisfaction indicators)
		
		▪ Service providers and policy makers may feel threatened by the CSC initiative. It is therefore important to engage them from the very beginning and sensitizing them to the values and practical benefits of people's participation in service delivery assessment.
		
		▪ It is not guaranteed that service providers/government officials will be receptive to the problems identified by 'common' people and their suggestions for change. Some strategies for mitigating this problem are to: highlight both strengths and weaknesses emerging from score card
			▪ Analysis of their use in India (Misra 2007) has found that these can lead to improvements in the methodology and ultimately greater service user satisfaction. Few other assessments of impact are available to date (McGee & Gaventa 2010:22)
			
			▪ *Community scorecards* can contribute to greater user satisfaction (McGee & Gaventa 2010: 22)
			
			▪ Akasoba and Robinson 2007

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base
	pregnant women in a specific district). • Carry out preliminary research regarding current inputs, entitlements, degree of usage etc.. • Identify people or groups within the sample area who can help to facilitate the implementation of the CSC process, such as traditional leaders, NGO staff, and officials of local governments. • Conduct an awareness campaign to inform people about the purpose and benefits of the CSC. • Train facilitators. **Step 2: *Help community members generate a scorecard*** • Convene community members into one or more focus groups. • Ask each group to identify performance/quality indicators for the public service in question. • Ask the group to score each indicator and give reasons for the scores. • Ask the group to develop their own suggestions on how to improve the service, based on the performance criteria they have identified. **Step 3: *Help service providers to generate a self-evaluation score card*** • Hold a brainstorming session with service providers including the management and the staff to develop self-evaluation indicators. • Ask the service providers to score each indicator and give reasons for the scores. • Invite service providers to discuss and propose possible solutions. **Step 4. *Convene an interface meeting between community and service provider*** • Aided by the facilitators, each focus group presents its scores. • Reasons for scores are discussed. • Service providers react and give feedback. • All participants discuss and potentially agree possible solutions. **Step 5. *Advocacy and follow-up*** • Document the process and record score card results in a brief, clear and easily understandable format. • Disseminate results through the media and communities. • Feed score card results into other policy and advocacy processes. • Ensure the implementation and follow-up of the solutions. • Take steps to institutionalise the process like for example by supporting community-based organisations and/or service providers to repeat the exercise on an annual or half yearly basis.	findings; prepare adequately and facilitate effectively to ensure that interface meetings are rather constructive than confrontational; and focus not only on problems but also on solutions and proposals. • Service providers at local level do not always have the capacity or leverage to make decisions or implement change. It is therefore important that senior officials and decision makers are also involved in feed back loop and interface. • It is important to help community members develop an understanding of the constraints faced by service providers, so as to avoid creating unrealistically high expectations. • There is a risk that the CSC process could result in disillusionment on the part of community members and service providers if proposed solutions are not implemented or if subsequent assessments do not find any positive change.	
Community Based Performance	• Hybrid community-based monitoring tool combining social audit, community monitoring and citizen report cards. Seeks to foster and model constructive dialogue between state and citizens at a local level, where space for voice,	= REQUIRES EXCELLENT FACILITATION	• In India, community monitoring + strong accountability mechanisms did see some improvements in teacher attendance (Duflo

Voice Intervention	Summary of Methodology	Challenges & Lessons	Evidence Base

Monitoring
 	
Or
 	
Community-based participatory management
 	
Or
 	
Community monitoring and evaluation
 	
Primary Levels:
Community
	mutual understanding and development of social contracts exists or can be claimed (Walker 2009)
	
	▪ Primary emphasis is on community empowerment through negotiation of local reforms; data is systematically collected and aggregated for advocacy purposes
	
	▪ Community gathering involves four processes:
	  o Input tracking tool development (to compare what is with what should be in terms of resources allocated)
	  o Self-evaluation by providers
	  o Community scorecard preparation
	  o Public interface meeting
	
	▪ Emphasis is more on achieving immediate response and joint decision-making
	
	▪ Feedback to providers is almost immediate and actions are identified through mutual dialogue during the interface meeting
	
	Key differences/innovations include:
	  o Voting procedure to minimise lateral influence in scoring performance at focus group discussions
	
	  o **Standard indicators** <u>and</u> **group-generated indicators** to facilitate the aggregation of results across multiple events
	
	  o Random sampling of facilities is preferred
	
	For several other examples of community based-interventions see PATHS Technical Brief.
		▪ Access to information is often a problem. This may happen because governments do not want people to see the information, or simply because governments have not got/cannot get access to the information required which is often the case at the level of local government.
		
		▪ Monitoring objectives and indicators should be developed in a participatory manner to ensure they resonate with the community needs, priorities and aspirations.
		
		▪ Community meetings need to find ways of giving those with least power an equal voice whilst all data collected should be disaggregated across gender, age, religion, ethnicity, and disability.
		
		▪ Since there are no legal sanctions, robust evidence alone rarely challenges bad government performance.
		
		▪ CME projects need to have a clear plan on how to advocate on their evidence, linking with the media and formal process to hold government to account, such as elections.
			2008). Monitoring was used with incentives, user engagement.
			
			▪ Thindwa, Edgerton & Forster community Based Performance Monitoring (CBPM): Empowering and Giving Voice to local communities.
			
			▪ *Community monitoring*, when combined with other factors, can contribute to more responsive delivery of services, such as increased teacher attendance in schools (McGee & Gaventa 2010: 22)
			
			▪ Work in Indonesia found the threat of audits more effective in reducing corruption in community road projects than community monitoring (J-PAL 2008)

Outcome Mapping is an integrated process including design, monitoring and evaluation.
http://web.idrc.ca/en/ev-26586-201-1-DO_TOPIC.html

Terminology
- **Boundary Partners:** Those individuals, groups, and organizations with whom the program interacts directly to effect change and with whom the program can anticipate some opportunities for influence.
- **Outcomes:** Changes in relationships, activities, actions, or behaviours of boundary partners that can be logically linked to a program's activities although they are not necessarily directly caused by it. These changes are aimed at contributing to specific aspects of human and ecological well-being by providing the boundary partners with new tools, techniques, and resources to contribute to the development process.
- **Progress Markers:** A set of graduated indicators of changed behaviours for a boundary partner that focus on depth or quality of change.

Outcome Mapping
- Defines the program's outcomes as changes in the behaviour of direct partners
- Focuses on how programs facilitate change rather than how they control or cause change
- Recognises the complexity of development processes together with the contexts in which they occur
- Looks at the logical links between interventions and outcomes, rather than trying to attribute results to any particular intervention
- Locates a program's goals within the context of larger development challenges beyond the reach of the program to encourage and guide the innovation and risk-taking necessary
- Requires the involvement of program staff and partners throughout the planning, monitoring, and evaluation stages

THREE STAGES OF OUTCOME MAPPING

INTENTIONAL DESIGN
STEP 1: Vision
STEP 2: Mission
STEP 3: Boundary Partners
STEP 4: Outcome challenges
STEP 5: Progress Markers
STEP 6: Strategy Maps
STEP 7: Organizational Practices

OUTCOME & PERFORMANCE MONITORING
STEP 8: Monitoring Priorities
STEP 9: Outcome Journals
STEP 10: Strategy Journal
STEP 11: Performance Journal

EVALUATION PLANNING
STEP 12: Evaluation Plan

The first stage, Intentional Design, helps a program clarify and reach consensus on the macro-level changes it would like to support and to plan the strategies it will use. Outcome Mapping does not help a program identify programing priorities. It is only appropriate and useful once a program has chosen its strategic directions and wants to chart its goals, partners, activities, and progress toward

anticipated results. After clarifying the changes the program intends to help bring about, activities are chosen that maximize the likelihood of success. The Intentional Design stage helps answer four questions:

- **Why?** Are we doing this? What is the vision statement?
- **How?** Will we do this? With strategy maps and organisational practices
- **Who?** Are the boundary partners?
- **What?** Are the outcome challenges and progress markers (things we would expect, like and love to see)?

The second stage, Outcome and Performance Monitoring, provides a framework for ongoing monitoring of the program's actions in support of its boundary partners' progress towards the achievement of outcomes. The program uses progress markers, a set of graduated indicators of behavioral change identified in the intentional design stage, to clarify directions with boundary partners and to monitor outcomes (Outcome Journal). It uses a Strategy Journal (to monitor strategies and activities) and a Performance Journal (to monitor organizational practices) to complete a performance monitoring framework. This framework provides the program the opportunity and tools both to reflect on and improve performance and to collect data on the results of its work with its boundary partners.

ANNEX 3. ANNOTATED BIBLIOGRAPHY

GENERAL RESOURCES

While there are many resources available, the best and first starting point is the **Governance and Social Development Resource Centre** (GSDRC). The GSDRC provides annotated bibliographies on a wide variety of governance topics. Many of the articles linked there are academic, high level practitioners. A number of **Overseas Development Institute** (ODI) and **Institute for Development Studies** (IDS) working papers merge the research with the practitioners' dilemmas over quality programs and solid theories of change.

- GSDRC – http://www.gsdrc.org/
- ODI – http://www.odi.org.uk/

CIVICUS seems to be the first and most comprehensive site for consolidation of practitioners' tools. Several other resources are available on various **community-based performance monitoring** methodologies and tools and their outcomes. Specific links to most useful tools are provided in the annotated bibliography.

- CIVICUS – https://www.civicus.org/
- PATHS – https://www.paths2.org

Emerging tools for context analysis are the **World Governance Assessment** (WGA) and **political economy assessment** (PEA).

- WGA – http://www.odi.org.uk/work/projects/00-07-world-governance-assessment/
- PEA – http://www.gsdrc.org/go/topic-guides/political-economy-analysis/tools-for-political-economy-analysis

In the donor community, UK-AID/**Department for International Development** (DFID) tends to have sponsored the most thinking and writing on these topics.

For monitoring and evaluation options, there are numerous resources. Two of the most prominent economists working on rigorous impact evaluations for development interventions are **Esther Duflo** and **Abhijit Bannerjee**, both affiliates of the MIT **Jameel Poverty Action Lab (J-PAL)**. Their work is widely cited in the measurement of effectiveness and impact. One of the most persistently critical (questioning) academics on the value of RCTs for governances is **Chris Blattman**. Blattman's blog, presentations and more formal work are widely cited as caveats to RCTs for governance interventions.

For **impact evaluations/randomised control trials (RCTs)**, see:

- General information http://en.wikipedia.org/wiki/Impact_evaluation
- Jameel Povery Action Lab (J-PAL) - http://www.povertyactionlab.org/
- International Initiative for Impact Evaluation (3ie) - http://www.3ieimpact.org/joining/
- Chris Blattman – http://chrisblattman.com/ Though it may seem unconventional to site a blog in a literature review, Prof Blattman is one of the most respected and thoughtful critics of international development and various attempts to measure governance. He is often invited to present at very high level donor meetings – most notably a series of briefings on impact evaluations given to DFID.

For **qualitative measurement options**, see:

- Most Significant Change – www.mande.co.uk/docs/MSCGuide.pdf
- Outcome Mapping – http://web.idrc.ca/en/ev-26586-201-1-DO_TOPIC.html

BIBLIOGRAPHY

For purposes of this annotated bibliography, only the most directly relevant and useful resources on social accountability, power dynamics, social change, programming methodologies, evidence base and measurement/evaluation are listed. Certainly, there are many more articles out there, and more are released each year with more discussion about these interesting topics. Because many would have limited time, the compiler attempted to group the best resources on these subjects and present them as **top reads**.

These resources are organized alphabetically by primary author and links to each paper are provided wherever possible.

TOP READS – IF YOU ONLY HAVE LIMITED TIME, READ THESE RESOURCES FIRST

Anderson, A., 2005, 'The Community Builder's Approach to Theory of Change: Practical Guide to Theory Development', Aspen Institute
http://www.dochas.ie/Shared/Files/4/TOC_fac_guide.pdf
This is a very useful handbook which outlines what a theory of change is, why/when it is useful and also step-by-step guide on how to facilitate a group to develop a theory of change. Easy to read document which is also quite practical and this seems to be cited in multiple locations as a good source for developing a theory of change.

Björkman, M. and Svensson, J., 2007, "Power to the People: Evidence from a Randomized Field Experiment of a Community-based Monitoring Project in Uganda."
http://www.cid.harvard.edu/neudc07/docs/neudc07_s2_p11_bjorkman.pdf 10
This paper analyses the extent to which efforts to increase community-based monitoring can improve health service provision. They find evidence that community-based monitoring does lead to an improvement in health outcomes. The study examines the use of citizen report cards in 50 rural communities across Uganda. Citizen report cards were designed to strengthen providers" accountability to citizen-clients by enhancing communities" ability to monitor providers. The study explores a number of alternative ways in which the interventions could have affected health outcomes, and finds no support for any of these alternatives in the data. It notes that there is a potential for spill-over effects from one catchment area to another. It also states that these issues were minimal since catchment areas for control and intervention groups were at least thirty kilometres apart. The paper concludes by stressing that "before scaling up, it is also important to subject the project to a cost-benefit analysis and relate the cost-benefit outcomes to other possible interventions" (p.26). It also notes that this was a controlled experiment and that scaling up may require delegating tasks to local actors in the various communities, which may result in capture.

Green, C., no date, 'PATHS Technical Brief: Strengthening voice and accountability in the health sector,'
http://www.healthpartners-int.co.uk/documents/Voiceandaccountability.pdf
This is a great qualitative piece on the various voice and accountability mechanisms introduced in Nigeria under the Partnership for Transforming Health Systems (PATHS) initiative in Nigeria from 2002 – 2008. PATHS introduced several initiatives to improve utilisation rates of facilities and also try to strengthen the relationship between health facilities and communities. This technical brief is very accessible and also provides a lot of rich qualitative information about the various techniques used and the observations from them. PATHS incorporated about seven (7) methods. These are in four different categories:

Provider-led voice and accountability initiatives	Government voice and accountability	Joint civil society voice and accountability	Initiatives that established the pre-conditions for voice
1. Peer Participatory Rapid Health Appraisal for Action 2. Patient Focused Quality Assurance 3. Integrated Supportive Supervision	4. Standards of care and patients Charters	5. Facility Health Committees	6. Safe motherhood and demand-side interventions 7. Community Action Cycle

McGee, R. And Gaventa, J., 2010, 'Review of Impact and Effectiveness of Accountability and Transparency Initiatives', DFID
This is an amazing paper. Must read on theoretical concepts, evidence base. Transparency and accountability have emerged over the past decade as key ways to address both developmental failures and democratic deficits. In the development context, the argument is that through greater accountability, 'leaky pipes' of corruption and inefficiency will be repaired, aid will be channelled more effectively,

and in turn development initiatives will produce greater and more visible results. For scholars and practitioners of democracy, a parallel argument holds that following the twentieth-century wave of democratisation, democracy now has to 'deliver the goods', especially in terms of material outcomes, and that new forms of democratic accountability can help it do so. While traditional forms of state-led accountability are increasingly found to be inadequate, thousands of multi-stakeholder and citizen-led approaches have come to the fore, to supplement or supplant them.

Citizen participation tends to be under-theorised – which citizens? Were they active prior to the creation of the mechanism? Where do they get their information and how do they act upon it? On which issues do they mobilise? Are they well-behaved, or antagonistic toward state institutions?

"Social accountability is understood as an ongoing and collective effort to hold public officials and service providers to account for the provision of public goods which are existing state obligations, such as primary healthcare, education, sanitation and security" (Houtzager & Joshi 2008: 3).

Generally, theories of change are overly simplistic or underdeveloped! Partially because of this and partially because of the difficulties in measuring social change and governance outcomes, there is still a very limited evidence base for our normative assumptions about the links between social accountability and change.

- Service delivery – mixed, unclear, not a large body of impact literature
- Budget process initiatives – general macro level improvements in governance, but not a lot of impacts available on gender
- Freedom of information – much better legal basis for FOI, but almost no evidence of effectiveness (probably because it is only one component!)

Mcloughlin, C., 2009, 'Helpdesk Research Report: Social Movements and Poverty Reduction', Governance and Social Development Resource Centre, University of Birmingham
RELEVANCE: ***** (very interesting in thinking about the very macro level impact of social movements on change and poverty.)

There is limited research available on the role of social movements in development processes. It is widely acknowledged that establishing a causal relationship between social movements and any observed change in societies is problematic. In particular, **attribution is difficult because there are usually multiple variables involved in any process of social change, including other actors and networks**. The vast majority of the available case study material on social movements does not focus specifically on assessing their impact, but rather on describing their goals, tactics and experiences of engagement with the state.

There is limited research available on the role of social movements in development processes. It is widely acknowledged that establishing a causal relationship between social movements and any observed change in societies is problematic. In particular, attribution is difficult because there are usually multiple variables involved in any process of social change, including other actors and networks. The vast majority of the available case study material on social movements does not focus specifically on assessing their impact, but rather on describing their goals, tactics and experiences of engagement with the state.

Nevertheless, much of the literature on social movements supports the normative assumption that they can foster positive social change. Social movements are often viewed as important in terms of altering balances of power, promoting the empowerment of excluded groups, and improving access to basic resources for the poor. Movements rarely work directly on poverty, nor do they emerge simply because poverty exists, nevertheless they can challenge the prevailing power relations which often (re)produce poverty. Recent empirical work has further elaborated on the ways in which social movements can potentially influence on development. **Bebbington (2008) identifies (from the available literature) several causal pathways through which social movements can impact on poverty.** These are: Through **challenges to the institutions that underlie the political economy of chronic poverty** (challenging processes of exploitation or dispossession); through **reworking the cultural politics of poverty** (challenging ideologies surrounding poverty debates); through **direct effects on the assets of the poor** (providing access to land, water, shelter); and through **engagements with the state**.

Rinegold, D., Holla, A., Koziol, M., Srinivasan, S., 2012, 'Citizens and Service Delivery', Assessing the Use of Social Accountability Approaches in the Human Development Sectors', The World Bank
http://www.odi.org.uk/events/docs/4871.pdf
Specifically, **Chapter 5** and **Appendix 1** are good for highlighting the way forward for social accountability work. Discussions of information asymmetries, reasons for reluctance of citizens to demand things of providers, the fact that isolated mechanisms are not effective, strong civil society and independent media as pre-existing conditions. Also looks at the challenges of design so that effectiveness or impact can be measured.

▪▪

Schnell, A. and Coetzee, E., 2010 'Peoples Action for Just & Democratic Governance: Using Evidence to Establish Accountability,' MS Action Aid Denmark
www.actionaid.org/sites/files/actionaid/accountability.pdf
This sourcebook on democratic accountability for development practitioners and learning facilitators is a stellar document which inspired several of the diagrams in this literature review. It has a lot of great cartoons, images and practical examples that can be used for CSO staff and stakeholders at all levels to understand what accountability is all about.

Wild, L. and Domingo, P., 2010, 'Accountability and Aid in the Health Sector' Overseas Development Institute & World Vision.
http://www.odi.org.uk/resources/docs/6188.pdf
Excellent article, if long (but executive summary is solid). It looks at accountability mechanisms and relationships in Zambia and Uganda for the health sector. Analysis of the ways development assistance and foreign aid can have adverse effects on domestic accountability mechanisms. This happens partly because development aid (on-budget) generally emphasizes upwards accountability to donors and undermines downwards accountability to citizens. In addition, practices of off-budget support (assistance channeled directly to NGOs or through vertical health programs) make it more difficult for recipient governments to keep track of all the resources they should be accounting for. At the same time, the accountability of NGOs is also upward – more so to donors than to host country governments. Most of the attention related to accountability in both contexts remains at the national level (policy); not yet penetrating to the point of service delivery. Generally, it shows the political will and the potential for opening spaces here in Uganda, at least on the surface.

<div style="background:#a0d000;color:#c00000;font-weight:bold">OTHER IMPORTANT READS – IF YOU ARE REALLY EXCITED ABOUT READING <u>AND</u> HAVE TIME!</div>

Björkman, M. and Svensson, J., 2009, "When is community-based monitoring effective? Evidence from a randomized experiment in primary health in Uganda."
http://www.aidinfo.org/wp-content/uploads/2010/09/Bjorkman-and-Svensson-2009-2.pdf
Evidence from recent randomized field experiments on community-based monitoring reveals substantial heterogenous treatment effects. Using data from a randomized experiment in primary health in Uganda, we test whether social heterogeneity can explain why some communities managed to push for better health service delivery while others did not. The results suggest that income inequality, and particularly ethnic fractionalization, adversely impact collective action for improved service provision. (JEL: H41, I19, O15)

Bold, T., Gauthier, B., Svensson, J., Wane, W., 2010 'Delivering Service Indicators in Education and Health in Africa: A Proposal', World Bank Policy Research Working Paper 5327
http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2010/06/01/000158349_20100601110523/Rendered/PDF/WPS5327.pdf
The main perspective adopted by the Delivering Service Indicators index is one of citizens accessing services and facing potential shortcomings in those services available to them. The index is thus presented as a Service Delivery Report Card on education and health. However, unlike traditional citizen report cards, it assembles objective information from micro level surveys of service delivery units.

To date there is no robust, standardized data set to measure the actual quality of service delivery as experienced by the user in Africa. Existing indicators in social sectors are disparate and limited and focus is almost exclusively on development outcomes/outputs rather than on the service delivery systems that create those outcomes. In fact, no set of indicators exists for measuring constraints associated with the supply side of service delivery and the behavior of frontline providers, both of which have a direct impact on the quality of service citizens receive. Without consistent and accurate data on the quality of services, it is difficult for citizens or their governments to know which services are under-performing, consequently leaving little incentive for citizens and governments to act on.

The Delivering Service Indicators (DSI) seeks to provide a set of indices for benchmarking service delivery performance in education and health in Africa in order to track progress in and across countries over time. It seeks to enhance effective and active monitoring and evaluation of service delivery and to become an instrument of public accountability and good governance in Africa. One of the key objectives of the DSI Index is to help reduce the gap of information between citizens, service providers and the state, which is at the root of poor service delivery performance, rent capture and misappropriation of resources. Ultimately, the purpose of the DSI Index is to help policymakers, citizens, service providers, donors and other stakeholders in enhancing the quality of service provision and ultimately improve development outcomes.

The perspective adopted by the DSI index is that of citizens accessing services and facing potential shortcomings in those services made available to them. The DSI index is thus presented as a Service Delivery Report Card on education and health. It seeks to measure the performance and quality of service delivery as experienced by citizens. **However, instead of using citizens' perception to assess**

performance it assembles objective and quantitative information from a survey of service delivery units, using modules from Public Expenditure Tracking Survey (PETS), Quantitative Service Delivery Survey (QSDS), Staff Absenteeism Survey (SAS), and Observational studies.

Chambers, R. 2006, 'Transforming Power: From Zero-sum to Win-Win', IDS Bulletin Vol. 37, No. 6, pp.99-110
Current approaches to power transformation are limited because they restrict the extent to which the powerful are included. There is a tendency in the development arena to discuss transformations of power with a zero-sum mindset. However, there is extensive unrealised potential for win-win solutions through 'uppers' using their power to empower. Top-down transformations of power, when used in certain ways, can result in gains for the powerful as well as for those who are empowered. The creation of new spaces for public participation is intended to enable more direct forms of citizen engagement in policy making. However, simply creating new spaces for participation does not guarantee greater inclusion, nor does it automatically enable the most marginalised segments of the population to articulate their voices and demand accountability. The outcomes of participatory approaches are affected by power and power relations, which shape participatory spaces and can create exclusion and inequality.

Davies, R., Dart, J., 2005 'The 'Most Significant Change' (MSC) Technique: A guide to its use'
www.mande.co.uk/docs/MSCGuide.pdf
Brilliant and useful guide to this as a complimentary qualitative analysis tool. Looks at practical implementation and also some of the risks/concerns and how to overcome them. Most relevant points are actually summarized in the text of the literature review but the whole document is very easy to read.

DFID, 2010, 'Improving Public Services', in The Politics of Poverty: Elites, Citizens and States: Findings from ten years of DFID-funded research on Governance and Fragile States 2001–2010', Department for International Development, London, ch. 7
Offers a relatively high level description of the various considerations between social accountability and service delivery. There is little evidence that market-oriented reforms have improved public services in developing countries. As a result, donors have begun emphasising the importance of strengthening service providers' direct accountability to users. Involving citizens in service delivery can improve accountability, but formal participatory mechanisms can exclude the poor. How can service provision be designed and delivered in a way that ensures the opinions of the users, socially excluded groups and the voices of the poor are heard and represented? Access to and broad dissemination of information is a key precondition for this. This is used to inform citizen participation in various mechanisms designed to improve participation and accountability of services, for example user groups and resource management committees, citizen report cards, etc.. State accountability to citizens can also involve participatory budgeting and various public oversight initiatives.

Eyben, R., Kabeer, N., Cornwall, A., 2008, 'Conceptualising Empowerment and the Implications for Pro-Poor Growth', Paper prepared for the DAC Poverty Network by the Institute of Development Studies, Brighton
This paper proposes a framework to enable the empowerment of the poor to be conceptually understood and operationally explored. It examines the different facets of 'social', 'economic' and 'political' empowerment. International development actors often lack awareness of much that is already known about these issues. These are the **conceptual tools for identifying complex and mutually dependent processes that development actors can support** and facilitate for achieving pro-poor growth. Empowerment also occurs across various domains, spheres and levels. This paper proposes a framework for understanding the complex and mutually dependent processes that development actors can support and facilitate to achieve empowerment for the poor. It identifies three kinds of empowerment that are inter-connected and iterative:

- **Economic empowerment** is the capacity of poor women and men to participate in, contribute to and benefit from growth processes on equitable terms which are commensurate to the value of their contributions. Areas to focus on include: a) the promotion of the assets of poor people; b) transformative forms of social protection; c) the 'decent work' agenda'; and d) voice and organisation for economic citizenship.
- **Political empowerment** refers to increasing equity of **representation** in political institutions and enhancing the **voice** of the poor and marginalized communities so that they can engage in making the decisions that affect their lives.
- **Social empowerment** is taking steps to change society so that one's own place within it is respected and recognised on the terms on which the person themselves want to live, not on terms dictated by others.

Fox, J., 2005, 'Empowerment and Institutional Change: Mapping "Virtuous Circles" of State-Society Interaction', in Alsop, R (ed.), 'Power, Rights and Poverty: Concepts and Connections', World Bank/DFID, London

Concept of the short route and the long route surfaces here too – this is a quite academic piece, but interesting because it came out in the early days after the World Bank 2004 HDR which is what sparked so much high level, "mainstream" discussion about pro-poor development and the role of accountability failures).

How do pro-poor reform innovations scale up and spread out to influence entire agencies, regions or nation-states? How can pro-poor policymakers and social actors gain leverage against those who oppose reform? This article looks at pro-poor institutional change in rural

Mexico. It argues that the empowerment of poor people is important for the success of anti-poverty policies. 'Virtuous circles' of mutual empowerment between institutional reformers and social actors in the public interest need to be triggered and sustained.

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Institutions operate on combinations of formal and informal power resources. The transformation of public institutions will have limited results if the leadership rely only on their own formal authority. Pro-poor reforms require changes in three distinct arenas: within the state itself, within society and at the state-society interface. The reform process depends on changing the balance of power between pro-reform actors and anti-reform actors. It is necessary to build cross-sectoral coalitions which requires its own set of investment strategies, involving both social and political capital.

A review of rural development programmes compares the degree to which policy reforms permitting participation by organised poor people lead to power-sharing in practice. The programmes studied include the Community Food Councils, the Regional Development Funds, the Municipal Development Funds and Rural Development in Marginal Areas. They all involved institutionalised opportunities for Mexican indigenous peoples' organisations to share decision-making power with the public sector, mostly in the region of Oaxaca. Key variables affecting the degree of power-sharing generated in practice depended on:
- *The capacity and willingness of social organisations to engage with the opportunities for participation.*
- *Whether regional representative bodies existed, as well as their degree of oversight and decision making capacity.*
- *The presence of a faction within the implementing agency that was willing to take the risks of partnering with autonomous social organisations.*

Concluding propositions for discussion are:
- *Pro-empowerment institutional reforms are driven by mutually reinforcing cross-sectoral coalitions between state and society. These coalitions are grounded in mutually perceived shared interests.*
- *Institutional reforms that appear to be enabling may not be in practice. Reforms need to be unpacked in terms of their actual coverage, depth and empowerment impacts.*
- *Pro-empowerment enabling environments require policy reforms that work together. Transparency, accountability and participatory reforms are mutually reinforcing.*
- *Power sharing involves conflict. Successful power sharing involves conflict resolution mechanisms that can be made more successful through deliberative power sharing institutions.*
- *Pro-poor policymakers should invest their political capital to give potential civil society counterparts clear signals, tangible incentives to engage and some protection from backlash.*
- *To encourage an enabling policy environment for empowerment, invest in supporting those reformers with track records in the institutions where they already are.*

Gaventa, J., 2006, 'Finding the Spaces for Change: A Power Analysis', IDS Bulletin, Vol. 37, No. 6, pp.23-33
This is a tiny bit academic, but definitely written for policy makers and reflective implementers; with a clear influence from the realities of implementing social accountability programs. Overall, it is very interesting and very readable. The fact that it is based around a visual (imagine a Rubix cube) is also great.
Development actors are increasingly aware of the need to understand and engage with power relations as a means of promoting pro-poor change. So where should they target their efforts and which strategies should they use? This article explores an approach to power analysis known as the 'power cube'. If the development community wants to change power relationships to make them more inclusive, it must reflect on power relationships in all of its dimensions. The power cube may represent the first step in making power's most hidden and invisible forms more visible. In an article cited below John Gaventa (2006) argues: "Power relations help to shape the boundaries of participatory spaces, what is possible within them, and who may enter, with which identities, discourses and interests". Therefore, power needs to be understood in relation to how spaces of engagement are created, the levels of power that exist within them, and the different forms of power that flow across them. It is essential to consider who participates, on what basis and whose interests they represent.
- Locations: global, national, local
- Types of space: closed, invited, claimed/created
- Forms of power: visible, hidden, invisible (internalized)

Invisible power: shaping meaning and what is acceptable. Probably the most insidious of the three dimensions of power, invisible power shapes the psychological and ideological boundaries of participation. Significant problems and issues are not only kept from the decision-making table, but also from the minds and consciousness of the different players involved, even those directly affected by the problem.

By influencing how individuals think about their place in the world, this level of power shapes people's beliefs, sense of self and acceptance of the status quo – even their own superiority or inferiority. Processes of socialisation, culture and ideology perpetuate exclusion and inequality by defining what is normal, acceptable and safe. Change strategies in this area target social and political culture as well as individual consciousness to transform the way people perceive themselves and those around them, and how they envisage future possibilities and alternatives.

J-PAL, 2008, 'Controlling corruption: Auditing versus community monitoring', Policy Briefcase no. 5
http://www.povertyactionlab.org/sites/default/files/publications/70_Policy_Briefcase_5.pdf
This short piece (4 pages!) based on research on various strategies to mitigate corruption in road construction in Indonesia (Olken 2006 and 2007) found that threats of audits (top-down) were more effective than community monitoring. Identifies monitoring as a public good (actions of a few can benefits many) and that people are more likely to monitor effectively if there is something which will benefit them personally.

Malena, C., Khallaf, M. no date, 'Participatory Budgeting', CIVICUS
http://pgexchange.org/index.php?option=com_content&view=article&id=163&Itemid=158
Participatory Budgeting (PB) is a process whereby citizens directly participate in the allocation of a defined part of a government's budget. PB initiatives are typically initiated by local government authorities, frequently in response to demands from community groups, CSOs and/or citizens for a greater say in deciding how and where public resources should be spent. Participatory budgeting creates opportunities for educating and empowering citizens and for strengthening citizen-government relations. PB also helps to promote government transparency and accountability, and the responsiveness and effectiveness of government programmes and services. PB initiatives usually have a specific aim of involving traditionally excluded political actors such as the poor, women, youth and other disadvantaged social groups, giving them the opportunity to directly influence local public spending.

McDonald, O., no date 'Community Monitoring and Evaluation', CIVICUS
http://pgexchange.org/index.php?option=com_content&view=article&id=165:community-monitoring-a-evaluation&catid=59:monitoring-a-evaluating-public-services&Itemid=159
Emphasis on this as an approach – and many of the social accountability interventions and methodologies are based on this. Community monitoring and evaluation (CME) is a process through which communities measure the quantity and quality of public services and other government activities. The main objective of CME is not simply to collect data about the government's performance. Rather, it is a process to strengthen the relationship between citizens and the state by informing people about their entitlements, the promises made to them by the government and the tools to ensure they receive both the entitlements and the promises. Link has description of methodology, how it is implemented, benefits, challenges/lessons, key resources, supplementary resources and case studies.

Pekkonen, A. no date, 'Citizen Report Cards', CIVICUS
http://pgexchange.org/index.php?option=com_content&view=article&id=164:citizen-report-cards&catid=59:monitoring-a-evaluating-public-services&Itemid=160
Citizen Report Cards (CRC) are participatory surveys that solicit user feedback on the quality and performance of public services in order to raise citizen awareness and ultimately bring about reforms in the public service delivery system. A key feature of the CRC method is that survey findings are placed in the public domain through the use of media and public meetings thus making it an effective instrument to promote transparency, responsiveness and public accountability. Link has description of methodology, how it is implemented, benefits, challenges/lessons, key resources, supplementary resources and case studies.

Pekkonen, A. no date, 'Community Score Card', CIVICUS
http://pgexchange.org/index.php?option=com_content&view=article&id=143:community-score-cards&catid=59:monitoring-a-evaluating-public-services&Itemid=137
The Community Score Card (CSC) process, sometimes also known as a community voice card is a community based monitoring tool that enables citizens to voice their assessment of a priority public service. The CSC is an instrument to elicit social and public accountability and increase the responsiveness of service providers. Link has description of methodology, how it is implemented, benefits, challenges/lessons, key resources, supplementary resources and case studies.

Pekkonen, A, Sadashiva, M., no date, 'Social Audits', CIVICUS
http://pgexchange.org/index.php?option=com_content&view=article&id=142:social-audits&catid=59:monitoring-a-evaluating-public-services&Itemid=136   Just as a financial audit verifies how money is being spent, a social audit verifies how programs and services are being carried out, with the goal of making them better and more reflective of social, environmental, and community objectives. A social audit involves a systematic evaluation of public records and user feedback. It is intended to help users understand and assess the strengths and weaknesses, successes and failures of a programme or service, with an aim to make improvements. Social auditing is a way of increasing community participation, strengthening links with government and/or service providers, promoting transparency and public

accountability, and instilling a sense of responsibility among all those involved. Link has description of methodology, how it is implemented, benefits, challenges/lessons, key resources, supplementary resources and case studies.
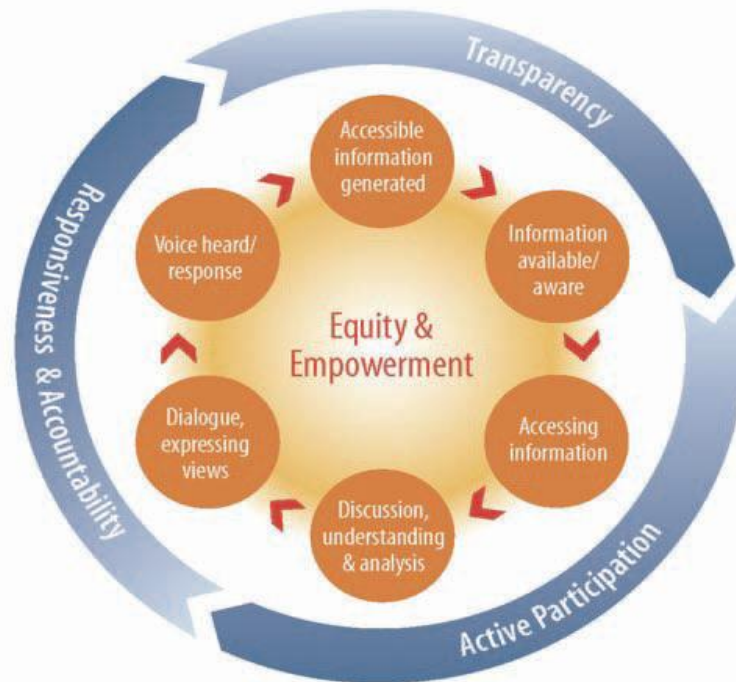
Scher, D., 2010, 'The Promise of imihigo: Decentralized Service Delivery in Rwanda, 2006 – 2010', Innovations for Successful Societies, Princeton University, p 1 - 11
http://www.princeton.edu/successfulsocieties/content/data/policy_note/PN_id133/Policy_Note_ID133.pdf
In the wake of the 1994 genocide, the Rwandan Patriotic Front inherited the remnants of a highly centralized state administration. For a number of years the government engaged in crisis management, attempting to meet the basic needs of a traumatized population. In 2000, in an effort to improve local service delivery, the RPF-led government began a program of decentralization. Under the new arrangement, mayors were responsible for implementing development programs. A chief concern for the central government was how to make mayors accountable. In response to this challenge, the government in 2006 launched an innovative system known as the *imihigo* process. Imihigo had its roots in a pre-colonial Rwandan cultural practice whereby leaders or warriors would publicly vow to achieve certain goals—and face public humiliation if they failed. The modern imihigo process linked this traditional Rwandan practice with planning, monitoring and oversight. By 2010, government officials believed that the imihigo process had resulted in improved service delivery in the districts.

Selvaggio, K., Gariyo, Z., Oloya, P., 2011, 'Advocacy in the Health and Education Sectors in Uganda: A Situational Analysis,' prepared by Uganda Monitoring and Evaluation Management Service Projects (UMEMS) for USAID.
http://pdf.usaid.gov/pdf_docs/PNADY155.pdf
Excellent analysis of civil society in Uganda – with a focus on accountability and advocacy. Describes various community based monitoring activities and provides numerous case studies of good practice (noting also many variations in approach which could be standardised and overall weaknesses in documenting or evaluating outcomes).

Tembo, F., 2012, 'Citizen voice and state accountability: Towards theories of change that embrace contextual dynamics', Overseas Development Institute working paper 343.
http://www.odi.org.uk/resources/docs/7602.pdf
This piece is not very accessibly written, but includes a number of very important concepts on developing a theory of change and how to incorporate research and monitoring to analyse ongoing dynamic changes in context. Talks of the importance of counterbalancing overall indicators with "ground-truth" exercises to understand how decisions are made in practice. Also noteworthy for discussion of political economy analysis (PEA) which is one of the mechanisms for understanding the governance context.

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UNDP, 2003, 'Access to Information', Practice Note, United Nations Development Programme, Oslo Governance Centre, Oslo
Short piece, very readable relevant. Hhighlights theoretical link between information, voice, accountability, etc.). How does access to information support good governance and poverty reduction? What needs to be included in the effective design of access to information programmes? This note argues that access to information is an empowerment tool that underpins democratic governance, and which is also fundamental to other priority programme areas. It is important to: strengthen the legal and regulatory environment for freedom and pluralism in information; support capacity strengthening, networking, and higher standards of media at national and local levels; raise awareness of rights to official information and strengthen mechanisms to provide it; and to strengthen communication mechanisms for vulnerable groups. Often, people who do not have access to basic services are not able to demand better service from providers. Providing information is the first step to improving accountability to excluded groups – information helps people to understand the services they are entitled to, and the mechanisms available to them to demand this level of service.

UNDP Capacity Development Group, 2006, 'Mutual Accountability Mechanisms: Accountability, Voice and Responsiveness', UNDP, New York

How can one increase the responsiveness and accountability of development agents, decision makers and service providers to the concerns of the poor? This paper examines the building of accountability mechanisms as part of developing capacity. **The capacity of any system requires appropriate feedback loops to self-regulate, adapt and effectively achieve its objectives**. **Accountability strategies need communication strategies.**

The chapter below argues that for social accountability mechanisms to be effective in enabling citizens to hold powerholders to account, some level of state support is required. Experience shows that such support can range from intensely active to extremely reluctant. However, **governments can view civil society involvement in advocacy less positively than service delivery**. Advocacy activities can often be subjected to government controls and legal barriers, which is frequently the case in fragile states with weak governance and accountability.

Accountability relations often do not work properly. Public institutions are captured by the powerful and resourceful, with the poor lacking representation. The aid relationship can induce outward accountability at the expense of non-responsiveness of private or public service providers to their primary clients. Defining clear accountability relations, responsibilities and rules and enforcing these can be powerful regulatory mechanisms for collective systems. These mechanisms build legitimacy and function as an ultimate safeguard against the misuse of power and protect the space in which societies negotiate their long-term social contract.

In any given society there are a multitude of accountability relations and thus a wide range of entry points for accountability as capacity development strategy. An accountability mechanism will combine a variety of functions, which include the following (see table).

The paper examines three CD strategies in detail with corresponding case studies. These are:

- Making the disclosure of budget allocations to local service providers mandatory. This permits local people to question the use of these funds and over time to influence the effectiveness in using such resources.
- Independent monitoring for mutual accountability in aid. Independent monitoring recognises the inherent imbalances in aid relations and offers a concrete way to redress this imbalance. In so doing it can help to: strengthen national ownership, create opportunities for meaningful capacity development, and provide an agreed reference point for monitoring progress and for engagement in support of these objectives.
- Institutionalising client voice mechanisms. For example, client surveys are used in social audits and various forms of score cards.

UNIFEM, 2008, 'Chapter 1: Who Answers to Women?', in Progress of the World's Women 2008/9: Who Answers to Women? Gender and Accountability', UNIFEM, New York

This is very pragmatic and tangible. The resource on women's empowerment, capacities and concerns vis-à-vis social accountability programming is valuable throughout the process of thinking through theory of change and implementing programs. Chapter 1 examines how women, including the most excluded women, are strengthening their capacity to identify accountability gaps and call for redress. Women's efforts to remedy their situation when their rights are denied have ranged from 'voice'-based approaches that emphasise collective action, representation of interests and the ability to demand change, to 'choice'-based approaches that promote changes in the supply of responsive public services or fair market practices. For 'voice' and 'choice' solutions to work, they must take into account the specific challenges that different groups of women face in asking for accountability. Gender-responsive accountability institutions must ensure that decision-makers answer to the women who are most affected by their decisions.

POWER women's frequent disadvantage in using accountability systems is based on their subordinate status in relation to men at home (husbands, fathers, brothers) or men as decision-makers and power-holders (traditional leaders, local council members, party leaders, judges, police), which constrains women's ability to assert or exercise their rights**. Women's limited decision-making power within the household means that their relationship to the public sphere or the market is often mediated by men.**

The delivery of public services is the most direct measure of government accountability to women. By this measure, many governments do not fare well: women around the world face glaring failures in public service delivery on a daily basis. By contrast, where women enjoy access to appropriate and good quality services, it is likely that public resource managers and public service delivery staff are informed of women's needs, and that women as citizens are able to influence decisions over the allocation of public resources.

VeneKlasen, L., with Miller, V., 2002, 'Power and Empowerment', in A New Weave of Power, People & Politics: The Action Guide for Advocacy and Citizen Participation, Practical Action
This very long books seems to be the go-to guide for citizen participation in developing and driving advocacy. It is not possible to download the full book, but some chapters are available on various sites. Of specific interest for social accountability are:

Chapter 5, The Basics of Planning for Citizen-Centered Advocacy (page 99 – 108)
(http://www.justassociates.org/chap5%20planning%20basics.pdf)
>   Briefly summarises the different types of advocacy (campaigns, tactics,) and discusses how planning for participatory advocacy is not "value-neutral" nor is it a linear process. This is the chapter that talks about different degrees and types of participation, in very clear and useful way.

Chapter 10, Planning Moment #5: Mapping Advocacy Strategies (page 185 – 208)
http://www.justassociates.org/chap10%20mapping%20strategies.pdf
>   - Step-by-step guide to understanding the issues and challenges (in historic perspective) and using this to identify domains for change: *content*, *structure* and *culture*. These three domains are similar in some ways to the *change in the state*, *change in society* and *change in state-society interface*.
>   - Further, the chapter provides an "advocacy action and impact chart" which identifies government, private sector, civil society, political space/culture and individuals as the level to identify and target "impact".   These are similar to the social domains of the state, market and civil society.
>   - Uses behaviour change language (similar to the boundary partner outcomes in outcome mapping).
>   - Chapter also provides criteria for successful advocacy strategies that are: *appropriate*, *adequate*, *effective*, *efficient* and *sensitive to [negative] side effects*.
>   - Provides guidance on setting short term and long term goals and advocacy objectives that are SMART.

World Bank, 2003, 'Making Services Work for Poor People, World Development Report 2004', World Bank, Washington D.C, Chapters 3, 5 and 6
This document is credited in much of the literature reviewed as having started off many of the discussions about accountability failures, the need for alternative ways of looking at situations, understanding the challenges and developing new ways of approaching problems (essentially from a governance and citizen involvement perspective). How can countries accelerate progress towards the Millennium Development Goals by making services work for poor people? How does the integration of poor people into determining the quality and quantity of services they receive ensure higher success rates? The 2004 World Development Report from The World Bank looks at successful innovations and failures to guide policymakers on improving the delivery of basic services.