

GOVERNANCE AND SERVICE DELIVERY

Practical Applications of *Social Accountability* Across Sectors

Edited by Anna Wetterberg

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Governance and Service Delivery

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and Jana C. Hertz

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This volume began as a means of reflecting on RTI's collective experience with social accountability, learning from past projects to improve our current and future development efforts. As the case studies developed, it became clear that they were of a quality and depth that should be shared more broadly, resulting in this book. We are grateful to F. Henry Healey, Alyson Lipsky, and Felicity Young, as well as Taylor Williamson, for their excellent work writing or reviewing the chapters of this book. In addition, a large number of RTI colleagues helped the chapter authors with insights, documents, and feedback related to each of the projects profiled; they are individually recognized for each case in the pages that follow.

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Introduction: Governance, Social Accountability, and Sectoral Service Delivery

Derick W. Brinkerhoff, Jana C. Hertz, and Anna Wetterberg

International development agencies recognize that socioeconomic development depends upon a complex array of interconnected processes, resource and capacity endowments, historical pathways, and sociopolitical structures. However, these donors have often promoted socioeconomic development through policies and operations in discrete sectors. In practice, development efforts are packaged into sectorally focused programs and projects, what Albert O. Hirschman famously termed “privileged particles of the development process” (1967, p. 1).

Historically, donors and academics have sought to clarify what makes sectoral projects effective and sustainable contributors to development. Among the key factors identified have been (1) the role and capabilities of the state and (2) the relationships between the state and citizens, phenomena often lumped together under the broad rubric of “governance.” Given the importance of a functioning state and positive interactions with citizens, donors have treated governance as a sector in its own right, with projects ranging from public sector management reform, to civil society strengthening, to democratization (Brinkerhoff, 2008). The link between governance and sectoral service delivery was highlighted in the World Bank’s 2004 *World Development Report*, which focused on accountability structures and processes (World Bank, 2004). Since then, sectoral specialists’ awareness that governance interventions can contribute to service delivery improvements has increased substantially, and there is growing recognition that both technical and governance elements are necessary facets of strengthening public services.

However, expanded awareness has not reliably translated into effective integration of governance into sectoral programs and projects in, for example, health, education, water, agriculture, or community development. The bureaucratic realities of donor programming offer a partial explanation:

organizations structured along sectoral lines create operational stovepipes, sector specialists' training reinforces disciplinary boundaries, and dedicated funding streams drive attention to achieving specific sectoral outcome indicators.

Beyond bureaucratic barriers, though, lie ongoing gaps in practical knowledge of how best to combine attention to governance with sector-specific technical investments. What interventions make sense, and what results can reasonably be expected? What conditions support or limit both improved governance and better service delivery? How can citizens interact with public officials and service providers to express their needs, improve services, and increase responsiveness? Various models and compilations of best practices have been developed, but debates remain, and answers to these questions are far from settled. This volume investigates these questions and contributes to building understanding that will enhance both knowledge and practice.

In this book, we examine six recent projects, funded mostly by the United States Agency for International Development and implemented by RTI International, that pursued several different paths to engaging citizens, public officials, and service providers on issues related to accountability and sectoral services. Case studies include both sectorally focused projects in health and education (Chapters 3, 4, 5) and governance projects (Chapters 6, 7, 8). The six cases illustrate the multiple ways in which social accountability—the array of actions and mechanisms beyond the ballot box through which citizens can hold the state to account—can lead to positive effects on governance, citizen empowerment, and service delivery (see Ackerman, 2005).¹ The analysis focuses on both the intended and actual effects, and unpacks the influence of context on implementation and the outcomes achieved.

Overview of the Book

This introductory chapter presents the intent and contents of the volume and previews some of the key findings and their implications for program design and implementation. In Chapter 2, Derick Brinkerhoff and Anna Wetterberg provide an analytic framework and background for the six cases. Each case study is constructed around two dimensions: (1) the **types of actions** that citizens can undertake to hold state actors accountable and (2) the **purposes**

¹ Most definitions of social accountability exclude voting; however, we share the view expressed by Grandvoinnet et al. (2015) that the conceptual line between social accountability and political participation is a fuzzy one.

for which social accountability can be pursued (see Chapter 2, “Framing Social Accountability”). Concisely summarized, social accountability actions related to **transparency** include citizens engaging in the collection, analysis, and dissemination of information on public policies, programs, and services. Those focused on coproduction engage citizens in policy making and service delivery planning and implementation. **Compliance**-focused social accountability actions comprise monitoring and oversight of public policies, programs, and services in cooperation with officials and providers. **Confrontational** social accountability actions are those in which citizens question or contest government policies and practices by holding demonstrations, organizing protests, or pursuing legal challenges in courts. Social accountability actions aim to improve **service delivery, citizen empowerment, and/or governance**.

In Chapter 3, F. Henry Healey summarizes the case of the Northern Education Initiative in Nigeria, which targeted improving state-level education-sector management systems and increasing access to schooling for orphans and vulnerable children in two states. He notes the significance of powerful institutional actors, such as high-level officials, in limiting prospects for sustained citizen empowerment in the education sector.

Alyson Lipsky, in Chapter 4, recounts the story of joint citizen–provider partnership committees in district health facilities in Rwanda as one of the interventions supported by the Twubakane project. Derick Brinkerhoff and Felicity Young, in Chapter 5, recap the Health Policy Initiative’s HIV policy and advocacy effort in China. They point to the challenges facing members of marginalized populations lobbying an authoritarian government for expanded access to services and protection of rights, but also underscore elements of success. In Chapter 6, Jana Hertz presents the Kinerja program’s experience with Indonesian local governments in combining sectoral strengthening and governance-enhancing interventions. She highlights how the program paired demand-side social accountability mechanisms and tools with supply-side support to enable local governments to respond to citizens with improved services.

Wetterberg, in Chapters 7 and 8, reviews Morocco’s Local Governance Program (LGP) and Nigeria’s Leadership, Empowerment, Advocacy, and Development (LEAD) project. Her analysis of LGP focuses on the program’s facilitation of citizen participation in improving local government planning and performance monitoring systems in a setting in which local officials and

citizens viewed each other with distrust. Similarly, LEAD built citizen capacity to participate in state and local government systems for planning, budgeting, and monitoring, but unlike LGP, it included a focus on service improvements in health, water, and education. In Chapter 9, Wetterberg and Brinkerhoff assess the common elements across the cases, as well as noting differences; explore contextual factors; and tease out a set of implications and practical considerations for effectively integrating social accountability interventions into development projects.

Key Findings and Implications: A Preview

Each case offers insights into the challenges in applying social accountability mechanisms and tools in particular country contexts and associated enabling environments. Each project faced situation-specific factors and unique contextual influences that shaped its ability to integrate governance and service delivery interventions and that affected the outcomes the project achieved. Yet all the cases revealed some commonalities and shared features. These enable us to look across the six cases and extract a number of findings, conclusions, and implications that offer applicability beyond our small sample of experience with social accountability. Here we highlight some of the most salient findings emerging from this volume.

First, the cases underscore the importance of an iterative approach to social accountability. Complementing other scholars' emphasis on locally defined problems, experimentation, experiential learning, and broad stakeholder engagement (Andrews et al., 2013), these six case studies demonstrate nuances in applying an iterative approach specifically to social accountability. By combining varying types of social accountability tools and actions with different actors across time, projects can gradually achieve improvements in empowerment, governance, and service delivery.

An iterative approach should be applied in the *design of the social accountability intervention* through use of flexible menus and incorporation of different types of social accountability actions (transparency, compliance, coproduction, confrontation), selectively and repeatedly, depending on changing micro-contexts—such as local personnel, power relations, customs and practices, or resources. For example, due to a local champion, government may be open to the use of compliance-focused social accountability tools such as a complaint-handling survey and/or a service charter (an agreement between service providers and citizens on providers' responsibilities and

response times). However, with a change in local leadership, the willingness to be held accountable by citizens may dissipate, and a coproduction approach may make more sense. Creative incorporation of flexible menus and the use, reuse, and exchange of different social accountability tools throughout the life of a project to adapt to changing circumstances could make a significant difference in social accountability programming.

An iterative approach can also be applied at *implementation* through capacity development of both citizens and service providers—not just in the technical capabilities of how to implement social accountability tools, but more importantly in how to assess a situation, read the micro-context, decide which tools should be used under which circumstances, and recalibrate the social accountability strategy based on responses to the tool. Training and capacity development exercises could target how to critically analyze micro-contexts and how to flexibly apply a range of social accountability tools to assist citizens and providers in leveraging their options.

Finally, on the *evaluation end* of the project cycle, an iterative approach should be included in the theory of change, and a learning environment consisting of various cycles of trial and error should be built into the evaluation plan and implementation. This would be a significant departure from many international development partners' monitoring plans, which are focused on very specific quantitative indicators and short-term results that must be achieved for reporting purposes to justify funding sources. Instead, having incremental indicators that show gradual but significant shifts in social accountability linked to governance systems for service delivery would represent a monumental change in assessing and demonstrating attribution to social accountability efforts.

A second main theme that emerged throughout the case studies was the importance of both close integration between governance approaches and sectoral interventions and the interconnectedness of interventions to strengthen state capabilities with those to empower citizens. The sectorally focused programs included in the study incorporated designs and approaches to social accountability that were very similar to those of the programs that focused on governance. Both types of programs incorporated a combined supply and demand approach emphasizing interaction between citizens and providers and linking public service delivery outcomes (in all cases but one) to the interaction of both.

As described in Chapter 9's overview of the study findings, however, a persistent disconnect exists between providers' and citizens' views of social accountability. In some cases, providers remain reluctant to recognize the rights of citizens to monitor services and to use compliance-based social accountability tools, preferring instead coproduction modes of social accountability. This finding highlights the importance of governance in framing the incentives for public officials and providers to pay attention to citizens' inputs to assessing service delivery performance.

To influence the incentive structures for service providers to acknowledge and incorporate strong social accountability mechanisms in their work, the provider–citizen interaction must be continually at the forefront of project activities. Interventions to strengthen providers' technical capacities should be channeled to providers who demonstrate a willingness to identify and respond to citizen needs. Changing attitudes and behaviors requires extended interactions, to influence both providers' and citizens' long-held attitudes and establish new behavioral patterns.

A third theme that warrants more exploration is the link between social accountability and public service delivery outcomes. In the case studies, we found frequent reports of public service delivery improvements at the level of the service provider (also called a service delivery unit) and mixed political and budget support for service delivery at the next higher level of government. Attribution is challenging, especially given the combination of technical interventions with social accountability mechanisms in many of the case studies. Nonetheless we found evidence that social accountability mechanisms contributed to service delivery, empowerment, and governance changes in communities and in stakeholder relations.

Even in unlikely macro contexts, such as semi-authoritarian regimes in China, Morocco, and Rwanda, there was evidence of social accountability influence on public services. For example, in Rwanda, citizens, providers, and government officials all agreed that social accountability mechanisms “impacted service organization and delivery,” and some government officials stated that social accountability mechanisms “were critical in helping to solve service delivery problems and guaranteeing provider accountability” (Chapter 4). Links between social accountability and public service delivery fluctuate depending on macro- and micro-contextual influences during the life of a project (Chapter 2). These links and the influence of context on delivering results warrant further exploration since the quality of ongoing interaction

between providers and citizens is crucial for both short-term and long-term impact.

A fourth theme that emerged from the studies was the importance of government response for the sustainability of social accountability, after projects activities scale back. Throughout the book, we use “sustainability” to refer to the continuation of social accountability efforts by local actors after project activities conclude. A number of the user committees and civil society organizations supported by the case study projects successfully gained recognition through their activism and served as catalysts for service delivery improvement. When project funding and facilitation ended, some civil society actors succeeded in gaining state recognition for their role—in terms of funding, institutionalization of the social accountability mechanisms (i.e., through legislation), or routine access to decision makers. However, others struggled to continue social accountability efforts, and reluctance from service providers to be held accountable by citizens continued to be a hindrance. The case studies show that response from state actors is crucial to ensure sustained involvement from citizens, who otherwise may see their activism and monitoring efforts as futile. In addition, in several case studies, citizen groups did not have as much leverage at higher levels of government as they did at the service delivery units. However, in cases where they did, the replication of social accountability mechanisms was remarkable, often covering all service delivery units in the jurisdiction.

Conclusion

The general themes highlighted in this introduction represent a taste of the findings that emerge from the six cases. The recurring themes are an iterative approach to social accountability, close integration between governance approaches and sectoral interventions and the interconnectedness of interventions to strengthen state capabilities with those to empower citizens, linkages between social accountability and public-service delivery outcomes, and the importance of provider response for the sustainability of social accountability.

The overview in Chapter 9 distills the findings from the cases in more detail and discusses a number of strategies and programmatic considerations for incorporating social accountability into international development efforts. Readers interested in particular country experiences can skip over the distillation of the findings and go directly to the individual case studies,

each of which offers a more richly hued narrative of the experiences with social accountability, governance, and service delivery. We hope this volume will generate further discourse on social accountability in practice. Our intent is for the experiences, analysis, and lessons presented in this book to enable future programs and projects to better incorporate governance-strengthening approaches and tools in improving access, availability, quality, and responsiveness of sectoral services for the benefit of citizens in developing countries.

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Cross-Sectoral Social Accountability in Practice: Analytical Framework and Background

Derick W. Brinkerhoff and Anna Wetterberg

Social accountability comprises the array of actions and mechanisms—beyond the ballot box—that engage citizens in holding the state to account. Viewed normatively, providing citizens with options and opportunities to engage with the state is desirable in and of itself, contributing to good governance and enacting democratic values. From an instrumental perspective, social accountability serves as a means to achieve particular ends, such as better service delivery. In the field of international development, social accountability interventions build on a long history of participatory projects, where citizens express their views, needs, and preferences to public officials; but they also go further by marrying participation with answerability and sanctions to increase the likelihood that those officials will respond to citizens and be held to account for their choices and actions. Social accountability complements and reinforces state institutions and processes that oversee other forms of accountability: electoral, legal, financial, and programmatic. Today, international development projects that focus on governance and public sector reform, or on service delivery across a range of sectors, frequently include a social accountability component.

This study examines six projects, mostly funded by the United States Agency for International Development (USAID), that have incorporated social accountability approaches and tools to improve governance and/or increase service delivery. The six cases vary in their relative emphasis on pursuing governance or sectoral service delivery outcomes. However, they all illustrate development actors' growing attention to employing governance approaches as a means to improving service delivery through the application of social accountability. The analyses and lessons are intended not simply to catalog a retrospective commentary on the aims, achievements, and issues related to the six cases, but also to offer observations and suggestions relevant for

future project designs with social accountability components, and for their implementation.

Each of the six cases addresses a common set of research questions:

- How were social accountability tools and approaches integrated into the project design? What effects were they expected to have?
- What evidence was found of social accountability approaches improving service delivery? Was there evidence of increased citizen empowerment? Was there evidence of improvements in governance?
- To what extent were interventions involving social accountability accepted, institutionalized, and replicated by local actors?
- What factors contribute to the sustainability of social accountability interventions, demonstrated by continued commitments by local actors?

The remainder of this chapter outlines the social accountability analytic framework that structures the case studies, describes the study methods, and offers brief summaries of the six projects and their country contexts. Chapters 3 through 8 draw on the analytical framework and should be read with the country contexts in mind.

Framing Social Accountability

Social accountability is a broad concept, subject to a variety of definitions and framings (Brinkerhoff & Wetterberg, 2016; Grandvoinnet et al., 2015).² Here, we characterize social accountability along two dimensions. First, we unpack social accountability in terms of the **types of actions** that citizens, as individuals or collectively in civil society organizations (CSOs), can undertake to hold state actors accountable: transparency-related, collaborative (including *coproduction* and *compliance*), or confrontational. The second dimension distinguishes the **purposes** for which social accountability can be pursued, building on McNeil and Malena (2010) and McGee and Gaventa (2011):

- to increase the effectiveness of the *delivery of public goods and services* that respond to citizens' needs and preferences
- to improve the *quality of governance and democracy* by strengthening the integrity of public institutions and actors, reducing corruption, and promoting citizen engagement in public affairs

² This section draws on Brinkerhoff and Wetterberg (2014). See this working paper for further discussion and detail.

- to increase *citizen empowerment* through the expression of voice, realignment of state–society relations, and reduction of horizontal inequality.

Notably, other project activities may also be designed to contribute to the same purposes as social accountability interventions. For example, technical support to service providers is also intended to strengthen service delivery and may be undertaken in parallel or in combination with social accountability actions. Similarly, accountability tools other than those controlled by citizens, such as audits, are intended to improve the quality and integrity of governance.

Table 1 creates a typology of social accountability actions and purposes and provides an illustrative list of mechanisms and tools for each type. The typology is stylized in the sense that in practice, the boundaries between the categories are not necessarily clear or firm. Further, actors' aims may change, or several aims may be pursued simultaneously. Prior research also has demonstrated that each type of social accountability action may result in varying constellations of outcomes (see, for example, Gaventa & Barrett, 2012). Each of the six case studies situates the discussion of social accountability according to this typology and identifies barriers between different types of actions and expected outcomes.

International donor perspectives on social accountability, operationalized in country programs and projects, have tended to concentrate on the mechanisms and tools illustrated in Table 1. As a consequence, evaluations of effectiveness of social accountability have been tools-centered as well, which has led to a substantial collection of randomized controlled trials that offer donors and country counterparts evidence in support of the application of one or another of the tools (Williamson, 2015). However, a growing chorus of analysts cautions that this narrow emphasis on tools underestimates the importance of contextual factors, particularly political ones, in mediating the effectiveness of social accountability (Joshi & Houtzager, 2012).

As the most comprehensive and synoptic assessment of relevant contextual factors, O'Meally (2013) specified six contextual domains that influence social accountability actions:

- | | |
|---------------------------|-------------------------|
| • political society | • inter-elite relations |
| • state–society relations | • intra-state relations |
| • civil society | • global dimensions. |

Table 1. Types of social accountability actions and associated mechanisms and purposes

Type of action	Illustrative mechanisms and tools	Purposes		
		Service delivery	Governance and democracy	Empowerment
Transparency-related: collection, analysis, and dissemination of information on public policies, programs, and services	<ul style="list-style-type: none"> • Civic education • Awareness campaigns • Independent budget analysis • Social audits • “Watchdog” nongovernmental organizations (NGOs) 	✓	✓	✓
Collaborative/joint:				
Coproduction-focused: engagement in policy making and program/ service delivery planning and implementation	<ul style="list-style-type: none"> • Participatory budgeting • Participatory planning • Citizen-provider committees and organizations (e.g., parent–teacher associations [PTAs], community health associations) 	✓		✓
Compliance-focused: monitoring and oversight of public policies, programs, and services in cooperation with officials and providers	<ul style="list-style-type: none"> • Public expenditure tracking (PET) surveys • Citizen/community scorecards • Complaint-handling surveys • Service charters • Citizen review boards 	✓	✓	
Contentious/confrontational: civil society actions that interrogate or contest state policies and actions	<ul style="list-style-type: none"> • Right-to-information campaigns • Street protests and demonstrations • Sit-ins • Investigative journalism • Blogs and social media • Public-interest lawsuits 		✓	✓

Source: Adapted from Brinkerhoff and Wetterberg (2014).

The author divided each of these into specific subdimensions (see also Bukenya et al., 2012). For our purposes, we have selected from among these domains, focusing on the first three in the list, and have used available external data sets to characterize the macro-contexts—i.e., national influences—for each of the project cases. In the literature on social accountability, increasing attention is being paid to the importance of micro-contexts—immediate local surroundings and actors—in explaining outcomes (Joshi, 2014). Thus, each case study offers some observations on its project's local setting.

Study Methodology

Cases were selected from the universe of recent international development projects with social accountability components for which RTI International was either the lead implementer or an implementing partner. Eleven possible cases were originally identified, of which six met the selection criteria, including

- availability of data,
- sufficient duration and scope of social accountability activities to achieve results,
- balance between sectoral service delivery and governance objectives, and
- geographic distribution.

Data were gathered through document reviews along with interviews with current or former project staff by phone, in person, and/or by email. Case researchers followed a common protocol for data collection on the research questions listed in the introduction to this chapter to ensure comparability across the cases. The protocol (included in the appendix to this chapter) covered the following topics:

- general social accountability approach
- specifics on social accountability approach
- implementation of social accountability interventions
- effects of project's efforts to promote social accountability
- sustainability of social accountability after project activities conclude.

Each draft case study was reviewed by two other researchers to ensure consistent attention across the topics and depth within each. After cases were finalized, the editors of this book conducted the comparative analysis—using the framework presented in this chapter—on which other team members provided feedback.³

Project Overviews

Case selection yielded a sample of six projects from five countries: three projects in sub-Saharan Africa, two in Asia, and one in North Africa. As indicated earlier, most of the projects were funded by USAID.⁴ Two projects focused primarily on sectoral service delivery with a secondary concentration on governance. The Northern Education Initiative (Nigeria) targeted increased access of orphans and vulnerable children to primary education, in conjunction with improvements in education-sector financial and management systems. The Decentralization and Health Program, known as Twubakane (Rwanda), provided improved services for maternal and child health, family planning, nutrition, and prevention and treatment of malaria, along with support to the decentralization of Rwanda's health system and to local governments to plan, budget for, and deliver health services.

Two projects integrated sectoral service delivery and governance objectives in relatively equal combinations. The Kinerja project (Indonesia) offered subnational governments a menu of sectoral service performance improvements in health, education, and economic development, accompanied by a governance toolkit to enhance transparency, accountability, and responsiveness. The Health Policy Initiative in the Greater Mekong Region and China supported the implementation of an HIV comprehensive prevention service package through improving the governance enabling environment.

Finally, two projects concentrated almost exclusively on governance and public sector reform, with lesser direct attention to sectoral services. The Local Governance Program (Morocco) sought to improve local government performance by expanding citizen participation, increasing local governments' transparency and accountability, and supporting collaboration between local officials and deconcentrated service agencies. The Leadership, Empowerment,

³ We are grateful to the RTI Press for additional suggestions for improvement received during peer review.

⁴ The Health Policy Initiative in the Greater Mekong Region and China was funded by PEPFAR (President's Emergency Plan for AIDS Relief).

Advocacy, and Development Project (Nigeria), as the name suggests, targeted local governments' capacity to plan, budget, and engage with citizens and local organizations in order to increase transparency and accountability and to improve management of selected sectoral services. Table 2 provides basic details on each project.

Table 2. Project details from the case studies

Project name, total funding (US\$), chapter	Country, period of operation	Project objectives
Northern Education Initiative (NEI) \$43.7 million Chapter 3	Nigeria 2009–2014	<ul style="list-style-type: none"> • Strengthen strategic planning systems • Improve financial resource management and budgeting • Strengthen education management information systems • Strengthen teacher education systems • Improve teacher management, support, and supervision systems • Improve performance management and accountability • Increase access of orphans and vulnerable children to basic education and other services
Twubakane \$34.8 million Chapter 4	Rwanda 2005–2010	<ul style="list-style-type: none"> • Increase access to and quality/utilization of family planning and reproductive health services in health facilities and communities • Increase access to and quality/utilization of malaria, nutrition, and child health services in health facilities and communities • Improve the capacity of the ministries of health and of local administration and national systems to put policies and procedures in place for decentralization, with an emphasis on health services • Strengthen capacity of districts to plan, budget, mobilize resources, and manage services, with an emphasis on health services • Strengthen capacity of health facilities, including health centers and hospitals, to better manage resources and to promote and improve the functioning of community-based health insurance (<i>mutuelles</i>) • Increase community access to, participation in, and ownership of health services
Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C) \$5.9 million Chapter 5	China 2007–2012	<ul style="list-style-type: none"> • Adopt and implement HIV policies, plans, and programs based on international best practices at national and local levels • Develop, strengthen, and support effective public sector and civil society champions and networks to assume leadership of the policy process • Use timely and accurate data for evidence-based decision making

(continued)

Table 2. Project details from the case studies (*continued*)

Project name, total funding (US\$), chapter	Country, period of operation	Project objectives
Kinerja \$45.2 million Chapter 6	Indonesia 2010– 2017	<ul style="list-style-type: none"> • Create incentives for local governments to improve service delivery • Encourage the adoption of innovative service delivery • Replicate improved management systems and disseminate them through intermediary organizations • Apply a rigorous impact evaluation scheme
Local Governance Program (LGP) \$14.7 million Chapter 7	Morocco 2010– 2014	<ul style="list-style-type: none"> • Promote more effective representational bodies • Improve capacity of local government to respond to citizen priorities • Improve transparency and accountability
Leadership, Empowerment, Advocacy, and Development (LEAD) \$42.0 million Chapter 8	Nigeria 2009– 2016	<ul style="list-style-type: none"> • Strengthen local government capacity to build community relations and improve management of services • Increase transparency of local government operations • Strengthen capacity of local organizations for service planning, budgeting, and monitoring • Support improvements in selected local government services (water and sanitation, education, and health)

Source: Project documents.

All six projects combined supply-side and demand-side interventions as the means to achieve both sectoral and governance objectives. These interventions reflect the lessons of experience, well documented in the literature, that paying attention to state capacity and incentives—the *supply* side—to respond effectively to citizen demand is among the keys to achieving sustainable results in reforming public entities, improving governance, and delivering services (see, for example, Agarwal & Van Wicklin, 2012). Effective social accountability thus blends the two sides. The projects' theories of change reveal this understanding, as shown in Table 3, which also lists the social accountability tools and mechanisms that each project introduced.

Country Contexts

Data from various governance and civil society indices facilitate drawing a general picture of the macro-context for social accountability in each of the case study countries (O'Meally, 2013). On the supply side, governments' effectiveness at making policy and providing public services is important. If governments are incapable of managing public affairs and services, then social accountability interventions will have limited success in increasing

responsiveness and improvements in service quality. Positive state–society relations are also critical; these are affected by factors associated with democratic governance, such as citizens’ ability to participate in selecting their leaders, media independence, and basic freedoms of expression and association. On the demand side, the culture, history, structures, capacities, resources, and impacts of civil society are key to social accountability taking root and yielding its potential results for service delivery, governance, and empowerment.

Table 3. Projects’ theories of change and social accountability tools

Project name	Theory of change	Social accountability tools and mechanisms
Northern Education Initiative (NEI)	In combination with stronger capacity for responsive service delivery, organized, targeted, and well-informed citizen pressure on government systems will result in improved education services.	<ul style="list-style-type: none"> • Participatory Medium-Term Sector Strategy • Freedom of Information Act (FOIA) training • Snapshot of School Management Effectiveness interview and observation instrument • Information analysis and advocacy skills for school-based management committees • Community education forums (district and state)
Twubakane	Strengthening the capacity of local governments, health facilities, and communities to ensure improved, decentralized health service delivery will increase access to, quality, and use of family health services in health facilities and communities.	<ul style="list-style-type: none"> • Community partnerships for quality improvements (PAQs) • Local government open-house events and accountability days • Media activities
Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C)	Success of the comprehensive prevention package for people with HIV and key affected populations depends upon creating and maintaining the enabling environment—policy and advocacy, community mobilization, stigma and discrimination reduction, strategic information, capacity building, and livelihood development—of laws, policies, regulations, and plans supported by sufficient resources, systems, structures, and capacities.	<ul style="list-style-type: none"> • Training to build advocacy capacity for people with HIV and other key affected populations and civil society organizations • Small grants for advocacy campaigns • Mentoring for grantees • Operational policy assessments • Reviews of regulatory environment

(continued)

Table 3. Projects' theories of change and social accountability tools *(continued)*

Project name	Theory of change	Social accountability tools and mechanisms
Kinerja	Combining technical interventions to strengthen service provision (supply) with governance interventions to identify citizen priorities and hold providers accountable for inputs (demand) will improve service delivery in health, education, and business development.	<ul style="list-style-type: none"> • Multistakeholder forum (at service delivery unit [health clinics, schools] and district levels) • Complaint-handling surveys • Service charters • Citizen journalism
Local Governance Program (LGP)	Improved local government transparency, as well as better performance and greater citizen participation, will lead to greater citizen confidence in their commune (local government).	<ul style="list-style-type: none"> • Internal audits • Communal Development Plans (CDPs) • Communal Performance Framework (CPF) • Commissions for Equity and Equal Opportunities (CPECs) • Youth councils • Complaints-management systems
Leadership, Empowerment, Advocacy, and Development Project (LEAD)	Addressing both the demand and supply side of local government services will increase accountability and development, resulting in more effective local government systems and partnerships.	<ul style="list-style-type: none"> • Community priority-setting • Town hall meetings for planning and budgeting, as well as reporting on implementation • Community-based strategic plans • Service improvement plans • Public expenditure tracking

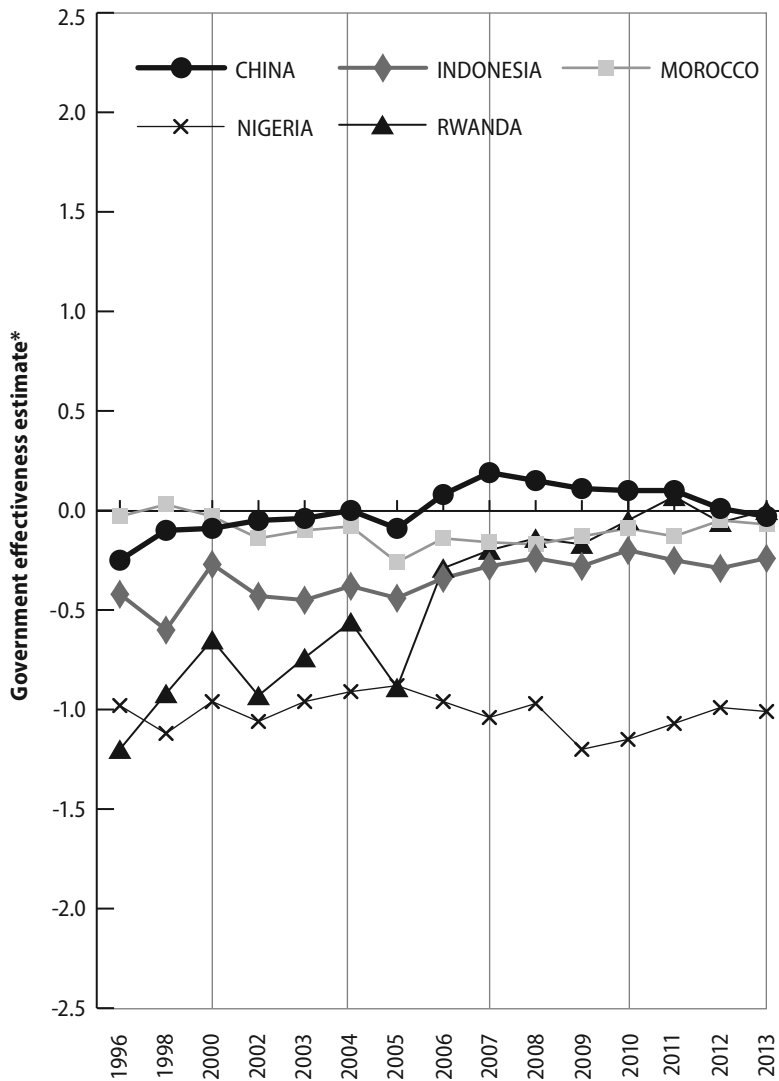
Note: Not all case study projects referred to the listed tools as social accountability mechanisms. These characterizations are the authors'.

Source: Case studies.

Government Effectiveness

As a proxy for the supply-side quality of public services across our cases, Figure 1 shows a longitudinal comparison of the World Governance Indicators government effectiveness index values for the case study countries. This index reports on perceptions of the quality of public services, independence of the civil service, and the quality of policies and state commitment to their enforcement (Kaufmann et al., 2015). For the period covered by the index (1996–2013), all the case study countries generally scored in the bottom half of the index, which ranges from weak government effectiveness at –2.5 to strong at 2.5. By the end of the period, there was a convergence among four of the countries, with China, Rwanda, Morocco, and Indonesia around the midpoint

Figure 1. Comparison of government effectiveness for case study countries



* Reflects perceptions of the quality of public services, the quality of the civil service and the degree of its independence from political pressures, the quality of policy formulation and implementation, and the credibility of the government's commitment to such policies. Estimates range from -2.5 (weak) to 2.5 (strong) governance performance.

Source: Adapted from Kaufmann et al., 2015.

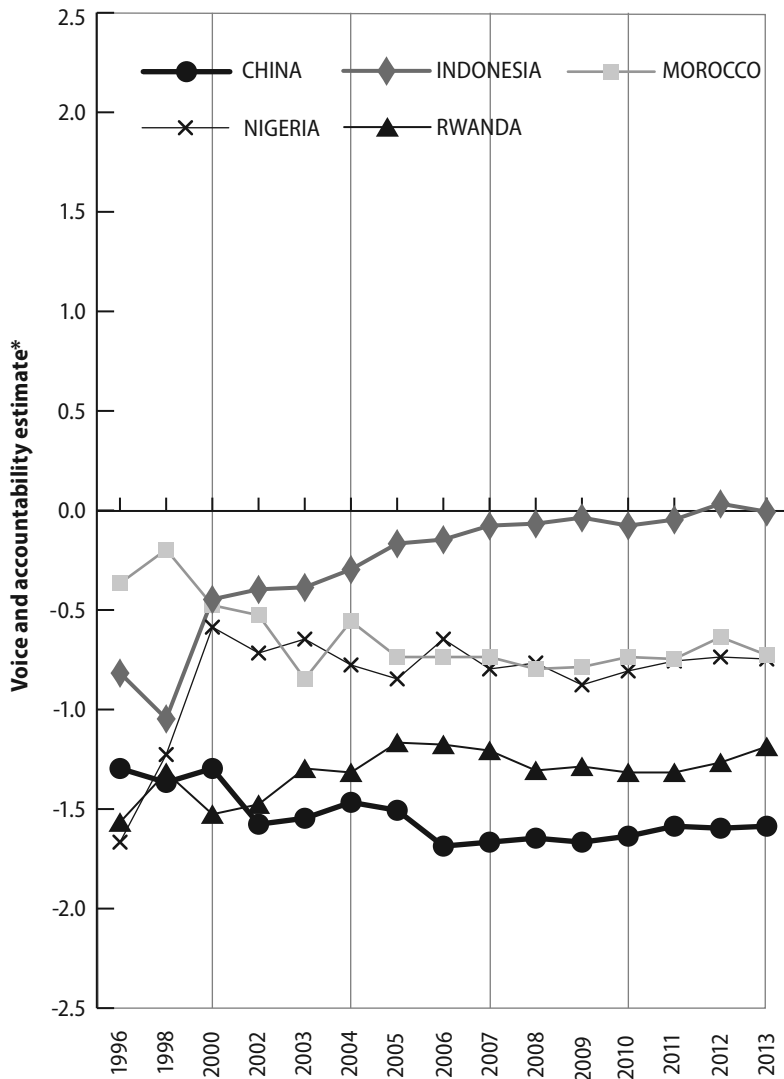
of the index (zero). At a very broad level, these four countries are therefore relatively comparable in terms of government effectiveness, with Nigeria being the outlier.

The patterns over time differ substantially, however. From 1996 to 2013 (Figure 1), China and Morocco hovered around zero, and Nigeria showed little change from its estimated score of -1.0 . Indonesia showed slight improvement in government effectiveness over the period. Rwanda stands out as having substantially strengthened government effectiveness, from the lowest score among the case study countries in 1996 to the highest (equivalent to China) in 2013. This achievement is attributable to the Kagame autocracy, in place since the 1994 genocide, which has demonstrated a strong commitment to improved service delivery and has introduced performance-based measures—such as public and closely monitored contracts for mayors, citizen report cards, and performance-based financing—into the lower tiers of government. It has also encouraged participatory planning, drawing on traditional practices for voluntary social contributions of funds and labor, and encouraged accountability through “open house” and accountability days, during which citizens can hear from and question officials directly (Brinkerhoff et al., 2009).

State–Society Relations

The Worldwide Governance Indicators database also provides estimates of voice and accountability in each country, which can be seen as a rough measure of state–society relations. This index, presented for the case study countries in Figure 2, reflects perceptions of electoral accountability, as well as rights to express voice through freedom of association, expression, and the media. These estimates are much more dispersed for the case study countries than those for government effectiveness, although all estimates are similarly in the lower half of the index. Indonesia stands out as the only country to have steadily improved between 1996 and 2013, reflecting the fall of the Soeharto dictatorship in 1998 and increased democratic freedoms since. Nigeria also saw an improvement between 1996 and 2000 but suffered a decline afterward. Rwanda’s estimates increased somewhat. In Morocco and China, however, opportunities for voice and accountability declined overall.

Perhaps the most notable feature of the estimates in Figure 2, however, is their stability over the decade 2003 to 2013. All the countries underwent remarkably little change in the voice and accountability estimates during the years that the case study projects were active. This pattern does not reflect negatively on the case study projects, as country-level estimates include both

Figure 2. Comparison of voice and accountability in case study countries

* Reflects perceptions of the extent to which citizens are able to participate in selecting their government, as well as freedoms of expression, association, and the media. Estimates range from -2.5 (weak) to 2.5 (strong) governance performance.

Source: Adapted from Kaufmann et al., 2015.

electoral and social accountability. Further, as each of our case studies was active at the subnational level and only in selected areas of each country, no project impacts would be expected at the country level. For example, NEI operated in two states, Bauchi and Sokoto; LGP in three regions of Morocco; and Kinerja in four Indonesian provinces.

Civil Society

The CIVICUS World Alliance for Citizen Participation has conducted civil society assessments in many countries, which enable broad comparisons of the demand-side of the social accountability equation. The CIVICUS methodology assesses civil society on four dimensions:

- **Structure/level of organization:** strength and depth of citizen participation, diversity, number and nature of formal/informal organizations, and availability/adequacy of resources
- **Values:** extent of commitment to, and practice of, values related to democracy, transparency, equity, inclusiveness, gender, nonviolence, environmental sustainability, and poverty reduction
- **Impact:** level of civil society influence on public policy, responsiveness to societal needs, and empowerment
- **Degree of engagement:** extent to which environmental constraints impede or facilitate civil society actors' engagement with state actors.

Table 4 draws upon the CIVICUS assessments for the case study countries to sketch the broad contours of civil society in each of these dimensions. Based on this admittedly macro-level picture, we would expect varying degrees of receptivity and ability regarding social accountability.

For Indonesia, with relatively strong scores for government effectiveness (Figure 1) and for voice and accountability (Figure 2), coupled with these CIVICUS ratings indicating a capable and engaged civil society, we would expect a supportive context for social accountability. Nigeria has similarly high ratings for civil society, but with its relatively weak index scores for government effectiveness and for voice and accountability, the context for social accountability looks less conducive to success. Morocco also looks relatively unconducive; although government effectiveness is fairly high, voice and accountability scores are weak and there are few opportunities for civil society to engage.

Table 4. Civil society ratings for case study countries

Civil society dimension	Indonesia	China	Morocco	Nigeria	Rwanda
Structure/ level of organization	Medium/ high (post- Soeharto growth of civil society organizations, umbrella coalitions)	Low (lack of autonomy, weak capacity, limited resources)	Medium/ low (reliance on volunteers, weak capacity)	High (history of civic activism, pockets of high capacity, umbrella coalitions)	Medium (traditional structures, but central control)
Practice of values	Medium (med/low on tolerance and nonviolence)	Medium (high on non- violence)	Medium (low on tolerance, youth rated higher)	Medium (low on tolerance and representation of the poor)	Medium/ high (post- genocide reconciliation)
Impact	Medium (advocacy for rights and services, some service delivery)	Low (service delivery, very limited policy advocacy)	Medium/ low (limited on rights, higher on services)	Medium (strong on advocacy, but weak impact relative to societal needs)	Low (limited to service delivery, self- help)
Degree of engagement	Medium/high (limited by corruption and weak rule of law)	Low (strong state control over civil society actions)	Medium/ low (strong state control of political activities)	Medium/high (limited by corruption and weak rule of law)	Medium (excluding political advocacy)

Source: Authors' interpretation of CIVICUS assessments (Action Aid Nigeria et al., 2007; Akesbi, 2011; CCOAIB, 2011; Ibrahim, 2006; NGO Research Center, 2006).

Although China scored high on government effectiveness, given the authoritarian nature of the Communist state reflected in the low rating on voice and accountability, and the weaknesses in civil society revealed in the CIVICUS rankings, the context looks unsupportive and strongly state-dominated. Thus, anticipated prospects for independent citizen collective action for social accountability would be low; particularly for the contentious/confrontational type of social accountability, opportunity appears limited.

Rwanda, as noted, has made impressive gains in government effectiveness and stands above China on voice and accountability, according to the World Governance Indicators, although it is well-recognized as a top-down, centrally

managed state. It has capable community-level organizations with a tradition of self-help; thus, we might expect some social accountability within a narrow range of state-controlled options, likely excluding contentious/confrontational actions.

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Appendix. Data Collection Protocol

This appendix consists of the internal protocol that the study team used to ensure some degree of consistency in gathering information across all the cases that were originally considered for the research. The data collected were used to refine case selection as well as to inform the analyses. The questions grounded and drew out concrete information on the concepts outlined in the analytic framework developed for the cases (described earlier in this chapter). In the following table, social accountability is abbreviated as SA.

Questions (probes/follow-up information in bullets)	Analytic Element
General SA Approach	
What are the project's overall objectives and how do the SA mechanisms relate to them? Where do the SA interventions fit in the hierarchy of interventions and objectives? • Are the SA interventions a central part of the project and its key objectives? • What proportion of resources is dedicated to SA interventions?	Project implementation of SA interventions
Describe how the SA interventions are expected to contribute to the project's overall objectives (causal chain/theory of change).	Project implementation of SA interventions
Specifics on SA Approach	
What mechanisms, tools, and approaches does the project use to encourage citizens to hold state actors (service providers, local officials) to account for service delivery? • Describe each and its characteristics (How frequently used? By whom? For what services? Which citizens are involved? Which state actors?)	Characterizing SA approach
Do the project's SA approaches provide citizens with new information? • What information? How is it provided? • Which citizens are supposed to receive it (elites, poor people, specific social groups, specific organizations/committees)? • How is information intended to be used?	Characterizing SA approach: types of SA action
Do the project's SA approaches engage citizens in monitoring service providers? • Which services/providers? • Which citizens? • How do they monitor? • What do they monitor?	Characterizing SA approach: types of SA action
Do the project's SA approaches bring citizens and state actors together for planning policies, programs, and/or specific aspects of service delivery? • Which state actors? • Which citizens? • How do state actors and citizens interact? • On what are these interactions intended to focus?	Characterizing SA approach: types of SA action

(continued)

Appendix. Data Collection Protocol (*continued*)

Questions (probes/follow-up information in bullets)	Analytic Element
Specifics on SA Approach (<i>continued</i>)	
<p>Do the project's SA approaches involve citizens confronting state actors to challenge existing policies, programs and/or specific aspects of service delivery?</p> <ul style="list-style-type: none"> • Which citizens? • Which state actors? • How do citizens confront state actors? • On what issues? 	Characterizing SA approach: types of SA action
<p>What are the SA approaches intended to achieve?</p> <ul style="list-style-type: none"> • Are they expected to directly improve service delivery? How? • Are they expected to directly improve how state actors carry out their duties? How? • Are they expected to enhance citizens' sense of agency and empowerment to engage with state actors and insist on their rights? How? • Are they intended to institutionalize new mechanisms for citizens and state actors to interact? How? 	Characterizing SA approach: SA aims
<p>Are the SA mechanisms novel in this context?</p> <ul style="list-style-type: none"> • Have similar approaches been attempted before? • Are there parallels in the political system or in traditional governance structures? Are there policies that support or undermine SA efforts? Does the project's mechanisms build on or try to change these? • Prior to the project, how did citizens communicate with providers or state officials? Were there means of channeling complaints? Were these effective? 	Context
<p>Before the project began, had there been examples of citizens and state actors (providers/officials/political actors) interacting to improve service delivery? Describe these interactions.</p> <ul style="list-style-type: none"> • Did these experiences lead to intended outcomes? • Who were the key proponents and opponents? 	Context
Implementation of SA Interventions	
<p>Have the SA interventions been implemented as intended (per SA actions above: providing information, citizen monitoring, citizen–state interaction/confrontation)?</p> <ul style="list-style-type: none"> • What has worked well? Why? • What has not worked as intended? Why? 	Project implementation of SA approach
<p>What challenges did the project staff face in implementing the SA interventions as designed?</p> <ul style="list-style-type: none"> • Were any modifications made to address these challenges? • Were they successful? Why/why not? 	Project implementation of SA approach

(continued)

Appendix. Data Collection Protocol (*continued*)

Questions (probes/follow-up information in bullets)	Analytic Element
Implementation of SA Interventions (<i>continued</i>)	
<p>How willing have citizens been to engage in the project's SA mechanisms?</p> <ul style="list-style-type: none"> • Why? • Do citizens fear repercussions if they are involved in the SA mechanisms? • Has there been variation in willingness to engage across project sites/ services? • Has there been variation in willingness to engage across groups/types of citizens? 	Project implementation of SA approach (also relates to context)
<p>How have providers reacted to SA efforts? How willing have providers been to respond to the project's SA mechanisms?</p> <ul style="list-style-type: none"> • Why? • Has there been variation in willingness to respond across project sites/ services? • Has there been variation in willingness to respond to different groups/ types of citizens? 	Project implementation of SA approach (also relates to context)
<p>How have officials reacted to SA efforts? How willing have officials been to respond to the project's SA mechanisms?</p> <ul style="list-style-type: none"> • Why? • Has there been variation in willingness to respond across project sites? • Has there been variation in willingness to respond to different groups/ types of citizens? 	Project implementation of SA approach (also relates to context)
Effects of Project's Efforts to Promote SA	
<p>Did the SA interventions lead to the expected outcomes (service delivery, governance, and/or empowerment)? Which outcomes?</p> <ul style="list-style-type: none"> • Did the SA interventions lead to changes in how providers deliver services? What types of changes? Are services better aligned with citizens' needs? • Did the SA interventions lead to changes in how state actors carried out their duties? Did the changes involve new/reorganized duties or enforcement of existing ones? Did they reflect greater responsiveness to citizens' needs? Did state actors' attitudes change? • Did the SA interventions lead to changes in citizens' perceptions of their rights? Capacity to organize for collective action? Capacity for communicating with state actors? Relationships with which state actors? Which citizens? 	Effects of SA approach: SA aims and outcome of citizen engagement
<p>For each expected outcome:</p> <ul style="list-style-type: none"> • Why/why not? • How can these outcomes be attributed to the SA interventions? • How were contributions to expected outcomes assessed? • Were there variations across the program's implementation areas (geographic, sectoral) in the effectiveness of the SA interventions? 	Effects of SA approach: SA aims (specifics on each aim)

(continued)

Appendix. Data Collection Protocol (*continued*)

Questions (probes/follow-up information in bullets)	Analytic Element
Effects of Project's Efforts to Promote SA (<i>continued</i>)	
<p>Were there any negative effects of the SA interventions:</p> <ul style="list-style-type: none"> • On service delivery? • On how officials carried out their duties (refusal to acknowledge citizens' input, denials of service, violent state response)? • On citizens' empowerment (reliance on intermediaries, disempowerment, reduced sense of agency, tokenistic participation, exclusion of specific groups, etc.)? 	Effects of SA approach: outcomes of citizen engagement
<p>Did the SA interventions affect sectoral outcomes (mortality, morbidity, enrollment, dropout, literacy, numeracy, etc.)?</p> <ul style="list-style-type: none"> • Which outcomes? • Why/why not? • How can these outcomes be attributed to the SA interventions? • How were contributions to expected outcomes assessed? • Were there any negative effects? 	Effects of SA approach
<p>Have the SA interventions contributed to the project's overall objectives as expected?</p> <ul style="list-style-type: none"> • In what ways? • Why or why not? • How can these outcomes be attributed to the SA interventions? • How were contributions to overall objectives assessed? • Were there any negative effects? 	Effects of SA approach
<p>Were there any other positive outcomes from the SA interventions?</p> <p>Were there any other negative outcomes?</p>	Effects of SA approach
Sustainability	
<p>Is there any indication that SA interventions will be sustained after the project? If so, what are these indications (funding, political support, etc.)?</p> <ul style="list-style-type: none"> • What aspects of the SA interventions will be sustained? By whom? • What are the plans for sustaining them? Have there been policy changes to institutionalize SA mechanisms/practices? 	Effects of SA approach
<p>Is there any indication that the outcomes will be sustained after the project? If so, what are these indications?</p> <ul style="list-style-type: none"> • What outcomes are likely to be sustained? By whom? What are the plans for ensuring they are sustained? 	Effects of SA approach

SA = social accountability.

Social Accountability in Education: The Northern Education Initiative in Nigeria

F. Henry Healey

Project Overview

The Nigeria Northern Education Initiative (NEI) was a 5-year (2010–2014) program funded by the United States Agency for International Development (USAID). It was designed to strengthen state and local government education systems in Bauchi and Sokoto states, to support orphans and vulnerable children, and to lay the groundwork for high-quality, state-led delivery of basic education that addressed the needs of the citizens in those states. Within those two states, NEI operated at all administrative levels of the education system: state, local government, and school. It also operated outside the education system, among the citizens impacted by that system. Each state had 10 NEI districts, amounting to nearly half of all the districts; within those districts, NEI worked with 120 formal schools and 80 Non-Formal Learning Centers (Creative Associates International, 2014a, 2014b).

The goal of NEI was to achieve the following seven results:

1. strengthened strategic planning systems
2. improved financial resource management and budgeting
3. strengthened education management information systems (EMIS)
4. strengthened teacher education systems
5. improved teacher management, support, and supervision systems

Note: The author derived most of the content of this chapter from personal experience, conversations, and e-mail exchanges with RTI technical staff members Alastair G. Rodd and R. Drake Warrick, who were significantly involved in the Nigeria Northern Education Initiative; as well as from the project reports cited in the reference list. The narrative and analysis in this chapter represent the views of the author alone and are focused on NEI's social accountability interventions. They do not reflect the project's overall achievements.

6. improved performance management and accountability
7. increased access of orphans and vulnerable children to basic education and other services (e.g., health information, counseling, referral) (Larcom et al., 2013).

Sokoto and Bauchi were targeted because they are regularly among the poorest performing states in Nigeria regarding such indicators as girls' education access rates, dropout and repetition rates, pupil–teacher ratios, the percentage of unqualified teachers, and the number of vulnerable children, including boys leaving home to become *almajirai* (a Hausa-language term for mendicant children, often affiliated with religious schools).

Although the government of Nigeria is institutionally committed to universal basic education (Government of the Federal Republic of Nigeria, 2004), its delivery systems are weak, owing to a number of factors. First is an overabundance of education structures, which makes delivering—or improving—education services complicated and inefficient. At the federal level are the Ministry of Education, the Universal Basic Education Commission (UBEC), and 21 parastatal organizations, many with overlapping functions. At the state level are the State Ministry of Education and the State Universal Basic Education Board (SUBEB). Below these is a local government structure composed of Local Government Authorities (LGAs), which encompass local councils and local government education authorities (LGEAs), the latter with formal ties to both the education system and the local government system. In other words, *LGA* is the term used to describe the whole of the district government, its governing body, the local council, and its administrative bodies, which for education is the LGEA. Finally, below the district level are two additional jurisdictions: areas and wards. All of this creates a situation in which each state has a unique education system (Larcom et al., 2013).

NEI Social Accountability Approach

NEI was designed such that social accountability factored into the programming expectations, formalized as NEI Results 1, 6, and 7. Specifically, to help *strengthen strategic planning systems* (Result 1), NEI was (1) to improve civil society participation in the government-led Medium-Term Sector Strategy (MTSS) planning and budgeting process⁵ by identifying legally mandated opportunities (Government of the Federal Republic of Nigeria, 2007, Section 13) for public participation in MTSS conception,

budget approval and execution, and evaluation; and (2) to empower civil society organizations (CSOs) involved in advocacy efforts to conduct public information campaigns focusing on how citizens can access education system performance information and so make demands on the system for improved performance.

NEI was also expected to work toward improved civil society participation in budget development and reporting by training civil society members to contribute to public hearings, monitor the budgetary process and use of funds, and provide budget execution feedback. In these regards, NEI facilitated coproduction in an effort to further the social accountability aim of *improved service delivery*.⁶

To help *improve performance management and accountability* (Result 6), NEI's strategy was to employ a participatory data collection-and-use model. Actors from the state level, local governments, schools, and communities were to use a School Performance Kit to collect data (such as student and teacher attendance, and availability of textbooks) that the LGEA would then use to prepare EMIS-generated school report cards. The report cards could be disseminated at various levels for purposes of advocacy, capacity building, accountability, and planning.

NEI would also develop and promote low-cost mechanisms for community participation in decision making, such as policy dialogues, community education forums (CEFs, described later in this chapter), and community coalitions (see next paragraph), taking into account information generated through the School Performance Kits and report cards. Through a number of CSOs and nongovernmental organizations (NGOs), NEI was to engage traditional leaders and community members in pilot LGEAs to demand better services for schools, including leveraging support for improved infrastructure,

⁵ The MTSS is a key component of the country's Medium-Term Expenditure Framework (MTEF) process, authorized by the Fiscal Responsibility Act of 2007, Sections 11–17 (Government of the Federal Republic of Nigeria, 2007). The stated goal of the MTSSs is to better link government spending with agreed-upon needs in sectors such as education, health, transportation, agriculture, commerce and industry, and tourism. See Obadan (2015) for a summary of the overall budgeting process, the history of the MTEF, and the role of the MTSSs, as well as a commentary on the 2015–2017 MTEF. Also see the 2010 Nigeria Millennium Development Goals report (Government of the Federal Republic of Nigeria, 2010, pp. 9–10).

⁶ For an explanation of the various types of social accountability purposes (service delivery, governance and democracy, and empowerment) and actions (transparency, coproduction, compliance, confrontation) described in these case studies, refer to “Framing Social Accountability” in Chapter 2.

scholarships, boarding schools, and latrines. Here, NEI was to further the social accountability aims of *citizen empowerment and improved service delivery*.

Finally, with regard to increased access of orphans and vulnerable children to basic education and other services (e.g., health information, counseling, referral), Result 7, NEI was to establish community coalitions to serve as information sources for community resources and referrals; to support and advise on referrals and access to services for orphans and vulnerable children; and to monitor orphan and vulnerable children activities in their LGEAs, voice concerns to the LGEAs, and report to NEI and USAID (Larcom et al., 2013). Through this work, NEI's social accountability efforts sought to enhance both citizen empowerment and improved service delivery.

The overarching theory of change driving NEI was that organized, targeted, and well-informed citizen pressure on government systems will result in improved education services, if combined with stronger capacity for responsive service delivery. It was well recognized that building the capacity of government systems alone would yield limited positive changes in overall system accountability and responsiveness regarding the quality of services delivered. In addition to this capacity building of government systems, concomitant capacity building of civil society is necessary to make its voice heard, pressure the government to act in accordance with this voice, and hold the government accountable for doing so.

Accordingly, NEI invested considerable energy in social accountability, but as is often the case, this work did not necessarily unfold as planned. In the end, NEI's social accountability efforts focused largely on two distinct fronts. First was giving civil society an informed voice in the MTSS process. Second was NEI's efforts to get the government supply of educational resources to meet citizen "demand" for how that money should be spent.

Implementation of Social Accountability Interventions

Informed Civil Society Voice in the Medium-Term Sector Strategy Process

NEI found that the legislation that outlines the entire MTEF process calls for the inclusion of civil society. Specifically, as mentioned earlier, NEI identified legally mandated opportunities for public participation in MTSS conception, budget approval, budget execution, and evaluation processes. Moreover, as noted by A. G. Rodd (personal communication, May 5, 2015), the project

team succeeded in getting civil society involved within these areas by first sharing this information with its two major civil society partners, Civil Society for Action Coalition on Education for All (CSACEFA) and the Federation of Muslim Women Associations of Nigeria (FOMWAN). CSACEFA engages in advocacy and policy advising at all levels; its membership consists of over 600 CSOs and NGOs from all 36 Nigerian states and the Federal Capital Territory (CSACEFA, 2016). FOMWAN, with equally wide geographical coverage and over 2,000 affiliates, focuses on Muslim women and girls' health, education, and economic status (FOMWAN, 2016). NEI also shared the information about mandated MTSS participation with the Basic Education Steering Committee (BESC), an NEI-created body comprising key government officials from the State Ministry of Education, the State Ministry of Planning, and the LGEAs, designed to try to get many of the things that NEI did woven into the institutional and/or systemic fabric of the education system.

Armed with this information about the inclusion of civil society into the MTSS process, CSACEFA and FOMWAN nominated potential candidates to serve as advisors. They gave this list to the BESC, which chose two people from each state to be involved in the MTSS process. NEI then trained the four people on their roles and responsibilities as persons at the "MTSS table" and gave them the skills they needed to participate effectively in all phases of the MTSS process.

All that said, having a guaranteed seat at the MTSS table is one thing; having an *informed* seat at the table is quite another. As described in the next section of this chapter ("Improved Planning and Budgeting"), NEI did a lot to gather data and information, develop the capacity of people within the system and within civil society to analyze the data, and use these analyses to advocate for improved performance and better decision making over how resources should be used to address both need and inequity across the system. Much of this information found its way into the dialogue around the MTSS through the four members of civil society who began participating in the overall MTSS process. Additionally, with NEI support, CSACEFA and FOMWAN would, together with participants from among the CSOs and NGOs they represented, meet with the Basic Education subcommittee of the state assembly during its budget review process and lobby on behalf of orphans and vulnerable children and other issues that surfaced through the information that was collected and analyzed, such as teacher placement.

It is worth mentioning here some comments made by the Chairman of the Bauchi Basic Education subcommittee. As reported by A. G. Rodd (personal communication, May 5, 2015), the Chairman said that the subcommittee ordinarily used the MTSS and the State Education Sector Operational Plan to carry out the mandated oversight function. But through NEI, his committee had gained access to the NEI/EMIS-generated school profile for every school in Bauchi State, as well as the action plan of the State Community Education Forum (S-CEF), both of which, he said, greatly enhanced his committee's ability to exercise this oversight function.

As this MTSS effort was unfolding, in May 2011, Nigeria's first-ever Freedom of Information Act (FOIA) was passed by Parliament. NEI studied this act and trained CSACEFA and FOMWAN on the Act such that they came to know what civil society's rights were with regard to access to education-related information. In particular, NEI pointed out the specific information they had access to, how best they could access it, and what to do with it once they had accessed it. NEI also trained government officials and politicians (members of various assemblies' education committees at state and local levels) on the FOIA and, in so doing, strove to improve the social accountability aim of *improved governance*.

The FOIA and the NEI training on the FOIA were an important aspect of NEI's social accountability efforts because before the FOIA, when CSACEFA, FOMWAN, or anyone else went to a ministry to ask for data—in particular, financial data or school construction/renovation plans—ministry officials could either refuse to release the data, stating that they were not allowed to share it; or they could drag out the process for so long that the people asking for the data would simply stop asking. Or, in those cases in which the ministry did provide the data, especially budget data, the data were aggregated to the point of being largely useless to anyone wanting to know how resources were, or were to be, allocated at lower levels of the system.

With the advent of the FOIA, CSACEFA and FOMWAN could gain access to more detailed data, which they could use to better inform the members of civil society who now had a seat at the MTSS table. From that vantage point, they could strive to influence how MTSS money might be better spent as per the wants and needs of their membership within the education sector. However, although NEI succeeded in giving civil society representatives an informed seat, their voice had limited influence. After all, two seats at the state level not backed by any *significant* political-economic force cannot carry much

weight compared with others at the table who do wield a considerable amount of political-economic power.

Improved Planning and Budgeting: Striving to Match Supply to Citizen-Expressed Demand

NEI gathered a lot of data, analyzed it, and endeavored to insert local civil society representatives into the planning and budgeting processes. NEI also did much training in these areas, both for relevant government actors and for civil society. It did this largely to try to ensure that data could be used to influence the *supply* of government resources (funding, teacher assignments, etc.) at state, district, and subdistrict levels to better match the *demand*, especially given the informed democratic deliberations on how those resources should be spent, which NEI helped to foster. At this point, engagement in all seven NEI results came together, making it very difficult to speak about the activities that took place under each result separately. Accordingly, in this section I present an account of the work that NEI did under all of the result areas to help make supply meet demand.

NEI strongly attempted to put relevant, timely, and meaningful data into both the system and the democratic deliberative processes that took place at the school, district, and state levels. Specifically, NEI used several administrations of the Early Grade Reading Assessment (EGRA)⁷ as well as the Snapshot of School Management Effectiveness (SSME).⁸ NEI also created student and teacher surveys, the EMIS-generated school report cards, and a report on teacher allocation and distribution. All of this was done to help both decision makers within the system and civil society to know about the myriad specific needs at all levels throughout each district in which NEI was operating. Moreover, NEI trained both government decision makers and civil society on how to act on this data. The former were trained to use the data for better and more targeted decision making, planning, and budgeting. The latter were trained to deliberate over the data, identify needs, reach a consensus over priorities, participate in the development of better plans, and advocate for a

⁷ RTI International led the development of the EGRA in partnership with the World Bank and USAID; the tool came into widespread use via the USAID Education Data for Decision Making (EdData II) project. See Dubeck & Gove (2015) and Gove & Wetterberg (2011).

⁸ The RTI-developed SSME instruments aid school, district, provincial, or national administrators and policy makers in understanding school and classroom contexts. See Crouch (2008) for a description of the tool and findings from pilot studies. Like the EGRA, the primary vehicle for its dissemination and use has been the EdData II project.

better match of educational resource supply and educational resource demand within the political arena and among administrative decision makers.

At the grassroots level, NEI worked with school-based management committees (SBMCs). SBMCs are government-formed entities meant to be both a governing and a deliberative body—one in which the educational wants and needs of the school and the community that it serves are discussed and prioritized in an informed manner. Accordingly, SBMCs are social accountability vectors that can, if properly trained and organized, empower citizens to play a substantive role within the education sector and to help improve overall governance and service delivery. NEI helped make this happen in four SBMCs in each of its targeted LGEAs, while UNICEF expanded this work to all of the remaining SBMCs in Bauchi and Sokoto. Specifically, NEI trained SBMCs to examine all of the data that NEI was producing, and also to use the data to assess how well their school was performing and to see where their school stood across a number of indicators relative to other schools in the district. This “transparency of information” enabled the SBMCs to see what their relative strengths and weaknesses were vis-à-vis government-led service delivery. NEI also trained SBMCs to use the data to prioritize their needs and then to (1) address those priority needs locally and/or (2) inject those needs into democratic forums where the SBMCs believed decisions could be made around targeting the supply of resources to the citizen-expressed demand for how those resources should be used.

With regard to addressing those educational needs locally, NEI supported the SBMCs and the schools in the development of school improvement plans. These plans often called for various types of community support—such as in-kind labor, donations of materials or equipment, and money—and much support of this nature was, in fact, mobilized as a result of these plans. The problem, however, was that the communities themselves could address only a small fraction of the needs plaguing their school. Furthermore, the schools had scant government resources and little authority to address these needs. This being the case, NEI initially supported the SBMCs to advocate for their school’s priorities through the local government system—especially in those districts where the USAID Leadership, Empowerment, Advocacy, and Development (LEAD) project also was operating.⁹ As explained by A. G. Rodd

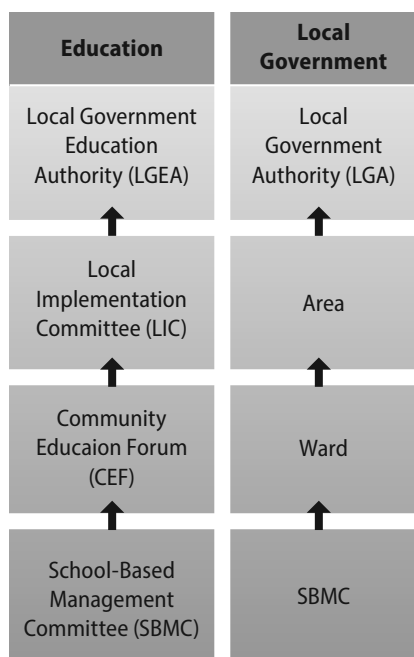
⁹ LEAD (2009–2016), managed by RTI for USAID, was designed to strengthen local governments to forge relations with communities and improve management of services; increase transparency through participatory budgeting and monitoring; strengthen CSOs for service planning, budgeting, and monitoring; and improve delivery of such local government services as water and sanitation. It is the subject of another of the case studies in this book (Chapter 8).

(personal communication, May 5, 2015), this route was initially chosen in large part to take advantage of LEAD's similar aims regarding local governance in Bauchii and Sokoto: matching the supply of government resources to citizen-expressed demand.

NEI developed the capacity of the SBMCs to express their needs in the *ward-level* deliberative process. Specifically, NEI trained SBMC members on how the ward deliberative process operated and how, within it, to inject the needs of the school. Once the SBMCs had expressed these needs within the ward deliberative process, the requests would, theoretically, work their way up to the *area-level* deliberative process, where area-wide issues (inclusive of the ward-level issues) were discussed and priorities were set; and then would be passed on to the *district-level* deliberative process taking place within the local council, where district-wide cross-sector issues would be discussed and decisions made over priorities and how funds would be spent. The intent was to have citizen demands for how resources should be used expressed within all the decision making arenas.

This local government deliberative pathway, however, accessed only a subset of funds that a school could use to address its needs—that is, funds for water and sanitation facilities, classroom construction, rehabilitation, and material provision. In order for local governments to gain access to potential additional funds that they could use for building new schools, refurbishing classrooms, adding a junior secondary school classroom block to a primary school, employing new teachers, training teachers, supplying materials, and supplying welfare packages, another “deliberative” pathway had to be forged *within the education system* (see Figure 3). To amplify the voice of the schools within this

Figure 3. Pathways for deliberation of education-related plans and needs



new pathway, NEI developed its most significant piece of social accountability work: the Community Education Forums (CEFs). The next section describes the CEFs in detail.

Community Education Forums

NEI established and supported the CEFs in every NEI district (R. D. Warrick, personal communication, April 15, 2015). Their purpose was to give stakeholders in primary education an opportunity to come together and raise issues of concern in planning and delivering high-quality primary education within their districts.¹⁰ It was anticipated that the CEFs' sharing of NEI-generated information about schools and schooling in a democratically deliberative manner would help to improve local planning and resource allocation, promote public participation in education, and provide an opportunity to monitor and evaluate governmental resource-allocation decisions. The CEFs were, then, another way to facilitate matching the supply of government educational resources to citizen-expressed demand.

The CEFs involved a series of formalized meetings, usually two to four each year, between the LGEA and Bauchi/Sokoto State officials on one hand and community members on the other hand, who had a stake in the quality of education and the school system. The CEFs therefore brought together all the relevant stakeholders in education within a given community with a view to addressing the following issues, as per the CEF guidelines:

- Identify problems affecting primary education in the area.
- Deliberate over prioritizing those problems.
- Deliberate over possible solutions to those problems.
- Reach a democratic agreement over how best to approach the problem.
- Seek the resources needed to address those problems.

Civil society membership in a CEF was upwards of 120 people, with representation of all facets of community life: business leaders, politicians, traditional leaders, religious leaders, community leaders, artisans, males,

¹⁰ In terms of support, NEI paid for the food and participant transport for two community forums (approximately 100 people per forum), but this proved to be unsustainable. By the end of the project, the forums were being subsidized by the LGEA (food), with participants self-funding transport. A few participants who traveled long distances were given funding by wealthy members of the Local Implementation Committee. In Bauchi, costs were supposed to be paid by the Social Welfare Department of the SUBEB, but the funds were never budgeted or released.

females, NGOs, boys, girls, the elderly, etc. The CEF elected a subset of its membership to the Local Implementation Committee (LIC), which was initially formed to oversee local plan implementation but which soon morphed into an organization that represented the CEF to the government and the local government councils. Through an open election process, the forum members nominated and then voted on LIC membership. The LICs were composed largely of people who either came to the CEF as citizens but who, as professionals, worked for the government; or retired public servants. Based on anecdotal evidence, these people were seen as natural candidates for election to the LICs because of their presumed understanding of how the system functioned, administratively and politically. Each LIC had about 10 members, one of whom acted as a chair (A. G. Rodd, personal communication, May 5, 2015).

Through the CEF and LIC, NEI forged a deliberative advocacy link between the schools and the LGEA, with a pathway similar to the one created between the SBMC and LGA in the local government apparatus. As shown in Figure 3, along the education path, SBMCs formulated plans and needs that they shared with the CEFs. The CEFs discussed and prioritized these needs and plans. Next, the LIC shared the plans with LGEAs in an attempt to influence their decision making, such that resource supply might better address resource demand. Along the local government path, the same thing was done, albeit through a different set of actors. By activating both paths, NEI was trying to get civil society to tap two sets of district-level resources—those flowing through the local government system and those flowing through the education system.

However, it soon became apparent that neither the LGA nor the LGEA had the money to address the needs expressed through the local government path or the education path. Nor did they have much say over the resources allocated by the state. The fact was that state-level politics prescribed how these allocated resources would be spent, in spite of decentralization—a clear indication that, while the federal government might have prescribed decentralization, there was little political will to fully implement it, a situation referred to as incomplete decentralization. For decentralization to be complete, actors at all levels must have not only the authority to make various decisions, but also the funds to act on those decisions. Moreover, those decisions should be aligned to the needs of the people in the jurisdiction within which the

decisions are being made, and those making and acting on those decisions ideally should be accountable to that same jurisdiction.

The situation in both Bauchi and Sokoto was such that state-level decision makers tied up the money that was intended for the districts. By way of example, because road construction yields significant political benefit to many politicians, a sizable amount of local-level funding was directed to road construction. According to state decision makers, roads would better link, say, three districts to each other and to the state center, and because this involved three districts, the matter became an inter-district issue that required state intervention. The allocation of teachers, decisions regarding which teachers would be trained, and the use of classroom construction and school rehabilitation money also had political benefits; consequently, the districts proved not to have much say over these matters, either.

After much discussion with the CEFs about the state governments' dominance over funding decisions, the CEFs asked NEI if it would help them form a State CEF (S-CEF). This was done in both Bauchi and Sokoto. The S-CEF was composed of the 10-person LICs from each CEF. The fundamental role of the S-CEF was to interact directly with the State Universal Basic Education Board, the major actor in basic education at the state level, and to lobby it for resources to be allocated as expressed by the CEFs it represented. Initially, the SUBEB relayed to the S-CEFs only information about what the SUBEB had asked the federal government for in terms of budget figures and the numbers driving them: the number of teachers they asked to be trained, the number of classrooms they asked to be built, and the number of schools they asked to have refurbished.

The S-CEF took this information back to the CEFs and, through the CEFs, worked out which teachers at which schools would be trained, which classrooms at which schools would be built, and which schools would be refurbished. To do this, the CEFs used all of the data and information that NEI had gathered. Also, the S-CEF and the CEFs devised a way to allocate the resources across the districts that was agreeable to all. There was a fair amount of "horse trading" going on, and although the determinants were somewhat opaque, the jurisdictions themselves dictated who would get what, and it was a highly deliberative process that led to detailed district allocations that all actors felt were correct and fair.

Once the final universal basic education budget was approved and the SUBEB knew exactly what it could do with the money, the S-CEFs took their

detailed allocations to the SUBEB and asked that it be spent in the manner prescribed by the CEFs. However, in the end, the SUBEB chose not to address those prescriptions. Instead, it chose which teachers to train and where to build classrooms and refurbish schools. This effectively put a stop to much of the planning and progress that NEI had so carefully laid out.

Nevertheless, in Bauchi, by the time NEI came to an end, the SUBEB was targeting some resources according to S-CEF prescriptions. This change can be attributed to the fact that the S-CEF intervened in a teachers' strike. The S-CEF included a teachers' union representative, a retired civil servant, and a representative of the Emir of Bauchi. Acting on behalf of the children, they called a meeting of the government, teachers, and politicians and insisted on a compromise. Their dedication gained the S-CEF respect and "a sense of obligation" on the part of the SUBEB chairman, who was then more willing to listen to their requests. Also in Bauchi, the S-CEF members asked the SUBEB to tell them exactly where classroom construction and school rehabilitation were to be carried out so that the CEFs could monitor the work and hold the building contractors accountable. However, when the CEFs reported delays and other implementation concerns to the SUBEB, the SUBEB did not respond, again dispiriting the CEFs. In the end, most CEFs morphed into district-level fundraising organizations (RTI International, 2012), which then channeled the money to schools in need, as per the decisions made within the CEFs.

NEI and Social Accountability Outcomes

Although NEI did much to further the social accountability aim of improved government service delivery by (1) giving civil society an informed seat at the MTSS table and (2) supporting the efforts to make the government supply of resources better meet citizen-expressed demand for how those resources should be used, in the end, little changed in this regard—in other words, government service delivery did not improve much. The fact is that civil society's voice was not well heard within the MTSS process, and state-level decision makers paid little heed to the demands that percolated up from the schools and districts.

Education service delivery in Nigeria is poor because the political economy within which the education system operates is replete with very powerful actors whose primary interests do not align well with improved education service delivery. And while NEI might have made these actors more aware

of the needs, wants, and demands of the people as they related to improved education service delivery, decision-makers were not impelled to address their demands, largely because the people making the demands were not powerful.

Sustainability of Interventions and Outcomes

This is not to say that NEI did not succeed in achieving the social accountability aim of citizen empowerment. It did, to some extent. NEI trained a lot of citizens, taught them how to advocate, and created civil society structures in which citizens could examine information, deliberate over needs, prioritize needs, develop plans, and inject those needs and plans into the decision making machinery of Nigeria. But was this truly empowerment? A well-informed seat at the MTSS table must be closely tethered to real and substantial political-economic power if the voice at that informed seat is to be heard. So too, the wants, needs, and demands of the people who want improved education service delivery must be closely tethered to substantive political-economic power, else those voices will not be heard.

In many countries, the voices of teachers' unions are heard because they have significant political-economic power. They can represent hundreds of thousands of potential voters, who can go out on strike if need be. Moreover, teachers' union actors are adept at playing the political-economic game and they have the financial resources to play it well. Civil society organizations, parents of school-age children, and ordinary citizens who want improved education service delivery struggle to generate the same amount of leverage, which proved to be a challenge to sustaining social accountability efforts in the NEI case. When a donor-supported social accountability effort comes to an end without having generated concrete results (or without an institutional actor supported by a financing mechanism to expand upon nascent changes over time), citizens become dispirited, donor-initiated structures may morph into fundraising organizations, and the status quo prevails.

It is clear that donor-supported social accountability projects wield some political-economic force; witness all that was accomplished under NEI. But also witness what was not accomplished: government service delivery was not much improved. If citizen empowerment is a fundamental aim of social accountability, it must come wrapped in more than training and fleeting structures. To persist, these structures must connect to mechanisms of genuine, sizable, and sustainable political-economic power in the arenas within which demands for improved government service delivery are being made.

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Social Accountability in Health Facilities: The Twubakane Decentralization and Health Program in Rwanda

Alyson Lipsky

Project Overview

Implemented between 2005 and 2010, the Rwanda Twubakane Decentralization and Health Program, funded by the United States Agency for International Development (USAID), intended to strengthen the country's decentralization efforts, improve responsiveness to local needs, and promote sustainable use of high-quality health services (Brinkerhoff et al., 2009). The ultimate goal was to “increase access to and the quality and use of family health services in health facilities and communities by strengthening the capacity of local governments, health facilities and communities to ensure improved health service delivery at decentralized levels” (IntraHealth International, 2010, p. 6).

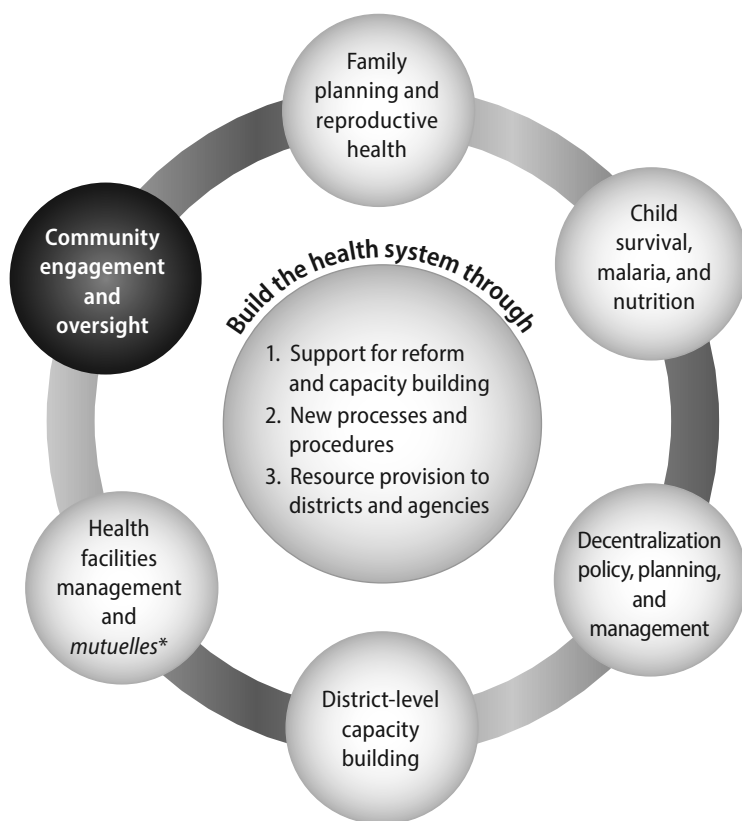
IntraHealth International led a team of partners that included RTI International, Tulane University, the Rwandese Association of Local Government Authorities, EngenderHealth, VNG (Netherlands International Cooperation Agency), and Pro-Femmes (IntraHealth International, 2006). All of the Twubakane documentation went to great lengths to emphasize that all project activities were carried out in partnership with the Rwandan government as well, represented by the Ministry of Local Government and the Ministry of Health (*Ministère de la Santé*, or MINISANTE; see Brinkerhoff et al., 2009; IntraHealth International 2006, 2009e, 2010). Twubakane received US\$28,379,327 from USAID, and leveraged an additional US\$6,491,899 in

Note: RTI colleagues Derick Brinkerhoff, Anna Wetterberg, and Catherine Fort contributed helpful comments, insights to project operations, and access to project documents. The narrative and analysis in this chapter represent the views of the author alone and are focused on Twubakane's approach to social accountability. They do not reflect the program's overall achievements.

cost share, resulting in a total project effort of US\$34,871,226 (IntraHealth International, 2010).

Twubakane's overall strategies were to improve capacity to offer services at decentralized levels; and to provide selective support for improving health *and* decentralization policies, protocols, and strategy guidelines at the central level. The program worked closely with ministries and other partners to invest in nationally adopted manuals and programs, and supported the use of those materials in Twubakane-supported districts (IntraHealth International, 2006). Twubakane had three broad types of activities that worked across six integrated components (see Figure 4).

Figure 4. Twubakane program areas and components



*Mutuelles: Community-based health insurance scheme

Twubakane featured one particular intervention within the “community engagement and oversight” activity—highlighted in a different shade in Figure 4—that was a social accountability intervention: *Partenariat pour l’Amélioration de la Qualité* (PAQs), or Community Partnerships for Quality Improvement. (Other community engagement and oversight interventions concentrated on strengthening MINISANTE management tools, integrating community-level data into national data systems, and strengthening the capacity of community health workers.) Therefore, this case study focuses on this one component of the project.

While Twubakane was originally designed to work in four provinces—Gikongoro, Gitarama, Kibungo, and Kigali City—Rwanda reformed its territory and reorganized its provinces into 30 districts before the project began implementation. To adapt to this change, Twubakane proposed focusing in 12 of the 30 districts in Rwanda (see box), which aligned closely with the original four provinces that had been selected (IntraHealth International, 2006).

In 2000, the Rwandan government began implementing a three-phased decentralization strategy. Phase 1, which lasted from 2000 to 2003, focused on devolving functions and responsibilities, supporting legislation and policy reforms, and designing intergovernmental transfers. Phase 2, 2004–2010, strengthened districts¹¹ and local resource management and mobilization, participatory planning, and the design of accountability mechanisms. The final phase, 2011–2015, was to decentralize functions to the sector level and below, and expand and deepen local citizen participation and accountability (Brinkerhoff et al., 2009).

As Twubakane was starting up in 2005, Rwanda had entered the second phase of decentralization, which involved all levels of government receiving

The 12 Twubakane Districts

Nyarugenge, Kigali
Kicukiro, Kigali
Gasabo, Kigali
Ngoma, Eastern Province
Kayanza, Eastern Province
Kirehe, Eastern Province
Rwamagana, Eastern Province
Kamonyi, Southern Province
Muhanga, Southern Province
Nyaruguru, Southern Province
Nyamagabe, Southern Province
Ruhango, Southern Province

Source: IntraHealth International, 2006.

¹¹ Rwanda’s subnational government structure now consists of provinces, districts, cities, municipalities, towns, sectors, and cells.

new roles and responsibilities. For the health sector, this meant that health districts became part of administrative districts, and district health officials began to report to locally elected officials (IntraHealth International, 2009a). All administrative levels, from national to the community (*umudugudu*), became responsible for ensuring the delivery of high-quality health care services (IntraHealth International, 2009a).

Citizen engagement and participation have played important roles in the Rwandan government's unity and reconciliation agenda. Brinkerhoff et al. (2009, p. 6) explained how Rwanda practices citizen engagement:

Rwanda's Government of National Unity has operationalized citizen participation through decentralized consultations for needs assessment and planning at a variety of levels. Participatory planning is a hallmark of district development plans, which build from bottom-up consultations at the cell and sector levels. As with the *imihigo*,¹² traditional community practices and structures have been incorporated into governance and service delivery. These include: 1) *umusanzu*, the notion of voluntary social contribution to the public good; 2) *ubudehe*, originally the practice of shared cultivation of an individual community member's fields, which has been adapted to frame cell-level, poverty-focused project development to feed into district plans and is the most used practice for soliciting citizen input into local and district plans; 3) *umuganda*, community public works teams that contribute labor and materials for repair, maintenance and/or construction of infrastructure; and 4) *gacaca*, a traditional justice and dispute resolution mechanism that has been adapted to help deal with the large numbers of genocide crimes through fostering community reconciliation and mediation.

While Rwanda emphasizes citizen engagement, it faces common challenges such as skill levels, resources for citizen engagement, citizen knowledge of rights and avenues for engagement, motivation to engage, and access to decision making processes, including political connections (Brinkerhoff et al., 2009). Further, participation in Rwanda is largely state-driven, and space for civil society to initiate dialogue or exchange with the government is limited (Brinkerhoff et al., 2009). The Rwandan government circumscribes a specific role for citizen participation, and there is little to no deviation from that role. This heavy-handed approach to citizen participation undermines spontaneous or unanticipated feedback from citizens.

¹² *Imihigo* is a customary practice in Rwanda where "groups or individuals would make public commitments to particular actions and then strive to live up to their pledges, with failure being associated with shame and dishonor" (Brinkerhoff et al., 2009, p. 5).

The Rwandan government sees citizen engagement as critical to achieving universal health care. Citizen engagement is captured in the government's Health Sector Policy (Government of Rwanda, 2005), which calls for the expansion of the partnership model for improving community quality in the context of strengthening supervisory systems at facility and community levels (Government of Rwanda, 2005). PAQ was first introduced in Rwanda as a part of the USAID-funded global project PRIME II (Improving the Performance of Primary Providers in Reproductive Health, 1999–2004). The PAQ system was seen as serving a key role in mobilizing communities to participate in new initiatives (IntraHealth International, 2009a). Further, the National Community Health Policy, which was adopted in 2008, calls for the population to actively participate in program planning and implementation. It recommends streamlining many community-based interventions into one, which would use the same training strategies, curricula, and incentive schemes (IntraHealth International, 2009a).

General Social Accountability Approach

Twubakane addressed both supply and demand sides of social accountability—building the capacity of government officials to listen, engage with, and respond to community concerns while creating new and expanding existing windows for citizens to directly engage with government. With an entire project component dedicated to community engagement and oversight, Twubakane had several activities focused on improving linkages between the health sector and citizens. These activities included open house and accountability days during which district and senior government officials would open their doors to anyone to come into their offices to ask any questions. Twubakane also worked to strengthen communication regarding important health messages through mass media and to obtain citizen feedback, primarily through radio shows. Twubakane also expanded the PAQ system to all health centers in the 12 project districts.

PAQ Approach

The PAQ approach, developed by Save the Children/US in the mid-1990s, was designed to leverage community participation to assess quality and improve health service delivery (IntraHealth International, 2009a). The approach is based on the premise that not all health sector stakeholders define “quality” the same way (IntraHealth International, 2009a). It therefore presumes that

strengthening the communication between communities and their providers will improve service delivery and quality, and finally increase utilization as perceived quality issues are addressed (IntraHealth International, 2009a, p. 6). In short, “Ideally, an effective PAQ committee would raise the standard of care, as defined by the community and other stakeholders, so that poor quality of services is no longer an impediment to health center use” (IntraHealth International, 2009a, pp. 6–7).

PAQ teams were established at each health center within Twubakane’s implementation area. They improved health center services by bringing together community representatives, local leaders, and health center medical providers and managers (Brinkerhoff et al., 2009). By the end of the project, there were 133 PAQ teams composed of anywhere from 15 to 25 people (IntraHealth International, 2009a, 2010). The box at right lists the types of representatives who could serve on a PAQ team (IntraHealth International, 2009a).

Once established, PAQ teams developed a team definition of service quality and then used this definition to prioritize key quality gaps at the health center. PAQ teams then communicated the changes they sought to health center staff, sector administrative staff, or district authorities, who were then responsible for determining what to address. As health centers implemented changes, PAQ teams informed community members while promoting the use of health center services. PAQ teams also held community meetings to gather ongoing suggestions from community members and to mobilize communities when needed (IntraHealth International, 2009a).

Potential PAQ Team Members

Community Representatives

- Community health workers
- School administrators
- Church members
- Staff of local nongovernmental organizations (NGOs)
- Police
- People living with HIV
- Private-sector health workers
- Traditional healers

Health Center Representatives

- Health center staff
- Health center manager[†]
- Health committee managers
- Health insurance managers

Sector Representatives

- Executive secretary
- Manager of social affairs
- National Youth Council coordinator
- National Women’s Council coordinator

[†] Health center manager was always a member.
Source: IntraHealth International (2009a), p. 7.

As a result of this process, PAQ teams were both compliance focused and coproduction focused.¹³ The approach was designed to improve service delivery by increasing citizen participation (empowerment purpose); the PAQ teams provided oversight and identified solutions at health centers (governance purpose and service delivery purpose). Because PAQ teams were community-driven, they carried out a range of activities, including several that could be classified as focusing on empowerment, such as establishing local-level task forces to talk about family planning with communities; talking about decentralization, nutrition, family planning, and malaria on radio programs; and conducting community outreach to address vaccinations, gender-based violence, and prenatal care and delivery (Brinkerhoff et al., 2009).

Some PAQ teams also held meetings with external stakeholder groups at which they shared information about their activities, and in at least one case they helped to coordinate development activities so as to prevent duplication of effort (IntraHealth International, 2009a).

PAQ teams also came to address service delivery through their oversight activities. As each PAQ team went through an exercise to define quality, they identified the different perspectives that providers and community members had of service quality (IntraHealth International, 2009a). Providers primarily looked to medical outcomes to define quality, while community members looked to cleanliness, comfort, staff reception, and timeliness. To this end, PAQ activities generated feedback on staff behavior, reduced staff absenteeism, advocated for greater amounts of resources and staff in health center budgets, and improved facility cleanliness (Brinkerhoff et al., 2009).

Implementation of PAQ Approach

Twubakane was designed to improve service delivery by developing capacity, which included national and community-level strategies. The PAQ approach supported and complemented the implementation of activities at both levels: citizens were engaged in order to ensure that the services that Twubakane targeted were important for health facility clients and that there was a community able and ready to hold facilities accountable. As mentioned earlier, the PAQ approach, with its inherent design to address perceived and

¹³ For an explanation of the various types of social accountability purposes (service delivery, governance and democracy, and empowerment) and actions (transparency, coproduction, compliance, confrontation) described in these case studies, refer to “Framing Social Accountability” in Chapter 2.

real quality issues at the local level, was first introduced in Rwanda by the PRIME II project (2001), which worked with Save the Children to adapt the methodology for the Rwandan context. The approach was further expanded under the USAID Access, Quality, and Use in Reproductive Health Project (ACQUIRE) project, and finally was included in the design of Twubakane (IntraHealth International, 2009a). Under Twubakane, the PAQ approach was expected to “increase community participation in planning and management of health care and health care facilities at the local level” (IntraHealth International, 2008a).

Establishing a PAQ Team

To establish a PAQ team, Twubakane followed the methodology that had been used under PRIME II/Rwanda and supported five broad stages that were designed to bridge the often large gap between community members and providers:

1. Adapt PAQ approach to community needs.
2. Identify support from the MINISANTE, health districts, and the community.
3. Hold community meetings with women, men, and youth groups to obtain different perspectives of quality.
4. Convene a workshop to bring people from the community and providers together to discuss what quality means for each group, and how the definitions are different.
5. Establish the PAQ team. A group of Twubakane staff, in partnership with community leaders and MINISANTE representatives, established the PAQ team by electing providers and community members to identify problems and solutions (IntraHealth International, n.d.-a, n.d.-b).

Health center staff and management perspectives of the approach were mixed. Nine out of 12 sites that were assessed in a 2009 study cited how improved provider interactions with clients resulted in clients returning for additional services. Staff and managers stated that the PAQ teams made their jobs easier and harder—the PAQ teams motivated staff and managers to do their jobs better, yet the resulting increase in service demand resulted in higher workloads for all levels of workers (IntraHealth International, 2009a).

Once the teams were established, Twubakane quarterly reports revealed a variety of technical assistance and support provided to the teams. Twubakane

worked with district hospitals to identify mentors/supervisors, who were health center supervisors, for each PAQ team. The mentors/supervisors received training from Twubakane in how to improve the efficacy and sustainability of the PAQ teams. After the training, these mentors/supervisors became responsible for supporting their health center's PAQ team (IntraHealth International, 2008a, 2008b). Further, Twubakane, in collaboration with authorities from the district and district hospitals, conducted supervision visits to the health centers whose mentors/supervisors had recently been trained to ensure that the mentors/supervisors were providing adequate support (IntraHealth International, 2008a).

Twubakane also held exchange workshops—which included PAQ team members and representatives from the relevant district hospitals, health centers, and district and sector offices—to review PAQ team activities, accomplishments, challenges, and sustainability strategies. At the workshops, hospital and district staff identified PAQ teams that needed “restructuring, reanimation and supervision,” which is discussed below (IntraHealth International, 2008c).

Throughout the project, Twubakane provided technical assistance to PAQ teams on family planning, child survival, *mutuelles*, and the development of income-generating activities (IntraHealth International, 2008c). Twubakane also convened coordination meetings for supervisors and PAQ members to share their quarterly operational plans and to exchange information with local health structures on the sustainability of their activities. Participants indicated that these coordination meetings were helpful in their efforts to overcome PAQ team operational challenges (IntraHealth International, 2008c).

Community Partnership for Quality Improvement (PAQ) Team Activities

Once established, PAQ teams undertook many different activities, primarily through subcommittees that were established for specific tasks, to influence change at their respective health facility. Their roles included lobbying for directives, advocating for funds, making specific proposals for new rules and systems, and calling for specific staff to be reprimanded when found in violation of health facility regulations and guidelines. PAQ teams also focused on particular technical areas, such as increasing the use of family planning and safe motherhood services, enrolling in *mutuelles*, and teaching about personal and food hygiene (IntraHealth International, 2009a). PAQs that sought to mobilize community members primarily conducted “group sensitization activities, household visits, and team members serving as good examples to

the community” (IntraHealth International 2010, p. 49). PAQ teams developed subcommittees that were responsible for specific efforts, such as developing income-generating activities, obtaining external financing, and overseeing building renovations or improvements.

Both local governments and PAQ teams were eligible to apply for Twubakane’s district incentive fund grants to fund activities, and some PAQ teams did so to fund minor operating expenses or to initiate microprojects such as income-generating activities. District incentive fund grants in the amount of 500,000 to 1.3 million Rwandan francs were available for each PAQ team (IntraHealth International, 2009a), and they were applied to a range of uses such as training and building capacity for community health workers, improving household nutrition by building vegetable gardens and raising livestock, and instituting income-generating activities to support PAQ operations (Brinkerhoff et al., 2009).

Some PAQ teams that were afflicted by low participation were “relaunched,” which included redefining the purpose and objectives of the PAQ approach and roles and responsibilities of the PAQ team. It was reported that low participation, when it occurred, was a result of not having funds for basic operational costs. Further, while PAQ team members were meant to be volunteers, members often felt that they should have been paid for their time and effort. In these cases, stakeholders who had been active in the previous PAQ team were asked to elect a new PAQ team and board (IntraHealth International, 2009c).

Implementation Challenges

Like any intervention, the PAQ approach faced implementation challenges.

- **Team participation.** Several districts experienced difficulty generating team participation, primarily defined as meeting minimum attendance standards. PAQ members cited a lack of remuneration for team members’ time at the meetings and travel to and from the meetings as an impediment to their participation in PAQ meetings. PAQ teams also found it difficult to find meeting space. PAQ members also wanted funding for an operational budget and special projects. When attempts were made to restructure the teams, it was difficult to actually remove the inactive PAQ team members, despite their being replaced (IntraHealth International, 2009a; 2010).

- **Community mobilization.** In some districts it was difficult to mobilize the community and build the relationship between the community and health facilities (IntraHealth International, 2008a). Not only were some community members simply not interested in PAQ activities, there were also cultural barriers such as religious leaders who were opposed to family planning, traditional birth attendants who did not want to refer women to health centers to give birth, and men who refused to get tested for HIV (IntraHealth International, 2009a, p. 18). Another area of concern was that communities were discouraged when health center staff did not act on proposals from the PAQ teams (IntraHealth International, 2009a).
- **Lack of training in technical areas.** PAQ members also felt that if they were meant to be a link between health facilities and communities, they needed ongoing training on health content so they could speak competently to the community's health concerns, such as family planning, health-seeking behavior, assisted delivery, and management of income-generating activities (IntraHealth International, 2009a).

Effects of the PAQ Approach to Promote Social Accountability

The PAQ approach was designed to contribute to the sixth project component (community engagement and oversight), whose broad goal was to “increase community access to, participation in and ownership of health services” (IntraHealth International, 2008a, p. 13). The broad goal for the PAQ approach was to support “increased community participation in planning and management of health care and health care facilities at the local level” (IntraHealth International 2008a, p. 13). In other words, because the PAQ approach was designed to contribute to this project component, the project's data collection efforts focused on tracking the number of established and active PAQ teams. By the end of Twubakane, in October 2009, 98 percent of the 136 health centers in Twubakane's districts had a PAQ team. Eighty-five percent of the health centers had a PAQ team that reported having met at least once in the previous six months, and 71 percent of the health centers had a PAQ team that had met in the past three months (IntraHealth International, 2010).

The project did not evaluate the impact of the PAQ approach on empowerment, service delivery, or governance and democracy. However, a 2009 assessment found that the PAQ approach resulted in improvements in all three of those social accountability aims (see Table 5 and Brinkerhoff et al., 2009). The same assessment found that with governance and democracy and empowerment, the PAQ approach's primary impact was on citizen voice, and it had secondary impacts on responsiveness and accountability. As confirmed in a project document:

A total of 114 of the PAQ teams (86%) have influenced some kind of change to health services or infrastructure. Of those, 64 teams influenced improvements to the quality of services (e.g., interaction with clients, respect of health care norms, etc.); 49 influenced improvements to hygiene and sanitation within health centers; and 37 influenced the restructuring of staff (e.g., recruitment, removing of ineffectual personnel, etc.). (IntraHealth International, 2010, p. 48)

Table 5. Summary of effects of PAQ approach to promote social accountability

Type of effect	Examples
Service organization and delivery	Improved provider/client relationship, punctuality of health facility staff, and health facility ownership over tasks
Governance and democracy	Creation of formal mechanism for citizen engagement in health facility governance
Empowerment	Feeling of empowerment among PAQ team members; pride in their work serving the community

PAQ = Partenariat pour l'Amélioration de la Qualité, or Community Partnerships for Quality Improvement

To identify any impacts on health status, a 2009 internal project assessment looked at three key indicators: number of deliveries attended by a skilled professional, number of children under 12 months of age receiving diphtheria-pertussis-tetanus (DPT3) vaccinations, and number of antenatal care visits. While there was an upward trend in these indicators at the health facilities with PAQ teams, it is difficult to attribute this to the PAQ teams because the trends were already rising, and no comparison study was done in areas without PAQ teams (IntraHealth International, 2009a). For example, there was an upward trend in the number of attended infant deliveries throughout the Twubakane districts, but the study implementers did not know the total number of babies delivered in each community (IntraHealth International, 2009a).

PAQ effectiveness was not rated consistently. For example, while PAQ team members cited improvements in health center hygiene and cleanliness, fewer

than half of general community members thought that PAQ activities resulted in infrastructure and hygiene improvements (IntraHealth International, 2009a). However, health center personnel and sector administrators who were not PAQ team members noted several changes in infrastructure resulting from PAQ work, including additional rooms for consultations, cafeterias, new furniture and equipment, and improved hygiene. Staff noted many of the same things, while also commenting on the PAQ teams' role in educating patients about clinic and personal hygiene (IntraHealth International, 2009a).

There was agreement among PAQ team members, community members, health center personnel, sector administrators, and district representatives that PAQ teams impacted service organization and delivery, including improved reception of health center clients, personnel punctuality, relations between providers and patients, and health center ownership over tasks. District representatives went further, stating that PAQ teams were critical in helping to solve service delivery problems and guaranteeing provider accountability (IntraHealth International, 2009a). Here we are beginning to see the impact that the PAQ approach had on governance and democracy: health centers being held accountable to the communities they were meant to serve.

PAQ team members reported that participating in the PAQ team empowered team members and the communities they served. The manager of one health center, a PAQ team member, said, "The PAQ approach has made my work a lot easier, and also made me proud of the good work and great results" (IntraHealth International, 2009e, p. 33). PAQ team members thought the relationships among the community, health center, and the sector were much stronger, allowing the community to work together to resolve problems at health centers. Improvements in governance and democracy were evidenced by team members in a majority of sites recognizing an "'improved climate of partnership' and two-way dialogue between health centers and communities" (IntraHealth International, 2009a, p. 24). Sector and district representatives noted the "advantages of having a system in place to 'coordinate' community-government communications" (IntraHealth International, 2009a, p. 25).

Further, health center staff and managers acknowledged the important role that PAQ team members began to play in community outreach and education. Their outreach efforts were credited with increasing demand, and improving health center credibility among community members. One PAQ committee member said, "We educated the surrounding community and most especially . . . pregnant women to consider the health center as their first choice for delivering their babies" (IntraHealth International, 2009a, p. 25).

However, PAQ teams were not a panacea. Community members who used facilities with PAQ teams cited the following challenges: physical environment (meaning cleanliness and the comfort of waiting areas; 60 percent of respondents to the 2009 assessment) and client wait times (33 percent of respondents). In many locations, community members commented about the need for staff to observe posted hours of service (IntraHealth International, 2009a).

Sustainability of Interventions and Outcomes

In a quarterly report (IntraHealth International, 2009d), Twubakane implementers reported they saw positive signs that the PAQ approach would continue to be implemented after Twubakane's termination. Some of these signs included the high percentage of active PAQ teams, the fact that PAQ teams had specific action plans and had meetings to review them, and the commitment expressed by district authorities in several districts to continue district-level support to the PAQ teams (IntraHealth International, 2009d).

At the time that Twubakane was being implemented, there was interest within the Rwandan government to implement the PAQ approach nationally and sustain it. In 2006, MINISANTE identified the importance of community engagement in achieving health goals (Government of Rwanda, 2005). Service and district representatives were supportive of the PAQ approach, recognizing improvements in service organization, service delivery, and accountability (IntraHealth International, 2009a). PAQ team members identified several key areas that needed to be addressed: funding for operations, funding for health center improvements that PAQs recommended, and training for PAQ team members (IntraHealth International, 2009a). Beginning in 2008, Twubakane shifted from a focus on establishing PAQ teams to this issue of sustainability, and to institutionalizing the PAQ teams and fostering their sustainability by building the capacity of PAQ supervisors (IntraHealth International, 2010).

PAQ team members also suggested that the MINISANTE officially promote the PAQ approach both within the government and among its implementing partners, that Twubakane and others continue to work with local government structures to provide supportive supervision, and that the Rwandan government and partners continue to provide technical and financial support to PAQ teams (IntraHealth International, 2009b). Some PAQ teams undertook activities to address their own sustainability before Twubakane ended, such as setting up income-generating activities, requesting member contributions and

member support funds, and replacing absent or inactive members (IntraHealth International, 2010).

Twubakane itself made recommendations to take into consideration to sustain the PAQ approach, in addition to the Rwandan government taking a more active role in promoting and supporting the PAQ approach. The project called for the MINISANTE, partners, and local government offices to work together to address PAQ team member turnover, training needs, and mechanisms for covering operating expenses (IntraHealth International, 2010). Twubakane also saw the need for PAQ teams to establish strong relationships with their local community health workers to improve information sharing between community members and community health workers about health center services (IntraHealth International, 2010).

With 5 years having passed since Twubakane ended, I tried to confirm that the PAQ teams were still operating. However, I was not successful in contacting anyone with the follow-on project, the USAID-funded Rwanda Family Health Project, implemented by Chemonics International; or the Rwandan government. It is possible that the PAQ teams are still in existence but have taken on a new name—the Family Health Project provided support to 84 members of “quality committees” or “decentralized quality councils” in several districts in 2013 (Chemonics International, 2013).

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Social Accountability and HIV Policy: The Health Policy Initiative in the Greater Mekong Region and China

Derick W. Brinkerhoff and Felicity Young

Project Overview

The United States Agency for International Development's (USAID's) Health Policy Initiative (HPI, <http://www.healthpolicyinitiative.com/>) was carried out by four consortia of implementing partners from 2005 through 2013. Among its goals was improving the enabling environment for HIV prevention, care, and treatment. As one of the four HPI awardees, RTI International, in partnership with the Burnet Institute, carried out a project for the Asia-Pacific Region known as the Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C), from September 2007 to September 2012. Funding for HPI/GMR-C came from the US President's Emergency Plan for AIDS Relief (PEPFAR) under two categories: strategic information, and policy and systems strengthening. The project's total funding was approximately US\$5.9 million. HPI/GMR-C pursued three objectives (intermediate results, or IRs):

- IR1: Adopt and implement national and local HIV policies, plans, and programs, based on international best practice
- IR2: Develop, strengthen, and support effective public sector and civil society champions and networks to assume leadership in the policy process
- IR3: Use timely and accurate data for evidence-based decision making

The China team consisted of a country director, two policy and advocacy specialists, and a finance and administration manager. The team operated from

Note: The narrative and analysis in this chapter represent the views of the authors alone and are focused on HPI/GMR-C's social accountability interventions. They do not reflect the project's overall achievements..

Yunnan province. The overall project director (chief of party) was based in Bangkok, at the request of USAID.

This case study focuses on the project's use of social accountability mechanisms to achieve its objectives. The discussion covers which social accountability approach and mechanisms the project employed, how the social accountability interventions were implemented, and what results were achieved.¹⁴ Our narrative comments on the sustainability of the social accountability mechanisms and offers some concluding observations. Approximately 70 percent of HPI/GMR-C's funding and activities were targeted at China and about 30 percent at the Greater Mekong Region. This case study concentrates on the China portion of the project, which was limited largely to two border provinces: Yunnan and Guangxi, which have among the highest rates of HIV prevalence in China.

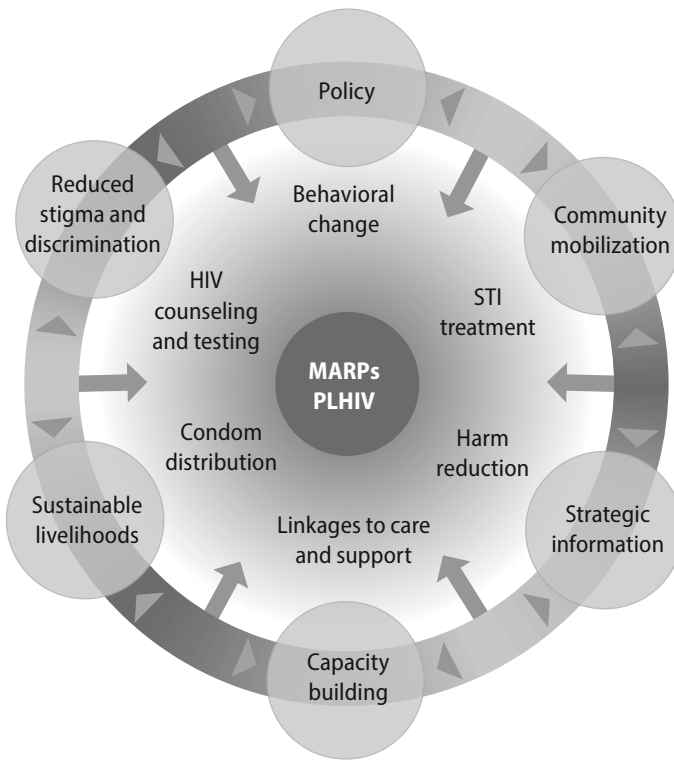
Project Components and Social Accountability

Prior US Government-funded work on HIV prevention, care, and treatment had led to the development of a comprehensive prevention package for people living with HIV and key affected populations (men who have sex with men, injecting drug users, transgender people, and female sex workers). The theory of change that informed HPI/GMR-C's three objectives posited that the success of the package in providing HIV prevention, care, and treatment for people with HIV and key affected populations would depend upon creating and maintaining an enabling environment of laws, policies, regulations, and plans supported by sufficient resources, systems, structures, and capacities. That enabling environment could be thought of as consisting of six key elements: policy and advocacy, community mobilization, stigma and discrimination reduction, strategic information, capacity building, and livelihood development (see Figure 5). HPI/GMR-C worked on all of these except the last one (see Young, 2010, 2012).

The project's approach to social accountability was, therefore, focused on enhancing both the demand- and supply-side conditions that would facilitate positive state-society interactions around HIV prevention, care, and treatment. Expected social accountability outcomes concentrated on governance (i.e., changes in laws, regulations, policies, and procedures) and empowerment

¹⁴ For an explanation of the various types of social accountability purposes (service delivery, governance and democracy, and empowerment) and actions (transparency, coproduction, compliance, confrontation) described in these case studies, refer to "Framing Social Accountability" in Chapter 2.

Figure 5. Theory-of-change model for the comprehensive prevention package, USAID/China HIV program



MARPs = most-at-risk persons; PLHIV = persons living with HIV; STI = sexually transmitted infection; USAID = United States Agency for International Development.

of people with HIV and key affected populations. Service delivery outcomes were not explicitly intended, although as the following discussion indicates, some improvements in access to services were achieved as a result of the project's social accountability activities.

On the demand side, HPI/GMR-C devoted major effort to building HIV-related civil society organizations' (CSOs') capacities to create a constituency among people with HIV and key affected populations, to advocate using data and evidence-based arguments, and to interact effectively with public officials. To build these capacities, the project used training, mentoring, and a small grants program. Demand-side activities targeting IR 2 constituted the core of HPI/GMR-C, although the activities related to civil society's use of data and evidence fell under IR 3.

On the supply side, HPI/GMR-C concentrated on identifying policy and regulatory barriers and gaps, as well as operational weaknesses that impeded public officials' capacities to respond to the needs of people with HIV and key affected populations and that hampered civil society's engagement with the government. Project activities to address these enabling environment issues consisted of policy mapping, institutional and regulatory assessments, workshops, and technical assistance to address the findings of the mapping and assessment exercises. These activities contributed to IR 1, but to the extent that public sector champions for HIV policies and service delivery were identified and supported, they facilitated IR 2. Through technical assistance involving instruments for collecting and analyzing data, subnational governments increased their use of evidence for decision making (IR 3). The primary target was the Yunnan provincial government, with lesser focus on Guangxi. Several activities extended to other sites in China.

Demand Side: Strengthening Civil Society Capacity for Social Accountability and Implementing Advocacy Campaigns

HPI/GMR-C's capacity development work began with training workshops for people with HIV and key affected population groups. These events covered understanding basic advocacy skills, designing and evaluating an advocacy campaign, mapping stakeholders, and documenting advocacy issues. Groups who successfully completed the training became eligible to compete for the small grants that the project offered to enable them to conduct an advocacy campaign. Grants were for a duration of up to a year, and over the life of the project, a total of 20 grants were awarded in four annual cycles. HPI/GMR-C provided mentoring and facilitated three meetings for each grantee during the life of the grant: (1) grant kickoff, (2) monitoring and evaluation, and (3) final review and lessons learned.

Grantees pursued advocacy related to seven issues, as illustrated in Table 6. Fourteen of the 20 advocacy campaigns were judged by the project team to be successful or partially successful. In some cases, the advocacy effort failed due to the lack of public sector resources—financial or human—to address the issue raised by the civil society organization and not because the campaign message was rejected. For example, the Kaiyuan Big Dipper Support Group's advocacy efforts did not result in expanded business hours at methadone maintenance treatment clinics because the local government did not have the budget to pay for the added costs. However, the positive relationships that were established laid the groundwork for future cooperative social accountability.

Table 6. Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C) small grants for advocacy

Advocacy issue	Objective	Grantee	Outcome
Access to methadone maintenance treatment (MMT)	• Establish additional MMT clinics in towns and villages with over 50 patients	Longchuan Red Ribbon Home	Successful
	• Improve access to MMT for drug users who lack proof of compulsory drug detoxification	Mengzi Kangxin Home Support Group	Successful
	• Increase access for patients unable to attend the methadone clinic when hospitalized or sick at home	Mengzi Kangxin Home Support Group	Successful
	• Improve access to MMT by expanding business hours	Kaiyuan Big Dipper Support Group	Unsuccessful
Discrimination against people living with HIV (PLHIV) and most-at-risk persons (MARPs) in health facilities	• Address refusals to provide medical treatment	Gejiu Poplar Tree Mutual Assistance Group	Successful
	• Set up hotline and supervision rules to reduce avoidance of responsibility or refusals to provide medical treatment	Kaiyuan Hand-in-Hand Care Home	Suspended
	• Establish monitoring and complaint mechanism for refusals to provide treatment	Yuanyang Terrace PLHIV Group	Successful
Affordability of health services for PLHIV	• Free provision of treatment for managing side effects related to antiretroviral therapy	Gejiu Poplar Tree Mutual Assistance Group	Unsuccessful
	• Ensure equal access to services and 60% cost reimbursement at county hospitals	Mengzi Kangxin Home Support Group	Partially successful
Accessibility and quality of HIV testing services	• Improve access to voluntary counseling and testing (VCT) and condoms for men who have sex with men (MSM) from rural areas	Dali Good Friends Club	Successful
	• Improve access to VCT for MSM and transgender people through community VCT	Consortium of three Kunming civil society organizations (CSOs)	Partially successful
	• Pilot provider-initiated testing and counseling	Dali Sea and Moon PLHIV Working Group	Successful

(continued)

Table 6. Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C) small grants for advocacy (continued)

Advocacy issue	Objective	Grantee	Outcome
Protection of rights of affected populations	<ul style="list-style-type: none"> Clarify/enforce rules on updating drug user information in the Narcotic Drug Control System after demonstrated drug abstinence for three or more years 	Dali Sea and Moon PLHIV Working Group	Successful
	<ul style="list-style-type: none"> Strengthen confidentiality of HIV status for patients in health facilities 	Dali Sea and Moon PLHIV Working Group	Successful
Access to social assistance for low-income persons	<ul style="list-style-type: none"> Ensure confidentiality of HIV status for applicants requesting low-income subsidies 	Kaiyuan Hand-in-Hand Care Home	Unsuccessful
	<ul style="list-style-type: none"> Increase access to low-income subsidies for eligible PLHIV 	Kaiyuan Hand-in-Hand Care Home	Suspended
	<ul style="list-style-type: none"> Increase access to low-income subsidies for eligible PLHIV 	Daytop Legal Center	Suspended
Access to employment opportunities	<ul style="list-style-type: none"> Reduce barriers to pre-employment training and employment for people who use drugs and people with HIV 	Kaiyuan Hand-in-Hand Care Home	Partially successful
	<ul style="list-style-type: none"> Reduce employment discrimination 	Mengzi Kangxin Home Support Group	Successful
	<ul style="list-style-type: none"> Reduce employment discrimination 	Kaiyuan Chengxin PLHIV Support Group	Partially successful

Source: Adapted from Young (2012).

In other cases, outcomes were less than successful because the grantee CSOs lacked capacity or faced operational weaknesses. For example, Kaiyuan Hand-in-Hand Care Home's grant to advocate for rules to reduce health facilities' refusals to provide services was suspended due to staff performance issues. Many of the CSOs working on stigma and discrimination issues on behalf of people with HIV and key affected populations were organizationally fragile and financially weak.

Supply Side: Addressing Policy and Regulatory Barriers; Strengthening Response Capacity of Local Authorities

Much of HPI/GMR-C's work on the supply side consisted of operational policy assessments. Research teams completed analyses on HIV voluntary counseling and testing in Yunnan and Guangxi provinces, methadone maintenance treatment in Yunnan, the HIV-related legal environment in Yunnan, the regulatory framework for CSOs in Yunnan, and policies and laws affecting injecting drug users' access to services and employment opportunities. Most of these studies engaged staff of provincial Centers for Disease Control and Prevention as partners, which helped to build their capacity in policy analysis and research.

The findings from the studies informed HPI/GMR-C's technical assistance with provincial government entities to help them become more responsive to people with HIV and key affected populations. The research also yielded information that civil society organizations could use in advocacy campaigns. The project produced policy briefs in appealing formats to disseminate the study findings, and organized discussion sessions and consultations to assist public officials with revising rules and regulations, as well as developing action plans to implement reforms.

Besides policy assessments and related studies, HPI/GMR-C's development and dissemination of data collection and analysis tools also strengthened the response capacity of local governments. The clearest example is the Resource Estimation Tool for Advocacy (RETA), which was created to calculate resources needed to scale up HIV-prevention interventions for men who have sex with men. The tool was originally developed for China and the Greater Mekong Region. Training in its use was provided to officials in Kunming City and in the provinces of Yunnan, Guangxi, Sichuan, and Tianjin. In each of these locations, officials—some in cooperation with CSOs—developed action plans and resource estimates for scaling up HIV programs.

Several examples illustrate these supply-side policy environment studies that supported social accountability and the government's responsiveness to the needs of people living with HIV and most-at-risk persons. These examples include regulations for registering CSOs and the HIV-related legal environment, both in Yunnan.

Registration of Civil Society Organizations

HPI/GMR-C's analysis of the regulatory environment revealed, not unexpectedly, that operational space for CSOs in China was highly controlled. Provinces had the authority to determine the criteria for registration (Haiyu & Young, 2009). In 2008, following dialogue with HPI/GMR-C staff on the study findings, the Yunnan Civil Affairs Bureau relaxed some of the provisions in its registration policy. It reduced the fee to US\$150, set the minimum number of members at 10, and eliminated the requirement for full-time paid staff. The Bureau retained the requirement for a parent or sponsoring organization, although the range of acceptable parent organizations was broadened to include subdistrict offices, which are local government units that manage neighborhoods. The revised policy also allowed smaller CSOs to "file for record," with no registration fee and only five members required.

These changes opened the door for CSOs serving people with HIV and key affected populations to obtain formal legal status and receive funds to engage in mobilization and advocacy activities. The Yunnan Civil Affairs Bureau's awareness of the impediments posed by the registration policy increased. Project staff worked with the Bureau to host consultative meetings with members of the HIV community. These meetings were a forum to provide information on registration and to facilitate dialogue and constituency building.

HIV-Related Legal Environment

HPI/GMR-C's review of the legal environment in Yunnan revealed a substantial body of HIV-related laws and regulations, many of which were poorly drafted, vague, and contradictory. Despite relatively sound legislation at both national and provincial levels designed to protect those with HIV, the courts, police, employers, and health care and insurance providers frequently ignored these laws. Without enforcement, people with HIV faced frequent discrimination and denial of statutory rights. The study also found that legal professionals had only limited capacity to provide the specialist counsel needed by people with HIV, key affected populations, families, local authorities, and businesses (Patterson & Ping, 2008).

HPI/GMR-C partnered with the International Development Legal Organization, which had previously undertaken a pilot project on HIV laws, to work with government offices to improve the quality and implementation of legal frameworks, establish HIV-related legal services, and address HIV-related stigma and discrimination. Study findings also contributed to new advocacy

messages that CSOs could use to lobby officials. HPI/GMR-C supported the International Development Legal Organization to conduct an HIV workshop for judges and senior lawyers in Yunnan, where the project shared its findings from the Yunnan legal environment study and a study of stigma and discrimination against people living with HIV.

Implementation

Successes and Results

HPI/GMR-C achieved substantial success on both the demand and supply sides related to HIV policies and services (Mok & Haberer, 2012). As Table 6 summarizes, 70 percent of the advocacy campaigns that the project's small grants funded resulted in some measure of success in achieving the purposes of the campaigns. Further, besides funding, the training, coaching, and mentoring that HPI/GMR-C provided to groups of people living with HIV and most-at-risk persons helped them to develop their capacities to mobilize stakeholders, design and manage advocacy activities, interact with public officials, and—in some cases—partner with government to deliver services. An example of a partnership to coproduce services was CSO provision of anonymous screening for HIV in collaboration with the provincial Centers for Disease Control and Prevention, which conducted the laboratory tests.

On the supply side, successes included, for example, convincing provincial Centers for Disease Control and Prevention and AIDS bureaus to change the policy on name-linked voluntary counseling and testing to authorize anonymous counseling and testing. This change was based on project studies and consensus-building workshops to discuss the study findings, and was reinforced by CSO advocacy. This change enabled partnerships between CSOs and the provincial Centers for Disease Control and Prevention for purposes of testing. In Dali Prefecture, for example, voluntary counseling and testing referrals rose from an average of 8 per month to 34 following the AIDS bureau's authorization of anonymity (RTI International, 2010). As another example of the impact of HPI/GMR-C policy studies, the Yunnan Civil Affairs Bureau made changes in CSO registration requirements, which facilitated organizing people living with HIV and most-at-risk persons into effective constituencies. A third example of a significant policy change was the shift to allow takeaway and home delivery of methadone for drug users with HIV. Advocacy on the part of HPI/GMR-C grantees facilitated this last policy change.

Challenges

Among the challenges to citizen-led social accountability activities in China during HPI/GMR-C was the highly constrained legal space for organizing collective action. Complicated policies and procedures limited the ability of local CSOs to obtain legal status and to engage with government officials. The government's policies exerted a high degree of control and supervision of civil society activities. In this environment, CSOs had limited capacity and power to take independent actions or to influence government officials. Further, the concept of community activism was relatively new. Individuals in leadership roles did not grasp the need to build constituencies within the community, and then to engage them in policy advocacy. Advocacy itself constituted another unfamiliar realm of activity, which meant that the training and coaching that HPI/GMR-C provided along with the grants was quite basic.

Nonetheless, the activities of HPI/GMR-C demonstrated that advocacy efforts could achieve some degree of success when pursued in nonconfrontational and collaborative ways (Pritchard et al., 2009). CSOs intentionally sought to establish cooperative relationships with local government officials. They stressed their common interests in shared goals, and built credibility with their government interlocutors through the use of evidence in support of their advocacy efforts. They pursued dialogue through informal communications channels to establish understanding and consensus before seeking formal interactions, which then served to provide official recognition for the informally reached agreements. CSOs tended to focus on making improvements in existing HIV-related laws and regulations, which helped them to be perceived by government actors as contributing to achieving officially sanctioned outcomes and targets, instead of opposing them. Local health departments became their natural allies (Young, 2012).

Another challenge was the societal stigma and discrimination that people with HIV and key affected populations face in China, then as now. Men who have sex with men are highly stigmatized, and injecting drug users and sex workers are criminalized as well. Distrust of government among these groups is strong, as is fear of public opprobrium. In addition, they have internalized the societal stigma, with many feeling that they both expect and deserve to be treated badly by government and members of mainstream Chinese society. These factors powerfully motivate these groups to pursue rights-based advocacy on their own behalf, as well as to seek HIV prevention,

care, and treatment. For example, the local government in Dali Prefecture publicly recognized an HPI/GRM-C grantee, the Dali Good Friends Club, for its advocacy and partnership with the local AIDS Bureau, which led to media coverage. Sadly, the attention generated a negative reaction that led to a reorganization of the CSO and a change in leadership, as members felt that the publicity had “outed” them. As a result, the organization ceased its advocacy activities (RTI International, 2010).

HPI/GMR-C’s work in China and the region sought to increase awareness of the impacts of stigma and discrimination, and to pursue interventions to reduce them. For example, the project’s efforts in Yunnan and Kunming provinces to provide information on rights and legal services helped to build awareness and encouraged people with HIV and key affected populations to consider using the formal legal system to pursue their HIV-related statutory rights (Xia & Stephens, 2011).

Effects of HPI/GMR-C’s Efforts to Promote Social Accountability

HPI/GMR-C’s demand- and supply-side activities to enhance the enabling environment for HIV prevention, care, and treatment led to service delivery, governance, and empowerment outcomes. The project’s efforts positively influenced local authorities and health facilities to become more aware of and responsive to the needs of people with HIV and key affected populations. The following summarizes the effects:

- **Service delivery.** Although the project did not collect detailed data on service utilization by people with HIV and key affected populations, assessment of the outcomes of the small grants program revealed several improvements in access to services, which is a necessary precursor to utilization. These included expanded access to methadone maintenance treatment; some reductions in refusals to provide health services at facilities, and in nonreimbursement for treatment provided; greater access to voluntary counseling and testing; and some increased access to pre-employment training and jobs.
- **Governance.** A combination of the project’s support to HIV-related CSO advocacy campaigns and the policy operational assessments stimulated a number of changes in local laws and regulations. The increased access to services was supported by modifications in regulations. As noted earlier, the Yunnan provincial government changed registration requirements

for CSOs. A study combined with an advocacy coalition led to a new regulation that removed the names of former injecting drug users from the national drug user database. The project's assessment of the HIV-related legal framework and support for the provision of legal services improved access to rights and protections for people with HIV and key affected populations.

- **Empowerment.** A major effect of HPI/GMR-C's activities involved empowerment of people with HIV and key affected populations. Their ability to organize themselves and legally register as CSOs created a formal platform from which to advocate for their rights and needs. The capacity building, grant-making, and networking support the project offered empowered the local groups to build constituencies, establish positive working relationships with government officials and health care providers, and pursue advocacy campaigns. The governance changes supported the newly empowered groups to exercise their rights and gain access to the services they needed, although the impacts of stigma should not be underestimated.

A critical concern for accountability mechanisms and the results to which they lead is the extent to which they are sustained and sustainable. HPI/GMR-C's explicit focus on the enabling environment for HIV prevention, care, and treatment reflects a recognition that these services and health outcomes depend upon sustained attention by governments, people with HIV, and key affected populations (refer to Figure 5 earlier in this chapter). Each of the project's IRs targeted features associated with sustainability: a supportive legal and regulatory environment; mobilized, motivated, and capable citizens who advocate for their needs and desires; and capable and motivated government actors who can plan, implement, and respond to citizen input using data and evidence for decisions.

HPI/GMR-C was a relatively small project, operating mainly in two heavily populated provinces of a huge country. Thus, the sustainability expectations had to be modest, and recognize that many of the changes put in motion by the project would take a long time to yield results, particularly in light of the well-recognized barriers that stigma and discrimination pose in dealing with HIV. Nationwide application and uptake of the HIV comprehensive prevention package will be a long-term endeavor.

Sustainability of Interventions and Outcomes

HPI/GMR-C is an interesting case study of social accountability for several reasons. First, it exemplified a set of interventions intended explicitly to strengthen the contextual factors that affect how social accountability operates and that will influence the sustainability of accountability mechanisms. Second, because the project focused on China, it offers a window into the ways in which citizens can exercise voice and seek to influence government where the state is authoritarian. The social accountability strategy adopted by the CSO grantees explicitly framed their advocacy efforts as aimed at coproducing better service access and quality for people with HIV and key affected populations in cooperation with government, rather than challenging state actors. Third, fortuitously, this advocacy strategy meshed with provincial governments' need to meet national targets for delivery of HIV services; public officials were motivated to take action, although it took HPI/GMR-Cs' support to organize the dialogue that brought officials together with key populations to make those actions effective. Fourth, for Chinese citizens who fell within categories that society stigmatized and discriminated against, and whose voice and influence options were even more limited than for the average citizen, the HPI/GMR-C approach to engaging with government demonstrated what can be achieved when there is some degree of overlap between the goals of both parties.

Public officials did not necessarily change their views that members of key populations were societal undesirables, but nonetheless they were willing to work with them to achieve shared objectives. However, this case raises questions about the limits of social accountability. The changes in HIV policy and services that HPI/GMR-C facilitated resulted from the overlap of interests between public officials and people with HIV and key populations. Coproduction enabled officials to perform better in meeting their goals, so whether or not they appreciated the values underlying social accountability, it was expedient for them to engage. To achieve sustainability in such circumstances—that is, where power asymmetries are large—social accountability will be tolerated to the extent that it contributes to public officials' "success" measured largely on their own terms. Prospects for social accountability to change state–society relations regarding stigma and discrimination remain slight.

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Social Accountability in Cross-Sectoral Service Delivery: The Kinerja Public Service Delivery Program in Indonesia

Jana C. Hertz

Overview and General Program Approach

The Kinerja public service improvement program is an effort to support the Government of Indonesia to strengthen the decentralization process and improve public service delivery outcomes, with a focus on good governance and social accountability. Kinerja is funded by the United States Agency for International Development (USAID) and implemented in 24 districts in five provinces.¹⁵ It began in September 2010 and continues to mid-2017. By mid-2015, Kinerja had also been funded by local governments to extend implementation to an additional 44 “replication districts” (RTI International, 2015a). Kinerja aligns with national government priorities relevant to local governments. Specifically, the program aims to improve local governments’ delivery of services in three sectors—education, health, and economic development—by applying good governance practices at the district and community levels. Kinerja means “performance” in the Bahasa Indonesia language.

As context, Indonesia is the fourth largest country in the world after China, India, and the United States in terms of population, at approximately 250

Note: Kinerja colleagues Elke Rapp (RTI) and Amanda Stek (Social Impact) provided helpful comments, insight into project implementation, and access to project documents. RTI colleagues Taylor Williamson, Peter Vaz, and Robin Bush provided helpful comments. The narrative and analysis in this chapter represent the views of the author alone and focus on Kinerja’s social accountability interventions. They do not reflect the project’s overall achievements.

¹⁵ To explain the geographical reach in more detail, Kinerja “core” activities began in 2010 and include 20 districts in four provinces: Aceh, East Java, South Sulawesi, and West Kalimantan. The program was expanded in March 2012 to an additional four districts in the province of Papua, adapting Kinerja’s approach to address maternal and child health, HIV/AIDS, and tuberculosis; this portion of the program is referred to as “Kinerja Papua.” The interventions in “Kinerja Papua” are not covered in this case study.

million. It is an archipelago of over 17,000 islands with a breadth roughly equivalent to the distance between the US east and west coasts. Indonesia declared independence from the Netherlands in 1945. Until the 1996 Asian financial crisis, it was managed by a strongly centralized government. In 1998, during the “reform era,” Indonesia began a process of fiscal and administration decentralization, transferring authority to over 500 district-level governments spread over 34 provinces. Planning, budgeting, monitoring, and oversight of public service delivery became the responsibility of district-level governments in a “big bang” fashion. Since 1998, local governments have worked to improve their capacity to deliver efficient, effective, and responsive public services.

Kinerja addresses the demand side, as well as the supply side, of service delivery by strengthening accountability mechanisms and enabling local governments to better respond to citizens’ needs. It works through local institutions to build their capacity and encourage sustainable partnerships with local government.

The program builds on a body of existing innovative practices in local governance programs and sector initiatives in education, health, and economic development. Its approach centers on stimulating local demand for better service delivery and on establishing strategies for nation-wide dissemination. In keeping with this mandate, Kinerja technical advisors and partner organizations have reviewed and adapted relevant existing tools, often developed in collaboration with and supported by ministries in the respective sectors.

Kinerja’s framework includes four objectives (RTI International, 2011; RTI International & Social Impact, 2010):

1. **Creating incentives for improved local government service delivery.** These incentives include an expectation of better performance outcomes due to greater involvement of and accountability to citizens; rewards (or penalties) for good (or bad) performance; and prestige (or shame) owing to publicly available information on local governments’ performance. Kinerja assistance contributes to stronger incentives by giving citizens a more effective voice in public service delivery; supporting performance management systems in local governments; and increasing competition through benchmarking, competitive awards programs, and public information.

2. **Encouraging the adoption of innovative service delivery.** As noted, Kinerja offers a targeted and well-designed menu of technical interventions in the three sectors of education, health, and economic development. It focuses on a few crucial elements of service delivery in these particular sectors—those where an impact can be made—rather than undertaking too many disparate activities.
3. **Replicating improved management systems and disseminating them through intermediary organizations.** Kinerja's impact has expanded nationally via Web-based dissemination and capacity building for service providers. The program has established links to national and provincial training institutes, nongovernmental organizations (NGOs), and universities, and has worked with various ministries to form national policies and regulations.
4. **Applying a rigorous impact-evaluation scheme with randomized site selections, using control sites and in-depth studies.** At several points, the program measured impact and determined which interventions worked, why, and how.

Cross-Sectoral Social Accountability Approach

As a project engaged in public service improvements, Kinerja applies governance approaches and principles to enhance service delivery in the three designated sectors. Kinerja's package of technical assistance combines technical interventions to strengthen service provision (supply) with governance interventions to identify citizen priorities and hold providers accountable for inputs (demand).

For example, in the education sector, Kinerja offers a menu of three technical interventions: school-based management, proportional teacher distribution, and analysis of school unit costs. In the health sector, Kinerja's menu of technical interventions consists of promotion of immediate and exclusive breastfeeding, partnership between midwives and traditional birth attendants, and health clinic management. In the economic development sector, Kinerja offers technical assistance for establishing one-stop service centers for business licenses. For each of these, Kinerja provides four governance interventions: (1) support of multistakeholder forums (MSFs), (2) complaint-handling surveys, (3) service charters, and (4) citizen journalism.

Regardless of the technical intervention selected by a given local government, the same four governance interventions are applied, emphasizing the importance of combining governance and sectoral interventions. Table 7 summarizes the selected technical interventions that are made available to each district on a demand basis, and the governance interventions that are applied to each technical intervention chosen. As referenced under objective 4 above, the Kinerja districts were randomly selected as part of USAID's monitoring and evaluation randomized control trial (RCT) pilot of governance programs, but these districts select their own technical interventions from a limited menu to ensure alignment with local government plans and budgets.

Table 7. Summary of Kinerja technical and governance interventions

Sector (selected by districts)	Technical Interventions (selected by districts)	Governance Interventions (applied to all sectors)
Health	<ul style="list-style-type: none"> • Immediate and exclusive breastfeeding • Partnership between midwives and traditional birth attendants • Health clinic management 	<ul style="list-style-type: none"> • Multistakeholder forums • Complaint-handling surveys • Service charters • Citizen journalism
Education	<ul style="list-style-type: none"> • School-based management • Proportional teacher distribution • School operational cost analysis 	
Economic development	<ul style="list-style-type: none"> • One-stop service centers for business licenses 	

Table 8 summarizes the steps for implementing the social accountability mechanisms linked to social accountability actions.¹⁶ Overall, the suite of Kinerja social accountability mechanisms touches on a range of social accountability actions: transparency-related action (steps 1, 2, 5, and 7), collaborative/joint action through coproduction (steps 1, 2, 5), compliance-focused action (steps 3, 4, and 6), and contentious/confrontational action (step 7) in the case of some articles produced by citizen journalists. Taken holistically, the social accountability mechanisms influence citizen-provider interactions in diverse ways.

¹⁶ Steps for Kinerja's social accountability mechanisms were adapted from Wetterberg et al. (2015). The typology of social accountability actions and purposes was drawn from Brinkerhoff and Wetterberg (2016). For an explanation of the various types of social accountability purposes (service delivery, governance and democracy, and empowerment) and actions (transparency, coproduction, compliance, confrontation) described in these case studies, refer to "Framing Social Accountability" in Chapter 2.

Table 8. Steps for Kinerja's social accountability mechanisms and related social accountability actions

Step	Social accountability action
1 Building political commitment: building political commitment among stakeholders, signing memorandum of understanding with the district head, agreeing to address outcomes of the complaint-handling survey, sharing and adapting tools to local context.	<ul style="list-style-type: none"> • Transparency related: collection, analysis, and dissemination of information about services, civic education • Coproduction focused: engagement in service delivery planning, budgeting, and implementation
2 Multistakeholder forum workshop: raising citizens' awareness of rights, building formal commitments among stakeholders, adopting or adapting tools to the local context, formulating action plans.	<ul style="list-style-type: none"> • Transparency related: collection, analysis, and dissemination of information about services • Coproduction focused: engagement in delivering public services
3 Complaint-handling survey: interviewing the service users to identify complaints on effectiveness, responsiveness, efficiency, human resources, and logistics of the service unit.	<ul style="list-style-type: none"> • Transparency related: collection, analysis, and dissemination of information about services • Compliance focused: monitoring of services in cooperation with providers
4 Service charter negotiation: analyzing complaints, formulating service charters between users and providers to document planned improvements, formulating actions beyond authority or capacity of service delivery units as technical recommendations for the district head.	<ul style="list-style-type: none"> • Compliance focused: monitoring and oversight of services in cooperation with officials and providers
5 Service charter signing: service charters and technical recommendations signed publicly and witnessed by the district executive, local legislatures and other related stakeholders to encourage accountability.	<ul style="list-style-type: none"> • Transparency related: dissemination of information on public policies, programs, and services • Coproduction focused: engagement in planning and implementing policies, programs and services
6 Service charter monitoring: independent MSFs monitor progress of service charter implementation and technical recommendations; MSFs meet regularly with district authorities (executive and legislative) and lobby for timely implementation of reforms.	<ul style="list-style-type: none"> • Compliance focused: monitoring and oversight of services in cooperation with officials and providers
7 Media: citizen journalists and local media create wider public awareness and report on service delivery.	<ul style="list-style-type: none"> • Transparency related: dissemination of information on public services • Contentious/confrontational: civil society action that contests state actions

Source: Adapted from Wetterberg et al. (2015), p. 6.

Implementation of Cross-Sectoral Social Accountability Approach

Kinerja is implemented through intermediary organizations consisting of local NGOs or academic institutions. The intermediary organizations receive grants from Kinerja to deliver technical assistance packages of sectoral and governance interventions in partnership with local governments and local communities in the randomly selected Kinerja districts. The quality of implementation depends on the convergence of various factors, including the quality of technical assistance provided by the local intermediary organizations, the level of engagement of Kinerja staff, and the amount of time and level of commitment to reform shown by the local governments and local communities. The Kinerja midterm evaluation (Social Impact, 2013) found that performance varied significantly across the indicators (with achievement rates ranging from 0 percent to 358 percent as of December 2012), with no particular correlation with indicator type. The evaluators found some consistent variations in performance by technical assistance package but could not systematically correlate them with a particular intermediary organization or region. As the midterm report concluded, “This suggests that performance is to a greater extent related to the intersection of geography, implementer, and package,” which, in turn, was related to the performance of local Kinerja staff, local intermediary organizations, and service delivery units or local governments in different localities (Social Impact, 2013, p. 2).

One of the first steps the intermediary organizations take before implementing the social accountability mechanisms is to identify existing multistakeholder forums or to form new ones in places where they do not exist, by engaging active community members. The MSFs and local government officials then work together to design a questionnaire for the complaint-handling survey of public service delivery units. This is an example of collaborative/joint social accountability action.

The complaint-handling surveys are designed both for compliance, to see the extent to which minimum service standards are achieved; and for coproduction, to capture citizens’ viewpoints about service delivery. However, local government officials and MSF members have often disagreed regarding the types of questions that should be asked. Sometimes providers felt that community members were not knowledgeable enough about the services to be able to respond (“they are not doctors or nurses”). In these cases, the complaint-handling surveys led to contentious/confrontational actions in which civil society representatives, through the multistakeholder forum,

advocated for their viewpoint and explained that citizens did not require any specialized knowledge to participate, other than their own experiences. In several places, health clinic staff were offended at the idea of introducing a complaint-handling survey. It took considerable input—through study trips by these clinic staff to successful sites, for example—to develop cooperation with the MSF and citizens that led to effective service delivery. The complaint-handling surveys are conducted through interviews with users of the service delivery units. The answers are collated by the intermediary organizations and presented to the MSF and service providers. As mentioned previously, sometimes the service providers react negatively (“There must be something wrong with the methodology,” “That can’t be right”), thereby generating a contentious/confrontational action. However, since the questionnaire is agreed upon beforehand by both MSF and service providers, it is difficult for the service providers to unduly criticize the process without losing credibility. After the results are discussed, they are made public on school bulletin boards or health clinic announcement boards.

After publication of the survey results, the MSF and service providers negotiate a service charter outlining various action items the service providers agree to implement based on the complaints from citizens. The charters are signed by MSF representatives and the service providers, and witnessed by a district local government official—in most cases, the district head—indicating a coproduction social accountability action through joint engagement on service delivery planning and implementation. This is also a good example of transparency-related social accountability actions through the dissemination of information regarding services and planned reforms. The MSF then monitors the implementation of the service charter and attempts to hold the service providers accountable for agreed reforms.

As of April 2015, MSF monitoring of service charter implementation at the service delivery unit level had taken place in 157 schools and 61 health clinics (Social Impact, 2015). Overall, a total of 6,157 service delivery improvements were pledged in these 218 charters. There was a reported 83 percent completion rate (5,115 of the 6,157 complaints were addressed), including 81 percent of education complaints addressed and 89 percent of health complaints addressed.¹⁷

¹⁷ Lower achievement rates for schools may have been due to the higher number of complaints and service pledges in the education sector in comparison to those documented for health clinics.

The evaluation results also pointed to citizen journalism as a cross-cutting intervention that helped to raise awareness about public service delivery issues and to influence the enabling environment for other social accountability interventions. It was used to publicize the results of complaint-handling surveys or to promote the agreements between citizens and providers on service charters. In some areas, citizen journalists brought a sense of urgency to issues such as students in rural areas not being able to learn due to poor teacher distribution in Luwu Utara district, the successes of an adolescent and reproductive health program in Bondowoso district, and the experiences associated with an open-data initiative in Banda Aceh municipality. Over 280 citizen journalists who were trained under the Kinerja program remained active, and by early 2015 they had produced 1,106 articles in four different provinces (Social Impact, 2015). In mid-2015, the program team reported that citizen journalists were working through various channels, including SMS gateway, Facebook, Twitter, their own tabloids, community radio, and most notably through mainstream media (E. G. Rapp, personal communication, July 23, 2015).

Effects of Kinerja's Efforts to Promote Social Accountability

Three social accountability outcomes characterized in the analytical framework for this study (see “Framing Social Accountability” in Chapter 2) include service delivery, governance and democracy, and empowerment. Some of Kinerja's efforts to promote social accountability through these three aims are highlighted below.

To demonstrate the effects of these efforts, I refer to both quantitative and qualitative impact evaluations of the program's activities. The Kinerja quantitative impact evaluation (Social Impact & SMERU Research Institute, 2015) consisted of two parts: (1) district-level evaluation comparing treatment and control districts, and (2) subdistrict-level evaluation of school-based management comparing treatment and control schools. A qualitative evaluation of Kinerja interventions (SMERU Research Institute, 2015) was conducted in conjunction with the quantitative evaluation. These efforts complemented a 2013 limited qualitative evaluation of two districts to examine “the potential of the Kinerja School-Based Management ‘package’ to produce impact in subsequent years” (Social Impact et al., 2013, p. 1).

Some limitations of the quantitative evaluation must be noted, including the use of secondary national data sets for district-level comparisons, which

used general indicators and timelines not necessarily aligned with the project; and data collection in only 40 districts, thereby reducing statistical power. In addition, the 2015 qualitative study took place in only 11 of the 20 target districts.

Finally, I have incorporated the results of an independent qualitative study focused on social accountability in service delivery, which also took place in 2015 but was limited to four Kinerja districts (Wetterberg et al., 2015).

Service Delivery

All of the social accountability mechanisms are applied to sectoral service delivery issues in the education, health, or economic development sectors.

Although the 2015 quantitative impact evaluation did not show evidence of change in sector-related indicators at the district level, the qualitative evaluation showed improvement in intermediate health and education outcomes within districts and service delivery units (Social Impact & SMERU Research Institute, 2015). The evaluations also showed progress on the program objectives. Examples included districts passing improved regulations on maternal and child health and distribution of teachers; and establishment of successful participatory processes regarding education reforms, such as proportional teacher distribution and operational cost analysis for education units (Social Impact & SMERU Research Institute, 2015). The qualitative impact evaluation also highlighted improvements in health management and good governance among service delivery units, and behavioral change according to specific health indicators tracked in monitoring data (SMERU Research Institute, 2015).

The independent qualitative study covering four Kinerja districts found that in the vast majority of service delivery sites (14 out of 15), either providers or the MSF reported changes in service delivery (Wetterberg et al., 2015). Among the reported examples were small physical improvements, changed hours of operation, better service orientation, better registration processes, increased availability of doctors and medicines, and increased attendance of midwives at rural posts.

Governance and Empowerment

According to the multiple studies summarized in this chapter, the social accountability mechanisms contributed to changes both in citizen engagement and in provider responses at the level of the service delivery unit. Kinerja was

successful in strengthening public institutions and actors through integration of governance and citizen empowerment in technical interventions.

Governance and empowerment effects can be broken down into citizen engagement outcomes using the four main typologies identified by Gaventa and Barrett (2012). Table 9 summarizes Kinerja effects based on the results of the impact evaluation (Social Impact & SMERU Research Institute, 2015) and categorizes them according to the typologies.

Table 9. Citizen engagement outcomes and examples of Kinerja effects

Outcomes	Positive changes	Examples of Kinerja effects
Construction of citizenship	<ul style="list-style-type: none"> Increased civic and political knowledge Greater sense of empowerment and agency 	<ul style="list-style-type: none"> Citizens came to expect that multistakeholder forums (MSFs) should be involved with school decision making Parents gained a greater sense of their roles and responsibilities in schools and became active in school fundraising
Practices of citizen participation	<ul style="list-style-type: none"> Increased capacities for collective action New forms of participation 	<ul style="list-style-type: none"> District-level MSFs advocated for increased funding for schools; principals and parents reported committees playing a more active role Interactions between school principals and parents increased
Responsive and accountable states	<ul style="list-style-type: none"> Greater access to state services and resources Enhanced state responsiveness and accountability 	<ul style="list-style-type: none"> School principals expected school committee involvement in finance and operations decision making Parental satisfaction with school management increased
Inclusive and cohesive societies	<ul style="list-style-type: none"> Inclusion of new actors and issues in public spaces Greater cohesion across social groups 	<ul style="list-style-type: none"> Providers were satisfied with MSF's role of collecting complaints and providing feedback to service delivery units Communication and engagement improved between citizens and service delivery units

Key:  = empowerment,  = governance.

Source: Created by author; model adapted from Gaventa and Barrett (2012). Data on Kinerja effects from Social Impact and SMERU Research Institute (2015).

Construction of Citizenship

The impact evaluation among service delivery units showed evidence of positive outcomes in Kinerja-supported schools on construction of citizenship, including increased civic and political knowledge and greater sense of empowerment and agency. Parents were clearer about the role of school committees and had a more expansive view of their roles and responsibilities—although that did not always translate into more active participation. They had a strong sense they should represent their communities and raise funds for schools. Members from Kinerja-supported school committees were almost 10 times as likely to agree that they should represent their communities ($p = 0.020$) and three times as likely to think they should help raise funds ($p = 0.073$) (Social Impact, 2015).

Practices of Citizen Participation

Capacities for collective action increased and new forms of participation emerged. For example, the qualitative evaluation found that MSFs at the district level took steps to advocate for increased funding for priority areas for schools (SMERU Research Institute, 2015). The quantitative evaluation found that partner schools tended to have more robust and formally created school committees. Kinerja-supported principals were, on average, 4.4 times as likely to report committees approving school budgets ($p = 0.020$), and there was some evidence that committees were more likely to help raise funds, although the results were not significant at the 90-percent level (Social Impact & SMERU Research Institute, 2015).

Principals from Kinerja-supported schools reported being, on average, 3 times as likely to have received pressure from parents to improve students' performance ($p = 0.076$) and almost 2.5 times as likely to communicate with parents ($p = 0.083$) (Social Impact, 2015). Committee members from Kinerja-supported schools showed higher average satisfaction than their peers from control schools, in particular on village management and school infrastructure.

The evaluation reports also showed evidence of improvements initiated by school committees, as well as communities' recognition of the school committees' role in these improvements. The improvements most often cited were related to small infrastructure projects within the service delivery units, even in remote areas such as Sekadau and Melawi districts in West Kalimantan province (see the following text box).

“In Sekadau, a sampled school committee helped build a fence, a toilet, and a simple dam behind the school to prevent landslides. In Melawi, a school fence and an additional classroom were built in a sampled school thanks to the participation of the school committee. When asked about improvements that were most valuable to them, parents and school respondents noted that ‘school committee improvements’ were most valuable.” (Social Impact & SMERU Research Institute, 2015, p. 19)

Responsive and Accountable States

Study results also indicated positive outcomes regarding responsive and accountable states, through evidence of greater access to state services and resources, greater realization of rights, and enhanced state responsiveness and province. For example, school administrators used citizen feedback to advocate for school improvements (see text box at right).

“A principal in Sekadau...used the results of the complaint survey as a way to call attention to the needs of his school when meeting with officials from the District Education Office. The principal was able to highlight areas of need based on the results of the survey.” (Social Impact & SMERU Research Institute, 2015, p. 28)

Impact evaluation results also indicated that most Kinerja-supported principals expected that committees should be involved with school finance and operations decisions. For example, principals were almost 14 times as likely to think school committees should help raise school funds ($p = 0.092$) and 2.6 times as likely to think they should allocate School Operational Assistance Program funds ($p = 0.072$). Although this result fell just below the 90-percent significance level, principals from treatment schools were 15 times as likely to believe committees should approve the school budget ($p = 0.105$) and 2.4 times as likely to believe they should make final operations decisions ($p = 0.110$) (Social Impact & SMERU Research Institute, 2015, p. 17).

Parents from partner schools were more likely to be satisfied with the school committees and also reported higher parental satisfaction with school management more broadly, school facilities, and academics (teacher quality and number). The impact evaluation showed that parents from partner schools were twice as likely to be satisfied with the school committee ($p = 0.005$) and twice as likely to report satisfaction with village management ($p = 0.009$). It found slightly higher levels of parental satisfaction in all other areas, including school management more broadly, school facilities, and academics (teacher quality and number), although none of these was statistically significant. Respondents from partner schools were, on average, 42 percent less likely to perceive low district support for their schools ($p = 0.126$), and 64 percent

less likely to report a textbook shortage ($p = 0.079$) (Social Impact & SMERU Research Institute, 2015, p. 26).

Inclusive and Cohesive Societies

Another positive outcome was evidence of inclusive and cohesive societies, such as inclusion of new actors and issues in public spaces and greater social cohesion across groups. The 2015 impact evaluation (Social Impact & SMERU Research Institute, 2015) showed improved communication and engagement between citizens and their service providers. Respondents noted satisfaction with MSFs and the role they played in collecting complaints and providing feedback to service delivery units. The impact evaluation cited the example of a health clinic staff member in Singkawang city who acknowledged how MSF members had disseminated information on health issues to the community. The respondent also said the MSF helped the health clinic by informing staff of community complaints so the unit could handle issues more quickly (Social Impact & SMERU Research Institute, 2015, p. 12).

The data also suggested small-scale improvements in community communication in Kinerja partner schools. Parents visited the treatment schools more frequently and were more likely to pay attention to posted notices. The impact evaluation data showed that

while there were no statistically significant differences in the likelihood of partners from treatment and control groups attending school meetings and communicating with teachers and principals, parents visited treatment schools 71% more often and were over 1.7 times more likely to look at the bulletin board. (Social Impact & SMERU Research Institute, 2015, p. 25)

Negative Outcomes

In the area of school-based management, the Kinerja subdistrict-level portion of the quantitative impact evaluation (explained at the beginning of this subsection) reported indications of greater responsiveness, but limited improvement in terms of community feedback mechanisms and action. The evaluators found no statistically significant differences between treatment and control groups related to the volume of complaints from parents, the types of issues they complained about, or whether they received a response to their complaints (Social Impact & SMERU Research Institute, 2015, p. 26). This suggests a possible disconnect between the collaborative/joint social accountability actions (for both compliance and coproduction) and the citizen empowerment effects. However, the study also mentioned that the lack of

complaints could indicate parents' greater satisfaction with the services and therefore lessened inclination to complain.

The Wetterberg et al. (2015) qualitative study of four districts also reported two negative outcomes in the health sector. One, mentioned earlier, was that providers in some cases ignored citizen feedback, stating that the users were not well enough informed to properly assess services. Secondly, in some cases, providers acknowledged citizen complaints but failed to respond, because they felt the issue was outside of their control. In both cases, providers were not responsive, highlighting a different type of disconnect between collaborative/joint social accountability actions and citizen empowerment.

Data from the same study found considerable variability in perceptions regarding social accountability between providers and citizens, which contrasts with the considerable congruence in perception regarding service delivery. For instance, a comparison of providers and citizens in 15 service delivery units representing four Kinerja districts indicated that in only 5 out of 15 public service delivery sites did *both citizens and providers* acknowledge that citizens had the right to hold service delivery units responsible, compared to 12 out of 15 sites where *only citizens* acknowledged these rights (Wetterberg et al., 2015). Although the data cannot be generalized, as a whole, the results flag the ongoing challenge of gaps between citizen empowerment and provider response.

Contextual Domains Influencing Social Accountability Actions

The 24 Kinerja districts implementing social accountability mechanisms have a range of different demographic and socioeconomic conditions: urban and rural, homogenous and heterogeneous ethnicity, and differing levels of previous experience with social accountability mechanisms. Wetterberg et al. (2015) found that in the four examined districts, contextual factors mattered less than service delivery unit contextual factors, or what Joshi (2014) referred to as micro-context.¹⁸

For example, micro-contextual factors such as positive or negative leadership from a health clinic director could influence the extent to which social accountability mechanisms were effective. At one of the Kinerja sites, the health clinic director was quoted as saying:

¹⁸ "Micro-context" is defined as local factors that impact upon the particular implementation trajectories of social accountability interventions (Joshi, 2014).

After the complaint survey, we learned about many different types of complaints that we did not know about before....When we learned about the complaints, we addressed them by providing additional medicines and equipment and worked with the midwives to address the complaints associated with them. (Wetterberg et al., 2015, p. 26; interview March 4, 2014)

This positive leadership by the health clinic director led to improved citizen satisfaction and greater financial autonomy for the clinic, including the authority to order medicines. The director commented, “Before, if we needed something as simple as a piece of paper we had to go to the district health office, but now we do not have to do that” (Wetterberg et al., 2015, p. 26). This health clinic also received a local government award for outstanding health clinic, and demand for its services rose. The director’s leadership (micro-context) was instrumental to social accountability reforms in combination with the project interventions.

Conversely, lack of leadership, or negative leadership, was reported in the findings of the 2015 qualitative impact evaluation as a hindrance to successful feedback mechanisms. An MSF member from a school committee at one of the Kinerja sites said he faced challenges when monitoring the service charter because the principal would not discuss the school’s progress with him (Social Impact & SMERU Research Institute, 2015, p. 24). In such cases, the micro-context meant that despite increased citizen engagement in providing feedback and monitoring services, leaders within the service units who were resistant to accountability inhibited progress (Social Impact & SMERU Research Institute, 2015, p. 24).

In East Java, Kinerja funded a nearly 10-year study (2004–2013) on sustainable innovations and good practices of districts winning autonomy awards (Jawa Pos Institute of Pro-Otonomi, 2014). This study identified several micro-contextual factors inhibiting or contributing to replication of innovative practices. Practices that were successfully replicated featured (1) support from the highest local leadership (in particular, district heads); (2) local communities active in advocating for innovative practices; (3) support of a stable and conducive bureaucracy through long-serving staff competent in innovation management; (4) external awards from independent institutions, provincial governments, national governments, or international organizations; (5) positive reporting in mass media; (6) funding support from district governments; and (7) donor assistance. Kinerja staff found that these micro-contextual factors were salient in Kinerja-supported districts as well.

The qualitative study comparing four Kinerja districts also found that level of experience with previous social accountability actions or previous attitudes by providers influenced but did not predict outcomes. Some sites initially antagonistic toward social accountability implemented some of the deepest reforms (Wetterberg et al., 2015).

As before, although the conclusions cannot be generalized, they highlight the importance of adjusting to the continually evolving micro-context, whether it is particular actors, conditions, or dynamics, when implementing social accountability interventions.

Sustainability of Interventions and Outcomes

It is difficult to measure the extent to which the Kinerja social accountability approach will be sustainable in the project districts going forward, since the interventions are cyclical and require a certain amount of time for replication. However, as of mid-2015 there was some indication that mechanisms will be maintained by local governments. For example, the district governments of Jember and Tulungagung had committed to providing operational funds for district-level MSFs to continue their oversight work (RTI International, 2015a). In Kinerja replication districts, the local governments provide all funding for programming and Kinerja supplies only technical assistance. Scaling up has taken place—based on records of districts’ own expenditures—in nearly every district (except for Aceh Tenggara, in education) (E. G. Rapp, personal communication, July 25, 2015). In addition, as of June 2015, 56 partnerships had been formed between local governments and Kinerja intermediary organizations: “The overachievement (of the indicators related to partnerships) shows the respect for and capacity of Kinerja’s grantees in partner districts and also the willingness of district governments to contract assistance from civil society and Kinerja partners” (Social Impact & SMERU Research Institute, 2015; and A. Stek, Kinerja monitoring and evaluation specialist, personal communication, August 11, 2015).

Kinerja also promotes integration of MSFs at the district level to broaden membership and increase collective advocacy. This allows the MSFs to learn from each other and to apply successful social accountability approaches to multiple sectors. As an example, the health and education MSFs merged in Bondowoso and Jember (East Java), with the local governments funding their operational role in designing and overseeing the implementation of public policies. Although no mergers were reported in Aceh or South

Sulawesi, district-level MSFs in Sekadau (West Kalimantan) integrated (RTI International, 2015a). Districts have come up with different approaches to sustainability of MSFs. Some establish regulations; others want to stay independent and collect membership fees and voluntary contributions (RTI International, 2015c). In the health sector, Kinerja submitted a policy paper to the Ministry of Health recommending that MSFs at the district level serve as the embryo for the health committees mandated in the national Health Law No. 36/2009 (RTI International, 2015c).

After the initial implementation of social accountability interventions, Kinerja supported treatment districts committed to replicating the program's reform packages in additional service delivery units with their own financial resources. Based on monitoring and evaluation data recorded for reporting on performance, Kinerja good practices were replicated 450 times by 399 service delivery units during the program (RTI International, 2015c, p. 57). The good practices included both technical and governance mechanisms, such as development of standard operating procedures for maternal and child health, negotiation of service charters, and implementation of complaint-handling surveys.

Kinerja exceeded its targets for replication with a total of 450 good practices (project target: 344) implemented within partner districts, and 116 good practices in 44 nonpartner districts (project target: 25 nonpartner districts) (RTI International, 2015a, 2015b). Although replication does not guarantee sustainability, it is evidence that local governments acknowledge the value of social accountability and are willing to continue funding such activities outside of project resources.

Conclusions

Kinerja is a useful example of a successful approach to integrated, cross-sectoral governance, due to the inroads it has made in terms of service delivery, governance, and empowerment. However, this case study has shown that although providers and citizens both have reported perceived changes in service delivery, they continue to differ on the role of citizens in monitoring and holding government accountable for service delivery. Sustainability of specific social accountability mechanisms has been limited; however, the general social accountability approach is being replicated extensively outside of target areas and applied to new sectors.

It is difficult to measure the association between social accountability and service delivery in terms of specific sectoral outcomes—such as maternal mortality rates. Nevertheless, certain Kinerja districts were able to make the connection. This was the case in Aceh Singkil, which received a United Nations Public Service Delivery award for addressing maternal mortality.

More generally, the lessons from Kinerja point to the need for creative and innovative measurement approaches that focus on shifts in relationships and systems that lead to long-term sustainable changes that empower local governments, service providers, and citizens. In contrast, a focus on short-term technical interventions and their immediate impacts on services cannot capture such shifts. The Kinerja case study and other studies in this book contribute to our understanding of the nuances of cross-sectoral governance programming. They challenge funding agencies and practitioners to push the boundaries in terms of design, implementation, and monitoring and take more risks to invest in social accountability.

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Social Accountability and Governance: The Local Governance Program in Morocco

Anna Wetterberg

Program Overview

The Morocco Local Governance Program (LGP) was a US\$14.7 million effort, implemented by RTI International between 2009 and 2014. It was designed to contribute to two aims laid out by the Morocco mission of the United States Agency for International Development (USAID): (1) strengthen the participation of citizens, especially youth, in local governance; and (2) promote more effective and accountable local government. Specifically, LGP had four objectives:

- Improve participatory practices in elected bodies
- Improve commune¹⁹ performance
- Enhance the transparency and accountability of local authorities
- Improve collaboration between communes and state decentralized services.

The program's theory of change was that “improved transparency, as well as better performance and greater participation, will lead to greater citizen confidence in their commune” (RTI International, 2014, p. 24). LGP followed the Morocco Local Governance Project (LGP1, 2005–2009), also implemented by RTI, which was organized around two major thematic areas: (1) enhancing government transparency and (2) improving administration performance. LGP thus built on the prior project's work, but added greater emphasis on citizen participation, especially by youth and, to a lesser extent, women.

Note: RTI colleagues Christian Arandel and Harry Birnholz contributed helpful comments, insights to project operations, and access to project documents. The narrative and analysis in this chapter represent the views of the author alone and are focused on LGP's social accountability interventions. They do not reflect the program's overall achievements.

¹⁹ The term commune means “local government,” whether urban or rural. Communes are governed by councils made up of elected councilors, led by a commune president (mayor).

In designing and implementing program activities, the LGP technical team worked with several partners. At the central government level, LGP's main counterpart was the General Directorate for Local Authorities (Direction Générale des Collectivités Locales, DGCL). LGP's primary implementing partners, however, were communes that elected to participate in the program; a "fundamental principle of LGP implementation was the establishment of partnerships with communes, which were considered full partners and not simply beneficiaries" (RTI International, 2014, p. 5). In 2010–2011, partner communes were selected from 198 communes in the three regions of Rabat-Salé-Zemmour-Zaer, Fès-Boulemane, and Doukkala-Abda. Partner communes needed to demonstrate "a willingness to apply good governance principles to improve communal performance, a commitment to involve more youth and women in communal life, and a readiness to provide basic services required by their citizens" (RTI International, 2014, pp. 4–5). By 2012, 44 communes in the LGP intervention areas had received support, expanding to 105 by the end of the program. In addition, 37 communes in other regions were involved in LGP's dissemination and replication activities.

LGP relied primarily on each commune's self-selection to participate in the program's activities. It also pursued a pilot approach in which a few communes were designated to start an activity, with the intent of adding more communes later on; and sometimes preparing guides, toolkits, or models for the DGCL to disseminate to other communes.

LGP also worked with the Near East Foundation to implement activities benefiting citizens, particularly youth; and with several private sector partners for specific technical tasks (such as local consulting firm AUDITAS to carry out internal audits).

Context

As mentioned, LGP was preceded by LGP1, which had been involved in a number of reforms that supported LGP's work. The prior project contributed to the development of the 2009 Communal Charter, which sought to enhance effectiveness of commune councils and executives, promoted greater citizen participation, and instituted Communal Development Plans (CDPs) to enhance strategic planning. Local elections in the same year resulted in turnover of more than half of local councilors as well as commune council presidents. Over 12 percent of locally elected official posts were won by women, compared to less than 1 percent previously, as a result of a quota for women's participation in local councils (RTI International, 2014).

Morocco largely avoided the violent events of its neighbors during the 2011 Arab Spring. Although there was no movement for regime change, there were increased calls for a constitutional monarchy, with support from both secular and Islamist political factions; as well as large youth demonstrations in early 2011 (Hinnebusch, 2015). In response to these protests, the 2011 revision of the Constitution espouses good governance, participatory democracy, and gender equality, and it formally includes civil society in the enactment and evaluation of public policies. Even with this promising legal framework for enhancing social accountability, however, “the real challenge is its application in everyday life” (RTI International, 2014, p. 26).

At the national level, state–society relations in Morocco are characterized by a dynamic in which reforms intended to formally dilute the monarchy’s power instead often serve to reinforce it. The Moroccan king has maintained control by dividing the opposition and using reforms to extend opportunities for clientelism that tie ostensibly more empowered actors more closely to the royal regime. Events after 2011 have “highlighted a number of contradictions, such as the simultaneous promotion of change and maintenance of the status quo.... [M]any studies [have] found the king’s particular position to be the biggest beneficiary of this interplay between continuity and change” (Garcia & Collado, 2015, p. 47). The enduring legitimacy of the monarchy has facilitated continued concentration of economic and political power in the hands of elites close to the royal family, while partial political reforms have allowed the king to distance himself from the government in power and its policies. A high level of political pluralism, combined with a low level of social mobilization and effective mechanisms for co-opting the political opposition, has undermined the possibilities for effective social movements to coalesce (Hinnebusch, 2015; see also Figure 2, Chapter 2).

As a result, citizens are skeptical that any efforts on their part to exercise electoral or social accountability will result in concrete improvements. For example, after the 2011 protests, the king responded by promoting “advanced regionalization” as a step toward decentralization that would democratize and transfer powers to the regions, provide human and fiscal resources, and improve governance. In practice, these reforms did mandate direct election of all members of regional councils, implementation of decisions of the commune council presidents, and new channels for citizen participation. At the same time, however, the councils were not authorized to collect taxes, and they lack power to tailor political functions according to cultural, linguistic, and

historical differences. The limited reforms thus serve to maintain the country's unitary system and centralized control of the national territory, to the benefit of the monarchy (Garcia & Collado, 2015).

The central government continues to play a strong role in local governance. In particular, the Ministry of Interior maintains control over local financial and political decisions. While communes have some legislative and administrative powers, they control only a small portion of public budgets, and financial allocations are supervised by the Ministry of Interior (Montanari & Bergh, 2014). Even in ostensibly participatory government programs, such as the National Initiative for Human Development (*Initiative Nationale pour le Développement Humain*, INDH), participation usually amounts to consultation, as the Ministry of Interior staff from the province level collects an annual list of needs, rather than conducting a participatory planning exercise. Decision making power over INDH funds resides at the provincial level, as commune presidents do not control budgets and often do not attend province-level meetings to finalize INDH proposals. Thus, the “participatory” process often is driven by centrally appointed officials, rather than by end users and local governments (Bergh, 2012).

Financial constraints, in combination with weak technical and administrative capacities and continuing limitations on political authority from the central state, undermine the communes' role in delivering services needed by citizens. As a result, relations between citizens and local governments are often characterized by distrust:

[W]hile the commune has been assigned a crucial role in representing the population's needs and priorities as part of the new decentralized policy...the commune (as a collective representative body composed of councilors and civil servants) struggles to assert its authority and accountability in a complex institutional landscape in which other actors and interest groups dominate and narrow the space for ordinary people to exercise their citizenship.... A direct consequence is local community frustration regarding the authorities' attitudes and inaction and a sense of disenchantment and of receiving too little information. This arrangement under the “decentralization” scheme seems to have a disengaging effect vis-à-vis the local communities, ultimately maintaining the division between communities and authorities. (Montanari & Bergh, 2014, p. 18)

LGP's activities were thus conducted in a complex and evolving environment. While nascent reforms opened opportunities for improvements in transparency, participation, accountability, and commune performance,

continued dominance of local governance by the central state and citizen distrust of the government simultaneously constrained these openings.

General Social Accountability Approach and Specific Activities

LGP undertook both technical interventions to enhance the effectiveness of local governments and activities intended to deepen citizen participation. In addition, LGP supported communal training plans, implementation of the new communal tax administration, and public discussion forums. Most of the program's activities, however, combined the local governance and the citizen participation dimensions, "promoting cooperation between commune representatives and local civil society, with a goal of improving performance through greater accountability" (RTI International, 2014, p. 35). In terms of social accountability aims (such as service delivery, governance and democracy, and empowerment; see "Framing Social Accountability" in Chapter 2), LGP activities were thus oriented toward improving both governance and empowerment. Note, however, that the program did not have explicit links to improving sectorally specific service delivery. Some activities were related to services (such as the complaints-management systems and internal audits), but there were no specific sectoral targets or partner agencies with which the program collaborated.

Consequently, LGP stands out as an exception to the stylized patterns in Table 1 (Chapter 2), in which most types of social accountability action have service delivery improvement as an explicit aim. Because activities with social accountability elements cut across program objectives, they are listed below according to the type of social accountability action they were primarily oriented toward: transparency, coproduction, or compliance (again, see "Framing Social Accountability" in Chapter 2). Note that no LGP activities involved contentious/confrontational social accountability.

Coproduction

The bulk of LGP's social accountability activities were oriented toward citizens' engagement in public policy making and planning. First, LGP collaborated with communes to implement participatory strategic planning processes to design the **Communal Development Plans** stipulated in the 2009 Communal Charter. The CDP is a strategic vision that details specific programs a commune plans to fund and implement over a 6-year period. In 41 communes, LGP trained and mentored local teams assigned to developing

CDPs. The program also supported monitoring during CDP implementation in 94 communes. CDP development was identified as DGCL's highest priority of all LGP activities.

Second, LGP facilitated **youth engagement** with local governments, as young people had been previously excluded from policy making and planning. To this end, LGP supported the establishment of structures for dialogue between young people and their communes, particularly through **local youth councils**. The program trained youth, facilitated meetings with elected officials, issued small grants to support youth council initiatives, and organized a study tour to the United States for members of local youth councils and young parliamentarians.

Third, LGP offered the **Communal Performance Framework** (CPF) as a means of monitoring commune performance, building on RTI's implementation of the Local Governance Development Framework in several other countries. (For more information on the Local Governance Development Framework, see Bell & Bland, 2014.) The CPF is a participatory and iterative self-monitoring and evaluation system for local governments. By assessing relative performance on key functions against established national and international benchmarks, the CPF was intended to promote dialogue with citizens on commune performance and to engage citizens in both generating and discussing information on commune performance over time.

Finally, the **Commission for Equity and Equal Opportunities** (Commission de la Parité et de l'Égalité des Chances, CPEC) was envisioned as the primary communication channel for engaging and involving civil society in communal life under the 2009 Communal Charter. LGP supported 10 communes interested in fulfilling this mandate.

LGP also worked to promote women's participation, centered on female elected officials. As noted previously, women made gains in representation during the 2009 local elections but continued to be marginalized by their fellow officials. LGP activities included a diagnostic study of women's participation, trainings, creation of networks, and facilitation of communications among women officials. While this activity had social accountability elements (strengthening the role of previously excluded social groups to hold government accountable for meeting their needs), it focused primarily on strengthening electoral democracy. Therefore I have included it among this list of LGP activities of interest in terms of social accountability, and have omitted further discussion from the case study.

Compliance

Some of LGP's activities also focused on citizens' monitoring and oversight of public policies, programs, and services. In five communes (El Jadida, Safi, Fès, Kénitra, and Séfrou) the program worked with officials to set up **complaints-management systems** "to improve practices for welcoming, processing, and responding to complaints, grievances, and other claims from individuals and corporations" (RTI International, 2014, p. 21). The systems would allow for tracking of how and by whom complaints were responded to, as a means of rebuilding confidence in relations among the commune, citizens, and clients, and reducing opportunities for corruption (RTI International, 2011). LGP provided a needs assessment, recommendations, and an action plan; supported the setup of systems to manage complaints and mediation; and strengthened capacity for receiving and addressing complaints.

Note that evaluation and monitoring of CDPs and CPFs, as well as the work of CPECs (already categorized as coproduction in the previous section), also involved a compliance element. These activities were designed to involve citizens in evaluating whether commune initiatives addressed community priorities and in assessing progress on commune performance targets identified in the CPF.

Transparency

Two LGP activities related to the collection, analysis, and dissemination of information on public policies, programs, and services. In four pilot communes (Safi, El Jadida, Séfrou, and Salé), LGP facilitated **local communication plans**. The plans were intended to document and disseminate information on communal initiatives and citizens' expectations of the commune, as well as the legal framework and national policy related to local governance (RTI International, 2014). Before the development of communication plans, communes lacked structured mechanisms for channeling information, internally or externally. The plans identified specific actions that the commune would take to share information, such as installing better signage, putting out press releases, and organizing media activities around specific events. During LGP implementation, this activity was closely related to other activities (such as sharing information about complaints-management systems and CDPs). It is therefore not discussed independently.

LGP also supported **internal audits** in three communes (Salé, El Jadida, and Safi). Rather than increasing accountability to citizens, this activity largely

focused on strengthening officials' technical capacities to identify and remedy problems in specific areas of commune responsibility (taxation, purchasing and procurement, public health, urban planning, wholesale markets, slaughterhouses, legal affairs and litigation, administrative services, inventory, and asset management). However, the DGCL's commitment to including this activity was considered by program staff to represent a significant shift in official attitudes. After resisting internal audits during LGP1, under LGP, the DGCL supported greater opening of commune affairs to external scrutiny in a depoliticized, consistent manner, with the intent of ensuring accountability, rather than as a means of exerting central government control (RTI International, 2014). In this way, internal audits contributed to a broader push to increase transparency and responsiveness in service delivery.

Implementation of Social Accountability Interventions

Communal Development Plans

CDPs were not part of LGP's original program plans but were included at the request of the DGCL and many of the partner communes to fulfill the requirement set out in the 2009 Communal Charter. In 2011, during start-up consultations with DGCL, provinces and commune council presidents indicated that support for communes to prepare CDPs was the top priority. The DGCL had previously instructed the commune presidents on how to prepare CDPs, including completing a participatory diagnosis and engaging different societal groups from the commune. However, the DGCL had provided very little practical support to communes to implement these instructions. Training was limited and guidelines were delayed. Also, communes that successfully completed CDPs received no greater priority in budget allocations, even though the plans were an official requirement for receiving central funding. As a result, many communes did not complete CDPs and instead relied on consultants to comply with the law, which did not expand citizen participation or increase commune officials' capacity.

In response to the DGCL's expressed interest, LGP organized workshops for commune teams responsible for developing key aspects of the CDP process, with group trainings for rural communes and more directed coaching support for larger urban communes. Team members joined province-level training sessions on participatory strategic planning, development of action plans, and multiyear budgeting. LGP also supported commune technical teams through

the CDP development process, providing capacity building and skills transfer through expert coaches as the commune teams carried out each CDP stage.

During 2011, LGP supported 41 partner communes to develop CDPs using participatory approaches. CDP development involved consultation with various community interest groups (youth, neighborhood associations, other civil society actors) who were asked “for the first time to contribute to the vision for development of their commune” (RTI International, 2011, p. 20). In 2012, an LGP survey of civil society associations in partner communes indicated that 25 percent of respondents had been personally involved in at least one CDP development phase. Participation increased to 34 percent for those who self-identified as very interested in communal affairs and 39 percent for those with university degrees (RTI International, 2012).

After completing CDPs (Stage 1), communes faced the challenge of securing necessary financing for identified priorities by competing with other communes for central government and national program support. In response, LGP, the DGCL, and regional and provincial administrations developed Stage 2 of CDP activities, which included training and coaching on monitoring and evaluation techniques, participatory methods, and advocacy for resources for CDP projects. Communes’ demand for participation in this stage exceeded expectations, so to accommodate all requests, LGP organized province-level trainings for clusters of rural communes for training and coaching workshops. Urban centers received individualized support.

By the time the program ended, LGP had supported setup of systems for CDP monitoring and evaluation in 94 communes (Stage 2). In larger cities, commune officials presented CDPs to youth councils as part of efforts to improve communications with them. LGP also supported communes to put in place mechanisms to self-assess progress and verify whether implementation was taking place (H. A. Birnholz, personal communication, July 22, 2015). In an evaluation survey conducted by the program, 54 percent of responding communes reported that they had adopted at least 50 percent of actions specified in CDPs by the end of 2014 (RTI International, 2014).

Overall, the CDP process was effective in involving local stakeholders in CDP development, implementation, and monitoring, as the process created demand for participation, including from citizens and associations. Commune officials gained understanding of participatory planning concepts and developed skills to replicate CDPs in fulfillment of Communal Charter requirements (RTI International, 2014). There remained, however, a concern

that lack of institutional supports could jeopardize CDP sustainability. Commune general secretaries were seen as having limited capacity to coordinate and mobilize officials, who in turn had few incentives to take on the additional workload involved. Further, few communes had dedicated planning structures to rely on for completing CDPs. As of mid-2015, the DGCL had not yet provided additional funding to communes that had completed their CDPs, thereby creating disincentives for the communes to dedicate future resources to updating and monitoring those CDPs (H. A. Birnholz, personal communication, July 22, 2015). Finally, although the CDPs contained plans for many projects and actions that were identified as participatory, it was not certain at the end of the program that their impact was evident to commune residents (RTI International, 2014). This raises the possibility that citizens may not see the value of engaging in subsequent CDP processes.

Youth Councils

In Morocco, youths aged 15–29 make up about 30 percent of the population (Janah et al., 2014).²⁰ This important demographic group faces substantial problems, such as unemployment and lack of education, but has historically been excluded from local political engagement. To address this concern, the 2011 Constitution calls for the creation of a national consultative body on youth and civic associations, and a National Strategy for Integration of Youth has been drawn up for implementation between 2015 and 2030. Local youth councils were intended to address several constraints to young people's participation in communal affairs. First, mutual distrust between youth and communal leaders has interfered with constructive communications. Second, youth lack tools and skills to effectively participate in local governance. Finally, no mechanisms have been available for youth to participate in communal life.

The youth councils that LGP supported were consultative and collaborative structures to facilitate increased youth participation in politics in general, and in communal life in particular. The councils were designed to allow for dialogue and discussion between youth and commune officials around local decisions, to better align them with young people's priorities. LGP supported the establishment of youth councils in 10 communes (Séfrou, Ain Cheggag, Sidi Hrazem, Safi, El Jadida, Jemaat Shim, Moulay Abdellah, Ayir, Sidi Ismail, and Kénitra).

²⁰ In addition to Janah et al. (2014), this section draws from personal communications with Harry Birnholz (July 27, 2015) and from an LGP impact evaluation of youth-related activities (Jazouli, 2014).

Youth council participants were drawn primarily from formally registered youth organizations, to ensure that the commune would see them as legitimate. In communes where associations were less well developed (such as Jemaat Shim and Ayir), LGP helped issue an open call for candidates for the youth councils. Once youth council representatives had been identified, the members elected a gender-balanced executive committee to interface with the commune. The executive committee consisted of three to four youth and three to four elected officials or commune staff. In addition, the youth councils set up thematic commissions on topics of interest to young people, such as projects, culture, social events, and communications. A set of initial meetings then followed, to build capacity and provide a structured process to formulate each youth council's priorities. LGP provided training in how to present projects, resolve conflicts, and develop a common vocabulary between youth and the commune. Elected officials and commune staff participated in these meetings, to start the dialogue and build trust.

Subsequently, various opportunities for dialogue—such as roundtables, forums, and thematic meetings—were organized to identify youth priorities that could be realized. Initially, these meetings were quite contentious and focused on grievances. Municipalities often lacked resources to respond to all expressed needs, and officials therefore had to negotiate with the youth councils on priorities. Support from commune presidents varied, with some perceiving youth councils as a means of responding to issues raised during 2011 demonstrations, but others seeing greater openness as an unnecessary risk. In most locations, however, at least one or two interested councilors supported work with the youth council.

Collaboration between youth councils and communes was strengthened through involvement in joint activities to develop projects that corresponded to youth priorities. In Kénitra and Moulay Abdellah, communes organized open-door days in which commune offices welcomed youth, to inform them of available services and identify youth proposals for improvements. In Safi and El Jadida, open-door days focused on employability and entrepreneurship. Youth councils also initiated information campaigns and roundtables on topics of interest to youth, such as infrastructure, local development, and the environment. LGP awarded small grants to four projects resulting from commune-youth council collaborations:

- In Safi, a communal library was renovated to create a space where youth and commune actors could communicate.
- In Séfrou, the partnerships held roundtables, debates, and clean-up campaigns in three marginalized neighborhoods, which also helped to put in place three local cells of youth volunteers to follow up on the initial efforts. The national INDH project funded the extension of this model to other neighborhoods.
- A permanent space in Ain Cheggag was prepared for youth to engage in activities that would benefit young people in the commune. These activities resulted in the youth council bringing together several related actors (communal officials, INDH, private sector, local groups) to solve problems identified by youth, such as access to electricity.
- The Kénitra youth council worked in three marginalized neighborhoods to engage youth, through cleanup and renovation of a tunnel leading to a local university, as well as establishment of a library and a sports center.

LGP's youth activities achieved considerable success by the end of the program. This program achievement was demonstrated by high levels of local visibility and participation in activities organized by youth councils. In a 2014 citizen survey, 55 percent of respondents indicated they had participated in youth council activities (compared to 7 percent for CPEC and 20 percent for complaints-management mechanisms and CDPs). Youth also felt strongly that LGP activities were effective, as 70 percent reported that they significantly impacted their communes (Berrada, 2014).

LGP's support to youth councils had effects on several levels. Most fundamentally, youth councils helped to build the capacity and networks of individual youth leaders. At the communal level, young people's interests became better reflected by and taken into account by officials at several sites. For example, the El Jadida youth council was involved in developing the communal budget. In Kénitra, the youth council gave input to the CDP that resulted in funding for a center to house community groups and their activities; while the youth council in Safi organized a forum to discuss CDP implementation. Some youth councils began to advocate for specific services, such as transport in Kénitra and Moulay Abdellah and electricity in Ain Cheggag. In Moulay Abdellah, the youth council also advocated for the construction of a middle school to improve access to education.

Communal officials also became more aware of the importance of including young people in local affairs. After the establishment of the youth councils, interactions with commune governments to discuss youth priorities increased in frequency. Four of the commune presidents began directly communicating with their youth councils (Kénitra, Ain Cheggag, Moulay Abdallah, and Jemaat Shim). Proof of commune support for youth councils includes facilities provided for activities (roundtables, exhibitions, etc.), invitations to events (such as commune-organized festivals), permanent space for six of the youth councils (Kénitra, Ain Cheggag, Séfrou, Safi, Moulay Abdellah, Ayir), and technical and financial support for youth council activities.

Youth councils demonstrated independent initiative, without LGP support, such as regional meetings between councils in Séfrou and Safi. The youth councils also had an impact at the national level. In 2013, the youth councils decided to form a national association (*Association Marocaine pour l'Appui aux Conseils Locaux des Jeunes*, AMACLJ) after meeting with young parliamentarians. That meeting helped youth council members to see the possibilities and means of collaboration and coordination among the councils, and prompted the establishment of AMACLJ. The organization's purpose is to institutionalize participation of youth at the local level. Through collaboration with young parliamentarians, youth councils and commune actors also advocated for the creation of a national youth council (*Conseil Consultatif de la Jeunesse et de l'Action Associative*). Two meetings organized by the El Jadida and Séfrou youth councils also resulted in recommendations for the inclusion of a youth dimension to revised legislation on the commune (RTI International, 2014). Notably, in May 2015, a new law on regional governments included provisions for consultation commissions on youth in regional councils, lending further legitimacy to youth participation.

Until they have clear legal support, however, youth councils may have difficulty generating funds and other resources to support their activities. Some communes have recognized youth councils through administrative actions, but these could be overturned by subsequent commune presidents. The youth councils have therefore mobilized through AMACLJ to institutionalize youth participation at the local level. Some of the youth councils have also developed strong partnerships and abilities to mobilize funds from both private and public sources. For example, the Kénitra and Ain Cheggag youth councils mobilized universities and local organizations, and involved Peace Corps volunteers in their activities. The Séfrou youth council accessed INDH funds

to expand activities to additional neighborhoods. These youth councils have better prospects for sustainability than others that have been less successful at mobilizing resources.

Complaints-Management Systems

To establish complaints-management systems, LGP began by conducting diagnostics of existing systems in Fès, El Jadida, and Safi. The diagnostics revealed that prior mechanisms were not transparent, were ineffective and unsystematic, and often failed to route complaints to the officials responsible for improvements. For example, El Jadida had no clear guidelines on how to process citizens' complaints, which would often be lost or transferred to the wrong department. Citizens who did complain did not receive a response, "which fostered feelings of frustration and distrust toward the commune and its staff" (RTI International, 2012, p. 24). The El Jadida commune council president expressed strong support for a new system, as he reported spending more than 80 percent of his time responding to citizen requests and complaints.

After the initial diagnostics, LGP developed recommendations and an action plan to improve current systems, supported setup of new complaints-management systems, and provided capacity building for responsible commune staff. LGP also assisted with developing plans and mobilizing resources for conveniently located and clearly designated sites for receiving and registering citizen complaints. In all three pilot communes, the executive leadership demonstrated strong interest in improving the response to citizen complaints. Séfrou and Kénitra communes asked to participate in the fourth year of the program, bringing the number of pilot communes to five.

Even with the strong leadership support, improvements in complaints management met with certain challenges. Delays in some communes occurred due to problems assigning dedicated staff and providing funding and facilities. The launch of the complaints-managements system in Fès was hampered by *arrondissement* (borough)-level administrative and elected officials. These officials resisted the introduction of the system, which they perceived as "undermining their direct relationship and influence with citizens" (RTI International, 2013, p. 5). LGP organized meetings with *arrondissement* and commune officials to facilitate the system's introduction, and considered excluding Fès from this pilot activity, although in the end the commune was included.

Overall, however, the systems took off quite quickly; during the first six months of the 2013–2014 program year, over 700 complaints were received, of which 250 were successfully processed. In all five pilot communes (El Jadida, Safi, Fès, Kénitra, and Séfrou), complaints-management units were established, and all of them demonstrated improvements in receiving, managing, and monitoring complaints from citizens.²¹ These efforts also contributed to improved relationships between commune officials and citizens, with some officials acknowledging the system's contributions in helping them identify citizens' priorities for improvements, and citizens recognizing the commune's efforts to address problems (RTI International, 2014). LGP also developed Web-based software for complaints management to allow citizens to follow progress on resolving complaints. Séfrou installed the system, overcoming technical challenges of limited Internet service; and the other four communes were expected to adopt it, as well. Finally, the program developed a handbook for DGCL to inform other communes about how to establish a complaints-management system.

There was strong support from the leaders of the pilot communes for sustaining complaints-management systems, as well as satisfactory capacity for system management. With El Jadida's new system, for example, the commune leaders aimed to enhance service quality by using citizens' complaints to identify needs and expectations, so that the commune could set priorities that would reflect community concerns. The commune committed to responding to citizens within 2 weeks with a solution or information about how the complaint was being processed, and found that local department heads usually responded within the 5-day deadline set in the complaints-management system. Complaints were compiled into a database for the commune to use as a dashboard to focus its improvements. The commune council president of El Jadida acknowledged that the system was more transparent than previously and more accountable to citizens.

In addition, national-level interest arose regarding replication and a constitutional guarantee of citizens' rights to complain (Article 156). However, no clear national strategy emerged for supporting local-level complaints mechanisms. Communes continued to lack resources to fund system setup and

²¹ In all of 2013, some 1,376 complaints were received in three communes, and commune officials responded to 54 percent of these. During January–September 2014, four communes received 1,615 complaints from citizens, and they responded to 48 percent (RTI International, 2014, p. 19).

staff time to manage it. Some elected officials and civil servants also objected to the approach, “which they consider encroaching upon their traditional role as intermediaries between citizens and the commune, and thus questions one of their functions” (RTI International, 2014, p. 34). These factors may jeopardize further replication of complaints mechanisms beyond the pilot communes that received LGP support.

CPECs

LGP supported the establishment of CPECs through a three-step process. First, the program held three regional workshops, attended by representatives from 35 communes, to inform them of the process for establishing a CPEC. Second, in the 12 communes that expressed interest, program staff organized local workshops with commune officials to provide more detail on the process of operationalizing CPECs, including choosing appropriate members. Finally, LGP provided training and support to CPEC members, once selected, to strengthen their ability to effectively carry out a consultative role.

Although the CPECs were supported by the 2009 Communal Charter,²² establishing and facilitating the functioning of these bodies met with some challenges. Commune presidents were slow to start the process of establishing CPECs “because they still identify dialogue as a challenge to their authority” (RTI International, 2012, p. 3). The expectation of elections in 2012 may have further contributed to commune presidents’ reluctance, as civil society actors questioned the establishment of a new commission at the start of a new election cycle (RTI International, 2012).

LGP worked successfully to assuage some of these concerns by communicating with communes and by building a critical mass of CPECs in the program regions. For example, after lengthy dialogue with program staff, the commune presidents of the large urban centers of Fès and Kénitra agreed to establish CPECs in 2012. By the end of the program, 10 communes had set up CPECs. Six commune councils had solicited the advice of their CPECs, and two CPECs had provided guidance to commune councils (RTI International, 2014).

After they were established, however, the committees did not generate momentum to continue to work independently. The LGP final report attributed this result to several factors:

²² The Charter allowed for creation of a CPEC through direct appointment by the mayor or by recommendation from a civil society organization.

- **Mismatched expectations from stakeholders.** Elected officials were reluctant to take advice from an unelected committee, and civil society members were not satisfied with a more limited, consultative role.
- **Unclear requirements for establishing CPECs.** Challenges included establishing objective criteria for selecting CPEC members from local associations to avoid politicization, as well as determining who had the authority to appoint members.
- **Difficulty ensuring equal gender representation.** Women were supposed to be equitably represented in CPECs, but balance was especially difficult to achieve in rural communes.
- **Lack of budget.** Without funding, CPECs were unable to operate as expected.

The CPEC experience illustrates the difficulty of imposing accountability to citizens on local councils, especially when such structures overlap with the authority of elected officials. The LGP final report concluded that elected officials would continue to resist efforts by higher levels of government to impose permanent consultative structures on commune councils, as such structures were likely to be perceived as competing for power, rather than mechanisms for collaborating with citizens (RTI International, 2014).

Communal Performance Framework

LGP's work on the CPF focused on two pilot communes²³—Séfrou and El Jadida—to test the approach, which could then be shared with other communes through a central working group. In these communes, the CPF process was expected to be managed by the commune council, which would initiate an internal reflection process in improving local governance. Citizen participation was anticipated through community discussion of constraints and solutions to improve communal performance, with the involvement of commune councils, commune managers, technicians, the CPEC, and youth councils. The CPF was intended to reinforce participatory tools and approaches introduced through the CDP process, and to increase accountability and transparency of commune performance to citizens (RTI International, 2011).

²³ Original plans to develop CPFs in 12 communes were scaled back to these two pilot communes (Séfrou and El Jadida) at the request of the DGCL.

However, CPF activities faced persistent challenges with involving commune employees. There were few incentives for staff to work on the CPF, as commune presidents provided little support for an additional LGP activity. LGP adapted by planning activities on days when employees were expected to report to work, or in the evenings by agreement with commune staff, but delays still resulted (RTI International, 2012). These delays affected several program activities (internal audit, complaints management, commune communication plans). In spite of these accommodations, it became clear in 2012 that local governments in Séfrou and El Jadida could not commit to the CPF process—which required continuous involvement of commune employees during important design phases—due to lack of support from elected officials and competing work demands (RTI International, 2013). CPF activities were thus suspended.

In early 2013, however, commune officials and staff from both pilot sites approached LGP about restarting CPF activities—and Kénitra also expressed interest in starting the CPF process in 2013 (RTI International, 2013). To demonstrate their commitment, each commune president created a formal team to complete the CPF process. LGP supported the commune councils to complete a modified set of activities. Rather than completing a self-evaluation and reassessment cycle, as originally planned, LGP supported the testing, validation, and documentation of the CPF approach in the program time that remained. By the end of LGP, commune councils had validated the action plans developed, and expressed commitment to implementing them in June 2015.

Pilot communes reported that the CPF activities were valuable as they helped the council develop a realistic plan for performance improvements (RTI International, 2014). LGP's CPF work can therefore be considered a limited success, in that it strengthened supply-side capacity in two communes. However, it was not as widely implemented or as participatory as originally envisioned. Because CPF reassessments were not feasible in the limited time available, the intended commune–civil society dialogue over local government performance did not take place.

Part of the explanation for the limited results is that this activity was not a central government priority. The DGCL limited the scope of CPF activities to the two pilot communes, and also did not make available central resources for replication after the shift to the pilot commune strategy. Further, communes have few incentives within the current legal framework to adopt

self-assessment, which explains why commune presidents did not initially dedicate resources to CPF activities.

Internal Audits

In all three communes where internal audits were piloted, dedicated units were set up with LGP support. They conducted audits of commune services or operations, such as markets and bus stations. Even though internal audits were new to Moroccan communes, the process was well received. The LGP final report noted that internal audits “now enjoy strong DGCL support, which is committed to promoting the process and disseminated tools” (RTI International, 2014, p. 23). As the program ended in December 2014, there were plans to replicate audits in 16 communes with government support. During LGP, citizens were not engaged in the internal audits, but there is future potential for “foster[ing] greater accountability through effective civil society monitoring of communal actions. Thus, the internal audit activities could bring about real debates that engage citizens and communes” (RTI International, 2014, p. 36).

Effects of Program’s Efforts to Promote Social Accountability

The effects of LGP’s social accountability activities were nuanced and complex. The program facilitated distinct improvements in commune governance and in enhanced citizen empowerment, as well as some modest improvements in service delivery.

Governance

Even in an environment of distrust between citizens and the commune, LGP social accountability activities made inroads toward closer collaboration with citizens to improve the quality of local governance. As detailed previously, the program had a number of technical achievements that strengthened integrity of commune operations (especially through CDPs and complaints-management systems) and that increased citizens’ active engagement in public affairs (such as collaboration with youth councils and development of CDPs). Complementing the activities described in the previous section, LGP’s work to support communication plans and internal audits contributed to improving transparency of commune operations. Commune officials’ support for improved communications and the DGCL’s plans to replicate audits in additional communes represented a shift in government attitudes toward

greater sharing of information, which is an important step toward greater social accountability.

In particular, communes' receptiveness to citizen participation appears to have increased, with the number of commune activities open to citizen participation substantially exceeding program targets.²⁴ As mentioned earlier, over 50 percent of communes reported substantial progress on implementing CDP projects identified with citizen input. Of elected officials who participated in LGP activities, 89 percent reported that the program contributed to enhancing citizen participation, and 55 percent perceived this contribution to be very significant (RTI International, 2014).

Citizens also took advantage of these opportunities, with statistically significant increases in survey respondents reporting that they had participated in a commune-organized activity (see Table 10). These outcomes point to improved governance in communes that participated in LGP's activities.

Table 10. Selected performance monitoring indicators from LGP citizen surveys: 2011, 2013, 2014

Performance monitoring indicator	2011	2013	2014
Participated in an event or public activity organized by the commune (2.1)	21%	30%*	43%*
Agree that commune communication is ... (2.3.3)			
... very effective	5%	6%	5%
... somewhat effective	45%	47%	53%*
Report general confidence in commune council (2.3)	40%	36%	39%

* Signifies statistically significant difference from prior survey round ($p < 0.05$).

Source: Berrada (2014).

Empowerment

The program's youth activities were the most visible of all its efforts, and arguably made the most substantive contribution toward greater empowerment. In the 2014 citizen survey, 64 percent of respondents reported that they had heard of local youth councils, compared to 12 percent for the CPEC and about 40 percent for CDP and complaints-management systems (Berrada, 2014).²⁵ The youth councils gave young people—often frustrated by

²⁴ The target for performance monitoring indicator AO1, "number of communal initiatives and actions that encourage citizen participation, especially by youth" was 260, while the number of activities identified during LGP was 413 (RTI International, 2014, Table 4).

²⁵ The survey did not ask about any other project activities.

their exclusion from government processes—a formal channel to undertake development and advocacy activities, sometimes in collaboration with commune officials and national parliamentarians. The youth activities resulted in structures that empowered youth at commune, regional, and national levels. In program surveys, 97 percent of elected officials and 80 percent of youth reported that they believed the councils would continue to exist after LGP ended (RTI International, 2014).

In addition to the youth councils, complaints-management systems contributed to citizen empowerment. Community members enthusiastically used these systems to voice their grievances. Further, CDP processes gave citizens a new avenue for communicating their needs to the commune. There was some concern, however, that implementation of projects identified in CDP was not visible to citizens, which could undermine their sense of empowerment in the future (RTI International, 2014).

Service Delivery

Finally, although service delivery was not an explicit LGP objective, some localized improvements in public services were attributable to the program's social accountability activities. Specifically, the complaints-management systems and youth councils led to communes undertaking improvements or providing new services (for example, water and sanitation, youth centers, electricity) at specific sites where problems were identified through these mechanisms. The LGP experience suggests that social accountability actions do not automatically achieve service delivery aims (see Table 1 in Chapter 2), but need to be explicitly tied to specific services for gains to result.

Effects on Community Confidence in LGP Partner Communes

As noted in the “Effects on Community Confidence” section, LGP activities contributed to each of the expected outcomes of social accountability efforts. Alongside positive shifts in governance and empowerment, there were nascent improvements in citizens' perceptions of commune councils, as posited in the program's theory of change. During the last 2 years of the program, there was a small but statistically significant improvement in the proportion reporting that commune communications were “somewhat effective” (Table 10). This change indicated that citizens did recognize communes' efforts to engage with citizens. However, this recognition had not yet translated into greater trust; citizens

did not report a statistically significant change in confidence in the commune council over the course of the program (Table 10).

Part of the explanation for citizens' continued low levels of confidence in the commune was that "lack of trust between citizens and their communes is a chronic condition of Moroccan governance, [and] has its roots in decades of security-focused local administration in the country" (RTI International, 2014, pp. 24–25; see also Montanari & Bergh, 2014). The LGP final report also posited several other reasons for the unchanged levels of confidence reported by citizens. Improvements in communal performance were not yet generally visible to citizens (as noted in the previous section under "Empowerment") and therefore were not increasing citizens' trust in local governments. The LGP case suggests that trust in the local government does not increase directly from opportunities for participation and improved communication alone (refer to Table 2 in Chapter 2). Stronger links between participation, communication, and sectorally specific services in LGP's design may have led to concrete public service improvements that, in turn, garnered gains in trust.

Further, LGP activities highlighted a tension between electoral and social accountability. The limited uptake of the CPEC and CPFs illustrated elected officials' reluctance to cede oversight to citizens. Although "[p]articipation in planning and discussing issues is well accepted, civil society's rights to hold communes accountable for their management and performance have not garnered widespread buy-in" (RTI International, 2014, p. 36). Further expansion of complaints-management systems and internal audits may contribute to changing these attitudes over the longer term by increasing transparency of commune operations and receptiveness to accountability.

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Social Accountability in Cross-Sectoral Service Delivery: The Leadership, Empowerment, Advocacy, and Development Program in Nigeria

Anna Wetterberg

Program Overview

The United States Agency for International Development's (USAID's) Leadership, Empowerment, Advocacy, and Development (LEAD) project started in 2009, and was originally intended to run for 5 years on a budget of US\$40 million.²⁶ It was extended until 2016, however, with a shift in objectives and expansion of geographic scope, as described below.

Objectives

LEAD's theory of change was that "by addressing both the demand and supply side of local government service, accountability and development will be strengthened, which makes the system work more effectively through partnership building" (The Mitchell Group, 2013, p. 7). The project aimed to achieve four original objectives:

1. Strengthen local government capacity to build relations with communities, and improve effective management of services.
2. Increase transparency of local government operations through a participatory budget process, better monitoring, and introduction of mandated fiscal responsibility and public procurement laws.

Note: RTI colleagues Tijjani Mohammed, Callistus Donatus, Yvonne Sidhom, and Annette Uhlenberg contributed project documents, operational insights, and thorough comments on earlier drafts. F. Henry Healey of RTI provided helpful comments and parallels to the Nigeria Northern Education Initiative (NEI) case study that appears elsewhere in this book. The narrative and analysis in this chapter represent the views of the author alone and are focused on LEAD's social accountability interventions. They do not reflect the project's overall achievements.

²⁶ In 2013, LEAD's USAID funding was augmented by US\$2 million from Chevron Corporation to expand project activities, adding Rivers State to Bauchi and Sokoto, which were LEAD's original focus states. Because Rivers began activities 2 years later than Sokoto and Bauchi, the narrative in this chapter focuses on the latter two states unless otherwise indicated.

3. Strengthen capacity of local organizations for service planning, budgeting, and monitoring.
4. Improve service delivery through support to selected local government services, such as water and sanitation, and through collaboration with other USAID/Nigeria Focus States Strategy projects in education and health.²⁷

Each of the first three objectives had direct links to social accountability. Although Objective 1 primarily focused on strengthening the supply side, it encouraged engagement with citizens as an avenue to enhance local governments' decision making and effective service delivery (Table 11). The second objective aimed for greater transparency through increased citizen participation in planning, and the third addressed the demand side by building civil society and community-based organizations' ability to engage with local governments.²⁸

Table 11. Leadership, Empowerment, Advocacy, and Development (LEAD) program activities, by objective

OBJECTIVE 1: Strengthen local government capacity
Local Government Development Framework (LGDF): The LGDF, introduced by RTI, was a collective self-assessment of LGA performance that provided inputs for a targeted capacity building plan (Bell & Bland, 2014). It was administered annually in CLGAs. Among the participants were representatives from civil society.
Strengthening of Ward Development Committees (WDCs): WDCs existed before LEAD began; they were the primary mechanism for mobilizing communities in CLGAs. LEAD assessed WDCs' technical and management capabilities and degree of representativeness as the basis for action plans for organizational development.
Community priority setting: Introduced by LEAD, this process began with broad participation at the ward level and built toward LGA-wide priorities to be included in CLGA annual budgets.
Community-Based Strategic Plans (CBSPs): CBSPs drew on the results of community priority-setting to provide CLGAs with a guide for decisions on infrastructure and services based on citizens' expressed needs. CBSPs did not exist before LEAD.

²⁷ Specifically, USAID Nigeria facilitated/encouraged collaboration with two projects—Northern Education Initiative (NEI) (see case study) and Targeted States High Impact Project (TSHIP)—both of which worked in LEAD's original target states of Bauchi and Sokoto.

²⁸ For an explanation of the various types of social accountability purposes (service delivery, governance and democracy, and empowerment) and actions (transparency, coproduction, compliance, confrontation) described in these case studies, please refer to "Framing Social Accountability" in Chapter 2.

Table 11. Leadership, Empowerment, Advocacy, and Development (LEAD) program activities, by objective (*continued*)

OBJECTIVE 1: Strengthen local government capacity (*continued*)

Town hall meetings: LEAD introduced these meetings for CLGAs to report publicly on annual activities and budget implementation, as a way to build a culture of accountability and regular reporting to citizens.

LGA archiving and document access systems: LEAD established record-keeping systems to facilitate public access to key LGA documents, such as budget, personnel, and council records.

OBJECTIVE 2: Increase transparency of local government operations

Internally generated revenues: LEAD found that LGAs were heavily reliant on federal grants, which had shrunk in size in recent years. In response, LEAD facilitated the establishment of Taxpayers' Consultative Forums to map potential revenues, register taxpayers, and identify sources with highest potential for internally generated revenues.

Policy reforms: The project worked with CLGAs to operationalize existing fiscal responsibility and procurement laws, which often had not been implemented by local governments.

Stakeholder budget working groups: The purpose of these working groups was to "sensitize government to budget issues and to identify significant areas for improvement" (The Mitchell Group, 2013, p. 17). The groups operated at the state level, and members included traditional and religious leaders, civil society organizations (CSOs), the media, elected representatives, and officials from the Ministry of Finance, the Ministry of Budget and Economic Planning, and the Office of the Auditor General. For LEAD's focus on health and education during the 2015–2016 extension, the budget working groups were cascaded down to LGAs.

OBJECTIVE 3: Strengthen capacity of local organizations

Organizational capacity assessments and strengthening: Capacity assessments of LEAD's CSO subgrantee partners were updated over time to gauge progress and identify priorities for improving core capacities. Core capacities encompassed establishment of organizational objectives, governance, operations and management systems, human resources, financial and assets management, program planning, project management, strategic planning, community mobilization, and results monitoring.

Community Partnership Program grants: LEAD's grants to CSOs encouraged collaboration between local governments and communities, supported CSO capacity building, and contributed to service improvements. Activities often were identified through CBSPs and service improvements prioritized by community members.

Mapping of state- and community-level organizations: LEAD built a database of CSOs active in each state and CLGA to facilitate linkages to donors and other development organizations.

Building and strengthening of CSO networks: LEAD supported CSO networking for peer-to-peer support and advocacy.

Public expenditure tracking: LEAD trained CSOs in how to gather information, analyze budget implementation, and examine performance related to service delivery.

(*continued*)

Table 11. Leadership, Empowerment, Advocacy, and Development (LEAD) program activities, by objective (*continued*)

OBJECTIVE 4: Improve service delivery
Service Improvement Plans (SIPs): LEAD facilitated SIP development through a series of participatory planning meetings that included representatives from CLGAs, WDCs, community-based organizations, and civil society (such as trade unions, community leaders, and women's and youth groups). The meeting participants would jointly create a framework for sustainable maintenance of local services (mostly water, sanitation, and infrastructure).
Policy reforms: LEAD facilitated the development of state-level water policies and implementation of the National Environmental Sanitation Law.
Improving water delivery capacity of state agencies: LEAD worked to strengthen the capacity of state agencies and local governments that were sharing responsibilities for water service in urban and rural areas.
Improving health, education, and other services: LEAD collaborated with USAID's health and education projects to improve services at the local level. Areas of collaboration included coordinated SIP review, development of SIPs for specific services, and policy development and implementation.

CBSP = Community-Based Strategic Plan; CLGA = Champion Local Government Area;

CSO = civil society organization; LGA = Local Government Area;

LGDF = Local Government Development Framework; SIP = Service Improvement Plan;

WDC = Ward Development Committee.

During LEAD's extension period (2015–2016), activities to support local government capacity building and transparency were consolidated, while capacity building for local organizations and improved service delivery remained separate objectives. However, the service delivery objective was refocused specifically on improving access to basic education and reading and on strengthening the health system. In terms of relative budget allocations, about a third of funds was spent on local government strengthening (Obj. 1), with about a quarter each for increased transparency (Obj. 2) and improving service delivery (Obj. 4) and one-fifth for strengthening citizen groups (Obj. 3). After 2014 there was a relative decline in allocations to local government capacity building activities, because many of the planned activities under this objective had been completed.

Geographic Scope

The project's focus was originally in Bauchi and Sokoto states, with an expansion to Rivers in 2013. In each state, specific Local Government Areas (LGAs) were selected for technical assistance through a competitive mechanism. The program was widely advertised, and interested LGAs prepared proposals. Selection committees had representation from state government, academia, civil society, media, and traditional and religious

leaders. Champion LGAs (CLGAs) were selected, based on their commitment to improved governance, willingness to support the program's spread to other LGAs, and the presence of partner projects (NEI and TSHIP) in the area. Two rounds of CLGA selection were held in Sokoto and Bauchi in 2010 and 2011, and one round in 2013 in Rivers. In total, LEAD worked with 12 CLGAs in Sokoto, 8 in Bauchi, and 3 in Rivers (The Mitchell Group, 2013; RTI International, 2015).

Context

Nigeria's 1999 Constitution guarantees democratically elected local governments, which are autonomously responsible for primary service delivery. There are 774 Local Government Areas, which each represent from 150,000 to 800,000 citizens. Each LGA is led by an executive chairperson working with a legislative council (Local Government Council, or LGC). These elected officials have the power to raise revenues to provide basic public services. On average, each LGA has 10 wards within its jurisdiction, each represented by a councilor in the LGC. Ward Development Committees (WDCs) carry out development activities and are made up of representatives from Village Development Committees (The Mitchell Group, 2013).

In practice, however, LGAs have little autonomy. Given their low capacity to generate revenue, LGAs depend heavily on grants from the Federation Account. Moreover, budgets and personnel remain tightly controlled by the federal and state governments. To date, elected council members frequently have little familiarity with political and policy making processes, corruption is frequent, and local officials' responsibilities are often usurped by state governments. In more than half the states, including Bauchi, local leaders are not elected, in spite of the constitutional stipulations (The Mitchell Group, 2013; Ningi Local Government, n.d.; RTI International, 2014a).

Further, LEAD programming aside, citizens have been given few opportunities to engage with local government and lack understanding of its responsibilities for service delivery. Community organizations flourish in Nigeria; in 2008–2009 over 80 percent of Afrobarometer survey respondents belonged to a religious organization, and almost 50 percent were members of other voluntary groups (Afrobarometer, 2015). However, these community-level groups have not influenced local governance processes, as limited capacity, resources, and connections among groups constrain advocacy efforts. In addition, officials are generally reluctant to allow civil society

participation in budget and finance decisions or to share related information. Local state–society relations are often characterized by mistrust. According to Afrobarometer data, nearly three-quarters of citizens rated local governments as fair or very bad at allowing citizens to participate in council decisions in 2008–2009 (Afrobarometer, 2015).

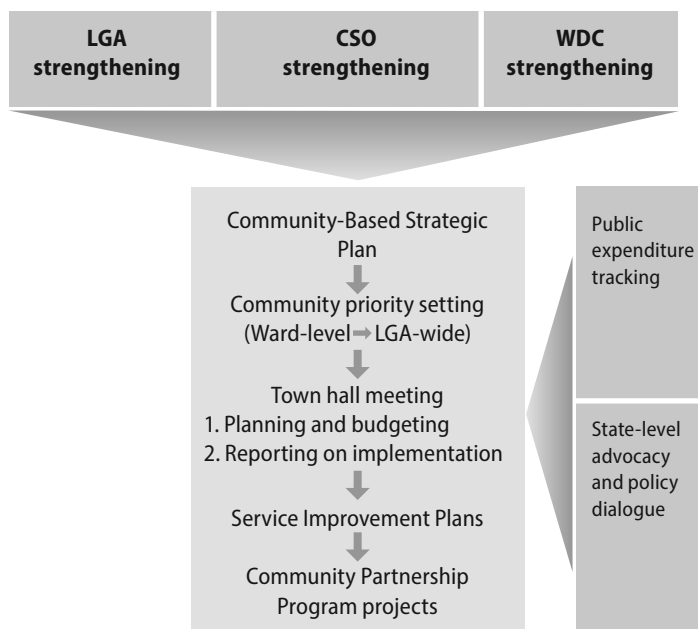
There were differences in governance structures and capacities between the two primary states where LEAD was operating. Initially, Bauchi was considered to be better governed than Sokoto. However, Bauchi's LGA officials are civil servants appointed by the state government and frequently are transferred between posts. In 2010, the Governor of Bauchi dissolved the Local Government Councils, which shifted LEAD's emphasis in the state away from building LGA capacity and transparency (including work with WDCs) and toward community empowerment and CSO strengthening (The Mitchell Group, 2013).

Although worsening security during the life of the project impinged on implementation in both northern states, Bauchi was particularly affected. During security alerts, LEAD teams and CSO partners had to limit their activities, LGAs' ability to collect revenues declined, and stakeholders could not be brought together for large meetings (The Mitchell Group, 2013).

Social Accountability Approach

Under each of the project's original objectives, LEAD has executed a series of activities (refer to Table 11 above), many of which had elements of social accountability, in line with LEAD's theory of change. LEAD's capacity development activities—for LGAs and WDCs (Obj. 1), as well as for CSOs (Obj. 3)—were fundamentally expected to contribute to citizens' abilities to hold the state to account. Even though they are not social accountability activities in themselves, ensuring that WDCs were representative, that CSOs were able to mobilize communities and advocate for citizens, and that local officials were receptive to citizen priorities laid the groundwork for the activities directly related to social accountability.

In terms of project activities that directly contributed to citizens' ability to hold the state to account, the cornerstone was the **community priority-setting process** (Figure 6). Community priority-setting was expected to be a participatory and socially inclusive planning and budgeting process to identify community priorities at ward and local government levels, to be included in LGA annual budgets. The community-priority setting activities were an

Figure 6. LEAD's social accountability activities

CSO = civil society organization; LGA = Local Government Area; WDC = Ward Development Committee

Source: Author's adaptation of various project documents

annual process that fed into LGA budgeting, with the intent that it would be institutionalized and refined over time.

The priority-setting process involved two main steps. First, each councilor organized a **ward-level meeting** that included key stakeholders (women, youth, traditional and religious leaders, and disabled persons) to come up with three to five priorities for the ward. The ward meeting facilitators also were expected to produce minutes, to maintain an attendance list, and to designate ward representatives to the LGA-level priority-setting meeting (LEAD, n.d.-b).

Next, the LGC would organize a **town hall meeting** to review the results of the ward meetings. Town hall meetings were intended to

establish a system for Local Government Councils and other elected representatives to inform and provide feedback to citizens on the LGA's activities such as budget planning and implementation and constituency projects... to build a culture of transparency and accountability to the citizens... [T]he primary purpose of a town hall meeting is to collect data, provide information, and receive feedback from the community members. (LEAD, n.d.-c, p. 1)

LEAD encouraged Local Government Councils to use the town hall meetings for priority-setting and community dialogue, with which they rarely had experience. The participants, who were expected to represent all the wards in the LGA, reviewed all the ward priorities to select the 5 to 10 most frequently listed needs. The meeting participants then voted for their top three choices to select the community's priorities for the LGA's annual budget. The recommendations were submitted to the LGC for approval and implementation. Town hall meetings thus shifted LGC discussions from normative decisions about budgets to concrete needs and the effects that budget implementation would have on local people (LEAD, n.d.-a). Importantly, town hall meetings also were expected to give citizens an opportunity to monitor LGC implementation of budgets based on community priorities, as the meetings would be repeated annually.

Community-Based Strategic Plans (CBSPs) were intended to provide LGAs with a 4-year agenda for development priorities. The CBSP planning process began with a large meeting, with broad representation from all wards and societal groups (including men and women, the physically challenged, women's groups, youth, CSOs, farmers, businessmen), as well as from the LGC. LEAD facilitated the development of a 5-year strategic plan, drawing on citizen priorities. Public hearings were held on the draft plans. Final plans incorporated feedback from hearings, and were ratified by the LGA chairperson.

For community priorities that received LGA budget support, **Service Improvement Plans (SIPs)** were developed through a participatory process, involving local government officials, CSOs, traditional rulers, community leaders, women, and youth groups from the relevant areas of the LGA. LEAD facilitated a process to identify expectations, review current service delivery challenges, determine improvement priorities, identify strategies to address prioritized challenges, and develop an action plan. SIPs could be implemented through contractors managed by the local government or shared between Local Government Service Delivery Teams and community groups. The shared activities were designated Community Partnership Program projects, with the Service Delivery Team providing budget support and guidance on structure and regulations for service delivery, and community groups taking primary responsibility for implementation and maintenance of improvements.

Throughout the implementation of budgeted projects, CSOs were encouraged to track public expenditures to reduce corruption and increase transparency. **Public expenditure tracking** was devised as a participatory budget monitoring activity to gather information on budgets, funds flows, and use of funds to implement community-identified priorities.

In a manner similar to LGA, CSO, and WDC strengthening, LEAD's state-level activities contributed to LGA-level social accountability. LEAD staff collaborated with CSOs and LGAs to engage on state annual budgets; and with state-level multistakeholder policy working groups, for the purpose of dialogue and advocacy with the state legislature on specific reform issues (i.e., fiscal responsibility and public procurement laws, intergovernmental resource flows, and local government autonomy).

Types of Social Accountability Action

As designed, LEAD's activities were primarily oriented toward coproduction social accountability action. The community priority-setting process, strategic planning, and implementation of service improvements (SIPs and Community Partnership Program projects) were all mechanisms to encourage collaboration between citizens and local officials. These activities were intended to increase interaction and communication, thereby enhancing local governments' receptiveness to citizens' needs and active citizen engagement in government processes and service delivery.

There were some elements that also encouraged transparency and compliance. The town hall meetings (especially ones organized around reporting on budget implementation), public expenditure tracking, and state-level engagement served both of these functions. They gave citizens opportunities to gain information on budgets, to claim a measure of oversight in financial management, and to monitor the extent to which community priorities were actually implemented as planned. In 2015, LEAD added a scorecard²⁹ activity, aimed at enhancing citizens' ability to monitor service delivery and increasing the emphasis on compliance social accountability actions.

²⁹ Scorecard development began earlier but was not implemented due to budget constraints. During the extension, there were plans for local partners, LGAs, and communities to use scorecards to monitor LGAs and service providers in water and sanitation, education, health, HIV/AIDS, agriculture, and food security (RTI International, 2014b).

Expected Contribution to Social Accountability Aims

LEAD's activities were expected to contribute to all three social accountability aims: governance, service delivery, and empowerment. The mechanisms outlined above were intended to make governments more responsive to local needs and more transparent by encouraging active engagement of citizens in LGA planning and decision making (governance). As a result, investments in service improvements were expected to be better targeted to the most urgent shortcomings, improving service delivery. Project activities aimed to enhance citizen voice, by encouraging a broad range of community members to express their needs and concerns about services (empowerment).

Implementation

Most social accountability activities under LEAD made some progress. However, progress was often partial and the connections and integration among activities were not always clear. These mixed results were due in part to the uncertain security environment, which resulted in delayed and canceled activities for a number of project elements. Implementation was further challenged by funding constraints. USAID/Nigeria had a budget shortfall in 2013, resulting in programming cuts that limited the number of grants that LEAD could make. In 2014, LEAD was preparing to close down, which further shifted focus away from grant-making. The limited grants program reduced CSO activities (such as public expenditure tracking) and engagement with community groups, including the Community Partnership Program to encourage community-local government collaboration on specific service improvements.

Community Priority Setting

The community priority-setting process was “a center piece of LEAD's approach since the beginning of the project's assistance to Round 1 CLGAs” (RTI International, 2014a, p. 9). Initiated by LEAD with support from CSOs, it successfully linked community participation to the formulation of local government budgets. As Table 12 shows, compared to a baseline of zero before the project's start, about 350 community priority projects were included in LGA budgets in 2014 (Performance Monitoring Plan [PMP] indicator 2.1.1). Rivers State's CLGAs had their first priority-setting cycle during 2014, with the CLGAs Okrika and Khana incorporating all identified projects in budgets, and Akuku-Toru including about 75 percent (Callistus Donatus,

personal communication, June 9, 2015). Many CLGAs also implemented these priorities. For example, four Bauchi CLGAs implemented 75 percent to 100 percent of community priorities included in their 2013 annual budgets (LEAD, n.d.-d, 4). The tallies by CLGA were: Kirfi, four out of five community priorities partially or completely implemented; Misau, four out of five; Ja'amare three out of four; Gamawa, five out of five (LEAD, n.d.-d).

A contributing factor to the strong LGA support for community priorities was an increase in allocations of state-level resources that corresponded to community-identified priorities. LEAD's work with CSOs and state officials increased transparency and accountability of budget allocations that allowed LGAs to better respond to citizen needs (further discussed below in the "Governance" subsection).

Town Hall Meetings

These meetings took place across CLGAs at different points in the project, although not always as envisioned in the program design. In 2013, Bauchi LGA-wide meetings were held for community priority-setting, while in Sokoto the meetings were held by Ward Development Committees. The unintended variations led to increased support from LEAD to ensure that the two-stage town hall meeting process for (1) planning based on community priority setting and (2) reporting on implementation occurred as intended (RTI International, 2014a). In Rivers, the two-stage process appears to have been more easily adopted (LEAD, n.d.-a).

Community-Based Strategic Plans

CBSP activities started in 2012 and by 2013, ten Round 1 CLGAs had ratified CBSPs (The Mitchell Group, 2013). These medium-term plans were integrated with annual community priority-setting processes to ensure that they were linked but did not duplicate efforts.

Service Improvement Plans

About 50 SIPs were developed across the program areas (see Table 12, PMP indicator 4.A). As initial project funding emphasized water and sanitation, many of the SIPs followed in this vein, even though health and education services were also part of the project's focus, especially after the program extension in November 2014. In education, for example, LEAD worked with community education forums created by NEI, to encourage sustainability of the forums (see NEI case study).

Table 12. Progress on selected Performance Monitoring Plan (PMP) indicators as of September 2014

PMP indicator	Baseline	2010 ^a		2011 ^a		
		Target	Actual	Target	Actual	
2.1.1: Number of community priority projects included in Local Government Area (LGA) budgets (annual indicator)	0	—	—	—	—	
3.1.3: Number of participatory planning sessions conducted	0	100	135	100	50	
4.A: Number of Service Improvement Plans (SIPs) produced by targeted LGAs (annual indicator)	0	10	0	—	—	
4.1.1: Number of people in target areas with access to improved drinking water supply as a result of US Government assistance	219,100	—	—	0	40,950	
4.1.3: Number of community associations actively participating in process of building local infrastructure projects	10	10	0	88	84	
4.2.2: Number of activities/projects jointly implemented by civil society organizations (CSOs) and LGA	—	—	—	—	—	

^a Empty cells are blank in source.

Source: Adapted from RTI International (2014a), Annex A.

As preparation for the initial SIPs, LEAD organized a 2011 workshop to jointly assess water facilities in CLGAs. The assessment found that, on average, 50 percent of water access points broke down within 2 years of construction and more than 70 percent of water systems in some CLGAs were not fully functional (The Mitchell Group, 2013). SIPs involved community members to complete smaller repairs and to ensure maintenance, while CLGAs and state-level institutions took on more complicated improvements. Some CLGAs also focused on sanitation, including repairs, improved drainage, and regular clean-ups of markets, abattoirs, and parking lots.

	2012 ^a		2013		2014	
	<i>Target</i>	<i>Actual</i>	<i>Target</i>	<i>Actual</i>	<i>Target</i>	<i>Actual</i>
	—	—	50	63	20	352
	100	201	100	82	50	19
	15	24	10	0	10	25
	0	101,500	60,000	47,250	0	200,410
	30	112	30	3	20	95
	0	0	20	1	10	20

Reports on SIP development described a participatory process for identifying challenges, selecting among them, designing strategies to address selected investment priorities, and developing action plans. Participants in these activities often overlapped with those in the community priority-setting process. Project monitoring indicators did point to substantial community engagement in the construction of infrastructure projects (coproduction) (Table 12, indicator 4.1.3).

Public Expenditure Tracking

This activity was slow to start in Sokoto and Bauchi due to funding delays. However, by 2014, CSOs in Sokoto, as well as Rivers, had worked with WDCs and community-based organizations on budget tracking (RTI International, 2015). Further, LEAD supported public hearings on education and health budgets, to identify discrepancies and bring them to public attention.

For example, in December 2014, state-level community education forums (refer to “Community Education Forums” in Chapter 3) conducted separate hearings on the Ningi and Ja’amare 2015 Local Government Education Authority budget (both in Bauchi), attended by local government officials and community members. Both meetings were reportedly “highly interactive—the participants made meaningful contributions and suggestions about improving the budget process and its content” (RTI International, 2015, p. 10). In fact, LEAD found the community education forums to be the most appropriate umbrella groups for organizing education budget engagement activities, and proceeded to facilitate the formation of additional forums in areas where NEI had not worked (such as Ja’amare) (Tijjani Mohammad, personal communication, June 3, 2015).

These activities point to increased transparency on local budgets and some nascent opportunities for compliance-oriented social accountability actions, in instances where citizens used the meetings not only to provide input on budget allocations but also to question their use. Even toward the end of the project, however, the focus was primarily on training citizens to find and analyze relevant information (transparency), rather than on bringing discrepancies to public attention (compliance). During the project extension, LEAD worked to identify and raise public awareness of discrepancies through the budget stakeholder consultative meetings and budget information sharing meetings. Public expenditure tracking was also expected to produce an increase in LGA/state health and education budget allocations and in funds released for implementation (Tijjani Mohammad, personal communication, June 3, 2015).

Geographic Variation

During the project’s early years, progress in Sokoto was much stronger than in Bauchi. As noted, the more challenging political and security environment (see “Context” section above) dampened progress in Bauchi, but shifts in program leadership helped to make up for some of the early delays. Rivers State, in which LEAD started working in 2013, made generally good progress.

Effects

In 2013, external midterm evaluators noted that the most prominent project effects occurred in local governance (although transparency had not improved), followed by CSO empowerment, and finally service delivery (The Mitchell Group, 2013). In September 2014, LEAD carried out three consultative meetings to reflect on the past year's activities, and to collect recommendations for the next year. Participants at all the meetings—including CLGAs, state agencies, and CSOs—

recognized that LEAD has been effective in strengthening institutional capacities of LGAs and CSOs, improving transparency and accountability, and facilitating better relationships between citizen and their LGAs and involvement in decision making. Participants also acknowledge the appreciable impact on service delivery... [with] demonstrated results in improving water service delivery. (RTI International, 2014b, p. 8)

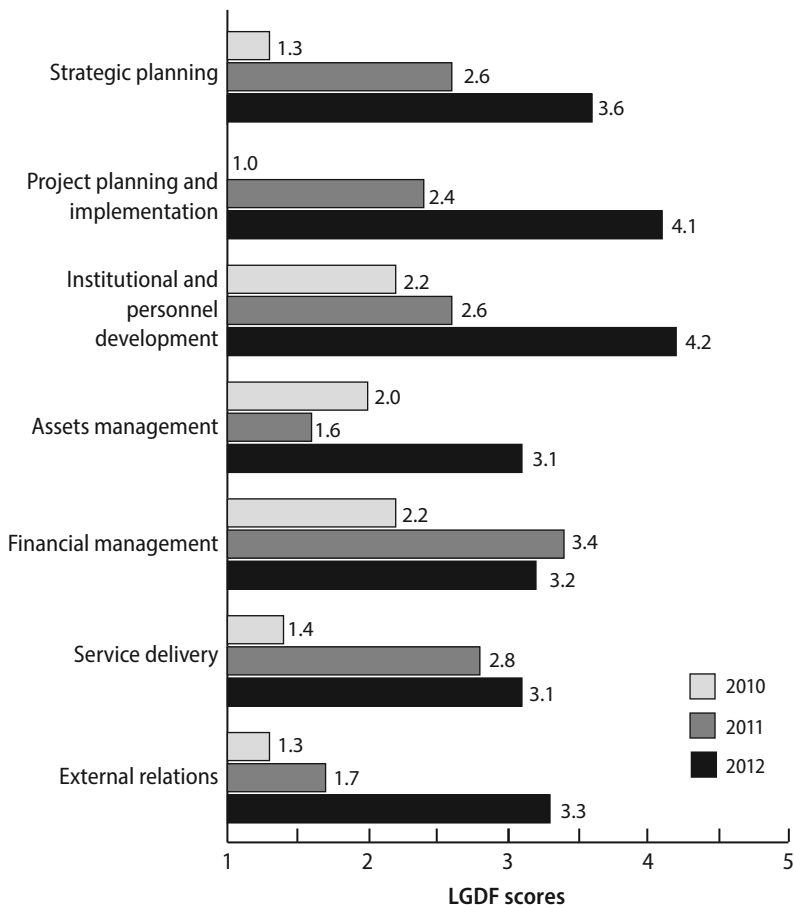
More detail on each of the three expected social accountability outcomes follows. Although there were effects across all outcomes, the most significant changes appear to have been in LGA processes (governance), water services (service delivery), and CSO engagement (empowerment). Citizens' awareness of their rights and broader sense of agency in local governance remained nascent.

Governance

Local Government Development Framework scores resulting from three participatory assessments in each CLGA in Sokoto and Bauchi indicated an overall improvement in local government performance over time. As Figure 7 illustrates, Bauchi CLGAs made substantial improvements in some of the general areas where LEAD's social accountability activities focused (strategic planning, project planning and implementation, and service delivery). In terms of specific effects of social accountability activities, LEAD documented a clear shift in the number of community priorities that were included in LGA budgets, as mentioned earlier. Compared to no explicit inclusion of community priorities prior to LEAD's involvement, many LGCs began to routinely conduct priority-setting at the start of each year's budget process (LEAD, n.d.-d). In fact, by 2014, 65 percent of priorities identified by WDCs and community-based organizations had been included in LGA budgets (RTI International, 2014b). Similarly, the project documented clear increases in the number of participatory planning sessions conducted, particularly in the early years (Table 12, indicator 3.1.3).

These results point to greater responsiveness from LGAs, which generally had no experience with participatory processes before LEAD's activities began. The project leadership noted citizens' and community groups' participation in decision making—that is, not just providing information on community

Figure 7. Average Local Government Development Framework (LGDF) scores in Bauchi Champion Local Government Areas (CLGAs), by functional area



Note: LGDF scores range from 1 to 5, reflecting the proportion of elements associated with a functional area that are present in a particular CLGA. For example, a CLGA scores 3 if participants judge half of associated characteristics to be present and 5 if all characteristics are deemed present.

Source: RTI International (2015), p. 54.

interests, issues, and needs—as a significant shift introduced through LEAD’s activities (Tijjani Mohammad, personal communication, June 3, 2015). The achievements are especially notable given the limited opportunities for voice and accountability available in Nigeria (see Figure 2 in Chapter 2).

LEAD’s collaboration with CSOs to increase citizen engagement in public expenditure tracking and involvement in state annual budgets through dialogue and advocacy for fiscal reforms, intergovernmental resource flows, and local government autonomy resulted in modest transparency increases. In part because of LEAD’s experience, USAID’s planned follow-on project is likely to focus efforts to increase transparency and accountability at the state level, where LGA resources are actually controlled.

One specific project-initiated change in the budget allocation process is worth elaborating upon. As part of LEAD’s support to improve the budget process at LGA and state levels, project lobbying and CSO advocacy led to the creation of a *budget hearing interface* between state-level Ministries of Local Government and LGAs. It gave the LGAs an opportunity to present and defend draft budgets before they were approved by the Ministry. This increased transparency of budget processes represented a clear departure from the Ministry’s prior practice of arbitrary budget review and allocations. Combined with greater openness, the knowledge that LGA budget priorities could be traced back to communities and citizens’ groups deterred state-level actors from tampering with them during the budget review and approval stages (Tijjani Mohammad, personal communication, June 25, 2015).

Empowerment

LEAD’s support to CSOs was effective. CSO organizational capacities were strengthened, as documented in the project’s annual assessments. For example, a 2015 assessment of Bauchi CSO partners indicated that all had improved capacity across most of the elements (although weaknesses remained in management of assets, personnel, capacity building, and resource mobilization) (RTI International, 2015). Collaboration between CSOs and community-based groups in CLGAs in all three states strengthened the technical and organizational capacities of local organizations (RTI International, 2014b). Connections between CSOs also were enhanced, through support to existing networks (in Sokoto) and creation of a similar structure (in Bauchi). These organizations carried out advocacy at the state level (see text box on following page) and mobilized and provided training to community-based organizations in CLGAs.

Network of civil society organizations monitors Sokoto state budget

“Participatory budgeting [was] an unheard of process in the region. The LEAD project supported the Consortium of NGOs in Sokoto [State] (CONSS) to review the performance of the 2011 Sokoto State Budget and to perform an analysis of the 2012 budget. CONSS involved broad participation in the budget review exercise by consulting with business associations, [community-based organizations], CSOs, faith-based organizations, PTAs [parent–teacher associations], the Nigerian Bar Association, market women and USAID FSS [Focus States Strategy] partners TSHIP and NEI. The Sokoto State House of Assembly [SSHOA] in 2011 allowed CONSS to submit its remarks on the performance of the 2011 budget and its analysis of the 2012 budget to the House Committee on Finance and Appropriations. It incorporated CONSS remarks in the 2012 budget. For the 2013 budget CONSS, as well as other CSOs, were invited to comment on the budget by the House of Assembly. The Clerk of the SSHOA feels that CSOs have a great deal to contribute to the deliberations of the Assembly. CSOs are now invited to comment on various topics in the health, education and governance.” (The Mitchell Group, 2013, p. 17)

While these results are notable, the extent to which they translated into citizen empowerment and change in state–society relations at the local level remains unclear. CLGAs’ more frequent incorporation of community priorities into budgets and collaboration with citizens on service improvements suggest that citizens were participating in LEAD’s governance activities (oriented toward coproduction). Through “collaboration [on] community priority setting, budget development and water point maintenance, LEAD has successfully built bridges between LGAs and CSOs to the point where there is less mistrust and more active collaboration” (RTI International, 2014b, p. 24). The 2013 midterm evaluation noted that “many feel that [LEAD] is contributing to a cultural change in the relationships between state and local government and communities [in Sokoto]” (The Mitchell Group, 2013, p. 11). Whether these interactions resulted in a change in citizens’ perceptions of their rights or empowered them to hold government to account, however, is not documented.

Service Delivery

Based on LGDF data, local government capacity to deliver services increased with LEAD’s support (Figure 7 shows data for Bauchi CLGAs). In particular, access to water improved as a result of the project’s participatory planning and collaborative implementation activities (Table 12, PMP indicator 4.1.1). During 2014, 21 SIPs were developed across the three states. Of these,

100 percent of water SIPs and 70 percent of those from other sectors were implemented in Bauchi and Sokoto (RTI International, 2014b).

According to the project leadership, most of the improvement in service delivery could be attributed to social accountability activities. Some slight proportion could also be attributed to state-level policy and regulatory environment improvements that had a bearing on service delivery. For example, improving coordination and institutional arrangements in the water sector increased access to water at the CLGA level (Tijjani Mohammad, personal communication, June 3, 2015).

Sustainability of Interventions and Outcomes

By mid-2015, there were encouraging signs that some of LEAD's social accountability mechanisms would be institutionalized through state government support and continuation by CSOs. The midterm evaluation concluded that "the only way the LEAD project will become sustainable is if the States themselves take over the capacity building role for local governments. The [Mid-Term Evaluation] Team does not believe Bauchi and Sokoto States are prepared or capable to do this... [as they] are institutionally weak" (The Mitchell Group, 2013, p. 27). State support increased after that point, however, with scale-up of LEAD mechanisms to new LGAs using state financial resources. All 23 LGAs in Sokoto received accounting and SIP training, and Rivers State's government pledged to disseminate the SIP methodology to all 23 LGAs (RTI International, 2014a).

Even in Bauchi, where the state government was more reluctant to work with LEAD than counterparts in Sokoto and Rivers, some indications emerged that support was increasing. In 2014, the state government printed and disseminated CBSP documents to four LGAs (RTI International, 2014a). During late 2014 and early 2015, the state government increased budget transparency and indicated greater openness to citizen engagement in planning, particularly in the education sector (RTI International, 2015).

The CSO networks that LEAD supported were increasingly taking over responsibilities for the community priority-setting processes, and continued to work on participatory budget tracking. They also increasingly were linking community priorities to advocacy for state-level sectoral resources (see following text box). In particular, the Consortium of NGOs in Sokoto State (CONSS) was coordinating these activities, and the Bauchi State Network of Civil Society Groups was expected to follow during 2015 (RTI International, 2015).

Network of civil society organizations links community priorities with state-level funds

In Sokoto, LEAD supported the Consortium of NGOs in Sokoto State (CONSS) network to facilitate the process of prioritizing education and health needs that would be included in the 2015 state budget. In October and November 2014, CSO partners mobilized community stakeholders and wrote officially to local councilors to request ward-level priority-setting meetings. As a result, priority-setting meetings took place in 126 wards in 12 CLGAs, resulting in a total of 1,683 projects related to basic education; primary health care; and water, sanitation, and hygiene, as well as other miscellaneous microprojects. Harmonization forums in the 12 CLGAs were facilitated by the CSO partners and supported by LEAD's technical team.

In late November, CONSS, along with LEAD CSO grantees, facilitated an advocacy visit to the State Universal Basic Education Board (SUBEB) and the Ministry of Health to hand over the harmonized priorities for inclusion in the 2015 state budget. The SUBEB executive chairperson hailed CONSS's effort and LEAD's support to the state, and assured the advocacy members that the priorities would be included in the 2015 budget and prioritized within SUBEB resources. Similarly, the director of Medical Services acknowledged that the prioritized projects were modest and represented the communities' needs and priorities. He assured the attendees that the priorities would be considered and included in the 2015 budgets. (Adapted from RTI International, 2015, p. 20)

In terms of sustaining service improvements, maintenance of water services that were improved under LEAD was challenging. The 2013 midterm evaluation included an independent engineering assessment of maintenance prospects for 58 water access points in two CLGAs (Illela in Sokoto and Katagum in Bauchi). At the time, between 55 percent and 87 percent of the water points inspected were operational. These outcomes were not dramatically better than LEAD's baseline assessments in 2011 (refer to Table 12). Community groups charged with maintenance were rarely aware of these responsibilities and lacked knowledge to undertake repairs (The Mitchell Group, 2013). Subsequently, maintenance seems to have improved due to additional trainings to improve community and service delivery teams' capacities for maintenance, as well as vigorous partnership-building with LGAs to leverage needed resources for maintenance (Tijjani Mohammad, personal communication, June 3, 2015). In 2014, maintenance was carried out for 1,076 water points that served a population of 376,600 across the three states (RTI International, 2014b). Sustainability prospects of service improvements may thus have been increasing.

Overall, implementation of the project's social accountability activities appears to have been highly dependent on the LEAD project team. The activities involved a complex series of processes in a challenging environment, requiring a high level of LEAD support to keep going. While parts of the approach, in the form of single or subsets of activities, may be sustained, the overall system of social accountability activities is unlikely to continue without LEAD support.

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Cross-Sectoral Social Accountability in Practice: Findings from Six Cases

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This chapter consists of three distinct sections. First, a comparative analysis reviews the answers to the research questions—laid out in the opening section of Chapter 2—across the cases, noting similarities and differences informed by the analytical framework and background information, also outlined in Chapter 2. Next, the discussion identifies barriers to effective social accountability, as well as strategies for overcoming such barriers, suggested by the case studies. Finally, the chapter concludes with some considerations for future project designs and implementation.

The comparative analysis below provides the details, based on the preceding six case study chapters, that underlie the recommendations outlined in the rest of the chapter. Readers primarily interested in the key findings may prefer to proceed directly to the next section, “Discussion.”

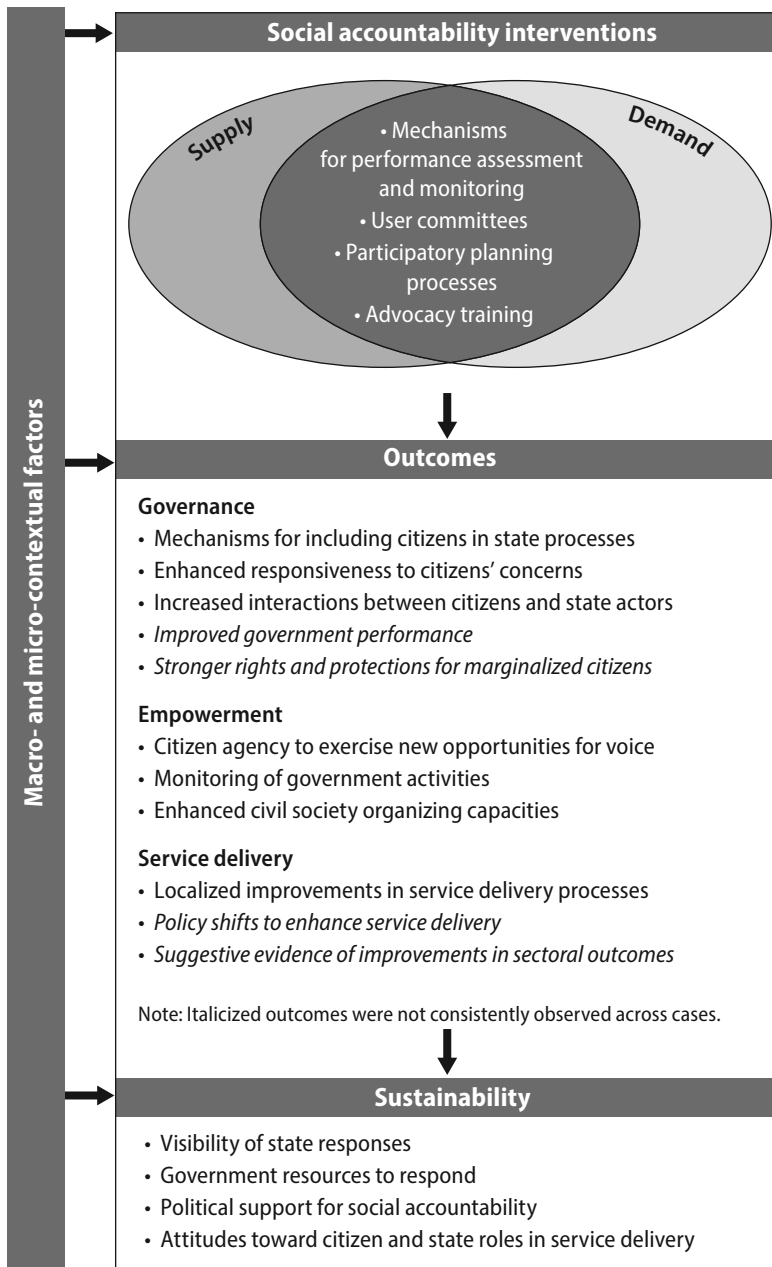
Comparative Analysis

This section analyzes the six case study projects in detail, comparing approaches to social accountability, expected and actual outcomes, and sustainability of interventions and outcomes. Figure 8 summarizes commonalities observed across the case studies. It underscores the similarities in the social accountability interventions used in each project, but recognizes that the specific constellations of interventions, implementation, and outcomes are influenced by both macro- and micro-level contextual factors. Further, sustainability of social accountability efforts depends in large part on contextual factors that shape the state’s responsiveness.

Theories of Change and Expected Outcomes

Although the case study projects were implemented in widely varying country contexts, their posited theories of change were quite similar (see

Figure 8. Common elements across case studies



Chapter 2, Table 3). Most of them were, in essence, a variant of the following: **improving citizens' capabilities to advocate for priority improvements, in combination with strengthening state actors' capacities to deliver services, will result in better public services.** In fact, all the projects explicitly addressed both the supply (state capacity) and demand (citizen capacity) sides of social accountability in their objectives and theories of change.³⁰ In this sense, none of the projects adopted solely a citizen-centered approach (Narayan, 2005), but instead worked simultaneously on increasing government officials' preparedness to respond to priorities and shortcomings identified by civil society actors.

Not surprisingly, given the comparable theories of change, the projects also anticipated similar social accountability outcomes. All of the projects expected to bring about improvements in governance, as social accountability mechanisms were presumed to lead to better-functioning public institutions with increased opportunities for citizens to engage. Every case study project also anticipated increased citizen empowerment, through greater awareness of rights, abilities to express voice, and/or a realignment of power distributions in favor of civil society actors.

Most of the case studies predicted *service delivery* improvements as an outcome, except for the Local Governance Program (LGP) in Morocco and the Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C). LGP stands out because the program's theory of change posited that improved public performance and transparency, in combination with increased citizen engagement in government processes, would lead to increased community trust in local government. Like the other projects, LGP emphasized both the supply and demand sides to social accountability; however, the program worked to increase trust over explicitly improving service delivery, as a means to counteract a long history of local governments focused on maintaining security and controlling citizens.

Neither did HPI/GMR-C have an explicitly stated service delivery outcome. Instead, the project emphasized creating an enabling environment for successful delivery of services to target populations (people living with HIV, men who have sex with men, etc.). HPI/GMR-C thus differed from LGP in that HPI/GMR-C tied social accountability outcomes to a defined set of

³⁰ Although it did not have a specific sectoral focus, the Morocco LGP had as one of its four objectives to "improve collaboration between communes and state decentralized services" (see "Program Overview" in Chapter 7).

services, even though specific service improvements were not a stated goal of the project.

Social Accountability Interventions and Actions

The combinations of social accountability interventions undertaken by the case study projects varied considerably (see Chapter 2, Table 3). At the same time, however, the specific mechanisms often overlapped, as did the types of social accountability actions undertaken by projects. All the projects employed some *mechanism for performance assessment and monitoring*. Examples include Snapshot of School Management Effectiveness interviews and observations (Northern Education Initiative [NEI] in Nigeria), local government performance frameworks (LGP and Leadership, Empowerment, Advocacy, and Development [LEAD] in Nigeria), and a complaint-handling survey (Kinerja in Indonesia), intended to involve citizens in assessing shortcomings in state actors' performance and often to evaluate changes in identified shortcomings over time.

Most of the case study projects also incorporated a user committee, which often included state representatives as well. Twubakane's community partnerships for quality improvements (PAQs) in Rwanda, Kinerja's multistakeholder forums (MSFs), LGP's youth councils and Commissions for Equity and Equal Opportunity (CPECs), and NEI's community education forums (CEFs) were all instituted to channel citizen voice and priorities to the government.³¹ LEAD and HPI/GMR-C also worked with citizen groups, but relied on existing organizations (such as Ward Development Committees and civil society organizations [CSOs] in Nigeria, and CSOs in China) instead of creating new committees.

Four of the case study projects introduced mechanisms for *participatory planning* as a structured process for including citizens in identifying priorities for improving public service provisions or allocating budgets. LGP facilitated the implementation of government-mandated Communal Development Plans (CDPs). In Nigeria, both NEI and LEAD worked with Ward Development Committees to identify community needs and engage citizens in channeling and prioritizing identified needs to local governments. (NEI also introduced a parallel process specifically for education priorities and funding.) Although

³¹ Notably, NEI also worked with existing school-based management committees. Similarly, Kinerja's MSFs in the education sector were usually previously established school committees, and those in health likewise were sometimes based on organizations already in place.

Kinerja did not institute a full strategic planning process, it introduced negotiations between citizens and providers over which community-identified service improvement priorities would be included in schools' and clinics' service charters and which would be forwarded to higher levels of government for possible funding.

Finally, *advocacy training* for civil society actors was explicitly incorporated into two projects (NEI and HPI/GMR-C). However, similar interventions were also part of other projects' work with user committees and civil society groups. For example, LGP's youth councils, Twubakane's PAQs, Kinerja's MSFs, and LEAD's work with CSO networks introduced advocacy skills in organizational strengthening efforts.

Most projects closely connected (1) social accountability activities oriented toward increasing government actors' capacity and responsiveness (supply) with (2) those aiming to strengthen citizens' capacities for exercising social accountability (demand). For example, Kinerja's supply- and demand-side interventions were tightly linked, with a standard set of social accountability activities accompanying all types of sectoral strengthening for service providers. Similarly, LEAD's social accountability activities were designed to reinforce each other and to be implemented in each local government. NEI linked Freedom of Information Act (FOIA) training for CSOs with training for FOIA implementation for government officials (and with sector strategy representation for civil society actors), and also worked on strengthening both government and community capacities for collaborating on local planning and budgeting. HPI/GMR-C coordinated supply-side studies of policy barriers to service use with advocacy efforts by citizen groups. In contrast, LGP's and Twubakane's activities were less integrated. Some of LGP's activities involved closely coordinated supply and demand components (such as CDPs), but the overall approach relied on local governments to select which project activities they would participate in. Although a number of participating local governments implemented several project activities related to social accountability, there was not a standard set of required social accountability interventions. For Twubakane, much of the project's work with providers and local governments was focused on strengthening clinical and technical capacities rather than on responding to citizens, and supply-side social accountability activities (open houses and accountability days, media activities) were not closely linked to PAQ activities.

In terms of types of social accountability action, most of the projects worked to increase *transparency*, *coproduction*, and *compliance* through their activities. Kinerja's citizen journalism activities were the only explicitly *contentious/confrontational* social accountability actions. Also, Twubakane's activities did not have an explicit emphasis on transparency. It is notable that few case study project activities highlighted stand-alone transparency actions, even though a number of the projects were designed with strong information-sharing components as a part of other activities. For example, NEI channeled project-gathered data through the Medium-Term Sector Strategy, LGP had an overall focus on transparency and specific information sharing through Communal Development Plans, and LEAD collected budget data in public expenditure tracking activities. None of the projects therefore assumed that information alone would bring about social accountability (Fox, 2007, 2015). Instead, the primary emphasis in most of the projects was on coproduction, engaging citizens in planning and implementing services and related policies.

Actual Outcomes

This section summarizes the achievements of the case study projects in terms of the three posited outcomes from social accountability: governance, empowerment, and service delivery (Table 13). It is important to note that for most of the projects, the effects were not exclusively attributable to social accountability interventions. Aside from Kinerja, none of the projects was subject to evaluations that attempted to isolate and quantify such effects. Instead, we summarize project effects that were directly related to the social accountability interventions and, in many cases, attributed by government, project, or citizen actors to these activities. Note that to facilitate comparisons across the cases, Table 13 standardizes some project-specific terminology for officials, organizations, and processes, based on their function (e.g., "user committee"). Shaded outcomes (all in the service delivery column) were not expected to result from project activities.

Governance

All the projects resulted in *strengthened mechanisms for including citizens in state processes*. In Twubakane and Kinerja, new user committees (PAQs and MSFs, respectively) were accepted as participants in clinic or school decision making. A number of local governments working with LGP adopted complaints-management mechanisms that showed promising levels of processing and responding to citizens' concerns. LGP also facilitated the

Table 13. Summary of social accountability outcomes, by project

Governance	Empowerment	Service delivery
Nigeria Northern Education Initiative (NEI)		
<ul style="list-style-type: none"> • Civil society representatives included in medium-term planning process channeled NEI-generated information to state planning process • Government improved its responsiveness to Freedom of Information Act (FOIA) requests • Bauchi State education officials made some allocations according to plan presented by coalition of user committees 	<ul style="list-style-type: none"> • Civil society organizations (CSOs) exercised FOIA rights to inform medium-term planning representatives • District-level user committees engaged in local government budgeting processes (but no funds were available to respond) • State-level coalition of user committees obtained budget information from education officials and collaborated with district-level user committees to develop equitable distribution of resources (proposals not generally accepted, except selectively in Bauchi State) • Local user committees monitored classroom construction and school rehabilitation (but no response from education officials to flagged problems) 	<ul style="list-style-type: none"> • Few discernable effects could be attributed to social accountability activities
Twubakane		
<ul style="list-style-type: none"> • User committees at health centers became broadly established, with majority active • Community–government communication improved and interactions increased 	<ul style="list-style-type: none"> • Community members were proud to represent citizens; were confident in interactions and collaborations with health staff 	<ul style="list-style-type: none"> • Stakeholders noted improved provider–client relations, punctuality of health facility staff, health facility ownership of tasks, and infrastructure (reported by both providers and user committee members) • Increases occurred in number of deliveries attended by a skilled professional, number of diphtheria-pertussis-tetanus vaccinations, and number of antenatal care visits (not clearly attributable to user committee)

(continued)

Table 13. Summary of social accountability outcomes, by project (continued)

Governance	Empowerment	Service delivery
Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C)		
<ul style="list-style-type: none"> Local laws and regulations were changed to increase access to services Registration requirements for CSOs changed Rights and protections improved for people with HIV and affected populations 	<ul style="list-style-type: none"> CSOs' ability to register provided a formal platform for advocacy CSOs gained advocacy skills and experience, as well as working relations with providers and officials 	<ul style="list-style-type: none"> Access improved in methadone maintenance treatment, voluntary counseling and testing, pre-employment training, and jobs Locally, some facilities reduced refusals of health services Incidences of nonreimbursement for treatment declined
Kinerja		
<ul style="list-style-type: none"> Officials accepted user committee involvement in school and health center decision making (but with variations across sites and roles for user committees) Interactions between citizens and service providers increased Levels of implementation of service charters were high (83%) 	<ul style="list-style-type: none"> User committee members channeled complaints to health clinics but had variable capacity to monitor response Parents reported greater sense of engagement in schools and more involvement in fundraising (compared to control schools) District-level user committees advocated for increased funding for schools and health clinics (but with variations across sites and types of decisions) Citizen journalism contributed to high levels of reporting on service delivery and government performance 	<ul style="list-style-type: none"> Site-level improvements at health clinics were acknowledged by citizens and providers (small infrastructure, better service orientation, increased availability of doctors, improved attendance by staff and midwives) Parents were more satisfied with school management, facilities, and teacher quality and quantity (compared to control schools)
Local Governance Program (LGP)		
<ul style="list-style-type: none"> Local government openness to citizen participation improved, indicated by 89% of officials noting substantial LGP contributions Local governments demonstrated strong commitment to complaints-management systems 	<ul style="list-style-type: none"> Active local youth councils made connections with regional and national networks Citizen engagement in local governance increased (statistically significant increases in citizens reporting participation in local government activities) Citizens expressed voice through complaints-management systems and participatory planning 	<ul style="list-style-type: none"> Localized improvements occurred in response to complaints and as a result of youth council activities (but improvements were not generally visible to citizens)

(continued)

Table 13. Summary of social accountability outcomes, by project *(continued)*

Governance	Empowerment	Service delivery
Local Governance Program (LGP) (continued)		
<ul style="list-style-type: none"> • A majority of local governments implemented more than 50% of activities identified through participatory planning • Interactions with youth improved 		
Leadership, Empowerment, Advocacy, and Development (LEAD)		
<ul style="list-style-type: none"> • Local governments institutionalized annual participatory priority-setting processes • Local government budgets showed high rates of inclusion (65%) of community priorities • Transparency of state-level budgets improved to a degree • Local governments enhanced their strategic planning, project planning and implementation, and service delivery • A budget-hearing interface helped local governments to present and advocate for draft budgets before final approval by state agencies 	<ul style="list-style-type: none"> • CSOs gained capacities to advocate and monitor at state level, collaborate with community-based organizations and local governments, and manage participatory planning processes • Connections strengthened among CSOs in each state • Communities engaged more often in infrastructure project implementation 	<ul style="list-style-type: none"> • Access to drinking water improved for more than 400,000 people

Note: Shaded outcomes indicate those that were not expected to result from project activities.

implementation of participatory municipal investment plans (CDPs). LEAD introduced community-based planning mechanisms that have become an annual activity for many local governments. Due to HPI/GMR-C's work, requirements for CSO registration were changed to make it easier for groups to be formally recognized. Stipulations for civil society representation in state-level medium-term planning were enforced due to NEI's efforts.

There were also indications of *government responsiveness to citizen concerns* for each case study project. For LGP, Kinerja, and LEAD, local governments demonstrated responsiveness by including substantial numbers of community priorities in budgets, as well as implementing many of these activities. In China, local governments changed legal frameworks to improve access to services in response to HPI/GMR-C's social accountability activities. Officials were least responsive in the NEI case, although there were some improvements in willingness to fulfill FOIA requests and a limited amount of state-level education funding was channeled based on citizen-identified needs.

In some cases, there were documented *increases in interactions* between citizens and state actors. LGP reported statistically significant increases in citizen participation in local government activities during the last 2 years of the project, and also contributed to more interactions between officials and young people. Interactions between principals and parents were more frequent in schools where Kinerja had introduced social accountability activities, compared to control schools. Similar shifts were reported in health clinics where Twubakane had introduced PAQs.

Two projects demonstrated unique governance improvement. LEAD documented *improved government performance* in tasks related to social accountability activities (strategic planning, project planning and implementation, and service delivery). Notably, local governments working with HPI/GMR-C *strengthened rights and protections for marginalized citizens* (people living with HIV/AIDS and affected populations).

Empowerment

In all the cases, citizens were able to exercise agency to take advantage of new opportunities to express voice and engage with state actors. Community members participated in planning processes (NEI, LGP, LEAD), served on user committees related to specific services (NEI, Kinerja, LEAD, Twubakane), and exercised their rights (NEI, HPI/GMR-C). In addition to these coproduction-oriented demonstrations of empowerment, there were some examples of citizens empowered to undertake *monitoring of government activities* (compliance). In NEI, CEFs in Bauchi State made efforts to monitor school construction and rehabilitation (but received no response when they reported irregularities). Moroccan citizens enthusiastically used complaints-management systems where they had been established. Citizen journalists trained by Kinerja also publicized service delivery problems, and MSFs monitored implementation of service charter obligations.

There were also gains in *civil society actors' organizational capacities* to hold the government to account for responding to citizens' views and needs. In the case of NEI, the state-wide coalition of community education forums collaborated with local forums to develop and present a plan for equitable resource distributions to the education agency in their respective states (Bauchi and Sokoto), demonstrating a high level of organizational capacity for recently established organizations. Similarly, many of the Moroccan youth councils—whose creation was facilitated by LGP—formed regional networks and made connections to political actors at the national level. CSOs working with both LEAD and HPI/GMR-C gained advocacy skills and established new collaborative relationships with state actors. Some of Kinerja's district MSFs also demonstrated considerable sophistication in lobbying legislators and officials to support service delivery improvements.

Service Delivery

Five of the six case study projects reported some improvements in service delivery, although type and measurability of effects varied across these five cases. Most of these were localized responses to citizen-identified issues (for example, complaints reported through LGP mechanisms, site-level improvements in schools and clinics in Kinerja and Twubakane, improved access to water at specific locations identified through LEAD's planning processes). In contrast, through policy shifts, HPI/GMR-C—which concentrated on the enabling environment for services, rather than on the service delivery units themselves—did achieve more general improvements in access to methadone maintenance treatment, voluntary HIV testing and counseling, and jobs training. Reported effects for some projects were primarily in citizens' perceptions of service delivery (of providers' attitudes towards clients, or satisfaction with services received; for example, in Kinerja), while others documented changes in the number of facilities or citizens using services (such as in LEAD and Twubakane).

NEI was the only project for which few service delivery improvements could be attributed to social accountability activities. Even though citizens attempted to hold the state to account through various means, local governments did not control the resources needed to respond, and state-level actors—who could make resource allocations—were not generally responsive to priorities and problems raised by civil society actors.

Expected Versus Actual Outcomes, by Project

NEI aimed to achieve all three social accountability outcomes. The project demonstrated strong effects in empowerment and some effects on governance, but few changes in service delivery, due to lack of responsiveness from local and state-level governments (see “Service Delivery” above). This lack of responsiveness, due to resource constraints at the local level and lack of political interest at higher levels, likely also weakened empowerment effects. As community education forums saw no effects of their earlier efforts at social accountability, many became dispirited and instead turned their efforts to fundraising.

In line with expected outcomes, LGP showed clear improvements in governance and citizen empowerment, as well as some gains in service delivery, which was not an explicit social accountability aim. Empowerment effects were concentrated in youth councils and in citizens’ use of complaints-management mechanisms to channel service delivery problems. Some concerns arose that the lack of visibility of service improvements resulting from CDP implementation would undermine citizens’ willingness to continue to channel their voices through this process, negating related empowerment gains. This potential link between service delivery and empowerment suggests that more emphasis on service delivery could have been advantageous to project objectives.

Although LEAD—like LGP—was (and remains) a governance-centered project, it had a stated service delivery objective and was able to demonstrate concrete gains in drinking water access alongside improvements in governance and empowerment. What is notable about LEAD’s empowerment gains—and what contrasts it with NEI’s experience—is the emphasis on state-level CSO engagement. Although the focus of social accountability was at the local government level, LEAD undertook complementary work at the state level to introduce governance mechanisms that increased transparency of state-level resource flows and strengthened CSOs’ capacity to exercise a voice at this level.

Kinerja aimed for, and achieved, changes across all three social accountability outcomes. While notable, the gains measured in a 2015 impact evaluation were concentrated in the coproduction range of social accountability actions, with only citizen journalism at the compliance/contention end of the spectrum. Although MSFs monitored providers during the implementation of social accountability activities (as evidenced by high rates of service charter completion), they often depended on project staff to

mobilize to exercise that right (Wetterberg et al., 2015). Similarly, data from the impact evaluation indicated that parents' higher engagement in schools reflected more involvement in fundraising, rather than monitoring of the quality of service delivery.

Kinerja's service delivery results also suggest (as do Twubakane's) two challenges of linking social accountability activities to specific sector targets. First, even though the project had quantitative impact targets for health and education, these were set at the district level (where data were available), whereas social accountability activities took place at a subset of service delivery units in each district. The lack of sectoral impact therefore may have been due to measurement issues. Second, responses to citizen priorities often resulted in changes in management practices or broad resource allocations (such as shifts in opening hours, or disciplinary actions for staff absenteeism). These changes often improved citizens' experiences with service delivery but were likely too limited to have discernable effects on detailed sectoral targets.

In contrast to the other sector-based project (NEI), and to most of the other projects, which channeled social accountability activities to several levels (service delivery units, local government, technical agencies, and higher levels of government), Twubakane's PAQs were much more narrowly aimed at achieving social accountability outcomes at specific service delivery units. This localized approach to social accountability did produce gains in governance, empowerment, and service delivery at many clinics and in the communities they were serving. Although PAQs received organizational, technical, and financial support from district-level actors, effects were reported at the clinic level, without extending gains in citizen empowerment or governance to higher levels. In part, this reflects Twubakane's other technical assistance components unrelated to social accountability, which supported strengthened capacity at higher levels of government (see Table 2, Chapter 2). Twubakane's effectiveness invites us to consider the trade-offs between a narrow social accountability approach with localized gains and multipronged efforts that have the potential for broader gains.

HPI/GMR-C instead concentrated its social accountability activities and expected outcomes on the policy arena. Actual governance and empowerment outcomes were also evident at the provincial level, where policy making takes place; and at CSOs targeting advocacy efforts toward government actors at this level. Service improvements, although not an expected outcome, were evident at service delivery units and broader programmatic levels.

Sustainability of Interventions and Outcomes

For all the case study projects, some element of introduced social accountability mechanisms was sustained by local actors after project-initiated activities concluded. Often, this was a structure, such as a user committee, that had been initiated or supported by the project. For example, many of the PAQs (Twubakane) were active at the end of the project and had set up income-generating activities and chosen new members to replace inactive ones. PAQs also continued to receive technical support in some districts, and their continued existence was supported by national policies. In Kinerja, some district-level MSFs continued to function with financial support from district governments. NEI's community education forums persisted as fundraising mechanisms to support improvements in education services. Since LGP ended, youth councils in Morocco (LGP) have shown independent initiative to generate resources to support themselves at local levels, establish regional networks, and create a national organization to support institutionalization of local youth councils, in addition to a national youth council to voice their interests at the central level.

Some project-initiated processes were also sustained. LEAD's participatory planning processes have become an annual exercise in many local governments, increasingly facilitated by CSOs. Complaints-management mechanisms showed good momentum for LGP, where local government officials also gained knowledge and skills to continue implementing CDPs. Policy changes supported by HPI/GMR-C provided continued support for CSO advocacy and stronger rights for marginalized groups.

In addition, certain CSOs improved organizational skills that enabled them to continue to hold government to account. In particular, CSO networks supported by LEAD demonstrated capacity to lobby for state-level budget transparency and to channel citizen voice through community priority-setting processes. Youth councils clearly gained capabilities to support a continued dialogue at various levels of Moroccan government.

Governments also supported sustainability of some social accountability mechanisms through replication of project approaches to new sites. This was the case for Kinerja, where some districts provided funds for introducing social accountability tools at several more clinics or schools, and where at least one district adopted the MSF, complaint-handling surveys, and service charters for all clinics under its jurisdiction. Sokoto State in Nigeria has replicated some elements of LEAD's accountability mechanism (service improvement

plans) to all local governments, whereas Bauchi State has disseminated others to selected local governments, and pledged replication to all others. Some of LGP's mechanisms, such as complaints-management systems, have been disseminated to additional local governments by the project's central government counterpart.

There were also aspects of projects that were not sustained. NEI's social accountability processes, in which community education forums participated, proved unsustainable when there was no response from the government to citizens' efforts. In spite of strong engagement by citizens to identify priorities and communicate these to government actors, local governments and local education sector agencies did not have financial resources to react to them. When civil society actors (through the Medium-Term Sector Strategy and the state-level community education forums) attempted to hold higher-level officials to account for community needs, there was again no government reaction, this time due to a lack of political imperative to shift resources away from allocations that better served officials' own needs. Further, there were no financing mechanisms to continue social accountability activities and support citizen groups.

The lack of resources to respond to citizen needs and to sustain social accountability mechanisms was cited as a threat to sustainability in several other cases. Along with some youth councils in Morocco, both PAQs (Twubakane) and clinic/school-level MSFs (Kinerja) struggled to find funds to support committee operations. Some committees also pointed to problems with funding to remedy citizen-identified shortcomings, although all three of these projects had mechanisms for channeling problems to higher levels of government that proved at least partially effective during project operations. In both Morocco and Indonesia, the unclear legal standing of youth councils and MSFs proved an obstacle to securing funding.³²

Citizen fatigue also undermined sustainability. Given the lack of resource support, the opportunity costs of time needed for engagement, and sometimes the contentious interactions with government officials, some citizen and civil society groups' initial enthusiasm for social accountability faded. This tendency was reported for PAQs and MSFs. In LGP, the lack of results visible

³² In Kinerja—which continues through 2017—an internal debate is under way as to whether MSFs should lobby for legal recognition from districts. While legal status would allow them to receive public funds, this dependency could compromise their effectiveness as social accountability mechanisms.

to citizens may contribute to a similar lack of sustainability. In China, stigma and discrimination continued to inhibit individual citizens and CSOs from engaging in social accountability efforts.

In some projects, a high reliance on project staff to operationalize social accountability threatened sustainability. This was the case for Kinerja, where some MSFs reported that they needed project actors to bring them together with officials to exercise voice (Wetterberg et al., 2015). For LEAD, the large number of connected social accountability activities resulted in high reliance on project staff to ensure they took place. A similar pattern was reported for NEI.

Finally, a lack of political and institutional support from government was a risk for many projects. This problem was particularly stark in NEI's case, but was also an issue for Kinerja in some districts and for LEAD in Bauchi. Another more detailed example is from Morocco, where, in spite of local officials' enthusiasm and strengthened skills for implementing CDPs, there were no incentives for the additional workloads associated with participatory planning, coordination within the local government was lacking, and no formal planning mechanisms existed to complete additional rounds of CDPs. LGP also experienced the lack of political support for two interventions that were not implemented as intended. The Commissions for Equity and Equal Opportunities did not generate momentum to operate independently—in spite of a legal provision for this structure to provide citizen input to and oversight over local government decision making—because elected officials felt that the Commissions threatened their authority to speak for their constituents.

Discussion

The six cases confirm the conclusions from the wider literature and from practical experience that *effective and sustainable social accountability outcomes are a function of both demand and supply* (Brinkerhoff & Wetterberg, 2016). The connections between demand- and supply-side capacities are clearly demonstrated in the projects' theories of change, summarized in Chapter 2, Table 3; and in the results achieved in governance, empowerment, and service delivery, recapped in Table 1 (in Chapter 2) and Figure 8 in this chapter. Each of the projects incorporated capacity development for citizens to engage in social accountability—while also coaching public officials and providers to respond to citizens' concerns and to use the information gleaned from social accountability tools and mechanisms to improve service delivery,

increase the effectiveness of planning and budgeting, and make adjustments in policies and management processes. The relevance of these connections was strong, whether for projects with a predominant sectoral service delivery focus, or for those with a governance emphasis, as well as for projects in between with a balance of governance and service delivery objectives.

Barriers to Effective Social Accountability

As detailed in Table 3 (Chapter 2), the case study projects shared similar theories of change, as well as types of social accountability actions and interventions. Whether projects achieved and sustained expected outcomes, however, depended on the degree to which they confronted—and were able to overcome—barriers to social accountability.

To summarize the findings on sustainability, perhaps the most fundamental threat to continued social accountability is a *lack of response from government actors to the priorities that citizens have identified*. If the state does not respond, there is no room for further efforts from citizens to monitor implementation and channel subsequent needs. If they did not perceive a response, civil society actors in our case studies tended to shift their attention away from social accountability activities. In such instances, there was often a sense of dejection and regression of empowerment gains, with citizens seeing little use for continued advocacy for greater responsiveness from the state through the mechanisms established by projects. Some citizens reacted by shifting their energies to generating community resources to support needed improvements in services. While such behaviors could be interpreted as signs of coproduction, they verge on a form of forced privatization in which the state has effectively abdicated its responsibilities for delivering high-quality public services, shifting the burden to citizens.

Citizens could potentially have leveraged gains in empowerment to escalate to more confrontational social accountability actions in the face of government inaction (Gaventa & Barrett, 2012). In our case studies, however, no such reactions were reported, likely because of the relative novelty of social accountability actions and general constraints on voice and accountability in most of these country contexts (Figure 2, Chapter 2). Although some have suggested that even failed organizing experiences are a resource for citizens to draw on for future collective action (Hirschman, 1984), our cases indicated that *gains in empowerment were threatened, at least in the short term, when the state failed to respond to social accountability efforts*.

There were several reasons why government actors did not appear responsive to citizens' social accountability attempts (Figure 8). One was a *lack of visibility of state response*. In the Morocco case, for instance, state actors actually did incorporate citizen's priorities from the Communal Development Plans into their budgets and plans and, in most municipalities, ensured that progress was made on implementing planned investments. However, these achievements were not communicated or readily evident to citizens, who therefore may be disinclined to channel priorities to the local government through CDP mechanisms in the future.

In several of the cases, officials who were the targets of social accountability actions *lacked control over needed resources to initiate a response to citizens' identified priorities for improvements*. In Indonesia, health center administrators had no control over their budgets and therefore were unable to provide greater amounts of needed medicines or more specialized services than they were allocated by district officials. In Morocco and Nigeria, it was district officials who lacked financial autonomy to address citizens' expressed needs. In spite of past decentralization reforms in these countries, effective control over fiscal resources remained at higher levels of government.

Weak political support for social accountability also stymied responsiveness. This was most evident in NEI, where there was little commitment from state-level actors to respond to information and priorities channeled from citizens through planning mechanisms and budget proposals. Several projects tried to ensure political support by incorporating self-selection by local governments (LGP, LEAD) or specific reforms (Kinerja). The motivations behind such "voluntary" adoption of program interventions are complicated, however, and may reflect local constellations of power and access to resources rather than a desire to improve services (Wetterberg & Brinkerhoff, 2016). In the case studies, self-selection did not guarantee responsiveness at all sites.

Related to several of the other reasons for a weak state response were *unchanged attitudes toward citizen and state roles in service delivery*, resulting in reluctance to embrace social accountability efforts at their intended level of action (Table 1, Chapter 2). Intended coproduction mechanisms—such as the Medium-Term Sector Strategies and the community education forums in NEI—produced transparency but little additional accountability. Kinerja's complaint-handling surveys were often perceived by officials as confrontational, rather than collaborative; in some districts, social accountability actions offended providers, who initially refused to respond.

Rather than enforce compliance as intended, PAQs and MSFs often played a coproduction role by mobilizing community members to utilize services. Even at Kinerja clinics where social accountability actions had produced positive service delivery outcomes, MSFs consistently perceived stronger accountability roles for themselves than providers did. Similarly, in Morocco, officials were not ready to accept the direct citizen scrutiny of decision making that the Commissions on Equity and Equal Opportunity provided. In China's unsupportive context for social accountability, CSOs presented compliance-oriented advocacy as coproduction activities to garner official acceptance. While some of these softer social accountability actions had positive outcomes, they underscore the difficulties of shifting officials' attitudes to see responsiveness as essential to improving public services and to accept a greater role for citizens to engender such improvements, especially in contexts where government effectiveness in providing services is weak and there have been few prior opportunities for voice and accountability (Figure 1, Chapter 2).

Addressing Barriers to Social Accountability

Alongside highlighting these barriers to responsiveness, our cases also point to a number of possible strategies for addressing them. Remarkably, some of these strategies proved effective even in the country contexts that a priori would be expected to be least receptive to social accountability activities, such as China. In systems lacking social accountability, service providers and local officials have generally been accountable to higher levels of government (upward accountability). To be effective, citizens' social accountability activities are helped by upward-aligned accountabilities such that incentives (rewards/sanctions) from higher levels of government support responsiveness. Shifts toward incentives that encourage providers and local officials to be more responsive to citizens can be brought about through social accountability efforts by citizens, CSOs, progressive government leaders (sometimes due to electoral accountability), or efforts of external actors, such as project staff or donor agencies interacting with policy makers.

To connect top-down and bottom-up accountability efforts, Fox (2015) proposed a "sandwich strategy" in which local social accountability efforts connect with national policy reformers with the help of interlocutors. Together, these actors work to reduce resistance to accountability from both inside and outside the state. Similarly, Grandvoinnet et al. (2015) posited an elaborate framework for social accountability drivers that centers on connecting citizen and state action through information, civic mobilization, and a citizen-state

interface. Our cases contribute a number of nuances for operationalizing these general strategies and frameworks, which we turn to next.

Focus on Next Higher Levels of Government

Rather than a general emphasis on national policy support for social accountability and stronger rule of law (Fox, 2015), our cases suggest that financial, political, and institutional support from officials immediately above those targeted by citizens' social accountability efforts may be most critical. Garnering support from one level higher than that of expected outcomes leverages top-down accountability to help change long-standing attitudes toward citizens and provides incentives for greater responsiveness. In Twubakane and Kinerja, this leverage derived from support from district officials for changes by service providers. In LEAD, state-level institutional changes reinforced local government responsiveness (in contrast, notably lacking in NEI); and in China, national pressure to meet international mandates for HIV services provided impetus for HPI/GMR-C's provincial-level improvements. Higher-level support can produce structural changes that sustain social accountability activities even when specific citizen or state actors change (Grandvoinnet et al., 2015).

Stand-Alone Policy Mandates for Social Accountability Are Insufficient

Including social accountability mechanisms in regulations can provide a measure of legitimacy and structural support that citizens can leverage for responsiveness. For example, incorporation of complaints-management mechanisms into Indonesian national legislation helped Kinerja actors justify such efforts to skeptical officials. In Morocco, a national mandate for participatory Communal Development Plans facilitated LGP's work to strengthen citizen engagement in local government planning mechanisms. However, neither of these social accountability mechanisms had been consistently implemented prior to the projects' activities, in spite of legal requirements. Further, NEI actors worked to include Nigerian CSOs in planning processes by leveraging regulatory requirements, but these did not empower citizen representatives to go beyond channeling information.

In several of the projects, citizens sought legal recognition to maintain social accountability mechanisms (for example, youth councils in Morocco, and Kinerja MSFs). *While legal recognition can contribute to sustainability, it needs to be combined with public recognition and state support, as well as*

continued citizen engagement, to result in institutionalized practices of social accountability.

Demonstrate Service Delivery Improvements to Increase Sustainability

The cases demonstrate that *projects whose starting point and core emphasis concerned governance benefited from building links to services.* Perhaps the clearest example here is Morocco's LGP, where targets for expanding citizen participation in local government affairs were concretized through youth-related services and engagement. Conversely, as noted above, projects with sectoral service starting points improved their prospects for sustainability by building in attention to governance and empowerment. Rwanda's Twubakane exemplifies this point.

Not surprisingly, concrete improvements in service delivery help to *reinforce empowerment gains and sustain citizen involvement.* As discussed earlier, abstract normative benefits of engaging with government processes and actors are unlikely to be sufficient to sustain citizens' motivations to engage in social accountability actions. Without a positive response from the state, costs in time and resources and the potential for backlash to social accountability activities are likely to deter continued engagement. Even if a service delivery goal is not explicit (as in HPI/GMR-C), expected changes in service delivery can motivate citizen engagement, and actual changes provide a benchmark for progress.

In addition to encouraging continued citizen engagement, improvements in service delivery can *garner political support and change officials' attitudes.* In HPI/GMR-C, collaboration and progress toward shared objectives to improve services for people living with HIV increased government actors' willingness to work with these stigmatized populations. After seeing improvements in services at health centers responding to Kinerja's social accountability mechanisms, some district officials rewarded center administrators with greater financial autonomy, which encouraged providers to further increase responsiveness to citizen needs.

Focus on Both Elected Officials and Bureaucrats

To connect upward accountability to social accountability, Fox (2015) emphasized the need for responsiveness from elected officials. Through electoral accountability, he argued, citizens can leverage higher-level political support for social accountability. In our cases, we found instances where

elected officials buttressed citizens' efforts, but important support from unelected bureaucrats also mattered. In Nigeria, for instance, LEAD made greater progress in Sokoto State, where electoral reforms were respected, than in Bauchi State, where they were not. However, important concrete changes in administrative practices in LEAD (such as more transparent state-level budget review) and isolated cases of responsiveness in NEI (such as the greater openness of the Bauchi State Universal Basic Education Board after resolution of a teachers' strike) involved the actions of bureaucrats, rather than elected officials. Similarly, in some Kinerja districts, elected legislators proved to be key allies for citizens to bring their needs to higher levels of government. However, administrative and structural changes that sustained responsiveness relied on the actions of bureaucrats in technical and planning agencies in these districts (see also Wetterberg & Brinkerhoff, 2016).

There were also cases where electoral mechanisms were not supportive of social accountability. In Morocco, elected officials perceived some social accountability mechanisms as a threat to their own mandate to channel citizen voice. In spite of regulatory support for Commissions for Equity and Equal Opportunities, these committees' accountability functions were thwarted by elected councilors' reluctance to incorporate input from them. Most notably, Chinese CSOs were able to work with officials at a level of government with no electoral accountability to channel needs and improve services. In this case, incentives for provincial officials derived from the Chinese national government's public commitments to international protocols regarding HIV/AIDS policies and programs, and the resulting pressures from the center to adhere to them.

Support Changes in Institutional Frameworks and Relationships to Facilitate Social Accountability

In addition to introducing specific social accountability mechanisms, perhaps the most significant contribution that interlocutors—such as staff involved in international development projects—can make is to *facilitate shifts in relations between citizen and state actors* in sometimes small, but potentially important ways. Such contributions underscore that a shift to greater government responsiveness to social accountability is not automatic, but that changes are required at many different levels to produce lasting change.

Examples of these supportive actions include the identification of shared goals between CSOs and officials in China, through research and advocacy support; and facilitated connections between Moroccan youth councils and

young parliamentarians to identify common ground. LEAD project actors worked with CSOs to press for a budget-hearing interface between state and local government officials that provided a new opportunity for local governments to present and defend draft budgets before final approval—a marked departure from prior arbitrary budget review and allocations by the relevant ministry. This change proved critical to funding citizen priorities in local government budgets.

A common project activity that contributed to changed relations between citizens and the government was *training for citizens' groups in how to engage with public officials* (for example, for Moroccan youth councils, Kinerja's MSFs, and CSOs in Nigeria and China). Such support not only covered the functioning of specific social accountability mechanisms but also built skills to effectively present ideas, resolve conflict, and communicate in a common language with government actors. This type of capacity building strengthens citizens' abilities to connect to external actors and sustain themselves without project support (Baser & Morgan, 2008).

Pay (Reasonable) Attention to Context

The cases ratify the essential role of contextual factors in influencing effective and sustainable social accountability, which is another robust analytic stream emerging from literature and practice (Bukonya et al., 2012; Grandvoinnet et al., 2015; O'Meally, 2013). Basic state properties, such as government effectiveness, the status of state–society relations, and characteristics of civil society all shaped the macro-context for social accountability in each of the six cases. Contextual factors stood out most saliently in the China case, given that the target of HPI/GMR-C interventions was the enabling environment.

The cases' applications in local government settings highlight the degree of *effective decentralization as a contextual parameter*, and raise the importance of moving beyond macro-level features of the context to considerations of micro-contexts (Joshi, 2014; Wetterberg et al., 2015). Decentralization determines the allocation of roles, responsibilities, authorities, and resources to subnational levels of government. For example, variations in capacity and commitment of Indonesian local government actors influenced both the choices of sectoral services to improve, and the responses to Kinerja's social accountability interventions.

Reflecting the role of context in understanding social accountability outcomes, research on social accountability has increasingly emphasized the importance of taking into account contextual factors to maximize effectiveness

(Grandvoinnet et al., 2015; Joshi, 2014; O'Meally, 2013). However, while critical for interpreting outcomes, contextual data can be costly to gather, because locally relevant and comparable information on political actors, civil society groups, and prior social accountability efforts is rarely available for all locales. Further, relevant factors are often not readily identifiable before social accountability interventions are implemented (Wetterberg et al., 2015). In fact, our cases demonstrate that the *ability of organized citizens to use social accountability mechanisms to leverage power and shift relations with state actors is often due to contextual influences that were unanticipated during program design*. For instance, LGP began in 2010, before the events of the Arab Spring could have been predicted. During project implementation, however, the uprisings and regime changes in neighboring countries due to confrontational social accountability helped to bring about constitutional reforms in Morocco. These reforms were not anticipated when LGP started, but allowed more political space for youth and civil society participation and underscored the urgency for local and national officials to address the needs of young people, which greatly helped LGP's youth councils to flourish.

A recurring contextual factor across our cases is the *role of personal agency*. Individual state actors' willingness to engage with social accountability efforts proved to be important both in launching and sustaining social accountability. For example, in NEI, an isolated case of responsiveness from Bauchi education officials resulted from the state-level community education forum's ability to broker a meeting during a teachers' strike, unrelated to prior social accountability efforts. For both LGP and Kinerja, the effectiveness of specific social accountability activities varied depending on individual actors, at sometimes very local levels.

These types of *micro-contextual variables cannot be systematically incorporated into project designs* (Joshi, 2014). Instead, project designers should limit their attention to a circumscribed set of contextual variables directly associated with barriers to social accountability and service delivery improvements (including variations in local resource distributions, degree of effective decentralization, level of civil society development, and past service performance) to identify interventions that may prove effective. Project implementation should be carried out by practitioners with thorough understandings of the local contexts to make adjustments and grasp opportunities as they emerge.

Considerations for Program Design and Implementation

We see the following implications for program design and implementation flowing from the above points. We begin with program design:

- **Supply and demand.** For program designs that make use of social accountability approaches and mechanisms, it is desirable to *include both supply and demand elements* under the “umbrella” of the program. This combination can reduce the likelihood that state actors will mistrust or reject citizen involvement, and can develop the motivation and capacity to be responsive. On the demand side, it can reduce the chances that citizens will become discouraged when they find that state actors fail to react to their input.
- **Valued services.** For governance programs, designs that *establish links to services that citizens value* are more likely to motivate them to take advantage of the participatory options that the various types of social accountability tools offer, as the above discussion of demonstrating service delivery benefits confirms. This connection helps to concretize governance in the eyes of citizens, and increases the chances that the program can build a broad, demand-driven constituency for governance reforms beyond the implicated public sector agencies and actors.
- **Governance context.** For sectoral service delivery programs, designs that *take into account the governance context that creates incentive structures (positive and negative) for service providers and facilities* are more likely to achieve their service delivery objectives, as well as contribute to strengthening state–society relations through improved governance. The above recommendations to connect to higher levels of government, to engage both elected officials and bureaucrats, and to support institutional frameworks that facilitate positive state–society relations are relevant design options.

- **Local context and program flexibility.** Program designs that *build upon contextual assessments* will likely achieve greater success in employing social accountability mechanisms and tools than those that treat these as “widgets” that can be easily transferred across geographies and locales. Because success depends not simply upon the macro-context, but upon microenvironments, broad and general assessments (e.g., political economy analysis) should be supplemented with targeted local-level analysis. At the same time, they must recognize that a priori analysis cannot eliminate uncertainty or unpredictability. The implication is that building *flexibility in choice of governance reforms and social accountability tools, and in timetables for achieving results*, will make for more effective program designs. Menu-based designs are well suited for creating flexible and adaptable programs.
- **Measurement via intermediary indicators.** The theories of change that inform program designs *need to include intermediary indicators* that enable assessment of the contributions of social accountability both to governance and to service delivery outcomes. This can be difficult given the challenges of measurement, but is important to evaluating the merits of social accountability interventions and to contributing to the knowledge base regarding what works under which conditions (Williamson, 2015).

We now turn to implications for implementation. While our list centers on implementing social accountability approaches, we see the items below as applying more broadly to program implementation across a range of sectors. We offer the following:

- **Incentives.** Flowing from the design point above regarding the importance of context, implementation needs to be catalyzed by as clear a picture as possible of the *incentives that drive both public sector actors and citizens to engage with each other around social accountability*. In Chapter 2, Figures 1 and 2 and Table 4 provide some rough indications of the macro-context’s influence on incentives. Historical patterns of state–society relations often play a role in conditioning how public officials and citizens view each other, and the discussion above highlights the difficulties in changing state actors’ attitudes toward citizen engagement. Within civil society, social relations across classes, ethnicities, and geographies influence the incentives for collective action on which many demand-driven governance reforms, including the use of social accountability tools, are premised.

- **Iterative pressure and persuasion.** The different types of social accountability illustrated in Table 1 create different incentive patterns for both sides. For example, citizens and service providers may be more comfortable with coproduction-focused social accountability interventions than with compliance-focused ones, which may set up a confrontational dynamic. This does not mean that introducing the harder forms of accountability is not possible, but it often implies an *iterative process of training, persuasion, and judicious application of pressure from higher levels of government*, as noted above, to move in that direction.
- **Support for a range of skills.** Implementation will be more successful to the extent that reformers and assistance providers recognize that *the skills required to make social accountability (of all types) effective combine technical, political, and interpersonal dimensions*. For example, citizens serving on PAQs in Rwandan health facilities needed some basic knowledge about health care, a grasp of the political landscape regarding decentralization and government decision making, and the ability to interact with their fellow community members that they represented and health facility staff.
- **Iterative implementation.** Implementing flexible program designs with menus of choices for public officials and citizens in only partially predictable micro-contexts calls for *iterative implementation that rolls through relatively rapid cycles of trial and error and learning*. Building real governance reform, beyond empty mimicry of donor-inspired democratic governance templates, calls for extended pathways of iterative problem identification, adaptation, testing, commitment and constituency building, and demonstration of success (Andrews et al., 2013; Brinkerhoff & Crosby, 2002). These implementation time frames are often out of sync with donor-funded program reporting and results requirements. Long-term social accountability results may not be readily apparent within the life span of an international development project, and it may be challenging to tease out where and how sustainability appears likely (Wetterberg et al., 2015).

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