Social Accountability: An Introduction to Civic Engagement for Improved Service Delivery

Policy and Practice Discussion Paper
Prepared by Isatou Batonon

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Cover Photo: Community meeting, Eastern DRC. Photo: IRC

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Executive Summary

Services are failing poor people! This is the damning declaration contained in the World Development Report (WDR) 2004 that first alerted the world to the state of service delivery and the urgent need to improve basic services, particularly for the poor. Ten years on, and despite advances in expanding service delivery, this assessment continues to hold true: the poorest and most marginalized are paying for sub-standard services or are deprived of basic services altogether (Wild and Foresti 2013, 2).

This paper looks at strategies aimed at improving responsiveness and accountability in service delivery by supporting service users to act collectively to influence key decisions, monitor service quality and demand better services. These strategies, generally referred to as social accountability approaches, have drawn the attention of donors, program implementers and social movements alike in their quest to address development challenges. Social accountability approaches can range from the dissemination of patient charters and budget literacy campaigns to client exit interviews, public expenditure tracking and community scorecards.

There are multiple pathways through which service users can influence and make demands on public officials and service providers to improve the access and quality of services they receive. Users can engage directly and ind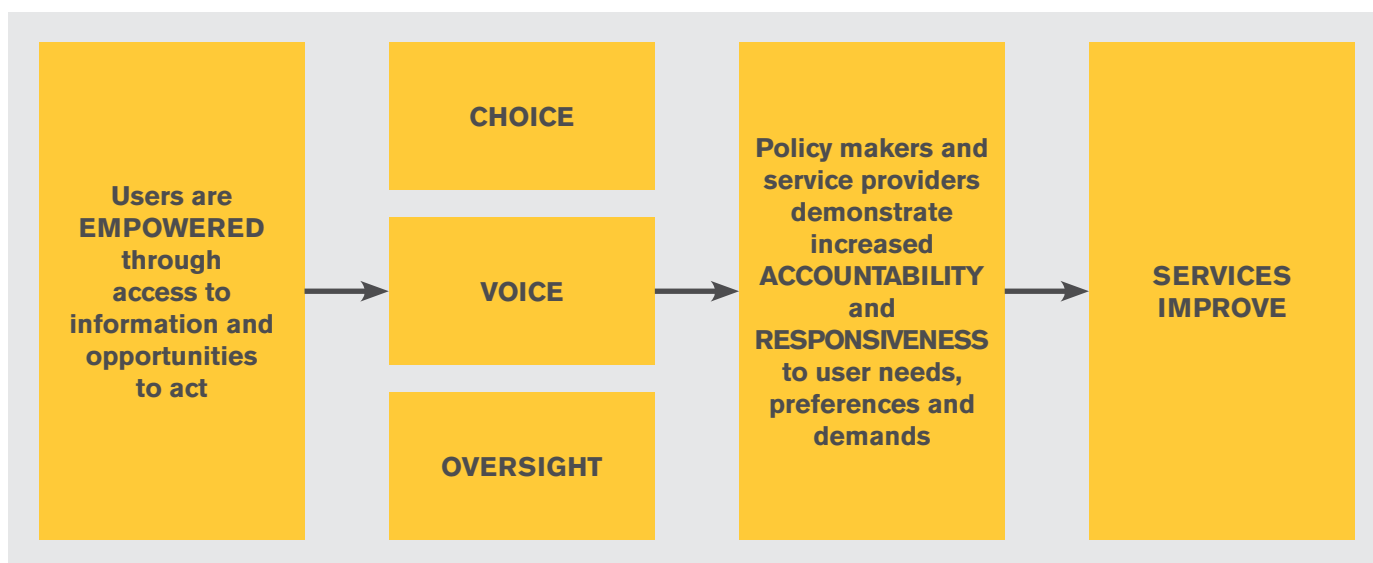irectly with different levels of, and actors within, the service delivery system, including with support from the media and civil society organizations (CSOs). Through the work of other stakeholders with oversight and enforcement capacities such as local government officials and the courts, they are also able to extend their influence.

The social accountability conceptual framework (see Figure 1 below) is premised on the idea that by increasing users' access to information about their rights, entitlements and service performance, and by providing them with opportunities to act on this information, they can be empowered to engage public actors, influence decisions and demand better, more effective public policies and service delivery. This is reflected through their exercise of:

- Choice with regard to whether or not to access services and which services to use;
- Voice in decision-making about service delivery priorities; and
- Oversight of service delivery as it relates to respect for norms, standards and entitlements.

As a result of these efforts, social accountability initiatives are thought to stimulate greater accountability and increased responsiveness from policy makers and service providers to the needs, preferences and demands of service users, which ultimately result in service improvements.

Figure 1: Social accountability conceptual framework

Users are EMPOWERED through access to information and opportunities to act → CHOICE / VOICE / OVERSIGHT → Policy makers and service providers demonstrate increased ACCOUNTABILITY and RESPONSIVENESS to user needs, preferences and demands → SERVICES IMPROVE

This framework is, however, founded on a number of assumptions which need to be unpacked and tested. They include assumptions about how people access and process information, and their capacity and incentives to take action. There are also assumptions about policy makers and service providers' capacity and incentives to be accountable and responsive to users, as well as the effects that this can have on service delivery.

There are a number of important factors that can constrain or enable the success of social accountability interventions. They relate to the environment in which these initiatives are introduced, particularly the political, legal and socio-economic context, as well as the specific opportunities and challenges to user engagement and responsiveness associated with different service sectors. Other factors include access to and use of information by users, the time required for engagement, the social acceptability of speaking out and the fear of reprisals, particularly for women and marginalized groups, all of which influence users' incentives to mobilize. CSOs and the media often play a critical role in raising awareness about rights and entitlements, demystifying information, publicizing user concerns and amplifying their demands on service providers. However, to be effective in their role, these intermediaries must themselves be credible and accountable actors with the capacities and incentives to build public support and engage service delivery systems to stimulate change.

Time and energy spent in sensitizing government actors about the benefits of social accountability can also go a long way toward achieving political will and increasing the chances of long-term success for these initiatives. In addition, the capacity and willingness of the government and service providers to disclose information and to listen to, consult with, and be responsive to users is a critical factor for success. Lastly, social accountability interventions should be seen as more than the introduction of specific tools, but rather as strategies to transform the user-provider relationship and the power dynamics between them. As such, it is about creating space for engagement and building trust between users and providers. It also requires support for mechanisms that enhance the quality, effectiveness and impact of their interactions, and that are inclusive of all those affected by service delivery problems.

The evidence on the impact of social accountability initiatives is so far limited and inconclusive. Relatively little is known about how these interventions work and the factors which contribute to their success. A number of research initiatives are underway that try to address this and the IRC has opportunities to carry out cutting-edge research that can contribute to this work. **Building on its past experiences, the IRC, through continued investment in social accountability programming and ongoing collaboration between its technical teams, is well positioned to further experiment with these processes and learn from them.** This will not only increase the effectiveness and responsiveness of the IRC's programming but also shape how the industry understands and ultimately contributes to overcoming service delivery challenges.

Introduction

A nurse in a remote rural health center rushes through her consultations and looks forlornly at the long line of patients waiting to be seen. Although the sun is still high in the sky, she is eager to leave as she does not want to travel in the dark to the larger town some distance away where she rents a spare room. Despite promises of secure housing next to the facility, the building has yet to be constructed. She has not been paid in six months and has had to rely on relatives and the little 'extras' she is able to get from patients. This is common practice at the health center, as are her colleagues' frequent and unauthorized absences. She cannot remember the last time they received a visit from the District Health team. She feels unmotivated and unsupported.

The young mother of a child suffering from malaria has walked half a day to bring her son to the health center for treatment. After a two-hour wait, she is seen by the nurse who conducts a cursory examination of the child and demands a large consultation fee which the mother can barely afford. Once paid, the nurse hands her a prescription and directs her to the pharmacy where only one of the two drugs needed to treat her child is available. The mother leaves the health center feeling frustrated and helpless.

How could this situation have been prevented? What could be done to address this mother's plight? The most obvious answer is that if the health facility and the system supporting it functioned "as they should" - if the nurse was appropriately trained and supervised, if her salary was paid regularly and she was able to find decent accommodation close to the facility, if rules were enforced and drug stocks were well managed - then the young mother and her son would receive appropriate care. However, too often, these conditions are not met. As a result, community members often find themselves at the end of a long chain of accountability failures for which they pay the heaviest price.

> **Accountability** is *"the obligation of public power holders to account for or take responsibility for their actions. Accountability exists when power holders must explain and justify their actions or face sanctions."* (McNeil and Malena 2010, 4).

In a situation like the one described above, what, if anything, could the young mother and other users of the health facility do to improve the services they receive? If there were posters at the entrance of the facility indicating the official tariffs for consultations, the mother would know what she should pay and be more likely to challenge the nurse's request. A functional and responsive health management committee could receive her complaint and ensure that it was raised with health staff and higher level authorities. It would also oversee the management of drug stocks to minimize stock-outs. If the mother were invited to participate in an exit interview or audit of the health center, she would be able to share her experience and contribute to shaping improvements at the facility. If she were aware of the constraints and challenges faced by the nurse, she might, through her health management committee or other networks, be able to advocate for regular salary payments and improvements in working conditions for health staff. All these are examples of how users of basic services can engage with the service delivery system to increase their access and improve the quality of services they receive.

A malaria-stricken boy with his mother in an IRC supported clinic in North Kivu, DRC. Photo: IRC/Biro

'Citizen[1]-led', 'demand-side governance', 'transparency and accountability'[2] and 'social accountability' are all terms used to describe a field of intervention which is increasingly attracting the interest of donors, program implementers and social movements alike in their quest to address development challenges. Because many of these challenges are understood to be caused by accountability failures within service delivery structures and the wider political-economic environment, social accountability has emerged as a potential strategy for addressing the weaknesses of electoral and bureaucratic approaches to improving accountability.

Social accountability can be defined as *"an approach towards building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations who participate directly or indirectly in exacting accountability"* (Malena, Forster and Singh 2004, 3).

Social accountability mechanisms are thought to play a key role in improving governance, increasing development effectiveness and promoting empowerment and can be applied to a number of fields and issues, from aid accountability and social protection to climate change and natural resource governance. However, service delivery is one area where these mechanisms have attracted particular interest and where they have been applied the longest (Gaventa and McGee 2013, 5).

Social accountability interventions in the service delivery sector can take many forms but what they have in common are efforts to support people to access information and transform this information into action that improves the quality of services they receive. They can range from efforts to mobilize user voice and encourage participation in decision-making, to initiatives aimed at promoting collective action and public oversight, with the ultimate aim of making service delivery systems more accountable and responsive to the needs, preferences and demands of users.

[1] IRC recognizes that it is important to consider individuals without formal/legal citizenship, and that indeed, it is these groups who are most likely to be marginalized and unable to express their voice or demand better services. For the purpose of this paper, we therefore interpret the term 'citizen' as all those with a right to basic services, regardless of their legal status. However, to the extent possible, the term user rather than citizen will be used throughout this paper to describe both current and potential clients of services.

[2] The term social accountability shall be used throughout the paper. It covers a wide range of citizen engagement initiatives, including those termed as transparency and accountability (T/A) interventions. Social accountability is the term most widely used in the literature.

The interest in these initiatives has emerged from an increased focus within the development community on governance and its role in achieving better service delivery, as well as the perceived inefficiencies of top-down efforts to address governance challenges, particularly in contexts where monitoring and accountability systems are weak. The increasing spread of decentralization reforms is also seen as a driver of social accountability initiatives because it offers opportunities for greater civic engagement in the management of public affairs, as does the rising number and networking power of civil society organizations (CSOs) and the growing spread of information and communication technologies. Agarwal and Van Wicklin III (2011, 4) point to these trends as providing individuals and groups with more opportunities to contribute to governance processes. However, social accountability interventions are founded on a number of assumptions about the capacity and incentive of users to access and act on information and of policy makers and service providers to respond to their demands; these assumptions need to be unpacked and tested. Despite their growing popularity and intrinsic appeal, the evidence base to support the impact of these interventions is at an embryonic stage and therefore remains limited.
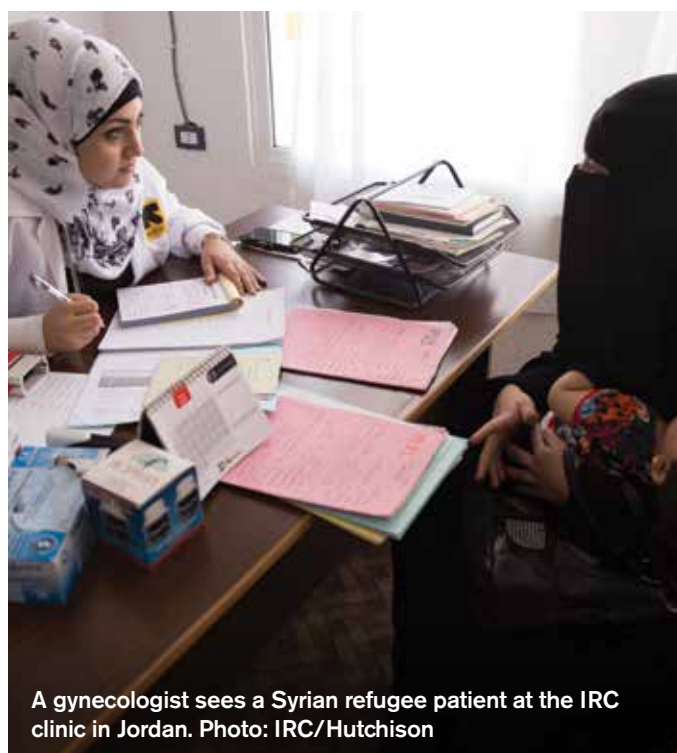
A gynecologist sees a Syrian refugee patient at the IRC clinic in Jordan. Photo: IRC/Hutchison

The internal accountability challenges of service delivery systems illustrated at the start of the paper will not be the focus of discussion in this document. While they have an influence on and are affected by social accountability interventions, a comprehensive analysis of these types of failures and strategies to address them is beyond the scope of this paper. Instead, it will focus on the ways in which users of services can influence those within the service delivery system to behave differently, including by activating internal accountability mechanisms.

The paper looks at a variety of ways in which service users, through their engagement with service providers, can improve service delivery through access-to-information campaigns, participation in planning and budgeting processes, and involvement in the governance, monitoring and oversight of service delivery. While using accountability as an entry point for conceptualizing the nature of service delivery relationships, the paper takes a broad view of the ways in which user engagement can affect the delivery of services (primarily health and education services) as a promising area of practice that we can learn from and develop further evidence around. It targets an equally broad audience of IRC staff, from technical advisors across different domains and sectors of expertise to country office senior management and implementers of governance, health and education programs. It seeks to stimulate interest in social accountability and promote a common understanding of this programming area, why it is important and how it can support IRC's commitment to supporting services to become more accountable and more responsive to client perspectives.

Section 1 of the paper explores the links between user engagement and improved service delivery by unpacking the conceptual frameworks that underpin key service delivery relationships. Section 2 looks at how the environment in which social accountability is introduced, supply- and demand-side capacities and incentives, as well as the interface between the two play a critical role in determining the success or failure of social accountability interventions. Section 3 summarizes current debates on social accountability and implications for the IRC's programming and research priorities going forward. Key definitions have been highlighted in bold throughout the paper.

Section 1: The role of service users in service delivery

1.1 Service delivery actors and their relationships

Services are failing poor people! This is the damning declaration contained in the World Development Report (WDR) 2004 that first alerted the world to the state of service delivery and the urgent need to improve basic services, particularly for the poor. Ten years on, while most countries have made advances in terms of expanding the delivery of basic services and related progress in human development measures, there remain significant service provision problems, including issues of quality, inequitable access, inadequate infrastructure, absenteeism and corruption (Levy and Walton 2013, 5). Inequitable and poor quality service delivery has particularly dire consequences for the poorest and most marginalized who often either have to pay for sub-standard services or are altogether deprived of them (Wild and Foresti 2013, 2).

The highly influential WDR 2004 points to the dysfunctional nature of service delivery relationships and the need to address accountability failures if real progress is to be made in achieving development objectives and improving access and quality for the poorest in particular. The links between accountability, better services and improved socio-economic outcomes are also supported by a growing body of literature which suggests that accountability failures are a key cause of weak service delivery and that increasing the accountability of service providers to their clients is a good way to improve service delivery outcomes (The Commonwealth Foundation 1999; Narayan et al. 2000; World Bank Development Report 2004 2003; Joshi 2010).

Figure 1: WDR 2004 accountability framework
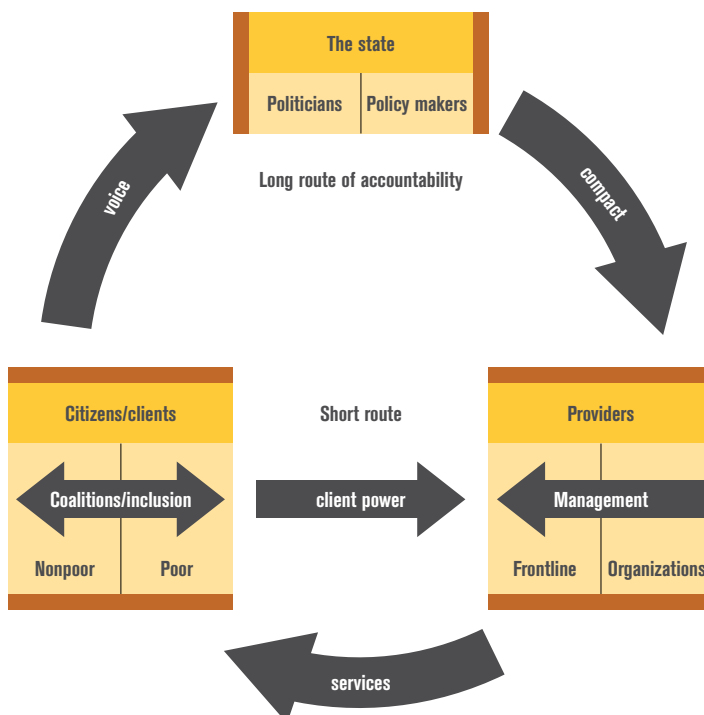
Long route of accountability – indirect accountability between service users and service providers via elected politicians and public officials. Citizens, as clients, use their political **voice** to influence politicians and policymakers (through electoral processes, taxes, etc.) who in turn influence organization managers and frontline service providers through the **compact** (administrative rules & procedures, incentive arrangements, internal audits, etc.) to deliver services.

Short route of accountability — direct accountability between users and service providers through the exercise of **client power**: users - individually and collectively - directly influence, participate in, and supervise service delivery by providers.

Mothers and their newborn babies in a maternity ward in Kasai Occidental, DRC. Photo: IRC/Ho

The accountability framework first introduced in the 2004 WDR (see Figure 1 above) presents three sets of service delivery actors:

- Citizens/clients of service providers;
- Providers who may be frontline staff, managers or local officials involved in the administration and delivery of services, be they public or private; and
- The state represented by politicians and policymakers - high-level elected officials or civil servants responsible for carrying out legislative and regulatory responsibilities.

The report argues that the accountability relationships between these three actors in the service delivery chain need to be strengthened if policy makers and service providers, as duty bearers, are to be held accountable for their behaviors and ability to deliver high-quality services with efficiency and responsiveness to service users. According to Commins (2007, 1), accountability failures may occur when service users are unable to influence public action (ineffective voice - break on the left side of the triangle), when the compact between policy makers and service providers is not respected (e.g. non-payment of salaries - break on the right side of the triangle), or when there are difficulties in implementing services, such as poorly trained or absent teachers (break on the bottom of the triangle).[3]

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[3] While the 2004 WDR focuses on failures in the accountability relationships between service delivery actors, it should be noted there may be equally problematic accountability relationships among individuals within these groups. For example, weak supervision and oversight of frontline service providers by their managers and supervisors is common and contributes to low motivation and poor performance.

Traditionally, efforts to tackle these challenges have tended to concentrate on improving the "supply-side" of governance - strengthening the compact between politicians/policy makers and service providers. However, on their own, these "top-down" mechanisms are seen as insufficient in addressing service delivery problems. As pointed out by Bjorkman and Svensson (2007, 2), "in many poor countries, the institutions assigned to monitor the providers are typically weak and malfunctioning, and may themselves act under an incentive system providing little incentives to effectively monitor the providers." More recently, increased attention has been paid to the "demand side" of good governance – that is to strengthening the voice, capacities and opportunities of service users to influence public officials and service providers, thereby strengthening accountability and responsiveness and improving service delivery.

The WDR 2004 report has championed the short route to accountability or client power as an alternative to the long route, with clients and civil society ostensibly replacing the State in holding service providers accountable. Through direct interactions between providers and their clients (e.g. teachers and students or parents), clients are thought to be able to have an impact on performance. However, this approach has been challenged for its failure to capture the political realities of service delivery and to recognize that

service users and civil society operate under incentive structures that, while different, may be as complicated as those on the supply side (Booth 2012; Levy and Walton 2013). The World Bank has since revised its framework to emphasize how citizens can "influence the incentives on the long route to accountability in tandem with the short route to accountability" (Tembo 2013, 35). Others have also highlighted the role of systems, networks and organizations (including social and political organizations), which were left out of the original WDR 2004 framing, in bringing individuals together and supporting collective action efforts (ODI 2013). Some of these issues will be tackled in subsequent sections of the paper.

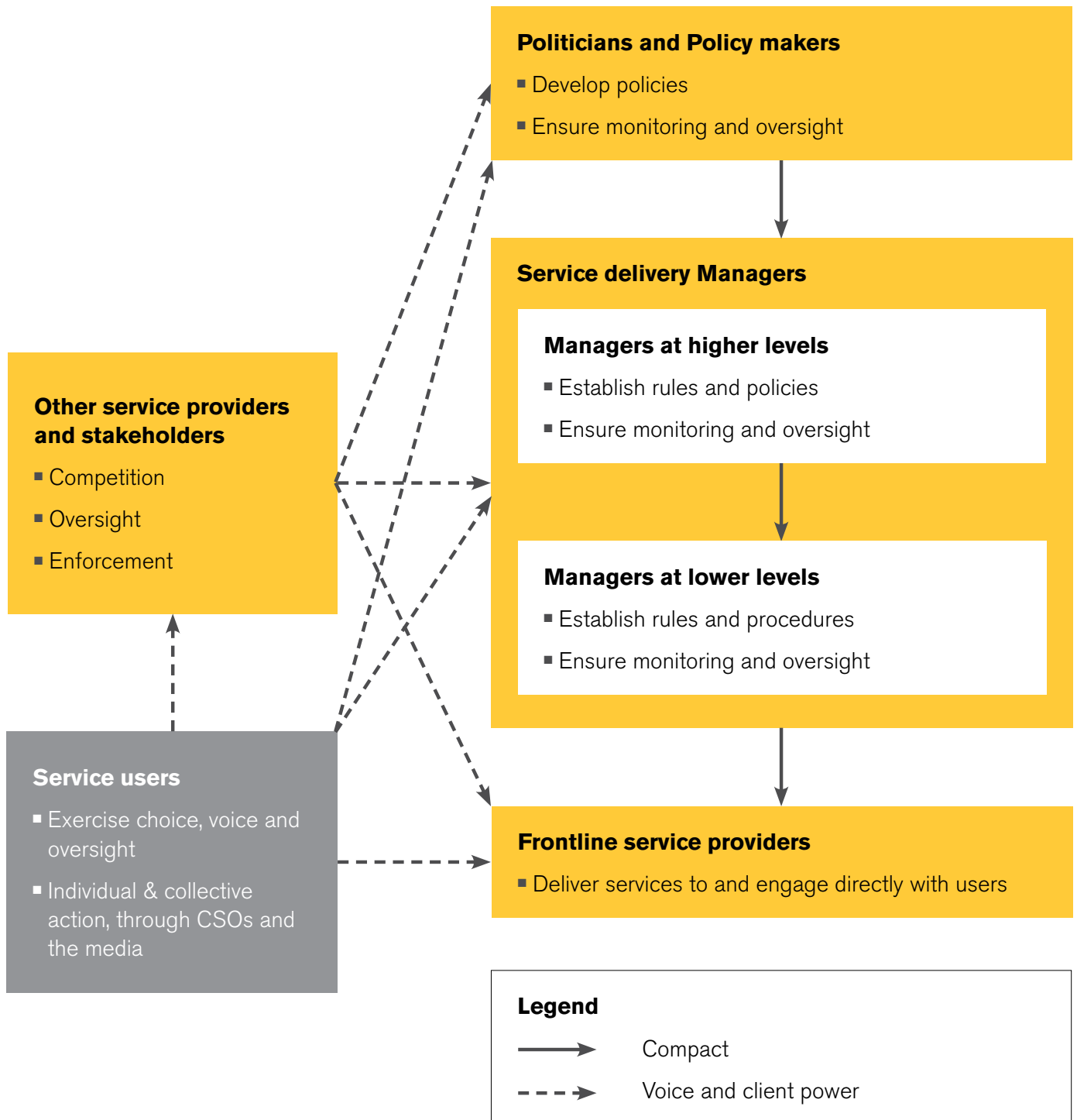## 1.2 Service user influence over service delivery

In attempting to unpack notions of voice and client power and the direct and indirect ways in which service users can influence the accessibility and quality of basic services, multiple pathways begin to emerge. These go beyond the short vs. long routes described above to include what Foresti, O'Neil and Wild (2013, 1) describe as "the 'missing middle' of the service delivery chain" – interactions at regional, district and community level between local government officials, service providers and users.

Community members gather in the village for a ministry of health supported vaccination programme against polio and public health meeting; Kenema, Sierra Leone. Photo: IRC/Wade

Figure 2: Expanded accountability framework[4]

Politicians and Policy makers
- Develop policies
- Ensure monitoring and oversight

Service delivery Managers

Managers at higher levels
- Establish rules and policies
- Ensure monitoring and oversight

Managers at lower levels
- Establish rules and procedures
- Ensure monitoring and oversight

Other service providers and stakeholders
- Competition
- Oversight
- Enforcement

Service users
- Exercise choice, voice and oversight
- Individual & collective action, through CSOs and the media

Frontline service providers
- Deliver services to and engage directly with users

Legend

→ Compact

---▶ Voice and client power

As illustrated in figure 2, the extended accountability framework builds on the WDR 2004, namely by a) expanding on the accountability relationships within the service delivery system (compact), and b) making explicit the relationships through which those outside the service delivery system, namely service users and their representatives, are able to influence the system, both directly and indirectly (through voice and client power).

The pathways of influence extend from service users towards: i) politicians and policy-makers who can be held accountable (for example, through the ballot box) for the appropriateness of the policies they design and implement, ii) service delivery managers who are accountable for ensuring that services are delivered according to rules and entitlements, and that service provider performance is adequately monitored, iii) frontline service providers who are responsible for maintaining service levels in terms of access and quality, and iv) other service providers and stakeholders (local government officials, international and bilateral organizations, independent redress institutions[5], courts, etc.) who, through their competition, oversight and enforcement capacities, have influence over the service delivery system and its actors (Levy and Walton 2013; Joshi 2013).

The expanded framework places emphasis on the compact (the administrative rules and procedures, internal oversight and incentive arrangements that govern internal accountability relationships) and the potential entry points through which users can influence this, both directly and indirectly. According to Posani and Aiyar (2009, 12), "social accountability in public service delivery is a product of two things working together: a system of institutions designed in a manner that makes accountability structurally possible, and an informed and mobilized citizenry that can draw upon platforms for engagement to make accountability demands on the system."

Citizen Report Cards (CRC)

CRCs generate a stock of aggregated data about user satisfaction with service delivery performance, using random sampling to ensure that data is representative of the underlying population. Feedback is usually given to providers and public authorities through the media or large-scale advocacy campaigns.

As such, the effectiveness of social accountability interventions, which are essentially about strengthening the service delivery system's responsiveness and accountability to users, is intrinsically tied to existing supply-side or internal accountability mechanisms and the capacity of users to trigger these mechanisms.

The civil registry office in Man, where a member of the community registers her daughter; Ivory Coast.
Photo: IRC/Wade

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[5] Tribunals, ombudsmen, labor relations boards, etc.

Central to the framework described above are the ways in which the service user-service provider[6] relationship is conceptualized. It can be characterized as a market transaction between a provider and a client who is "supposed to be receiving a service that they can accept, reject, complain about, pay extra for, or (increasingly), leave for private transactions" (Levy and Walton 2013, 26). Here, citizens are seen as individual consumers with choice over the services they receive. As will be described later, in contexts where there may be no or few service delivery alternatives, user choice may be nonexistent or extremely limited.

It can also be seen as a rights-based relationship between users as rights holders and service providers as duty bearers with an obligation to protect these rights. In this case, access to basic services is understood as a constitutionally-protected right versus a need which service providers can choose whether or not to fulfill, thereby emphasizing the collective and public good nature of service delivery (Joshi 2013, 31).

Lastly, it can be understood as an exercise in active citizenship through which users resolve the "daily problems of living and associated interactions with service providers" (Levy and Walton 2013, 26). Here, service users are seen as engaging in active citizenship where their rights to services and responsibilities for the public domain are recognized (Green 2008, 19). Under this conception, we see, for example, the role of parents in enrolling their children in school, ensuring that they are fed, dressed and ready to learn, as well as their role in ensuring that their children receive a quality education.

A woman speaks at a community meeting in Barkedu, a village hard-hit by the Ebola virus, Liberia. Photo: IRC/Biro

[6] In the remainder of the paper, the term service provider will be used to describe all supply-side service delivery actors with which service users engage, either directly or indirectly, be they policy-makers, service delivery managers or frontline service providers.

1.3 Social accountability: a conceptual framework

As described above, users have a number of mechanisms through which they are able to influence service delivery. While the formal political process, such as voting in a democracy, is one such mechanism, social accountability is concerned with those that lie outside of voting, through which users and/or civil society organizations are able to support responsiveness and accountability (Malena, Forster and Singh 2004). However, the ways in which social accountability has been defined in the literature has tended to be very fluid, ranging from

efforts to increase transparency[7] to those aimed at "changing the incentives of providers so that they change their behavior and respond in fear of sanctions" (Joshi 2013, 40). This paper adopts an equally broad approach to the topic and looks at the pathways through which users, as non-passive beneficiaries of services, are able to influence service delivery such that is more accessible and of higher quality through their exercise of choice, voice and oversight (see Figure 3).

Figure 3: Social accountability conceptual framework
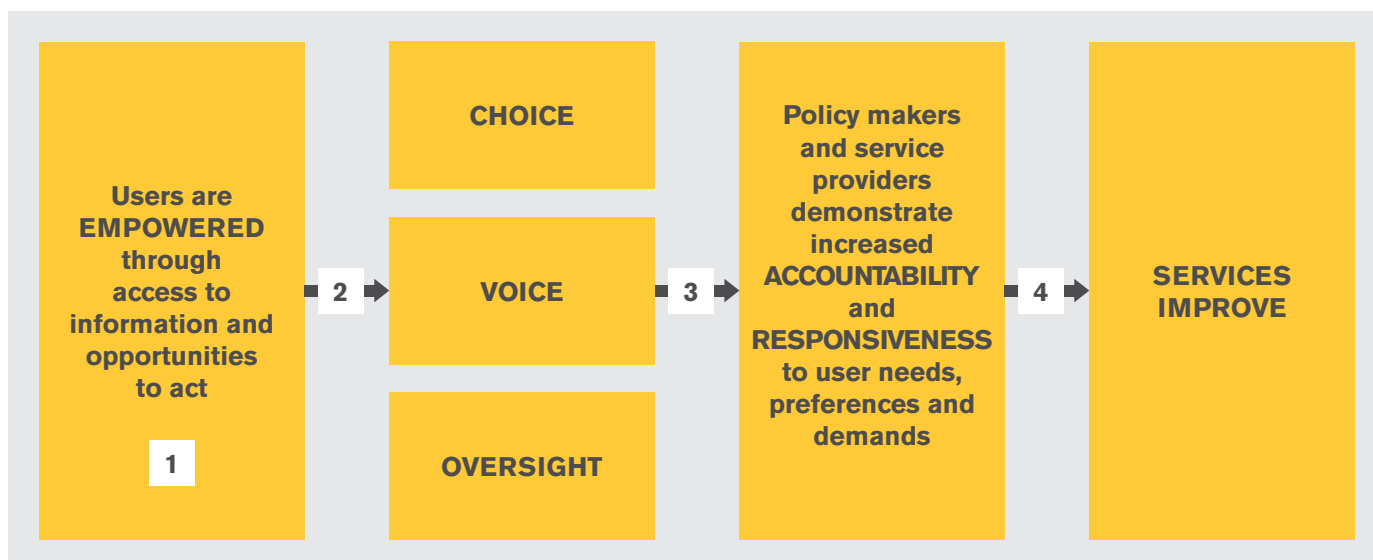
[7] Any attempts (by states or citizens) to place information or processes that were previously opaque in the public domain, accessible for use by citizen groups, providers or policy makers (Joshi 2013, s31).

As summarized in the figure above, the conceptual framework is premised on the idea that users can be empowered[8] to engage public actors, influence public decisions and demand better, more effective public policies and service delivery. This is achieved by increasing their access to information and providing them with opportunities to act on this information. This can lead to greater exercise of choice in terms of whether or not to access services and which services to use, greater voice and participation in decision-making about service delivery priorities and increased oversight of services aimed at ensuring that norms, standards and entitlements are upheld.

As a result of these actions, social accountability initiatives are thought to stimulate greater accountability from policy makers and service providers and increased responsiveness to the needs, preferences and demands of service users, which ultimately result in service improvements.

The conceptual framework for social accountability is founded on a number of assumptions about how people access and process information and their capacity and incentives to take action. There are also assumptions about policy makers and service providers' capacity and incentives to be accountable and responsive to users, as well as the effects that this can have on service improvements. These assumptions are numbered in Figure 3 and unpacked in the text boxes labeled 'key assumptions'.

Access to information about users' rights to basic services, their entitlements[9] and service performance is deemed a critical component of citizen influence over service delivery. Without information about the new policy on free healthcare for children under 5 years, how would the mother of a sick child know to challenge the nurse that asks her for payment every time she brings her toddler for a visit? A parent who has access to information about the performance of his daughter's school, as compared to neighboring schools, might decide to run for election to the Parent Teacher Association (PTA) to seek to improve the school's performance while another, with similar information, might choose to transfer their child to another school.

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[8] While there is no single definition of empowerment, at its broadest, it can be understood as the expansion of freedom of choice and action. See Empowerment and Poverty Reduction, A Sourcebook, World Bank (2002, 14).

[9] These are benefits which service users have a right to, be they through legislation like access to free maternal healthcare or widely accepted norms around the protection of pupils from abuse and exploitation in schools.

Access to this type of information is an important first step but it is not sufficient to guarantee that action will be taken to influence the delivery of basic services. Most social accountability interventions do not limit themselves to disseminating information (although the publication of citizen charters is one type of intervention that does), but rather include tools and processes that allow citizens to **transform this information into action**. For example, the community scorecard process includes the dissemination of information about rights and entitlements, provides a space for service users and service providers to engage in dialogue about local services and supports the development of a plan of action for improving service delivery.

According to Joshi (2013, 32), when faced with poor quality health or education services, users may "choose either to go elsewhere, seeking out private practitioners of uncertain quality, or to opt out completely, for example by not sending their children to school." This is an example of people influencing service delivery by **exercising choice** over whether or not to use services and which services to use. Nurses at a local health post who notice that patient numbers have dropped drastically from one month to the next might well be eager to understand what has motivated this change and do what they can to increase utilization rates, particularly if part of their salary is funded by user fees.

Another way in which users can strengthen their access to quality services is through the exercise of citizenship, namely by **expressing their voice** and directly participating in decision-making about service delivery. For example, by participating in an annual planning exercise at their child's school or an exit interview at the local health clinic, users are able to provide input and feedback that can help shape health services to their needs and preferences. Users can also decide to engage in the way their local school is governed, by joining the PTA and helping to manage the school budget.

Key assumptions 2

- **When citizens have access to information about service performance, they will choose better services**

This assumption only holds true in contexts where there is real competition among providers and there are viable alternatives to choose from.

- **When citizens are provided with information and opportunities to act, they will engage with the service delivery system**

It is thought that when citizens face a common problem, they will naturally work towards the common interest of holding government to account or finding collective action solutions. However the costs associated with this engagement and the different incentive structures at play can pose obstacles to collective action.

EXAMPLES OF SOCIAL ACCOUNTABILITY TOOLS AND PROCESSES

Social Audits

Social audits entail a systematic evaluation of public records and user feedback comparing the real with expected social, community and environmental benefits of a particular service. Data is typically gathered through key informant interviews, household surveys and public hearings.

Lastly, and in line with the rights-based relationship described above, users can choose to play a role in the **oversight of services** by monitoring performance against basic norms and standards, such as teacher attendance and drug stocks. While monitoring can allow users to hold frontline service providers accountable (short route to accountability), more often than not, it serves the purpose of providing information to public officials about performance, which they can then use to hold service providers accountable (via the long route to accountability). For example, community members trained to monitor the quality of classroom construction at their local school against basic building standards are then able to report shoddy workmanship to local authorities for official investigation.

Key assumptions 3 & 4

- **When users take action, policy makers and service providers will respond to citizen influence**

There is an increasing body of literature demonstrating how user participation in planning, implementation and monitoring of projects not only increased the effectiveness of public service delivery and made it more appropriate, but also increased accountability and reduced corruption (see Tendler,1997). However, service provider will and capacity to respond to users can be very context specific.

- **Changes in service provider accountability and responsiveness to users will improve service delivery**

The underlying assumption is that failures in service delivery are largely due to poor motivation on the part of public officials and that this can be influenced through citizen action. However, insufficient resources or capacity can be a major constraint in efforts to improve service delivery.

EXAMPLES OF SOCIAL ACCOUNTABILITY TOOLS AND PROCESSES

Community Scorecard (CSC)

The CSC is a community-based monitoring tool that seeks to achieve immediate feedback and support joint problem-solving between users and providers. Information is generated through input tracking, focus group interactions and interface meetings which result in mutually agreed upon action plans.

Users can also fulfill their oversight role through their elected representatives sitting on user committees. For example, it would be far less challenging for a member of an elected health management committee with the mandate to oversee drug stocks to do so than it would be for the average user of health services. By participating in the election of her representatives to this committee and then holding them accountable for fulfilling their oversight role[10], she would increase the likelihood that services are appropriately monitored.

Through the practice of civic engagement, as described above, users are also able to create new knowledge and develop a deeper awareness of their rights and responsibilities, technical issues related to the service and alternatives to the status quo. This in turn can foster greater confidence necessary for further action and engagement. As such, increased awareness and civic engagement become mutually reinforcing (Gaventa and Barrett 2010).

The next section looks at some of the factors that can influence the success or failure of social accountability interventions and which should be taken into consideration when designing and implementing these initiatives.
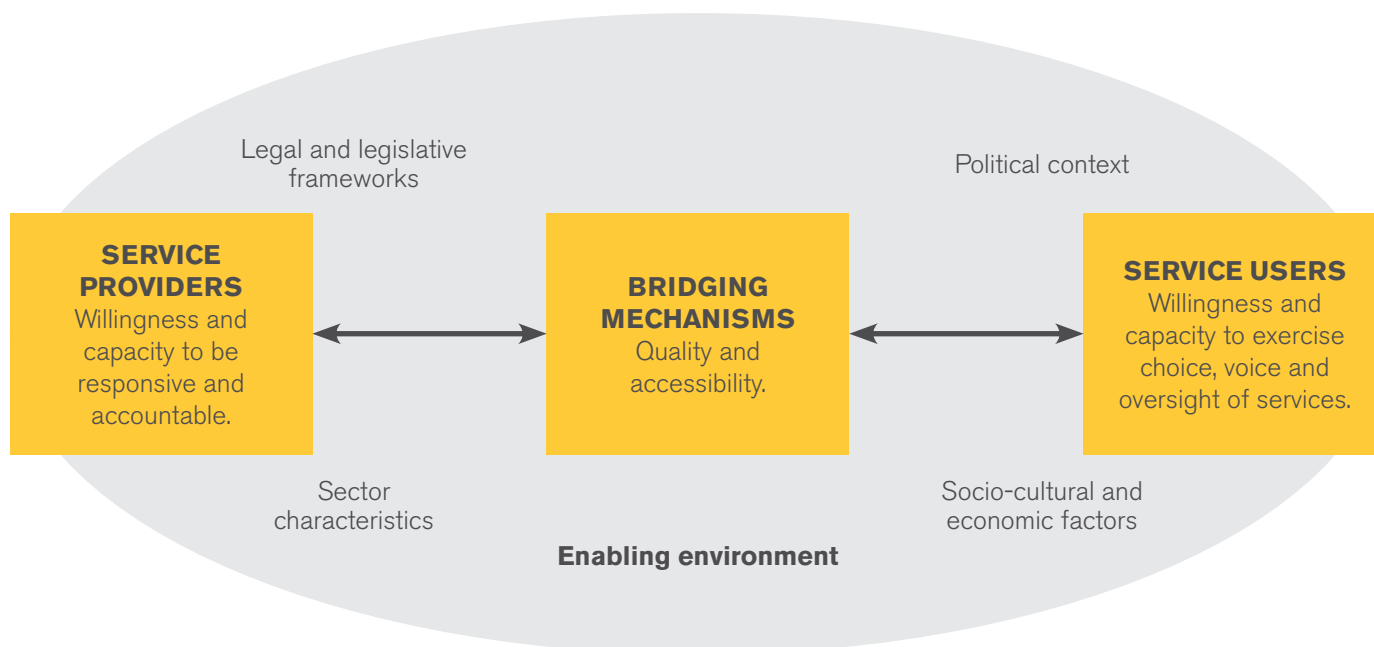
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[10] There are challenges in ensuring that structures like user committees are able to represent user interests and be accountable to them that should not be underestimated. Some of these challenges are explored in the next section.

Section 2: Influencing factors and key considerations

As described above, the basic premise behind most social accountability interventions is that if citizens have access to information about their rights and the type and quality of services that they should expect, and if they have opportunities to use this information to stimulate greater accountability and increased responsiveness from policy makers and service providers, then they can improve service delivery. But is this sufficient and under what circumstances can these initiatives be effective?

While there are no easy answers, efforts to unpack the political economy of social accountability point to some important factors that relate to the environment in which these interventions are introduced, the capacities and incentives of service providers and service users alike, as well as the interface between the two. These are summarized in the figure below.

Figure 4: Factors influencing the success of social accountability interventions[11]

Legal and legislative frameworks

Political context

SERVICE PROVIDERS
Willingness and capacity to be responsive and accountable.

BRIDGING MECHANISMS
Quality and accessibility.

SERVICE USERS
Willingness and capacity to exercise choice, voice and oversight of services.

Sector characteristics

Socio-cultural and economic factors

Enabling environment

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[11] Adapted from Agarwal and Van Wicklin III (2011, 7).

2.1 Environmental factors

Social accountability interventions are thought to benefit from an enabling political, socio-cultural, legal and economic climate. However, many in the field also insist on the need to work proactively toward the creation of a more enabling environment while taking advantage of existing opportunities to initiate actions that are possible and productive under existing circumstances, however challenging (Malena, Forster and Singh 2004; McNeil and Malena 2010; Agarwal and Van Wicklin III 2011).

Political context: The nature of the state and the political settlement[12] not only shape service delivery but also influence the form and effectiveness of social accountability initiatives. While more democratic, development-oriented and rights-focused regimes are thought to contribute to their success, there may be a role for certain forms of social accountability in contexts that do not meet these criteria. Zimbabwe is one example of a country where, according to McNeil and Malena (2010, 189), "social accountability activists and practitioners have managed to establish productive working relations and carry out meaningful budget work in a context marked by state control and frequent violations of human rights." They attribute this success to efforts made to seize new political spaces and freedoms (no matter how limited) and the rigorous, judicious use of social accountability approaches.

It should also be noted that social accountability interventions that are exclusively focused on citizen empowerment are unlikely to be successful in the absence of an understanding of the history of state-citizen dynamics and inter-elite relationships and incentives in a particular context (O'Meally 2013).

Legal and policy frameworks: A country's legal and policy framework, particularly with regard to (1) public access to information, and (2) citizen participation and oversight, can also be important in enabling or constraining social accountability efforts. As described above, access to information is a critical component of any social accountability intervention. However, gaining access to information, particularly concerning budgets and expenditures can be a constraint to initiatives such as Public Expenditure Tracking, particularly in contexts where laws protecting information rights and public transparency are absent.

EXAMPLES OF SOCIAL ACCOUNTABILITY TOOLS AND PROCESSES

Exit interviews

These interviews are generally conducted with users as they leave health facilities to gage their satisfaction with services and measure compliance with service delivery standards. It is a low-cost intervention but only gathers data from clients who come to the health facility and receive services.

The form in which governments make information available is also important. Efforts by the Social Watch Benin network of NGOs to monitor the national budget were plagued with challenges because of difficulties in gaining access to easy-to-read program budgets with verifiable indicators (McNeil and Malena 2010, 180). In contrast, the participatory budgeting exercises in Ethiopia and South Sudan are supported by the "Layperson's guide to the public budget process at regional level" and the "Participatory planning and budgeting guide for local governments" respectively. Also critical is the existence of systems and structures for making citizen participation and inclusion operational and mechanisms for dealing with complaints and sanctioning the state when it fails to respect its obligations.

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[12] There are many definitions of what constitutes a political settlement. Some examples, as cited in Laws (2012, 6-7): a negotiated agreement binding state and society. An on-going process, rather than a one-off event (Fritz and Menocal 2007); a common understanding between elites about how power should be organized and exercised (Menocal 2009); the arrangements that elites agree to in order to end violent competition over power and resources (Parks and Cole 2010).

Socio-cultural and economic factors: A country's underlying socio-cultural and economic characteristics have an important collective influence on factors such as (1) citizens' expectations of, and relations with, the state; (2) their willingness to question authority or speak out; and (3) the capacity and means of citizens and civil society leaders to organize and act (McNeil and Malena 2010, 186). Systemic discrimination against women and minority groups, as well as widespread poverty and illiteracy will mean that not all users can seize and benefit from the opportunities offered by social accountability initiatives in the same way. For example, it may not be socially acceptable for these groups to attend public gatherings or to speak out. According to Tembo (2013, 89), "prevailing power and politics…create differential citizenship and the right to it." Differences in knowledge of rights and entitlements, differences in education levels and difficulties assessing quality and understanding links between provider action and outcomes within target populations all pose challenges to user engagement in service delivery. Ensuring equitable access to information can play an important part in bridging these differences, hence the value of mechanisms that inform users about what they have a right to expect.

Differential demands on people's time also mean, for example, that the poorest in the population may be unable to forgo time in their fields to participate in a community meeting or sustain their engagement in certain interventions like monitoring teacher attendance. Social-status distance between ordinary citizens and frontline providers in many developing countries means that ordinary citizens may be fearful of making claims about the quality or availability of public services. Indeed, fear of repercussions can be a legitimate concern. In a study looking at how patient knowledge affects physician behavior and the physician-patient relationship, Currie, Lin and Zhang (2011) found that while patient questioning led to reduced drug oversubscription and expense to patients, it also resulted in lower levels of respect and care. Efforts aimed at increasing users' collective organizational capacity, often through some kind of third-party facilitation such as that offered by PTAs and health management committees can be effective in reducing the risks of victimization faced by service users.

Sector characteristics: Certain service sectors can be more or less enabling of social accountability. There may be (1) more political incentives on the part of politicians and bureaucrats in seeking effective service delivery or extracting rents[13] in one sector rather than another; (2) some sectors are more easily monitored than others and (3) there may be fewer or greater opportunities for direct interface and accountability between users and service providers (Levy and Walton 2013, 13).

In attempting to explain the better results of community monitoring in the health sector in Uganda as compared with similar efforts in the education sector in India, Khemani (2008, 2) points to the fact that users of health services may be in a better position to directly observe poor health service delivery and hence can be more easily mobilized to demand better services. She goes on to note that, in contrast, poor teaching can remain invisible to parents as they would need to directly observe teacher performance and mobilize with other parents to improve services. On the other hand, the irregular nature of users' contact with health services, as compared with education services may mean that there are fewer incentives for users to influence these services.

The level of engagement and influence of service provider unions also has an impact on social accountability efforts. The Kenya National Taxpayers' Association, in its efforts to support parents to monitor school performance, has faced stiff opposition from the National Teachers' Union over plans to include teacher performance/time-on-task among the indicators for monitoring. However, as Booth (2012, 70) has pointed out, professional organizations of providers are not always resistant to social accountability interventions and may have a genuine interest in improving their public reputation.

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[13] The practice, adopted by people in position of power, of soliciting bribes in exchange for using their authority to award legitimate or illegitimate benefits to clients.

2.2 User willingness and capacity to engage

As discussed earlier, user engagement is a critical component of social accountability interventions. It relies on the ability of users to access, understand and leverage information for action. However, and despite strong dissatisfaction with the services they receive, users do not always translate this information into action (Agarwal and Van Wicklin III 2011, 7). The following factors are important to consider:

EXAMPLES OF SOCIAL ACCOUNTABILITY TOOLS AND PROCESSES

Participatory budgeting

This is a process whereby citizens directly participate in deciding how a defined portion of public resources will be allocated. It attempts to ensure that public spending is consistent with citizens' needs and priorities. Citizen groups also monitor the implementation of approved investments

Access to and use of information: In order to make effective demands of service providers, users often need to use information to make their case for service improvements and support evidence-based advocacy. While it is generally accepted that access to information is a necessary but insufficient condition for the success of social accountability efforts, research conducted by Björkman-Nyqvist, de Walque and Svensson (2013) point to the critical role it can play. They found that efforts to stimulate beneficiary control in the health sector (through community monitoring), coupled with the provision of information on the performance of health staff, resulted in significant improvements in health care delivery and health outcomes in both the short and longer run, when compared with efforts focused exclusively on beneficiary control.

However, users, particularly the poorest and most marginalized among them, often lack the technical knowledge and skills needed to collect, analyze and disseminate relevant information (Agarwal and Van Wicklin III 2011, 8). In attempting to track resources destined for their local school, parents may lack the skills to interpret the district education budget, to understand the different revenue sources which allow the school to function, and to decipher the information contained in the school's financial records. Local media organizations and Civil Society Organizations (CSOs), where they are present, and have aligned incentives and the requisite skills, can play a critical role in demystifying such information and enhancing the relationship between citizens and service providers. They can serve to educate users about their entitlements, service standards and government performance, as well as publicize their views on performance concerns. Generally, information should be of high quality, understandable, relevant, and valuable and it should help users to change their decisions and behaviors (Fung & Kosack Blog #7; O'Meally 2013).

A doctor prioritizes medical emergencies in a newly constructed, IRC-supported health centre in North Kivu, DRC. Photo: IRC/Demian

User voice and incentives to mobilize:
Organizing and mobilizing users at the grassroots level, particularly members of marginalized groups, so they are able to articulate their preferences and provide feedback can be challenging (Agarwal and Van Wicklin III 2011, 8). While approaches like the community scorecard can offer a space for expressing and aggregating user voices at the lowest levels, a related challenge is to make effective links between local- and national-level actors and processes as a means of gaining wider influence in policy debates, and resource management decisions. Public information dissemination and debate, often with the help of the media, advocacy campaigns, and coalition building, particularly with networks that have a local-to-national reach, can all support greater user engagement and influence (Agarwal and Van Wicklin III 2011, 8).

Other factors that may influence users' incentives to engage include the frequency and predictability with which the service is used, the degree to which the service is delivered within a local territory and whether there is choice (existence of alternative providers) (Bailey and Harris 2014). As mentioned above, the opportunity costs of mobilization in terms of the time away from income-generating activity, the varying degrees of labor intensity associated with different social accountability approaches, the social acceptability of speaking out and the fear of reprisals could all yield differential levels of engagement.

Third-party intermediaries: When users do show interest in improving services, they rarely mobilize and organize spontaneously on their own without support or assistance from a third-party intermediary such as a user committee, a civil society organization (CSO) or the media. The presence of these intermediaries can be critical in fostering awareness of entitlements

Public Expenditure Tracking Surveys (PETS)

These are quantitative surveys that trace the flow of resources to schools and health facilities. They highlight the use and abuse of public money and give insights into cost efficiency and accountability.

and service standards. They also play an important role in organizing and mobilizing users to engage with one another as a means to amplify their demands on service providers, thereby translating individual efforts into collective efforts to hold service providers and policymakers accountable. However, to be effective in demanding accountability, and given the important role they can play in many social accountability initiatives, these structures must themselves be credible and accountable actors (McNeil and Malena 2010, 199).

Poor internal governance, lack of transparency, and weak accountability are problems that can limit the effectiveness of CSOs, user committees and other representative or consultative structures, and ultimately undermine their legitimacy and credibility. In addition to addressing these institutional weaknesses, efforts are often needed to bolster their capacities to research, analyze, demystify, and disseminate relevant information, to build public support and engage in networking and coalition-building across the state-society divide (McNeil and Malena 2010, 197; O'Meally 2013, 8). Similarly, independent, traditional and modern forms of media can play an important role in creating awareness around public policy and service delivery issues, disseminating findings and creating a platform for public debate (Malena, Forster and Singh 2004, 13).

Patient consultation in a displacement area in North Kivu, DRC. Photo: IRC/Demian

2.3 Provider willingness and capacity to respond

The willingness and ability of service providers and policy-makers to disclose information and to listen to, engage with, and be accountable to users is also crucial for the success of social accountability interventions. While user engagement in service delivery can incentivize service providers to change their behavior and performance, it is often the decision-makers within the service delivery system itself (policy makers, managers, etc.) that are able to influence internal incentive structures to increase responsiveness and accountability to service users.

Political will and leadership: Some government actors and service providers can play prominent roles in introducing and supporting social accountability initiatives, while others may be initially hesitant or feel threatened by such interventions. Although many of these initiatives are undertaken independently by civil society, they have a greater chance of long-term success if state actors understand and support them (McNeil and Malena

2010, 201). CSOs can actively seek out and nurture champions within the public sector who genuinely believe in and are willing to support the approach. CSOs might invest time and energy in sensitizing government actors about the benefits of social accountability, which can go a long way toward achieving political will.

The Kenyan National Taxpayers' Association (NTA) found that, while some politicians were threatened by their efforts to support citizen monitoring of the Constituency Development Fund[14], others saw the political advantage to be gained from demonstrating good management of these funds and were eager to support NTA's efforts in their constituencies. McNeil and Malena (2010) point to several case studies that demonstrate the importance of political leadership and the vital role that a political leader can play in making social accountability possible, but they also highlight the fragility of initiatives that are highly dependent on a particular individual.

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[14] Devolved funds intended to finance local development projects.

Service provider capacities for social accountability: Beyond political will, the capacity of the government and service providers to engage in and respond to social accountability initiatives is a critical factor for consideration. Indeed, a functioning public administration with the capacity to respond to user demands is often a pre-requisite to the success of social accountability initiatives (Malena, Forster and Singh 2004, 13). According to McNeil and Malena (2010, 202), the primary service provider capacities relevant to social accountability include "the capacity to manage and share information, to consult and seek feedback from citizens and CSOs, and to provide grievance mechanisms." As described above, facilitating user access to information is a critical component of social accountability and one which service providers can actively support.

Beyond this, however, they also need line ministries to be responsive to information flowing up from lower levels of the system. For example, the results of a participatory budgeting exercise at the district health level needs to be reflected in the overall budget of the Ministry of Health to have any effect. This would likely require a mechanism for aggregating information in a bottom-up manner (from decentralized/deconcentrated to central levels) in order to inform the budget and for local preferences to be acted upon by the Ministry. Policy makers are also responsible for setting the framework for providers to respond to access-to-information requests or to change performance in response to complaints. According to Agarwal and Van Wicklin III (2011, 8), by developing a performance-based reward system that has variable salary elements and is based on clearly defined performance standards and codes of conduct, service delivery managers can "influence staff behavior in the desired direction." In this case, if payment of part of a teacher's monthly salary were dependent on the number of days she were present to teach (and if this were monitored in part by members of the PTA), then this would serve as an incentive for her to show up for work and could be an effective strategy against absenteeism.[15]

2.4 Bridging mechanisms

Social accountability efforts are concerned with transforming the relationship between civil society and government actors, between service users and service providers. Beyond the introduction of tools, it is also concerned with transforming service users into rights holders and active citizens (charged with expectations, rights, and responsibilities) and service providers into public duty bearers (obliged to account to the people and equitably serve the common public interest) (McNeil and Malena 2010, 201). Strategies aimed at strengthening the interface between the two are understood to be important in transforming these actors and their relationship.

Creating space: In contexts where there is a greater tendency towards upward accountability (accountability of civil servants and public officials to higher level authorities) than downward accountability (accountability to users), it is important to look for and foster opportunities that create or expand space for social accountability to take place. One common example is in the health sector where, in many countries, there are mandated spaces and mechanisms for citizen engagement which are non-functional or have become dormant. An important first step is to try to understand why these mechanisms have been under-utilized so as not to repeat past mistakes. Where appropriate, it may be useful, for example, to engage with health authorities around the necessity of reactivating health management committees and participatory planning processes which are part of existing health policies and guidelines. In this way, it may be possible to leverage what exists on paper to expand the space for social accountability. In this case, a functional health management committee that supports the interests of users is able to facilitate other social accountability interventions such as organizing client exit interviews and communicating results to health authorities for action.

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[15] There is, however, a risk that these types of incentive-based interventions could have unintended negative consequences. For example, the teacher in question could show up for work but may be abusive towards students whose parents are involved in monitoring her presence. These unintended consequences would need to be carefully considered at the design phase and be the focus of ongoing monitoring, given the impact they can have on learning outcomes.

In addition to re-activating mandated structures and mechanisms, there may be opportunities to introduce new processes which may be less costly in terms of the time and effort required of users. ICT-based initiatives aimed at generating user feedback quickly and efficiently would fall under this category.

Establishing effective and inclusive mechanisms for interface: A fundamental challenge for social accountability initiatives is to introduce and strengthen mechanisms for improved information exchange, dialogue, and negotiation between users and service providers. This means not only bringing the two actors together, but also enhancing the quality, effectiveness, and impact of their interactions (McNeil and Malena 2010, 204). Tembo (2013, 89) also highlights the importance of trust-building as critical to the collective action theory of social accountability. Through their case studies, McNeil and Malena (2010, 203) show that focusing on solutions rather than problems and ensuring that engagement remains constructive (even when it includes criticism) are good strategies for building trust.

Another important factor for consideration is the degree to which interface mechanisms are inclusive of all those affected by the service delivery problem. According to McNeil and Malena (2010, 204), the voices of women, youth and marginalized groups are often "unheard and unheeded". Consistent efforts are therefore needed to ensure that social accountability mechanisms, be they a complaints hotline, community scorecard processes or PTA elections, are accessible to marginalized groups, that their voices are heard and that they too are able to influence service delivery.

Voting by Iraqi refugees in Damascus, Syria. Photo: IRC/Biro

Section 3: current debates and implications for IRC

A woman is examined by a nurse from the local Burmese health department in Kayah State, Myanmar. Photo: IRC/Biro

3.1 Social accountability evidence base

The evidence on the impact of social accountability initiatives is so far limited and inconclusive. Where positive impact has been demonstrated, little is understood about the factors which make these impacts happen. According to Gaventa and McGee (2010), few studies make explicit the theory of change employed by social accountability initiatives (the assumptions underlying the causal chain, from inputs to outcomes and impact); assumptions of what can be achieved are often too high and the role of citizen and civil society participation in the logical chain leading to service delivery outcomes is not well understood. They also point to the methodological challenges of assessing what are often highly complex initiatives and the variety of factors which contribute to their success.

Joshi (2013, 33), in her review of transparency and accountability initiatives in the field of public service delivery, notes that while initiatives targeted at disseminating information and exposing corruption have been fairly successful, evidence on impact in terms of improved service outcomes and responsiveness is more mixed. She points out that most of the evidence is qualitative in the form

of case studies, with a small but growing number of randomized control trials (RCTs), and that there have been few attempts to analyze social accountability initiatives comparatively or draw conclusions about the factors that contribute to success in specific strategies.

Below are a few examples of studies that have looked at the effects of social accountability interventions in the health and education sectors:

- In Andrah Pradesh, India, use of Community Score Cards led to improved relationships between users of health services and service providers, resulting in increases in overall satisfaction levels. It was also found to be a powerful tool of civic engagement and empowerment as it increased community participation in health activities which in turn led to the introduction of new initiatives such as community-managed ambulances and drug depots (Misra and Ramasankar 2007).

- An RCT study conducted by Bjorkman and Svensson (2007) in the health sector in Uganda found that citizen report cards positively affected the behaviours of duty bearers and increased

access to health services. These findings suggest that report cards coupled with interface meetings between service users and service providers, action planning and participatory monitoring led to positive changes in health worker behaviour, as evidenced by 12% reduced waiting time and 13% reduced absenteeism. It also appears to have impacted health seeking behaviour as utilization rates in facilities in intervention areas were 20% higher than in control sites, had 19% more clients accessing antenatal care, and 58% more recorded deliveries in health centers. While treatment and control facilities received the same supply of drugs, control facilities had higher frequencies of stock-outs than facilities with the report card intervention. Ultimately, immunization rates rose and child mortality rates fell by 33%. The long-term effects of this intervention were demonstrated in a subsequent study by Bjorkman-Nyqvist, de Walque and Svensson (2013) which points to the importance of access to information on staff performance coupled with opportunities for participation and engagement.

- Another RCT study of community monitoring through a school report card process in Uttar Pradesh, India, which provided information and training to community members found that these interventions had no discernible impact on education outcomes, even as a private initiative outside the public school system improved student reading skills. In addition, no difference was found in community participation, teacher effort, or learning outcomes in public schools between intervention and control villages where no school report card meetings were held (Banerjee, Banerji et al., 2008).

In attempting to explain the diverging results from the two community monitoring RCT studies conducted in Uganda and India, Khemani (2008, 2) points to various factors including:

- variations in NGO activism in the two interventions with NGOs in Uganda exerting greater pressure on providers than the education NGO in India;

- differences between how health and education services are experienced and can be monitored by users; and

- differences in the political economy context between India and Uganda, with organized and politically powerful teachers in Uttar Pradesh showing resistance to social and bureaucratic scrutiny and larger political obstacles constraining collective action.

Assessing the impact of complex, multi-actor change processes is difficult in any field, and the social accountability field is no exception. As described above, not only are there are a number of assumptions underpinning social accountability interventions which need to be interrogated, the differences in power, behaviors and incentives within groups of actors, such as "service providers", "service users", "media", or "civil society" can make it difficult to predict how change will occur. For example, we know that not all teachers are motivated by the same things; some may be driven to improve performance because of improved pay or fear of being sanctioned by their supervisors, while others may be motivated by more internal rewards such as satisfying their passion for teaching.

In addition, there are a number of difficult methodological challenges and tensions associated with researching social accountability. Some of these center around the amount and quality of evidence currently available, how we define change when dealing with collective action interventions (attribution vs. contribution), choosing appropriate indicators for change, and deciding whose knowledge and perspectives count (service users, donors, implementing agency staff, etc.) (McGee and Gaventa 2010, 26).

Despite these challenges, a number of research initiatives are underway that look to better understand how and why social accountability initiatives operate. There are also opportunities for IRC to carry out cutting-edge research in this area which will allow us to develop theories of change that offer plausible explanations for how sought changes are likely to occur, to better understand the sequence of steps necessary for social accountability initiatives to be successful, their durability, and their interaction with other factors. These opportunities will be further explored in the next section of the paper.

3.2 Power dynamics and avenues for change

Social accountability, when applied to service delivery, ultimately seeks to improve public service access and quality for everyone, including the poorest and most marginalized. Rather than seeking technical reforms, it is concerned with transforming power relations between different players as a means of achieving this change. But what is the nature of the power dynamics between service users and service providers?

If we go back to the three approaches to conceptualizing the service user-service provider relationship described under Section 1 of the paper (market transaction relationship, rights-based relationship, and active citizenship), each has an impact on how we understand power relations between these two actors. The market transaction relationship assumes that service providers want and need to respond to their clients in order to increase their numbers and not lose those they already have. It essentially places power in the hands of users who can choose whether or not to access particular services. Information about the performance of various service providers is thought to empower citizens to switch to higher performing providers (Fung & Kosack Blog #6). However, the reality in many countries, particularly in rural areas, is that, in the absence of viable alternatives, this power remains purely hypothetical.

The two remaining approaches, rights-based and exercising citizenship, offer very different perspectives on the power dynamics between service users and service providers. The rights-based relationship is founded on a rights holder-duty bearer view of the world, where one formulates demands and the other responds to these demands. This relationship is best captured in "principal-agent" theory which states that one set of actors - the principal (service users) governs another set - the agent (policy-makers and service providers) to whom it delegates power and then holds accountable. The principal-agent problem becomes one of agents (service providers) not behaving in line with principals' (service users') interests, largely because there is inadequate information on the behavior of agents, and misaligned incentives (Levy and Walton 2013, 9). This brings to mind a "see-saw" image of citizens as a large but powerless and homogenous collective on one side (top of the see-saw) and service providers as a small but powerful and homogenous collective on the other (bottom of the see-saw). The path to change supported by social accountability interventions therefore becomes one of confrontation between service users and service providers with citizens needing to be empowered, through information and other means, to confront, discipline and reign in the formal power of corrupt or inept officials (Fung & Kosack Blog #5).[16]

However, there is growing critique of this zero-sum representation of service delivery actors and their relationship. Booth (2012) and Tembo (2013) point to the need to move away from the notion of service users as powerless citizens attempting to overcome service providers' lack of compliance and transparency. They point out that service users can be complicit in current patterns of bad governance (such as the case when they use bribery to fast track their access to certain services), just as service providers can be victims in certain contexts (e.g. not receiving the support and supervision from managers they are entitled to). They put forward a path to change that is founded on collaboration rather than confrontation and which calls for joint problem-solving and collective action to overcome service delivery challenges.

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[16] One example of this is the 'Right to Information Movement in India'. See Jenkins and Goetz 1999 for more information on this.

An IRC-supported school in Chin State, Myanmar. Photo: IRC/Demian

Booth (2012), in particular, has made the argument that one should not make assumptions about the motivations of service delivery actors, the constraints under which they operate and their room for maneuver. He makes the case for understanding service delivery (and broader development) problems as **collective action problems**[17] that exist on the supply and demand sides and that need to be overcome. This aligns well with the concept of service users exercising active citizenship and working with service providers to solve common problems. Social accountability therefore becomes about pursuing collective action solutions, where "'accountability' should be seen as a relational outcome where several actors involved in finding solutions to the problem that exists in a collective-action situation are setting the rules that maximize outcomes' (Tembo 2013, 89).

In reality, social accountability is about changing power dynamics among a diverse group of actors that go beyond service users and service providers to include state, private sector and civil society actors, institutions and societal spheres, with fluid boundaries (McNeil and Malena 2010). The relationships between these different actors are not always direct or easily altered through a single intervention, such as an information campaign or scorecard exercise. There is general consensus about the need to move away from a mechanical, tools-based approach to social accountability and towards greater consideration of contextual factors, particularly the political economy aspects of service delivery (Fung and Kosack Blog #6; O'Meally 2013); Tembo 2013). Fung and Kosack (Blog #6) make the argument that contextual factors such as the existence of choice or competition, the degree to which policy makers and service providers are willing to respond to underperformance and opportunities to employ the short or long route to accountability should dictate the most appropriate mechanism (collaboration or confrontation) to employ.

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[17] Collective action problems can occur in situations whereby multiple individuals would all benefit from a certain action but such action has an associated cost making it implausible that any one individual can or will undertake and solve it alone. These problems are overcome when a coordination mechanism is put in place that allows these costs to be shared.

3.3 Implications for IRC

Social accountability is fast emerging as a priority area for investment by the international development community. Studies like that of Bjorkman and Svensson (2007) have been much publicized and have drawn a lot of attention to the potential contributions of demand-side initiatives to improving service delivery. The perceived weaknesses of supply-side accountability interventions have at times pushed the discourse towards simply substituting these with demand-side interventions as the solution to service delivery problems. However, greater understanding of the political economy of service delivery suggests the need for a more nuanced approach; one that recognizes the importance of empowering people to engage with and influence service delivery while supporting efforts to strengthen service providers' capacities and incentives to respond to citizen demand.

Interactions between providers and users take place in a context of social, political, historical, technological and cultural dynamics that may not change easily or quickly, but must be understood nonetheless if social accountability efforts are to be successful. A number of lessons are beginning to emerge from the literature, which have relevance for current and future IRC programming. These include:

- The importance of thinking about power and politics – looking beyond the technical aspects of an individual social accountability tool to the wider context in which social accountability interventions are introduced, particularly the local socio-political conditions, the incentives and interests on the supply and demand sides, and the interaction between formal and informal institutions.

- The necessity of working across the "demand" and "supply" sides of service delivery and recognizing that user voice and client power is only half the picture – service provider capacity and incentives to support and respond to citizen voice is equally important, as is the compact between policy-makers, managers and frontline service providers.

- The importance of linking social accountability initiatives to existing formal and informal accountability institutions and practices –

these include mandated structures like health management committees and local spaces for dialogue and negotiation (O'Meally 2013).

One review conducted by Fung and Kosack (Blog #7) of 16 experimentally evaluated transparency and accountability interventions presents some interesting findings regarding the practical design of these interventions. It found that the most successful among them were those that:

- Made different types of information available to users, including information that was a) comparative (e.g. comparing performance against that of facilities in other villages or national standards), b) objective (e.g. quantities of drug stocks) and subjective (e.g. perceptions of waiting times), and c) combined information on the rights of citizens and service performance;

- Focused on monitoring inputs (e.g. absenteeism, financial resources) vs. outputs (e.g. test scores which users find difficult to link to observable inputs); and

- Recommended or implied clear actions for citizens in response to information (e.g. users were supported in developing a plan of action).

While the evidence base for social accountability remains limited, a number of case studies and research initiatives point to important intermediary, process-oriented results which can be attributed to these interventions, such as:

- Enhanced civil society confidence, capacity, and skills;

- Increased citizen interest and rights awareness;

- Empowerment of marginalized communities to articulate their priorities and negotiate changes;

- Strengthening of women's voice by increasing their participation in decision-making; and

- Improved civil society-government relations and trust.

While these changes suggest that sustained effort will bring more medium- to long-term development impacts, evidence of the direct impact of social

accountability initiatives on human well-being is less frequent, given the early stages of most interventions, and difficulties in measuring this (O'Meally 2013).

So where does that leave IRC and the future of its programming? The answer may lie in our past and ongoing experience in implementing social accountability interventions. Our most in-depth and richest body of experience to date has centered on the implementation of the community scorecard approach within the large-scale community-driven reconstruction program in DR Congo, Tuungane. Here, the community scorecard was introduced as a means of strengthening service delivery in the health and education sectors. While the program is ongoing, it has produced very promising results in terms of the changes elicited through the scorecard. Through tracking of scorecard data and the introduction of innovative monitoring techniques such as the Most Significant Change methodology, the program has been able to document improvements in the relationships among key service delivery stakeholders, in the management of health and education services, and in the overall access and quality of services.[18] Other recently launched interventions, notably in the health sector, in Kenya and South Sudan (introduction of the community scorecards in health facilities and outreach posts) and Uganda (support for Health Unit Management Committees and exit interviews at health facilities), also offer opportunities for learning about social accountability initiatives in these contexts.

Building on these experiences, the IRC, through continued investment in social accountability programming and ongoing collaboration between its technical teams, is well positioned to further experiment with these processes, learn from them and ultimately accomplish a number of exciting results, including:

- Designing effective, theory-based and contextually-adaptive social accountability models that increase the impact of our service delivery programs;

- Developing internal learning and contributing to the evidence base about how social accountability interventions can improve service delivery and the conditions necessary for achieving success, particularly in post-conflict contexts where service delivery challenges are particularly evident; and

- Identifying the most cost-effective social accountability strategies for achieving improved outcomes.

Through these efforts, the IRC will be able to increase the effectiveness and responsiveness of its programming and the returns on its considerable investments in improving people's access to quality basic services around the world. As stated in the IRC's draft Program of Research concept note, "improving our understanding and operationalization of social accountability processes through rigorous research is imperative because the impact and quality of our core service delivery work depend on it" (IRC 2013, 4). Of equal importance is the influence that this type of investment will be able to garner in the wider policy and practice realm. Here, the IRC has a real opportunity to help shape how the industry understands and ultimately contributes to overcoming service delivery challenges.

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[18] For more information about IRC's experience in implementing the community scorecard in DRC, see Labrecque and Batonon 2014.

Girls attending an A.B.E. class at the IRC school in Kebri Beyah refugee camp, Ethiopia. Photo: IRC/Wade

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