

Introduction	4
Executive Summary	6
1. Introduction to the Evidence Base for Social Accountability	9
1.1 Service delivery actors and their relationships	9
1.2 Service user influence over service delivery	11
1.3 Social accountability: a conceptual framework	15
2. Environmental and Organizational Factors	19
2.1 Environmental factors	20
2.2 User willingness and capacity to engage	22
2.3 Provider willingness and capacity to respond	24
2.4 Bridging mechanisms	25
3. Evidence Base for Social Accountability	27
3.1 Social accountability evidence base	27
3.2 Power dynamics and avenues for change	29
3.3 Implications for IRC	31
Conclusion	34



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).

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 indirectly 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

This framework is, however, founded on a number of



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.



‘Citizen¹-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

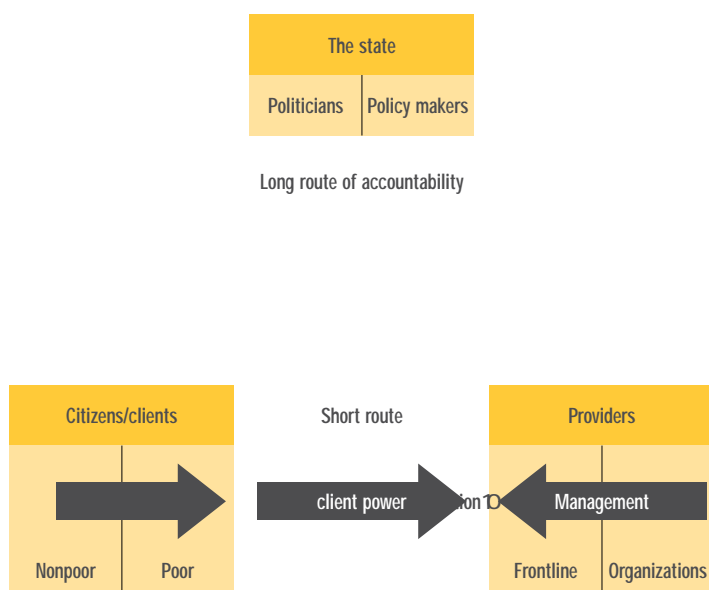
Accountability: The state and service providers

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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).

Accountability: The state and service providers



Indirect 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 exercise of authority (administrative rules & procedures, incentive arrangements, internal audits, etc.) to deliver services.

Direct 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.

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;

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.

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

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 institutions⁵, 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.”

EXAMPLES OF SOCIAL ACCOUNTABILITY TOOLS AND PROCESSES

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

⁵ Tribunals, ombudsmen, labor relations boards, etc.

Central to the framework described above are the ways in which the service user-service provider⁶ 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.

5.2.2 Social Accountability

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 transparency⁷ 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

As summarized in the figure above, the conceptual

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

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

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

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.

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

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 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 process 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.

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 role¹⁰, 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,

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.

What are the basic premises behind most social accountability interventions?

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.

What are the important factors that relate to the environment in which these interventions are introduced?

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).

The nature of the state and the political settlement¹² 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

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:

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).

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 Waluwe 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.



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

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.

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

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 prerequisite 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

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.

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

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 Andhra 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).



5.2.2.2 Social Accountability

Social accountability, when applied to service delivery, ultimately seeks to improve public service access and quality for everyone, including the



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.

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.

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.

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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