# Annex 1
# Service Delivery

Review of impact and effectiveness
of transparency and accountability initiatives

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# Introduction

The impact of transparency and accountability on service delivery has always been an underlying motif in the literature on service delivery. Accountability as a central theme of the debates on service delivery however, only took root after the World Development Report of 2004 which identified failures in service delivery squarely as failures in accountability relationships (World Bank 2004). By showing how the 'long route' of accountability (via elected politicians and public officials through to providers) was failing the poor, the WDR argued in favour of strengthening the 'short route' – direct accountability between users and providers. The WDR sparked off a spate of work that examined ways of strengthening the short route: from amplifying voice, increasing transparency and enhancing accountability (Sirker and Cosic 2007; McNeil and Mumvuma 2006).

By now, accountability is widely accepted as key to service delivery improvements. What is interesting is that the importance of accountability (and related transparency) comes from two quite different ideological streams. On the one hand, New Public Management (NPM), which emerged in the 1990s, emphasised the use of market mechanisms within the public sector to make managers and providers more responsive and accountable (Batley 1999). While many of the NPM reforms for accountability were focussed on vertical accountability within organisations, e.g. performance based pay; a sub set related to downward accountability to citizens, e.g. citizen charters and complaint hotlines. In keeping with the intellectual traditions from which the NPM approach emerged, most of these downward accountability mechanisms were oriented to users as individual consumers who could choose to use these mechanisms or, alternatively, exit in favour of other providers.

On the other hand, and at the same time, the failure of democratic institutions to deliver for the poor also resulted in calls for deepening democracy through the direct participation of citizens in governance (Fox 2007). Innovative institutions such as governance councils in Brazil or village assemblies in India were viewed as embodying this spirit (Cornwall and Coelho 2006, Manor 2004). In parallel, social movements were arguing that governments had an obligation to protect and provide basic services as 'rights' that were protected under constitutions rather than 'needs' which were at the discretion of officials to interpret and fulfil. Advocates of rights-based approaches to basic services identified ways in which rights could be legislated and progressively achieved, for example in the right to education or the right to health. The rights based, direct democracy approaches were distinct from NPM in that they emphasised the collective and public good dimensions of accountability.

While this double-branched provenance was timely in uniting practitioners and scholars in the importance of understanding and enhancing of transparency and accountability, it has simultaneously led to some looseness in what different people mean by the core concepts. Consequently, in the service delivery subsector, the literature which can be classified as, 'efforts to improve service delivery, increase citizen engagement, voice and accountability,' is vast. In order to bound the material for this Review and establish criteria for including or excluding specific initiatives, the first step has been to clarify the conceptual terrain and define what we mean by accountability and transparency initiatives.

Transparency initiatives in service delivery are relatively easy to define: 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 can be defined as transparency initiatives. Initiatives for transparency can be pro-active or reactive disclosure by government. Although freedom of information laws often play an important part in state or citizen-led transparency initiatives, this Report does not deal with attempts to legislate Freedom of Information or the overall impacts of such a law as it is covered by a separate report. We only focus on instances where freedom of information might have been central to improvements in public services, particularly health and education.

Accountability initiatives in service delivery are more difficult to define. What counts as an accountability initiative? The clearest and most basic exposition of the concept of accountability is provided by Schedler (1999) in which public accountability comprises of a relationship between the power holder (account-provider) and delegator (account-demander). There are four elements to this accountability relationship – setting standards, getting information about actions, making judgements about appropriateness and sanctioning unsatisfactory performance. If one takes this conceptualisation as a benchmark, then an accountability initiative ought to combine attempts to agree standards, gain information, elicit justification, render judgement and impose sanctions. Yet in the literature on accountability, there is considerable ambiguity about which of these elements are essential for a particular initiative to be considered robust. . Often some, but not all of these four components can be found and have an impact on public services.

Moreover, accountability for service delivery can be demanded from a range of stakeholders: of politicians (e.g. not adopting appropriate policies); or of public officials (not delivering according to rules or entitlements, not monitoring providers for appropriate service levels); or of providers (not maintaining service levels in terms of access and quality). Further, initiatives to hold these multiple actors to account can be state-led or citizen-led. In this review, we have chosen to highlight initiatives that are largely citizen-led and fall into the realm of 'social accountability.' This is partly because the recent literature on service delivery has highlighted the failures of traditional accountability mechanisms and placed greater faith in demand-led accountability initiatives from below. The range of such

'social accountability' initiatives is also relatively new and has not been examined closely for evidence of impact.

In fact, the emerging literature on social accountability also has tended to use the term quite loosely (Joshi 2008). Some limit the term social accountability to citizen groups monitoring the use of public authority (Peruzzotti and Smulovitz 2006). Others include participation in policy making, policy advocacy and deliberation as part of the social accountability terrain (Arroyo 2004, Malena *et al.* 2004). Some scholars treat the question as an empirical one: asking whether particular institutional spaces are used for certain kinds of engagement, inclusion and accountability (Cornwall and Coelho 2006).

Further, at the outset, we faced the question of whether to include initiatives meant to reform policies or establish new entitlements (e.g. collective action for a right to education law). If one takes a broad view of accountability, particularly accountability to citizens on the part of elected legislators (promising to pass policies that they were expected to deliver), then such attempts to change policy from below would fall within the purview of accountability initiatives. We have many examples of social movements mobilising and succeeding in reforming laws (Gaventa and McGee 2010). However, for the purposes of this Review, we have left these out because such cases are part of complex political processes in which citizen action forms only a part of the story. Fortuitous political circumstances, leadership by particular individuals and other contextual factors are often critical parts of successes in non predictable ways. While process tracing can show how citizen action contributed to particular outcomes we cannot treat them as pure accountability initiatives in the strict sense (in the sense of passing judgement on the conduct of public officials who had been delegated powers). They fall within the remit of normal politics.

Our focus then, is to examine initiatives that are explicitly oriented towards monitoring and demanding accountability for performance in services that are widely accepted as entitlements (either 'hard' entitlements through laws or 'soft' ones through government rules or widely accepted norms). In doing so, we need to differentiate what we call accountability initiatives (which involve monitoring and sometimes sanctions) from the broader literature on participation and citizen engagement. While participatory approaches might be part of accountability initiatives or accompany them, they go beyond accountability work. Further, the literature often discusses both 'voice' and accountability initiatives together – raising the issue that 'voice' could be raised in the interest of participation as well as accountability (Rocha Menocal and Sharma 2008; Green 2008). We do this by explicitly excluding attempts by citizen groups to link users with government services (e.g. encouraging women to go to public hospitals for child deliveries) or attempts by providers to engage citizens in the delivery of services or participate in decision-making (e.g. involving households in spreading messages about hygiene and sanitation, or participatory planning). We also exclude examples where citizen groups are mobilising and self providing services, or helping access government services (e.g. community health insurance groups for paying for access to public health care).

On the one hand narrowing down our focus in this fashion makes the evidence to be reviewed more manageable. On the other hand, however, the problem of attribution remains: in many cases, accountability initiatives are one part of a package of strategies that citizen groups use to gain better services – mobilisation, political advocacy, intermediation, self provisioning, participation etc. For example, HakiElimu in Tanzania appears to have made some impact on the education system (e.g. improved teacher pupil ratios, through a strategy of budget analysis, research, media dissemination, policy analysis, monitoring and advocacy (IBP 2008). This makes the task of isolating the impact of accountability initiatives difficult; and harder because a large part of the evidence comes from case studies involving narrative descriptions of the impact of citizen-led initiatives that do not separate out the contribution of different strategies. It also raises the important question that further research needs to examine: what is the relationship between transparency, accountability and participation in improving public services?

Finally, the remit of this sector paper  – to review the impact of transparency and accountability initiatives in the health and education sectors  – poses some challenges. First, the evidence on the impact of many accountability initiatives in the service delivery subsector is oriented around the tools of accountability such as PETS, citizen report cards, social audits, community monitoring etc. Evidence of the impact of these is not confined to the health and education sectors. In order to capture the learning from these broader experiences with the specific accountability tools, we have included literature from other sectors that seems relevant.

Second, there is an issue that is of relevance to health and education specifically: that of uptake by the poor. When public health or education services are poor, the poor often choose to go elsewhere  – either to private practitioners of uncertain quality (e.g. health care) or to opt out (e.g. not send their children to school). Thus accountability initiatives targeting health and education are often attempting to both improve the quality of services, but also increase uptake so that accountability mechanisms can come into play. Separating out the impact of these different strategies can be difficult as we shall see in the cases reviewed.

Finally, it should be clarified that this review is not exhaustive, but illustrative. We have excluded from this report the literature that deals with accountability initiatives related to budgets and freedom of information (unless they deal specifically with health and education) because these are the focus of separate sub-sector papers. With these preliminary boundary setting parameters in place, the next section reviews the expected impacts of accountability and transparency initiatives and the theories of change that underpin them. Section III forms the bulk of the paper and presents the evidence on impact. The methodologies used in assessing evidence are discussed in Section IV and the key factors that seem to be common to successful initiatives briefly outlined in Section V. In the concluding Section (VI) we point to some of the main gaps in the literature on impact where research efforts need to be focussed.

# Assumptions and expected impacts

The links between transparency and accountability and their impact and effectiveness in the service delivery arena are often largely assumed rather than explicitly articulated. Most generally, the assumed link leads from awareness (through transparency and information) to empowerment and articulating voice (through formal and informal institutions) and ultimately accountability (changing the incentives of providers so that change their behaviour and respond in fear of sanctions). Yet, this chain of causation is seldom explicitly examined. In fact, many initiatives are focussed at increasing transparency and amplifying voice, without examining the link of these with accountability and ultimately responsiveness.

There is also lack of clarity in what the expected impacts actually are – for example, some studies look at the strengthening of the media as expected impacts (COMGAP 2007) while others consider an active and independent media to be a factor in other impacts such as improved responsiveness. This confusion arises partly because studies of impact rarely look at the impact of accountability and transparency alone – they often look at the impact of a range of governance interventions. Moreover, different studies identify a wide range of expected impacts – from improving the quality of governance (Malena *et al* 2004) to increased empowerment of citizens (Gaventa and Barrett 2010). Examining this diverse literature however, one can classify expected impacts into three broad categories.

The first, and often strongest set of claims in relation to service delivery, is that accountability and transparency initiatives expose corruption. Transparency, in particular is expected to help in exposing corruption through highlighting discrepancies in public accounts and triggering more formal accountability mechanisms such as audits and investigations. In this narrative of the role of transparency however, there is an underlying assumption: that the information made public through transparency initiatives will have to be used by concerned citizens through exercising voice and expressing outrage at misconduct. And there is an assumed relationship between increased voice and improved accountability – as Fox (2007) puts it, transparency will not always lead to accountability. Even when citizens protest against misconduct, there needs to be a pressure for public authorities to respond and sanction those responsible. Certain transparency and accountability mechanisms, especially when supported by the threat of credible sanctions, are expected to shift the incentives of public officials by increasing the probability of exposure and the cost of being found guilty.

The second, related set of claims is that transparency and accountability lead to increased responsiveness on the part of providers; improved access and quality of services; and consequently better developmental outcomes. These claims are based on a number of changes at intermediate levels including, improved policy, practice, behaviour and power relations (Rocha Menocal and Sharma 2008). Underlying this claim are a number of assumptions--that the exposure of poor performance will lead to greater responsiveness; that failures in service delivery are due to poor motivation on the part of public officials and not lack of resources or capacities; or that the existence of accountability and transparency mechanisms will have a deterrent effect on errant officials and make them behave better. Yet, there is no clear reason why all of these assumptions will hold true in specific cases: public providers may be immune to exposure of poor performance, increased citizen voice may be met with backlash and reprisals, lack of resources may constrain public officials' capacity to respond, and accountability mechanisms may not be enough of a deterrence. In addition, there is an assumption that the *outputs* of public services (e.g. increased enrolment), will lead to improved developmental *outcomes* in health and education. Outcomes may be contingent on other factors unrelated to quality or access, and might need complementary interventions. Finally, a related, often unstated assumption is that effective institutions are transparent and accountable – in other words 'all good things go together.' Yet, we know that there is a tension between effectiveness and accountability and need to tease out the conditions under which the two move in parallel (Mainwaring 2003). Thus the claim of better accountability and transparency systems leading to improved outcomes in service delivery is based on a series of step by step assumptions that are subject to question in specific cases.

The final set of claims is that transparency and accountability initiatives lead to greater empowerment of poor people, greater awareness of rights by users and greater engagement in service delivery through the practice of citizenship. The logical chain linking transparency to empowerment is clear: information is power. When better information about rights and processes is disseminated, awareness about entitlements is likely to increase. In the case of accountability initiatives however the logic is less straightforward: does the active practice of holding public providers to account lead to citizens getting empowered and more likely to engage with other processes related to citizenship? The causal relationship might be the other way around, it is citizens who are mobilised and already participating in other ways (advocacy, self provisioning) who are more likely to engage in accountability activities. We simply do not know much about when do citizen groups engage in social accountability activities. To the extent that accountability initiatives are collective and aggregate citizen voice, they can be empowering of the poor, whose strength lies in numbers.

The various transparency and accountability initiatives reviewed for this Report have different underlying theories of change about impact. For example, citizen report cards and community score cards are based on the assumption that providers care about their rankings either because of their reputation or potential loss of users. Community monitoring implies more of a watchdog role that can pitch community members in an adversarial relationship vis-à-vis providers. Public Expenditure Tracking Surveys (PETS) are largely meant to expose blocks in fund flows and expose corruption and improve provider behaviour due to fear of exposure. Thus, not all accountability initiatives are expected to deliver on all three categories of impact, and the actual evidence reviewed suggests that their impacts vary on the three dimensions.

# The evidence of impact

The evidence on impact of transparency and accountability initiatives in the service delivery subsector range from the highly quantitative, e.g. assessing the impact of narrowly defined interventions through RCT's to the largely qualitative case studies and narratives that allude to the impact of citizen groups on improving services rather than being the focus of the research. There are relatively few quantitative studies that examine the impact of transparency accountability initiatives through ex-post evaluations. Moreover, and quite importantly, the quality of the evidence varies considerably – while RCT's and similar evaluations are fairly robust and some qualitative case studies are detailed and carefully explored, other case material is descriptive than analytical and require extracting evidence on impact, rather than being impact-focussed.

Given the limited of evidence, of varying quality, there is a growing interest in this area and there are several projects underway which are attempting to explicitly evaluate the impacts. For example, Global Integrity along with the World Bank is developing indicators to assess the impact of access to information in health and education services (Global Integrity 2010). The DFID-funded Governance and Transparency Fund (GTF) projects have institutionalised baseline data collection and are developing indicators in order to assess impact of their work in the future – it is too early to comment on the impact of the projects based on preliminary reports.

From the existing assessments, there are no attempts to compare the impacts of different mechanisms or reach broader conclusions about the factors that contribute to success in specific strategies. The overall evidence suggests that transparency and accountability initiatives score higher on effectiveness (in that they are often well implemented and reach first order goals – complaint mechanisms are used, or corruption is exposed) than on impact (in improving responsiveness of providers, or improving services themselves), The evidence also suggests mixed impacts on the three sets of expectations outlined earlier.

Rocha Menocal and Sharma (2008), evaluating the impact of five donor-led voice and accountability initiatives conclude that donor expectations of such initiatives in terms of poverty alleviation goals or the achievement of the MDG's is too high. None of the interventions studied could clearly demonstrate impact towards the MDGs. Rather, they conclude that the contribution of these initiatives was in terms of more intermediate changes such as changes in behaviour and practice of public officials and some changes in policy. The interventions studied in their evaluavtion however, do not explicitly focus on health or education services. In general, there appears to be limited evidence of impact on broader developmental outcomes. They find that when voice and accountability interventions are targeted directly to women and marginalised groups, there is some impact on empowerment (however, it is not clear what indicators of empowerment being used in these studies).

In a report evaluating 100 case studies that mapped the outcomes of citizen engagement, Gaventa and Barrett (2010) find over 30 cases in which significant impacts were made in service delivery including in the health and education sectors. For example, in Brazil, the new participatory governance councils have been significant in improving access and quality of health care services. In Bangladesh, parents of girls in schools mobilised to monitor teacher attendance and discourage absenteeism. While the methodology used to synthesise comparative findings advances the ways in which qualitative case material can be analysed; the cases cover all forms of citizen engagement (not isolating transparency and accountability initiatives).

There are a few examples of studies examining whether top-down accountability initiatives work better than bottom-up initiatives and the evidence seems mixed. In an interesting examination of whether top down or bottom up accountability mechanisms work better, Nguyen and Lassibille (2008) report on a random experiment in which different approaches were compared in schools in Madagascar. The findings showed that demand-led interventions led to significantly improved teacher behaviour, improved school attendance and test scores compared to the top-down interventions which seemed to have minimal effects. It appears that although managers had better tools to hold lower level staff accountable, they were unlikely to do so without greater incentives. Similarly another random experiment in Kenya found that hiring contract teachers along with community monitoring along had significant impacts on student achievements. In contrast, a widely cited study on citizen monitoring of road projects in Indonesia found that citizen monitoring had little average impact compared to increasing government audits (Olken 2007).

What emerges is that there are few comparative studies that look explicitly at impact of accountability initiatives. In the absence of comparative literature on impact, particularly on health and education, the rest of this section is organised around the new mechanisms of accountability and transparency focussing on social accountability. We start with simpler efforts to increase transparency and end with more complex initiatives meant to improve accountability.

## Information dissemination

There have been a number of recent studies attempting to assess the impact of transparency and information on citizen engagement and service provision and the evidence seems mixed. An RCT examination of the impact of a community-based information campaign on school performance in three states in India found that the intervention had an overall positive impact (Pandey *et al* 2009). The greatest effect was on teacher presence and effort whereas the impact on pupil learning was more modest. By contrast, in another RCT study of the impact of information on the ability of communities to engage in accountability mechanisms and subsequent impacts on quality of services in India, Banerjee *et al* (2009) show that providing information (about the education programme as well as the level of child achievement in literacy and numeracy) had little impact on engaging with the school system or demanding accountability. Rather, when community volunteers were trained to carry out remedial classes outside the classroom, it had a greater impact on children's literacy and numeracy skills. The paper concludes that communities face serious constraints in engaging to improve the public school system even when they have information and a desire to improve education. As Khemani (2008) points out in her comparative paper of the Indian and Ugandan cases, two different studies of community engagement with information came to two strikingly different conclusions.

## Public expenditure tracking surveys

Public Expenditure Tracking Surveys (PETS) have been used in many countries to highlight leakages and gaps in the delivery of funds to the local level. In a survey of PETS in Africa Gauthier (2006) notes that in almost all cases, they have highlighted the leakage of resources reaching facility levels.

Reinikka and Svensson's (2005) pioneering examination of education expenditures in Uganda using PET surveys showed that on average only 13 percent of the actual expenditure meant for schools actually reached them. When this information was made public through an experimental information campaign, the funds reaching schools increased substantially up to 90 percent. The Ugandan government has made resource information at each tier of facilities public. Although this widely cited case has been questioned by subsequent research (see Hubbard 2007), however the broad findings of the study still stand.

In Malawi, the Civil Society Coalition for quality in Basic Education has used PETS three times to achieve impact, improving its methodology each time (IBP 2008).  PETS survey information was used to successfully resist the closure of teacher training colleges, get teacher salaries paid on time, and make budg*et all*ocations for students with special needs. In 2004, the government started conducting its own tracking survey following CSCQBE's success. Early indications of PETS in Tanzania for health and education spending carried out over two periods (1999 and 2001) suggest that corruption has reduced considerably (Gauthier 2006).

These cases however are exceptions. Despite their success in identifying leakages and publicising them, however, the evidence suggests that PETS have led to reforms in only a few countries, mainly due to lack of political will (Gauthier and Montreal 2006).

## Complaints mechanisms

Another popular measure for increasing accountability of providers comes from variations on the complaint mechanisms including complaint hotlines and complaint management systems. In combination with citizen charters which lay out service delivery norms for basic services, these are intended to bring problems quickly to the attention of relevant personnel and set up standards for addressing complaints, which are monitored by senior managers. For the most part, such technology-based mechanisms are usually limited to urban areas.

Complaint mechanisms have been initiated both by citizen groups as well as public organisations. In Hyderabad, Metro water started a complaint hotline which offered a formal accountability mechanism for citizens. By using this direct link with citizens, managers were able to hold frontline providers accountable. The findings of this evaluation suggested that the performance of frontline workers improved and corruption was considerably reduced (Caseley 2003).  In Mumbai, India, a citizen group initiated the Online Complaint Management System (OCMS) which streamlined all complaints on urban public services into an online database which could be used to compile data on time taken to address complaints compared to set norms. An early World Bank study found that the system was successful in putting pressure on public officials to deal with complaints on time.  In another initiative, Lok Satta, a citizen group in Andhra Pradesh, worked with municipal authorities to publicise citizen charters for forty common public services in one hundred municipalities in the state combined with efficient complaint mechanisms. The charters were combined with the training of citizens to monitor services and a compensation clause that pays citizens Rs. 50 per day of delay in public services. A review of this experience suggests that the charters have worked better in urban areas than in rural areas because of greater awareness. It was also found that the compensation clause to be recovered from the salary of the employee at fault has been 'properly implemented' (Sirker and Cosic 2007).  There is other research showing that citizen dissatisfaction with services at the local level often take the form of individuals complaining loudly publicly about their treatment by frontline providers what Hossain (2009) calls 'rude accountability.' Such naming and shaming might be the only option for very marginalised groups and seems to work particularly well for women; however the broader impact and potential for scaling up such a strategy remains to be researched.

## Citizen report cards

Citizen Report Cards follow the practice of consumer satisfaction surveys in the private sector. Citizen report card surveys can be carried out by citizen groups or independent bodies. The expectation is that public exposure of comparative poor performance will spur lagging public agencies to perform better. The distinguishing characteristic of citizen report cards is that they are individual opinion-based and usually done at the macro level. The evidence of impact of such Citizen Report Cards has been mixed.

 A positive review of the Citizen Report Cards in Bangalore (where they were first pioneered by a citizen group called the Public Affairs Centre) by Ravindra (2004) shows that they have had considerable impact on improving public services. As a UN report indicated, not only did public satisfaction

with services improve, but the incidence of corruption appears to have declined (UN 2007:87-88). Further, the evaluation identified that citizen mobilisation and awareness had increased as a result of the report cards, and more interestingly, public agencies had become more transparent and willing to share information with citizen groups. Two factors seem to be critical in influencing the impact of report cards as identified by this assessment  – a) the presence of a active and independent media and civil society organisations that are willing to use information to press for accountability and reforms and b) the presence of public officials who are catalysed by the poor performance of their agencies and willing to reform.

A more mixed assessment of provider based report cards is provided by McNamara (2006) who has assessed their use in the health sector in the United States. She finds that the impacts depend to a large extent on the indicators that are actually used in evaluating providers. In some cases, providers have improved services in response; in others, providers have worked towards improving rankings by using strategies that might undermine services. What is interesting is that uniformly, it appears, publicly generated performance data has not influenced citizens' choice of facilities. In the developing world, Uganda has used report cards to rank hospitals (Uganda DISH, 2004). Although no systematic studies of their impact on services have been done, it appears that the average score of providers climbed substantially in the two report card periods.

Yet the findings of impacts on service delivery based on report card type initiatives have to be interpreted cautiously. As Deichmann and Lall (2007) show, citizen satisfaction is in part determined by factors unrelated to actual service quality experienced by the households. More recent efforts to use Citizen Report Cards are moving away from satisfaction surveys to more objective indicators of the actual quality of services received as is evidenced by the Delivering Services Indicators proposed for education and health services in Africa (Bold *et al* 2010).

## Community score cards

Several groups are now using Community Score Cards to assess the performance of local public services. Community Score Cards are a hybrid of citizen report cards, community monitoring and social audits. Besides assessing levels of service satisfaction by users, the Community Scorecard process involves community meetings in which performance of public services is discussed among providers, users and other stakeholders and includes selfevaluation of their own performance by providers as well as formulating an action plan based on scorecard outputs. A key feature distinguishing Community Scorecards is the collective engagement of both providers and users, in designing, implementing and use of the Cards.

Analysis of the use of community score cards in primary health care services in Andhra Pradesh, India found that there were stark discrepancies between the self-evaluation of providers and the evaluation of communities (Misra 2007). Subsequent discussion of these different perceptions resulted in an action plan in which providers agreed to undergo training to improve their interactions with users, to change timings of the health centre to better meet community needs, to institutionalise a better grievance redressal system and to display medicine stocks publicly. Overall the process resulted in increased user satisfaction

levels and better understanding of the constraints providers face. In Madagascar, assessing services using the Local Governance Barometer (LGB) (a process that involved local officials and communities) found that there were very low levels of perception of accountability by citizens (Dufils 2010). The resultant action plan had several positive impacts: effective channels of collaboration and communication were developed; complaint processes were improved; and recruitment procedures for municipal staff were improved, with more women being hired at senior levels.

Hakikazi, an initiative in Tanzania is using a hybrid of community score cards and citizen report cards to assess the progress of their Poverty Reduction Strategy (Sundet 2004). The cards, called PIMA cards are individually administered but set in the context of group discussion. However, the initiative is quite new and too early for evaluating impact.

## Community monitoring

Community monitoring is a slightly different from the Community Scorecards in that the idea is to monitor ongoing activities of public agencies (rather than rate outcomes). Often community monitoring is used as a way of ensuring that ongoing performance is as per norms  – and is focussed on observable features, for example, teacher or doctor attendance, quality of construction in facilities or ensuring appropriate procedures are followed. In particular, community monitoring has been useful in bringing to light instances of corruption or diversion of public resources.

In Uganda, community monitoring by the Uganda Debt Network has been successful in improving facilities at the local level. Monitoring by trained community workers led to the identification of 'shoddy work' by contractors in the construction of classrooms and health posts (Renzio *et al*. 2006). In several cases community monitoring reported some of the equipment allocated to a health post as missing, and official investigation led to recovery of the missing material.

Community monitoring can improve the quality of services. In an experiment Bjorkman and Svensson (2009) found that when local NGOs encouraged communities to engage with local health services, they were more likely to monitor providers. As a result, provider absenteeism declined and responsiveness increased in terms of shorter waiting times, greater efforts to respond to community needs. Usage of public health services also increased, and was reflected in better health outcomes such as reduced child mortality. These findings reflect a vicious cycle in some public services (e.g. poor quality, lack of uptake and interest, resulting in further worsening of quality and lack of accountability). When uptake increases, then accountability demands are also likely to increase: as a corollary, when accountability exists, uptake will increase.

Duflo *et al* (2008) found that improving incentives for teachers combined with strong accountability mechanisms improved teacher attendance rates in schools in India. In the randomised controlled trial, cameras were given to schools to take pictures (digitally dated) of teachers at the beginning and end of each day. Teachers were guaranteed a base pay with additional increments linked to attendance rates. Absence rates in treated schools dropped to 21 percent (compared to a little over forty at baseline and in comparison schools) and stayed low even after fourteen months of

the program. This study illustrates that accountability mechanisms alone may not be sufficient to result in provider responsiveness and subsequently better services. Greater capacity (and incentives) on the part of providers may be necessary accompaniments to accountability.

## Public hearings and social audits

In India, the MKSS pioneered the strategy of using public hearings (jan sunvais) to hold public officials accountable for local level implementation of programmes. Jan sunwais operate by first gathering information about the budgets and expenditure in public programmes and presenting and verifying these in a public gathering in which all relevant stakeholders – public officials, elected leaders, private contractors and workers – are present. These early public hearings had significant impact in exposing corruption in public works programmes, and in some instances even getting public officials to return the money that they had appropriated. Apart from the work of MKSS which has been widely publicised, Parivartan, a grassroots organisation in Delhi held public hearings on the implementation of the Public Distribution System (PDS) – a large food subsidy programme intended for the poor. The depth of corruption exposed through the process led to improvements in the operation of PDS as well as institutionalisation of a system of monthly 'opening of the books' for public scrutiny (Pande 2008). Public hearings have also been held by the Right to Health movement in India in an attempt to expose the poor access to healthcare for the poor and provide an evidence base for advocating reforms. There has been no clear study of their impact (Duggal 2005). While initially such public hearings were informally organised, due to their success and widespread credibility, they have been institutionalised in some national programmes, most prominently the National Rural Employment Guarantee Act (NREGA) in the form of social audits. A study of social audits in the state of Andhra Pradesh where the state has taken a lead in institutionalising them, found that social audits have led to a statistically significant increase in employment generated, as well as an increase in the exposure of corruption within the programme – with a significant amount of programme funds being recovered (Singh and Vutukuru 2010).

To summarise, there is a sufficient mass of evidence now suggesting that the new accountability mechanisms have been effective in their immediate goals – citizen report cards have been implemented and publicised, community monitoring has been carried out and information has been publicised. There is strong evidence of impact on public services in an array of cases. Mechanisms helping to expose corruption (e.g. public expenditure tracking or community monitoring of infrastructure) have had the clearest impact in terms of bringing to light discrepancies between official accounts and the reality of practice (e.g. absenteeism). Initiatives have also been quite successful in increasing awareness of entitlements, empowering people to demand accountability and claim rights as well as increase the practice of active citizenship. Where the evidence is more mixed however is the impact on actual quality and accessibility of services themselves. Despite demands for accountability and exposure of corruption, experience suggests that the kinds of direct social accountability mechanisms discussed above, have little traction unless they are able to trigger traditional accountability (e.g. investigations into corruption) and impose formal sanctions (fines for delays in provision of services). Factors such as these that impact the success of social accountability are taken up in section Five.

# Methods

In the past decade, there has been a lively debate in the field about the best methods of evaluating accountability and transparency initiatives (Foresti *et al* 2007, O'Neil *et al* 2007, Holland and Thirkell 2009). The studies examined for this paper use a variety of approaches ranging from the strictly quantitative to the highly qualitative and from external, ex-post evaluations to participatory, practitioner assessments of impact.

Underpinning most approaches are implicit theories of change that lead to different kinds of outcomes being evaluated. For example, Foresti *et al* (2007) use a theory based results chain to understand the impact of voice and accountability interventions comprising of a) opportunities and entry points; b) institutional and organisational capabilities; c) voice and accountability channels and actors; d) changes in policy, practice and behaviour, and e) broader development outcomes. Yet, the methodologies available in the literature often do not seek to evaluate or measure intermediate steps in the causal chain.

For the most part the evidence reviewed here consists of four types:

1. Case study material: This often largely qualitative material dominates the literature and is often more descriptive than analytical. For example, several stocktaking initiatives of social accountability initiatives undertaken through the World Bank as well as practitioners provide narratives of initiatives and attribute impact, without clarity as to how these judgements of impact were arrived at (Claasen and Alpin-Lardies 2010, Novikova 2007, McNeil and Mumvuma 2006, Sirker and Cosic 2007). Many of these cases are recorded by practitioners involved in the initiatives themselves and tend to be reports about successful cases. While this enriches cases with detailed narratives of strategies, timeframes, actor perspectives and intermediate setbacks, they are often less strong in separating out the contribution of social action from other contextual factors. There are fewer 'objective' studies, especially of failures with analysis of the reasons for disappointing results. Many of the studies are reviews of the outcomes of specific initiatives without any attempt to draw broader conclusions about the effectiveness of specific interventions under particular contexts.

2. Quantitative survey material: There are very few cases of independent ex-post evaluations of accountability and transparency initiatives which attempt to evaluate the three categories of impact described earlier. An exception is the study of the Citizen Report Cards in Bangalore which used a two track methodology  – of surveying citizens on perceived improvements in services, reduction of corruption and increased empowerment and qualitative interviews with public service officials to understand the impact that the Report Cards had on their work (Ravindra 2004). Another exception is the work done by Caseley (2003) evaluating the impact of accountability reforms in Metro Water which assessed performance in terms of accessibility of accountability mechanisms, reduction of corruption and increased responsiveness. But more work is needed explicitly comparing similar initiatives in different contexts to more closely isolate the factors that matter.

3. Randomized Control Trials: There is a growing use of Randomised Control Trials to evaluate the impact of specific interventions on well defined outcomes and the methodology is increasingly preferred as a means of demonstrating impact (Duflo, Hanna and Ryan 2008, Bjorkman and Svensson 2009, Banerjee *et al* 2010, Olken 2007, Pandey *et al* 2009). The JPAL based at MIT has been the main pioneer of this methodology. While the methodology is rigorous and comparative, the interventions that are assessed tend to be quite narrow and the results have to be supplemented by qualitative work that can unearth processes through which the impacts are actually achieved.

4. Participatory Evaluations: In several of the case studies, participatory evaluations and surveys have been the basis of judging impact. User involvement in assessing outcomes has been especially prevalent where in community score card initiatives in which there is a collective discussion of the state of public services and the development of an action plan in combination with public providers. Assessment of the changes that result is a natural extension of the evaluation methodology.  Such methods are valuable because they focus on indicators that matter to users.

# Key factors

The main finding of this review is that the wide range and diversity of initiatives in the service delivery sector make it very difficult to establish conclusions about key factors that matter in achieving impact, even within similar initiatives. The initiatives themselves vary widely even within the same broad subtype – for example within community monitoring of services. Caution is advised, as not all initiatives will result in the same kind of impact (Khemani 2008). In fact, most studies conclude that there is an urgent need to examine why certain transparency and accountability initiatives succeed and what factors seem to matter.

The overarching lesson seems to be, not surprisingly, that the context matters. Political economy factors, the nature and strength of civil society movements, the relative political strength of service providers (e.g. teacher unions), the ability of cross-cutting coalitions to push reforms, the legal context, and an active media all appear to have contributed in varying degrees to the successful cases. Despite these constraints, some general themes that are common across several cases can be drawn from the existing review.

First, several studies highlight that citizen-led initiatives have impact when there is willingness from the public sector to support attempts to improve accountability. This could be in the form of combined top-down and bottom-up approaches (Nguyen and Lassibille 2008) or in the form of sympathetic reformists within government (Pande 2008). In some cases, successful demands for accountability from below were accompanied by changing the incentives of public providers through carrots (Duflo *et al* 2008) or sanctions (Sirker and Cosic 2008).

Second, most available evidence of impact is based on collective action rather than individual action. This could be because collective accountability mechanisms are better suited to use by the poor and vulnerable and are more likely to result in improved *public* good benefits as opposed to the *private* benefits that can be the outcomes of individual action (Joshi 2008). In particular collective accountability is more likely to result in reduced corruption and increased empowerment of people as citizens. It is possible that this conclusion arises from a bias in the literature itself, that has privileged collective action over individual voice and accountability measures. A research question that remains is whether individual action is effective and impactful beyond the individual benefit derived e.g. from personally getting better attention from the doctor or accessing ones entitlement to school textbooks.

Third, accountability or transparency mechanisms that have the potential to trigger strong sanctions are more likely to be used and be effective in improving responsiveness by providers. Without the threat of effective sanctions (and resulting impacts), citizen mobilization is difficult to sustain in the long run. When repeated exposure of corruption is met with inaction, continued use of public exposure as an accountability strategy will likely die. Social accountability mechanisms have impact when they can trigger traditional accountability mechanisms such as investigations, inspections and audits.

Fourth, information and transparency are a necessary but not sufficient condition for desired outcomes to be realised. An active and independent media seems to be a critical part of several of the successful cases. However, other contextual factors shape whether information will be used by citizen groups to demand accountability.

Finally, and most importantly, accountability and transparency initiatives without corresponding support for increasing the capacity to respond can lead to inaction and frustration on the part of providers (Gaventa and Barrett 2010). Often successful initiatives have constructive engagement and dialogue between providers and users about potential reforms as part of the process of demanding accountability (Bjorkman and Svensson 2009, Fung 2001, George 2003). The community score cards approach seems to encapsulate the best of this strategy, by attempting to surface discrepancies between provider and user perceptions of service quality and working towards solutions through collective discussion and debate. The evidence to date suggests that there is a balancing of tension between demanding accountability and engaging with providers to understand the constraints they face. Information, dialogue, negotiation and compromise are key elements of such engagement. What this points to is that conceptual we need to understand the impact of accountability on its own, but also tease out its links with other forms of participation.

# Gaps

This review finds that there are serious gaps in our understanding of the impacts and effectiveness of transparency and accountability initiatives in service delivery. The gaps are both conceptual as well as empirical.

The conceptual gaps are critical, because they make comparability of the available evidence difficult. Although there seems to be a consensus about the importance of social accountability in improving service delivery, there is little consensus about what it exactly means. Some scholars seem to take a wide definition that encompasses almost all citizen engagement, e.g. Malena *et al* 2004. Others limit the use of social accountability to the monitoring of the exercise of public authority (Peruzzotti and Smulovitz 2006). There are important trade-offs in terms of analytical traction in using one set of definitions over another, but we do not actually know what they are. The question that needs to be asked is: what kinds of definitions are useful for which purposes? Moreover, as discussed earlier, while definitions of accountability usually include four elements (standards, information, justification and sanctions) there is some vagueness as to which of these form a core part of social accountability. Without a clarification of the conceptual terrain, assessing the evidence systematically remains a challenge.

The empirical gaps add to the conceptual ones. As discussed earlier, there are few studies that look explicitly at impact or effectiveness  – evidence has to be culled from existing accounts that are not oriented to evaluating impacts. In parallel, there is little in the form of theories of change that underpin descriptions of accountability and transparency initiatives. Because the assumptions behind specific initiatives are not made explicit, it becomes difficult to judge the extent to which initiatives were successful in the intermediate steps. There are many normative assumptions about impact and confusion about means and ends. There needs to be more explicit investigation of impact on outcomes of services rather than simply outputs. What are the kinds of interventions that are likely to improve quality of education and learning outcomes rather than simply deal with teacher absenteeism?

Another problem is that the case material reported here tends to take a snapshot view of social accountability initiatives: often limiting analysis to a specific intervention and its subsequent unfolding of outcomes. Part of the reason for this is many of these initiatives are externally driven and circumscribed by project cycles (or research timeframes in the case of RCT's).  Thus most studies do not examine a longer trajectory of citizen-state relationships or civil society networks that underpin the outcomes in specific social accountability initiatives, neither do they examine the influence of citizen-led activities outside the narrow scope of the initiative. Other research has shown that the history

and trajectory of citizen-state interaction and informal relationships between societal groups and state actors matters in understanding outcomes.[1]

This lack of attention to histories and patterns of citizen-state relationships hides a more substantial gap: we do not have robust understandings of the origins of social accountability initiatives. We simply do not have systematic evidence or propositions for why citizen groups engage in social accountability in some settings and not others, over some issues and not others or at some points of time and not others. The answers to these questions is important because it enables us to understand the triggers of social accountability activities and the likelihood that institutions created to encourage social accountability will be occupied. For example, emerging research suggests that participation of citizen groups policy reform processes 'upstream,' will increase the likelihood of their engagement in social accountability activities 'downstream' (Houtzager, Joshi and Lavalle 2008).

Another substantial gap in the service delivery area arises from the narrow 'object' of citizen-led accountability activities – the state. Most of the evidence on social accountability comes from citizen led action that targets the state or state providers. As a first cut, this state-focus is useful. However, we know that increasingly the state is only one of an array of legitimate actors who exercise public authority and provide services. Privatisation, decentralisation and varieties of co-production increase the disjuncture between traditional accountability mechanisms and the new forms of pluralistic governance. We have unfortunately little understanding of how social accountability initiatives fare when they target a diverse set of non-state actors.

Further, despite the growing literature on the wide range of social accountability initiatives reported in this paper there is little attempt to analyse these comparatively. How do specific contexts influence the potential for success of particular types of initiatives? For example, are citizen report cards more likely to succeed in contexts where there is perceived competition among public agencies? Is the community scorecard methodology more appropriate to places where democracy has not established roots?

Neither are they assessed comparatively for their durability or scalability.[2] Are the kinds of initiatives that encourage constructive engagement between citizens and public agents more likely to be sustainable in the long run compared to those that take a more confrontational stance? Are certain kinds of initiatives more amenable to scaling up than others? Comparative evidence on the alternatives to particular interventions in various contexts and various service sectors along different dimensions of success seems to be essential in order to build a body of knowledge that will be useful for donors, practitioners and public agencies.

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[1] For examples see the research produced under the Citizenship and Future State DRCs, including Gaventa and McGee 2010 and Unsworth 2010.

[2] Thanks to Rakesh Rajani for drawing my attention to this point.

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