

Macro Evaluation of DFID's Policy Frame for Empowerment and Accountability

Empowerment and Accountability Annual
Technical Report 2016

Annexes Volume 2: Case Studies

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Acronyms and abbreviations

ADEO	African Development and Emergency Organization
AJIC	Access to Justice and Information Centres
AMS	Attendance Monitoring System
ANC	Antenatal Care
AR	Annual Review
BCC	Behaviour Change Communication
BDP	Bangladesh Dalit Parishad
BHOP	Bangladesh Harijon Oikkya Parishad
CBCC	Community Behaviour Change Communication
CBM	Citizen-based service-delivery monitoring
CBO	Community-based Organisation
CC	Clinic Committees
CDF	Constituency Development Funds
CLUF	Community Land Use Fund, Mozambique
COWSO	Community Owned Water Supply Organisations
CPH	Community Participation in Health
CPO	Causal Process Observations
CRC	Convention on the Rights of the Child
CREAW	Centre for Rights Education and Awareness
CRECO	Constitutional Reform and Education Organisation
CSC	Community Scorecard
CSO	Civil Society Organisation
CWST	Council Water and Sanitation Team
DAP	Drivers of Accountability Programme
DCST	District Clinical Specialist Teams
DFID	Department for International Development
DHMT	District Health Management Teams
ECD	Early Childhood Development
EmOC	Emergency Obstetric Care
ESMOE	Essential Steps in the Management of Obstetric and neonatal Emergencies
FCO	Facility Community Outreach
FCS	Foundation for Civil Society
FCSP	Foundation for Civil Society Project
FHC	Facility Health Committee
FHCI	Free Healthcare Initiative
GoK	Government of Kenya
GoMP	Government of Madhya Pradesh
GoSL	Government of Sierra Leone
GoT	Government of Tanzania
GS	Gram Sabhas
HFAC	Health for all Coalition
HMIS	Health Management Information System
HR	Human Resources
HRH	Human Resources for Health
ICT	Information and communication technology

IDA	International Development Assistance
IDP	Internally Displaced People
IE	Impact Evaluation
IEBC	Independent Electoral Boundaries Commission
IMEP	Independent Monitoring and Evaluation Project
KADP	Kenya Accountable Devolution Programme
KES	Kenyan Shillings
KHSSP	Kenya Health Sector Support Project
KII	Key Informant Interview
LGA	Local Government Authorities
LiST	Lives Saved Tool
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDA	Ministries, Departments and Agencies
MIS	Management Information System
MJF	Manusher Jonno Foundation
MMR	Maternal Mortality Rate
MNCH	Maternal, neonatal and child health
MNCWH	Maternal, Newborn, Child and Women’s Health
MNCWHN	Maternal, Newborn, Child and Women’s Health and Nutrition
MoHS	Ministry of Health and Sanitation
MoW	Ministry of Works
MPRLP	Madhya Pradesh Rural Livelihoods Project
MTR	Mid-term Review
MTSS	Mid-term Sector Strategy
NBS	National Bureau of Statistics
NDHS	Nigeria Demographic and Health Survey
NDOH	National Department of Health
NGO	Non-Governmental Organisation
NPA	Norwegian People’s Aid
NRLM	National Rural Livelihoods Mission
NRMC	Natural Resource Management Committees
NSC	National Sanitation Campaign
O&M	Operation and Maintenance
ORS	Oral Rehydration Solution
PCR	Project Completion Review
PETS	Public Expenditure Tracking Surveys
PFM	Public Financial Management
PHU	Peripheral Health Unit
PNGO	Partner Non-governmental Organisations
PPIMA	Public Policy Information Monitoring and Advocacy
PSC	Payroll Steering Committee
QCA	Qualitative Comparative Analysis
RAR	Rapid Awareness Raising
RGCF/COPE	Rights and Governance Challenge Fund/Creating Opportunities for the Poor

RMCH	Reproductive Maternal and Child Health
RMG	Readymade Garment
RMND	Reducing Maternal and Neonatal Deaths
RTI	Right to Information
RWSP	Rural Water Supply Programme
SAM	Social accountability monitoring
TISA	The Institute of Social Accountability
ToR	Terms of Reference
UNHRC	United Nations Human Rights Council
VAW	Violence Against Women
WASH	Water and sanitation hygiene
WPMS	Water Point Mapping System
WSDP	Water Sector Development Programme
WSS	Water Supply and Sanitation

Case Study 1: Rights and Governance Challenge Fund (RGCF)/Creating Opportunities for the Poor (COPE) Bangladesh

QCA findings

This project is a consistent case for the Qualitative Comparative Analysis (QCA) findings for the following two hypotheses:

- **Hypothesis 1 (Outcome 2):** *Higher-level (at-scale) service delivery (O2) is achieved only when social accountability mechanisms include support for feeding evidence and learning into higher-level discussions (M7) and for higher-level legislative and policy change (M1)*

QCA finding: Hypothesis 1 was rejected. None of the conditions in the model nor their combination was found to be necessary for achieving improved higher-level (at-scale) service delivery (O2). Both support for feeding evidence and learning into higher-level discussions (M7) and higher-level legislative and policy change (M1) as single conditions are slightly more necessary, but remain very weak explanations for the outcome.

- **Hypothesis 2a (Outcome 1):** *Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen action (IO4) are more likely to contribute to improved local-level (project-area) service delivery (O1)*

QCA finding: Hypothesis 2a was found to be ambivalent due to the lack of unsuccessful cases in the model.

1.1 Overview

The Department for International Development (DFID) Bangladesh has funded its grant-managing agency, the Manusher Jonno Foundation (MJF), since 2002 to support Bangladesh civil society in its efforts to make the government more responsive and accountable to the needs of its citizens. The Rights and Governance Challenge Fund (RGCF) was established by DFID in 2002 and its second phase ended in June 2013 after more than 10 years. A third phase of the programme – renamed Creating Opportunities for Poor and Excluded People in Bangladesh (COPE) – was approved in July 2013. The COPE programme runs for 3 years from August 2013 to September 2016 and has a budget of £25.5 million. The expected impact of the programme is that poor, marginalised and vulnerable people enjoy a better quality of life in an environment of democratic freedom and security. To this end, the programme aims to ensure better access to public goods, resources and services for marginalised and vulnerable men, women and children in the project areas. In order to further enhance citizens' efforts to make the government more accountable and responsive to the needs of the poor and marginalised, MJF is implementing the programme through grant funding of 122 partner non-governmental organisations (PNGOs).

Evaluations confirm that through its support to these partners MJF has achieved immense progress in building beneficiaries' knowledge of and demand for their rights in the targeted

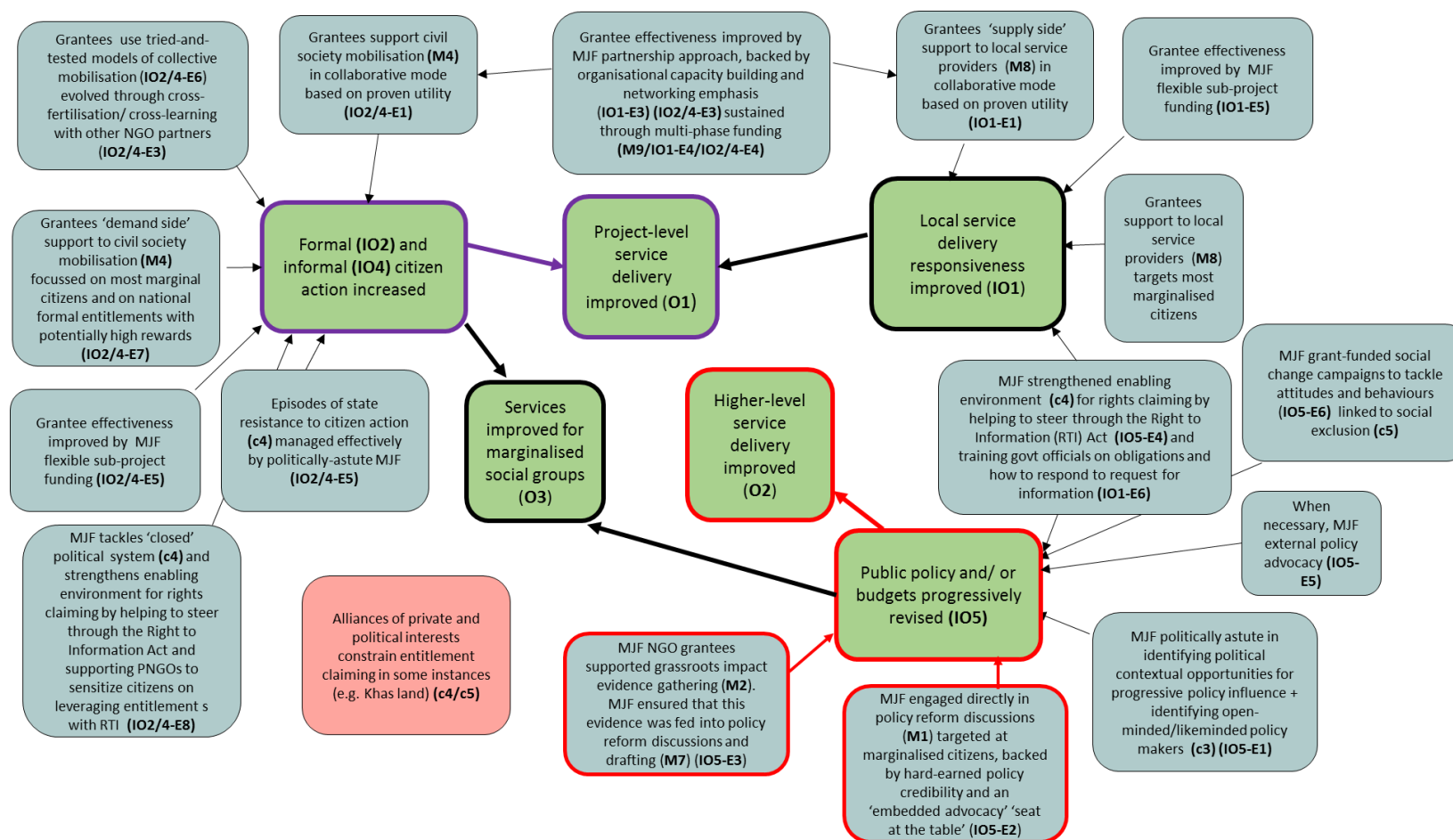
areas linked strategically to national-level pro-poor policy advocacy. The result has been an improvement in project-area and at-scale service delivery targeted at marginalised groups.

The scale of **outcomes** in terms of aggregate citizen action is impressive. The Project Completion Review (PCR) for RGCF Phase II (2008–13) reported that almost 1.5 million citizens had engaged in rights claiming activity during the life of the programme. This evaluation, and subsequent evaluative reporting on the successor COPE programme, reported increased access to services to marginalised citizens across a range of sectors. This included the Governance Performance Monitoring programme, with services influenced through project-supported provider-user platforms across agriculture extension services, primary education, health (with an emphasis on maternal health) and social safety net programmes. The Violence Against Women (VAW) programme increased access to Hindu marriage registration, divorce courts and victim services. The land programme extended government (*khas*) land titles to thousands of previously landless households. The Dalit programme increased Dalit access to safety net transfers. The Workers' Rights programme supported the establishment of accountability institutions, including workplace unions and factory co-committees, while supporting the introduction of minimum wage entitlements and factory inspections. The Child Labour programme increased children's access to diversion services. The Chittagong Hill Tracts programme increased the number of households receiving food security transfers.

1.2 Explaining the RGCF/COPE programme contribution to hypothesised change process

Periodic programme reporting and evaluations have documented the challenges and achievements of the RGCF/COPE programme. We have analysed this evaluative narrative material and interpreted it to identify the causes of change – or causal process observations (CPO) – which are listed in Table 1.1 at the end of this case study. This narrative analysis is summarised and cross-referenced in Figure 1.1. Our discussion below cross-references both Table 1.1 and Figure 1.1.

Figure 1.1: RGCF/COPE Bangladesh causal flow diagram



	Limited or no positive outcome change		Constraining causal process		Hypothesis 1 causal flow
	Positive outcome change		Enabling causal process		Hypothesis 2a causal flow

1.2.1 Hypothesis 2a (Outcome 1)

- *Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen action (IO4) are more likely to contribute to improved project-area service delivery (O1)*

Explaining programme contribution to hypothesised change process

The RGCF/COPE programme has over a long period targeted its demand-side grant-making activities on strengthening the effectiveness of citizen action to claim entitlements. In contrast to more narrowly specified social accountability programmes that focus on specific formal (invited) accountability deliberative platforms, such as facility-level co-management committees, MJF has emphasised citizen capacity for action across a range of formal (invited) **(IO2)** and informal (uninvited) **(IO4)** spaces and channels as we discuss and illustrate below.

Support to **formal (invited) citizen action** has included the projects funded under RGCF/COPE governance programme, with its focus on governance performance monitoring and user-provider platform discussions (e.g. public hearings) fed by user feedback (e.g. through scorecards). Targeted services include agriculture extension services, primary education, health (with an emphasis on maternal health) and social safety net programmes. The RGCF Phase II PCR reported that the RGCF Governance Performance Monitoring programme had achieved the following outcomes:

[O]ver 23,000 beneficiaries [were] benefitting from improved social security; around 750,000 beneficiaries accessing services in health, education and agricultural extension; the establishment of 482 health and/or school monitoring committees, and the active participation of 3,368 beneficiaries in various local government or public service institutions. With the contribution of other activities, MJF therefore has helped establish and support 3,500 health and/or school monitoring committees.¹

MJF has also supported **informal (uninvited) citizen action** that has focused on key social and entitlement issues. Under the Workers' Rights programme, for instance, MJF has participated in and grant-funded a number of advocacy campaigns to raise public awareness about the need for change in the working conditions in Bangladesh and to advocate for a minimum wage in the readymade garment (RMG) sector and shrimp processing industries. MJF organised consultations at national and divisional level, and through its partners conducted a number of research studies to specify particular priority areas for advocacy campaigns. In 2013, huge demonstrations prompted a review of the minimum wage, which at the time was BDT 3,000 (about US\$40) a month – a meagre output from 24 days of work. MJF and partners, including the Bangladesh Institute for Labour Studies and trade unions, came together to analyse worker living costs and conditions to assist the garment industry to try to estimate a reasonable minimum wage. On this basis, the suggested monthly minimum wage was BDT 12,000 (US\$150), which was eventually negotiated down to BDT 5,300 (US\$70) a month.

In support of informal citizen action, MJF has also allocated grants to **support broader social campaigns** to challenge public and policy maker opinion (**IO5-E5**). In this way RGCF/COPE has worked to challenge and change political and public opinion on issues as diverse as

¹ DFID (2013), *RGCF Phase II Project Completion Report*, London, DFID, p.15.

perceptions of Dalits' violence against women and child labour (see Box 1). Under the Child Labour programme, for example, the 'embedded' macro-level policy level advocacy pursued by MJF and partners has been complemented and strengthened by RGCF/COPE grant-funded 'bottom-up' campaigns, designed to apply popular pressure on policymakers through street-level campaigns for policy reform. Campaigns use social marketing tools that engage and challenge public opinion, including human chains, consultations, meetings, seminars as well as poster and brochure distribution. The key messages of these campaigns centre on the legal aspects of child labour and its detrimental effects on child health and well-being. Recently, for instance, MJF has funded NGO partners to mobilise popular advocacy for the inclusion of domestic labour and waste picking to the list of hazardous work. This year-long campaign for adding domestic labour to the list of hazardous sectors is just one example of the organisation's determination to create social and political change. Through the same process, MJF aims to challenge and transform societal attitudes towards children through sensitising the public on the legal aspects of child labour and its detrimental effects on child health and well-being.

Box 1.1: Support to informal citizen action for social change: Dalit campaigns

MJF started supporting Dalit rights campaigns and projects from its own formation in 2004 as the grant management organisation of the new DFID Rights and Governance Challenge Fund (RGCF) programme. Between 2004 and 2006, the organisation funded Dalit rights projects in only 3–4 districts across Bangladesh. At this time very little attention was being paid to the social stigma and constant discrimination of Dalits in the country. The government's position was virtually non-existent and certain policymakers were oblivious even of the existence of Dalits in Bangladesh, let alone their issues in terms of claiming their rights. There was no policy or legal framework (except the Constitution) covering discrimination, hardly any understanding of their rights issues and little attention given to the ostracism.

In 2004, MJF started identifying potential partners to raise awareness and promote Dalit rights in Bangladesh. It formed a loose network of 18 NGOs (most of them not official partners) aiming to build collective conscience and capacity among the Dalits and enhance the work of NGOs/community-based organisations working with Dalits on discrimination. Through the project intervention the two largest countrywide Dalit networks, Bangladesh Harijon Oikkya Parishad (BHOP) and Bangladesh Dalit Parishad (BDP) were also strengthened and included in the network. With the support of BHOP, BDP, local Dalit organisations/networks took shape and slowly established linkages with local government institutions and service providers to enhance awareness of Dalit and Harijon (cleaners' caste) rights and subsequently increase their access to public services and change social stigmatisation.

Source: Holland, J. and Molin, R. (2016). 'Case studies of the DFID Rights and Governance Challenge Fund /Creating Opportunities for the Poor Programme Bangladesh: A Synthesis Paper', Draft unpublished paper, Dhaka: DFID, January

In many instances MJF support to citizen action **integrates formal and informal channels of citizen engagement**. The work of MJF's grantee PNGOs under the Workers' Rights programme is wide ranging, and has included advocacy campaigns, policy advocacy, information campaigns among garment workers, mobilisation, mediation between workers and employers, training middle managers in the factories, establishment of participation committees within RMG factories, formation and registration of trade unions, training trade union leaders and provision of legal aid.

The effectiveness of PNGOs in supporting formal and informal citizen action has been increased by the professional credibility in their respective fields and long-term, collaborative engagement with local citizen groups (**IO2/4-E1**). In the area of land rights, for instance, COPE PNGO Uttaran is staffed by skilled mobilisers, often with a legal background, providing legal aid education on the laws of the *khas* land and helping citizen groups to navigate their way through the claims process.

The contribution of the programme to PNGO credibility and utility centres on a number of key factors:

First, **MJF's partnership relationship with NGO grantees is key (IO2/4-E2)**, and can be contrasted with a narrower, technical role for managing organisations in similar DFID grant-making programmes. Grantees are by default described as partners by MJF coordinators and this reflects a relationship that is based on trust (entrusting partners to do the right thing), day-to-day contact and even strong support for partners during difficult times. This was notable in the context of the Land Rights programme where periodic political crackdowns on land rights groups were severe.

This relationship is backed up by **a strong emphasis on partner capacity building (including financial management) and network strengthening (IO2/4-E3)**. Capacity building is pursued through tailor-made training as well as through cross-learning via partner meetings. This capacity building reflects a programme logic that sees civil society capacity as a legitimate end in itself rather than an instrument towards better development outcomes. This support is part of a hierarchical model of capacity building. The professionalised partner organisations in turn train their own smaller and more local partners using the same principles as MJF, including teaching them the importance of rigorous financial management and monitoring of activities.

Capacity building through the programme involves professionalising (different sized) partners based on individual partner needs. Beyond this it involves creating a sense of legitimacy/agency and ownership of the rights and justice aims of the programme. This ownership-building approach extends to building multi-stakeholder networks around shared interests, across civil society, the private sector and government. This is **a crucial factor in enabling the programme to influence improved service delivery sustainably both within project areas (O1) and 'at scale' – that is, beyond the bounds of direct project beneficiaries (O2)**.

The RGCF/COPE programme is **multi-phased and has tended to involve several rounds of grant funding for many PNGOs (IO2/4-E4)**. This has further sustained capacity building and institutional embeddedness. This grant support is delivered through **flexible sub-project funding that reflects MJF's political sensitivity to accountability processes on the ground (IO2/4-E5)**. In contrast to more linear, path dependent logframe-driven programmes, the RGCF/COPE programme is adaptive and driven by an operationally agile and politically sensitivity managing organisation, pursuing outcome and impact level change with flexibility and understanding of changing political context. In this operational mode, MJF has demonstrated its capacity to be a politically sensitive 'process manager'.

Sustained support, combined with cross-learning through partner meetings, enables grantee PNGOs **to test and refine models of support to accountability processes (IO2/4-E6)**,

which are often shared and adopted/adapted by other PNGOs in the network. Land rights PNGO Uttaran, for instance, has developed a model of support to rights claiming that has been adopted by other partners (see Box 2).

Box 1.2: A partner non-governmental organisation model for supporting citizen action

Land rights PNGO Uttaran works via networks of local civil society organisations (CSOs) to form small groups (called ‘primary organisations’). One group consists of 20–25 family representatives and Uttaran is presently supporting more than 600 such groups. Uttaran also forms Union-based and *Upazila*-based groups from the members of these small groups, creating a hierarchy of groups that brings strength and sustainability to the process. As mentioned above, Uttaran’s support does not stop at securing land titles. It typically follows up to support productivity through food production technologies, seed monies and establishing links with government agricultural extension officers.

NGO grantee the Bhumija Foundation, working primarily with the Dalit communities, started replicating Uttaran’s model in their intervention areas. For example, Bhumija Foundation is seeking to include Dalits on the local government’s lists of landless. As a result of this listing process the Foundation reports that in the past two years only, as much as 80 landless Dalit households have received 35.53 acre *khas* land from government for cultivation.

From among MJF’s other NGO partners, *Nijera kori* has adopted a similar mode of working on land rights. The NGO started in 1982 as a social movement and has evolved its methodology through its grantee relationship and cross-learning.

Another NGO, Asod, has been an MJF COPE programme grantee since 2013, evolving its methodology through working with Monga rice cultivating communities in the north of the country where there has been no history of a landless movement.

Source: Holland and Molin (2016), op. cit.

Crucially, these models are implemented in accountability contexts where the entitlements in play are **formal, legally enforceable and often with potentially high rewards/returns (IO2/4-E7)**. With MJF grant funding, Uttaran (NGO grantee), for example, has helped to mobilise some 12,000 families since 2004 (over three phases of DFID funding) who have to date acquired around 10,000 acres of *khas* land. This recovered *khas* land has been valued at BDT 10 billion (USD 127,568,100 at current rates of exchange).

MJF’s macro-level work on steering through the **Right to Information (RTI) Act** (see Section 2.2 below) has proved effective in **strengthening the enabling environment for citizen rights claiming (IO2/4-E8)**. With the RTI Act passed in 2009, MJF shifted focus from 2010 onwards, supporting PNGOs to integrate RTI into their community-based advocacy work. The 2013 RGFC Phase 2 Project Completion Report documents that ‘4 MJF partners have worked on its implementation by raising awareness in communities about the act and how to use it’:

As a result of RTI, citizens have the right to ask for information from the government, and can challenge local authorities if they are deprived of basic services or entitlements. MJF partners make people aware that the law exists, and how they can use it to obtain information relevant to them from their local authorities.

In 2011 MJF partner organisations helped file 795 requests for information with the government. From these they received 525 responses on a number of issues including

khas land, primary school drop-out rates and social safety net allocations (such as disability and widows allowance). As a result, beneficiaries have taken this information and used it to exert pressure on local authorities to ensure that more equitable services are provided (as in the case of safety net provisions) or more accurate information is made available (as in the case of khas land identification).²

Considering the role of the RTI Act in strengthening citizen action, the MJF coordinator reflected that RTI becomes an additionally empowering tool: *'It's a tool for people to give them courage (to take on the authorities)'* (pers. comm.) During the third (COPE) phase of the programme, MJF continues to fund PNGO activity on sensitising citizen groups to the RTI Act and integrating RTI into their accountability processes.

One of the most successful areas of action has been MJF support to citizens claiming their entitlements to state safety nets. Partner NGOs started to introduce RTI as a tool for social safety net claims among the most marginalised, those groups that were being left behind. MJF partner NGO Nijera Kori, for example, has been supporting pregnant women from the poorest families in their project district to use RTI applications to claim their antenatal voucher card in a context where these entitlements were being captured by wealthier families.

Additional factors explaining outcome change

While the narrative analysis has elicited a number of explanatory insights that support the hypothesised contribution of citizen engagement to improved project-area service delivery, a number of other explanatory factors come into play. Principal among these is the RGCF/COPE programme's emphasis on **supply-side responsiveness**. The RGCF/COPE PNGO grantees also work on the supply side of the accountability equation, supporting service providers to be more responsive to the entitlement claiming activities of citizens supported by the project. The effectiveness of the PNGOs can be explained by a number of key factors:

As with the demand-side approach, grantees 'supply-side' support to local service providers (**M8**) in collaborative mode based on proven utility (**IO1-E1**). Under the Land programme, NGO partners have proved their credibility at the local level helping overstretched local officials, for example, on listing landless households for *khas* land allocation: *'At present the relationship is so good that the government officials depend on us... trust has been built... officials asks for lists and list updates whenever they need them'* (Uttaran Director). Similarly under the Workers' Rights programme, PNGO the Awaj Foundation works using a non-confrontational approach designed to foster a cooperative relationship between workers and factory management built on strengthening awareness and factory level institutions. Awaj Foundation Director, Nazma Akter points out that *'employers also lack the knowledge and awareness of what rights the workers have. So we try to educate the middle level managers as well'*.

MJF grantee partner effectiveness to strengthen partner responsiveness is improved by MJF **partnership approach (IO1-E2)**, backed by **organisational capacity building and networking emphasis (IO1-E3)** sustained through **multi-phase funding (M9/IO1-E4)**. Under the land programme, PNGO Uttaran, for instance, was able to replicate this model in other *upazilas* and keep the landless list up to date through periodic 'refresher' community

² DFID (2013), op. cit., p.14.

consultations, while also sharing the model with NGO partner networks for increased scale of outcome.

Similarly, under the Workers' Rights programme, MJF is presently playing a key role in building the capacity of a growing cohort of government garment factory inspectors through designing and delivering tailored training programmes that draw on MJF NGO partners' knowledge of current factory conditions and challenges. Furthermore, these inspectors will inspect factories across the country using a set of guidelines outlined in the new Labour Rule 2015 and essentially drafted by MJF. The inspectors will use International Labour Organisation software/apps to register monitoring data required under the Rules.

MJF's successful steering into law of the RTI Act in 2009 enabled it to support demand-side use of the law to claim entitlements, as discussed above. But it also enabled MJF to **support the capacity of government ministries, departments and agencies to implement the RTI Act effectively (IO1-E4)**. Recognising the need to mainstream RTI thinking into policies, procedures and to encourage a change in mindset and behaviour among civil servants, MJF's focal person for RTI approached the government's national civil service training centre – the Bangladesh Public Administration Training Centre – to include RTI into three of its foundation training courses. In 2011, with support from the World Bank, MJF piloted RTI mainstreaming in Manikganj district with 58 government district and *upazila* officials and staff from eight departments. The trainers found that all of these officials lacked understanding of the RTI Act and its implications.

One of the statutory requirements under the new RTI Act was the creation of an Information Commission. MJF identified the Information Commission as an institutional route into mainstreaming RTI through departmental procedures and practice, and so entered into an agreement with the Information Commission to increase MJF and partners' involvement in training and tracking of RTI implementation. The present Information Commissioner, Mr Nepal Chandra, confirmed MJF's role in supporting the work of the Commission and reported that many other organisations are referring cases to the Commission to increase access to information and services. Mr Chandra reported that during the year between August 2014 and August 2015, the Information Commission responded to some 253 complaints and is clear about the role and impact of the Commission's work:

We see people have now a platform to get their necessary information from the government offices, while the government officials are also changing their mindset. We have educated our people and officials about the charter of the Information Commission through organizing workshops and trainings at district level. We have even declared Information Rights Week from 28 September to 04 October every year.³

1.2.2 Hypothesis 1

Higher-level (at-scale) service delivery (O2) is achieved only when social accountability mechanisms include support for feeding evidence and learning into higher-level discussions (M7) and for higher-level legislative and policy change (M1)

³ Holland and Molin (2016), op. cit., p.11.

Explaining programme contribution to hypothesised change process

MJF's grant funding support is backed by a systemic approach that consistently links policy reform to change on the ground. MJF as programme manager has demonstrated across sectors an effective capacity to advocate for an enabling environment for at-scale service delivery improvements (**O1**) via engagement in higher-level policy discussions (**M7**). In this role as policy level advocate has made notable 'wins' in influencing legislative and policy reform.

MJF has been **politically astute (IO5-E1) in identifying political contextual opportunities for progressive policy influence + identifying open-minded/likeminded policymakers** in often-resistant political contexts (**c3**). MJF's response to the confluence of interests around workers' rights in Bangladesh is a good illustration of this capacity. A 2008 RGCF-funded study by the Bangladesh Institute for Labour Studies confirmed that workers' rights in the RMG sector continued to be abused in factories across the country despite a recently enacted Labour Law. At this time, Bangladeshi trade unions were also raising concerns about the daily lack of respect for worker's rights they experienced on the factory floors. Pressure from local and international organisations and lobbying by MJF and its partners triggered a government response.

MJF has **engaged directly in policy reform discussions (M1) backed by hard-earned policy credibility and an 'embedded advocacy' 'seat at the table' (IO5-E2)**. In the case of the Labour Law process, once MJF had triggered a response, its good relations and credibility with lawmakers in the relevant government departments, MJF became an essential player involved in the newly-formed Labour Law Review Committee's work by preparing recommendations for areas to be amended in the legislation. In pursuing follow-up work on Rules for implementation of the Labour Law, MJF has managed to develop a close working partnership with a number of key government stakeholders in the Ministry of Labour and Employment, Ministry of Justice, Law Commission and the National Human Rights Commission. Through constant interaction and collaboration with the government, including its support for a key tripartite consultation committee, MJF has become an indispensable resource and built partnerships. This illustrates how mutual respect, understanding and trust can go a long way to ensure a change process.

The case of MJF's work on Land Law is comparable. MJF staff members had been working intensively on Land Law revision aimed at dissolving the multiple overlapping and sometimes contradictory laws that had created the loopholes for land grabbers to exploit over the years, and replacing them with a single Land Law. After a time-consuming consultation and drafting process a draft Land Law was submitted to the Law Ministry for review. The draft was written in English and subsequently translated into Bangla for submission. As of October 2015 MJF had a completed draft law comprising 22 volumes each containing one recommendation and suggested laws. MJF's continuing collaborative policy level work on land entitlements is now on governance arrangements (**IO6**) and the formation of a separate Land Commission for indigenous populations. MJF has just started supporting the work of drafting the terms of reference (ToR) for this Land Commission, contracting an indigenous lawyers group with COPE grant funding to do this. This is the result of a long process of persistent advocacy.

MJF's policy level work accommodated **a focus on the enabling environment for rights claiming in a closed political context (c4) by helping to steer through the Right to**

Information Act (IO5-E2). This involved a number of steps – sensitising policymakers through a multi-stakeholder conference, marshalling evidence from other countries, drafting a bill, consulting with the public and engaging the media – before MJF was able to steer the bill into Ordinance under a caretaker administration in 2008 before lobbying the newly elected administration to pass the Ordinance into law in 2009.

The contributory role of **upward-fed information (M7)** to high level policy engagement is confirmed through the narrative analysis of a number of MJF programme areas. Indeed, MJF has consistently drawn on the grassroots experience and insight of its partners to inform this policy level advocacy (**IO5-E3**). For example, under the RGCF Worker’s Rights programme, over a period of 4 years between 2009 and 2013, to inform its work on the new Labour Law and ensure that these amendments would be as inclusive as possible, MJF together with NGO partners under the RGCF programme, engaged in hundreds of consultations with interest groups and representative of all possible stakeholders. These included employers, workers, NGOs, government officers and trade unions. Subsequently, in a response to national and international pressure and claims that the amended Labour Law did not adequately address fundamental workers’ rights, the government initiated a Rules drafting process. At the invitation of the then secretary of the Ministry of Labour and Employment, MJF took the lead in formulating the Rules, but through consultations with employers, government agencies, trade unions, workers and other key stakeholders. Once again, MJF drew on its grassroots networks to achieve this, consulting on a day-to-day basis with grant-funded NGO partners such as the Awaj Foundation, which was active in supporting workers’ mobilisation in factories. Awaj colleagues recall:

We fed information from the ground to MJF’s policy level work. When the law changed, we then exchanged information on how it was being implemented on the ground.⁴

Additional factors explaining outcome change

In addition to the key hypothesised role of engaging in evidence-fed, higher-level policy change, the RGCF/COPE programme also contained elements that complemented and reinforced this causal change process. These included notably the RGCF/COPE management agency, MJF, strengthening the capacity and responsiveness of service providers. This additional element is discussed in detail in Section 2.1 (Hypothesis 2) above.

Also when considered necessary, MJF was able to work **more independently of the government** to exert pressure on policymakers through external advocacy (**IO5-E4**). Under the Child Labour programme, for instance, lobbying for improvements in the legislative framework was proving virtually impossible in the face of a number of non-responsive ministries. So MJF and grantee partners decided to pursue a different route by seeking support from United Nations Human Rights Council (UNHRC) to increase pressure on the government to comply with the Convention on the Rights of the Child (CRC) and urgently update the antiquated national legislative framework. In 2009, MJF with the support of their partners and allies that included the Bangladesh Shishu Adhikar Forum⁵ submitted an alternative report to the UNHRC under this reporting cycle, recommending a specific law on child labour, which would include a declaration of the number and name of sectors that are hazardous to children.

⁴ Holland and Molin (2016), op. cit., p.13.

⁵ Most of MJF’s partners are members of BSAF but the organisation is not financially supported by MJF. They do however, seek occasional technical support from MJF and work closely together on a number of policy issues.

In response, the UN Committee on the Rights of the Child called MJF to Geneva to justify their alternative report and its central recommendation for a child labour law. Against this backdrop of pressure from Geneva to comply with the CRC, MJF started a dialogue with the government focused on their obligation to report back again in 5 years. MJF and partners' extensive work in this sector, supporting children as young as five working in hazardous environments, was crucial in persuading the government that a stronger policy was needed to protect these vulnerable children.

Table 1.1: Causal process observation matrix: RGCF/COPE Bangladesh

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Local-level service delivery improved (O1)	MJF's NGO grantee partners successfully strengthened provider capacity/responsiveness, including implementation of new Rules achieved MJF policy level advocacy	See CPO analysis of IO1 below
	At the same time these partners worked on the demand side to mobilise citizens to claim rights to entitlements and services	See CPO analysis of IO2/IO4 below
	Grantee effectiveness was improved by MJF partnership approach	See CPO analysis of IO1 and IO2/IO4 below
	This relationship was backed up by a strong emphasis on partner capacity building (including financial management) and network strengthening	See CPO analysis of IO1 and IO2/IO4 below
	NGO partners' capacity and credibility with citizens and with local service providers was achieved built and sustained through multiple phase investment	See CPO analysis of IO1 and IO2/IO4 below
Higher-level service delivery improved (O2)	MJF as national policy level advocate worked to create an enabling policy environment for 'at-scale' rights claiming In some cases, entitlements already existed in law (e.g. Government <i>khas</i> land) against which the project could strengthen rights claiming; in other cases, new entitlement sets were created through the project (e.g. welfare entitlements for Dalits)	See CPO analysis of IO5 below
	MJF direct and PNGO-funded national-level support to public officials and agencies ensures system wide improvements in service delivery	See CPO analysis of IO1 below
	MJF sustained support to PNGO 'change model' development and sharing through nation networking expands service delivery outcomes beyond project populations.	See CPO analysis of IO1 and IO2/IO4 below.
	NGO partner 'supply-side' support to local service providers targets most marginalised citizens	See CPO analysis of IO1 below

Services improved for marginalised social groups (O3)	NGO partner ‘demand-side’ support to civil society mobilisation focused on most marginal citizens and on national formal entitlements with potentially high rewards	See CPO analysis of IO2/IO4 below
	MJF national policy level advocacy targets progressive policy areas with maximum potential to benefit marginalised groups	See CPO analysis of IO5 below
Intermediate Outcomes: Change happened/ didn’t happen	Causal explanation for changing outcome	Evidence for this explanation
Local service delivery responsiveness improved (IO1)	MJF grantee partners worked purposefully with local service providers (M8) in a collaborative mode based on proven professionalism and utility (IO1E1)	Land programme: e.g. PNGO Uttaran support to <i>khas</i> land allocation listing and periodic updating: Applications for <i>khas</i> land were submitted from 2005, with XXX acres of <i>khas</i> land granted to 12,000 households in the <i>upazila</i> to date. Meanwhile Uttaran began replicating this model in other <i>upazilas</i> and keep the landless list up to date through periodic ‘refresher’ community consultations Workers’ Rights programme: PNGO the Awaj Foundation works using a non-confrontational approach designed to foster a cooperative relationship between workers and factory management built on strengthening awareness and factory level institutions
	MJF grantee partner effectiveness to strengthen partner responsiveness was improved by MJF partnership approach (IO1-E2), backed by organisational capacity building and networking emphasis (IO1-E3) sustained through multi-phase funding (M9/IO1-E4)	Across programmes: Evaluative reporting of positive feedback from PNGOs related to partnership and tailored capacity building sustained through multiple phases
	Grantee effectiveness was improved by MJF flexible sub-project funding (IO1-E5)	Across programmes: Evaluative reporting of positive feedback from PNGOs across programmes related to flexibility of funding
	MJF trained government officials on obligations and how to respond to request for information under the RTI Act (IO1-E6)	RTI programme: Testimonials from MJF programme staff and policy maker partners on their role in steering through the RTI Act and on follow-up support to public officials to respond effectively to RTI applications

<p>Formal (IO2) and informal citizen action increased (IO4)</p>	<p>NGO partner skill set and professionalism was key to effective support to citizen action, building credibility and proving utility (IO2/4-E1)</p>	<p>Land Programme: Feedback from beneficiaries + assessment by MJF programme staff. E.g. PNGO Uttaran staff are all skilled mobilisers and often with a legal background, providing legal aid education on the laws of the <i>khas</i> land and helping landless citizens to navigate their way through the claims process</p>
	<p>MJF's partnership relationship with NGO grantees was key (IO2/4-E2), and can be contrasted with a more narrow, technical role for managing organisations in similar DFID grant-making programmes</p>	<p>Across programmes: MJF Programme staff describe grantees as partners reflecting a relationship that is based on trust (entrusting partners to do the right thing), day-to-day contact and even strong support for partners during difficult times. Land Programme: Periodic political crackdowns on land rights groups were severe and MJF provided strategic support</p>
	<p>This relationship was backed up by a strong emphasis on partner capacity building (including financial management) and network strengthening (IO2/4-E3)</p>	<p>Reported delivery of capacity building through tailor-made training as well as through cross-learning via partner meetings.</p>
	<p>The RGCF/COPE programme is multi-phase and has also tended to involve several rounds of grant funding for many PNGOs (IO2/4-E4). This has sustained capacity building and institutional embeddedness</p>	<p>Across programmes: Evaluative reporting of positive responses from PNGOs related to partnership and tailored capacity building sustained through multiple phases.</p>
	<p>This grant support was delivered through flexible sub-project funding that reflected MJF's political sensitivity to accountability processes on the ground (IO2/4-E5). In this way, the RGCF/COPE programme was adaptive and driven by an operationally agile and politically sensitive managing organisation</p>	<p>Across programmes: Evaluative reporting of positive responses from PNGOs across programmes related to flexibility of funding</p>
	<p>Sustained support, combined with cross-learning through partner meetings, enables grantees to test and refine models of support to accountability processes (IO2/4-E6)</p>	<p>Land programme: E.g. Uttaran land claiming model tested and developed with grant funding. Other PNGOs (e.g. Bhumija Foundation, Njera Kori and Asod) started to replicate the model through cross-learning</p>
	<p>NGO grantee partner support to civil society has been focused on collective mobilisation (M4) focused on minority citizens and on national formal entitlements with potentially high rewards (IO2/4-E7)</p>	<p>Land programme: Khas land redistribution reported</p>
	<p>MJF tackles 'closed' political system (c4) and strengthens enabling environment for rights claiming by helping to steer through the Right to Information Act and supporting PNGOs to sensitise citizens on leveraging entitlements with RTI (IO2/4-E8)</p>	<p>Across programmes: RTI applications documented</p>

<p>Public policy and/or budgets progressively revised (IO5)</p>	<p>MJF has been politically astute (IO5-E1) in identifying political contextual opportunities for progressive policy influence + identifying open-minded/likeminded policymakers in often unhelpful political contexts (c3)</p>	<p>Workers’ Rights programme: Documentation of MJF’s response to the confluence of interests around workers’ rights in Bangladesh.</p>
	<p>MJF engaged directly in policy reform discussions (M1) backed by hard-earned policy credibility and an ‘embedded advocacy’ ‘seat at the table’ (IO5-E2)</p>	<p>Land programme: Lead role in drafting followed by collaborative policy level work on governance arrangements for implementation (IO6) Workers’ Rights Programme: Documented role of MJF in the newly-formed Labour Law Review Committee’s work preparing recommendations for areas to be amended in the legislation and in pursuing follow-up work on Rules for implementation of the Labour Law</p>
	<p>MJF NGO grantees supported grassroots impact evidence gathering (M2). MJF ensured that this evidence was fed into policy reform discussions and drafting (M2 > M7) (IO5-E3)</p>	<p>Land programme: Evaluative reporting of MJF staff and partners feedback on evidence gathering and utilisation</p>
	<p>MJF strengthened enabling environment (c4) for rights claiming by helping to steer through the Right to Information (RTI) Act (IO5-E4)</p>	<p>RTI programme: Evaluative reporting of feedback from MJF programme staff and policy maker partners on their role in supporting public officials to respond effectively to RTI applications</p>
	<p>When considered necessary, MJF was able to work more independently of government to exert pressure on policymakers (IO5-E5)</p>	<p>Child Labour programme: Through RGCF/COPE grants, MJF and partners have drafted situation analyses (for example sending a separate report to the UN Committee on child labour) while supporting advocacy campaigns locally (e.g. demonstrations) and nationally (e.g. lobbying, letter writing, child labour posters)</p>
	<p>MJF grant-funded social change campaigns to tackle attitudes and behaviours (IO5-E6) linked to social exclusion (c5)</p>	<p>Documented social change campaigns grant-funded under VAW, Dalit and Child Labour programmes</p>

Case Study 2: Tanzania Rural Water Supply Programme (RWSP)

QCA Summary finding

This project is a consistent (outlier) case for the QCA finding for the following hypothesis:

- **Hypothesis 1 (Outcome 2):** *Higher-level (at-scale) service delivery (O2) is achieved only when SAcc mechanisms include support for feeding evidence and learning into higher-level discussions (M7) and higher-level legislative and policy change (M1)*

QCA Finding: Hypothesis 1 was rejected. None of the conditions in the model nor their combination was found to be necessary for achieving improved higher-level (at-scale) service delivery (O2). Both support for feeding evidence and learning into higher-level discussions (M7) and higher-level legislative and policy change (M1) as single conditions are slightly more necessary, but remain very weak explanations for the outcome.

2.1 Overview

DFID's entry point into the Water Supply and Sanitation (WSS) sector in Tanzania was to build on the policy progress made by the Government of Tanzania (GoT) in its Water Sector Development Programme (WSDP), initiated in 2006/7. Through the Tanzania Rural Water Supply Programme (RWSP), DFID provided a total of £30 million over 3 years (from 2012 to 2015) to give 652,000 people in Tanzania access to clean water and improved sanitation. Funds were allocated as follows:

- £25.75 million to support the construction and rehabilitation of water points in rural Tanzania and £2.25 million to support the campaign on sanitation and hygiene to encourage behaviour change and the construction of improved toilets. The money was spent through the Government of Tanzania's national Water Sector Development Programme (Phase 1), focusing on rural areas. The programme was implemented by local government authorities and the private sector, and overseen by the Ministry of Water.
- £2 million support to Water Aid, to: (a) pilot innovative water and sanitation hygiene (WASH) approaches and new technologies to inform national policy and practice; (b) carry out sector targeted research and analysis that help address challenges to providing basic water and sanitation services in Tanzania; and (c) lead a network of civil society organisations (CSOs) to advocate with the government to deliver the planned water and sanitation services to poor people in a cost-effective way.

The Project Completion Review (PCR)⁶ confirmed that DFID was to continue its support through a second phase of WSDP, with £150 million to be invested in rural water and sanitation. Over half of this fund was dedicated to supporting local government authorities (LGA) in Tanzania to accelerate progress towards more effective delivery of results and

⁶ DFID (2015), *Tanzania Rural Water Supply Programme: Project Completion Review*, London: DFID.

incentivise a focus on maintenance of rural water supply infrastructures. Significant investments were also allocated to developing robust data and information management systems for rural water subsector and on effective programming approaches that aim at achieving sustainable hygiene behaviour change with improved sanitation.

The PCR listed and scored the programme's phase 1 project **outputs**:

- **Output 1:** Increased delivery of water points (50%) (PCR Score A+)
- **Output 2:** Increased provision of sanitation facilities (20%) (PCR Score C)
- **Output 3:** Increased proportion of Community Water Supply Organisations (COWSOs) established and registered as legal entities (10%) (PCR Score C)
- **Output 4:** Innovative approaches and technologies for sanitation are developed, tested and scaled up (5%) (PCR Score B)
- **Output 5:** Enhanced WASH coordination, governance, accountability and performance management at sector and LGA levels (10%) (PCR Score B)
- **Output 6:** CSOs are able to represent and uphold the rights of poor people to water and sanitation and hygiene services and hold the government to account (5%) (PCR Score B).

The overall programme **outcome** was: '*increased number of people in rural areas using improved sources of water and sanitation facilities*', measured by:

- **Indicator 1:** proportion of people using improved sources of drinking water in rural areas
- **Indicator 2:** Proportion of people using improved sanitation facilities in rural areas

The programme's 2014 Annual Review reported impressive progress against the programme outcome: '*Overall progress is impressive and confirms the WSDP evaluation findings (2012) which indicated that the bulk of rural water supply results will begin to be generated soon*'.⁷

Through the construction of 25,255 water points between July 2012 and June 2014, an additional 6.6 million people were provided with access to improved water sources, particularly helping women and girls who spend most of their time fetching water from distant water sources. This brings a total number of beneficiaries since inception of WSDP (in 2006/07) to 8.2 million.⁸

The results reported by GoT are impressive; however, DFID's independent verification of them raises serious concern with their validity.

- **Sustainability is a major challenge.** The GoT reporting methodology assumes that all water points built or rehabilitated during the year are functional at the time of reporting and are providing basic service levels. This is not always the case as about 40% of rural water points were found to be non-functioning. The innovative GPS-based Water Point Mapping System (WPMS) has been developed to provide information on the status of the country's rural water infrastructures. However, the system is not yet fully operational to enable real-time reporting of functionality.

⁷ DFID (2014), *Tanzania Rural Water Supply Programme Annual Review*, London: DFID, p.3.

⁸ DFID (2015), *op. cit.*, p.6.

- **Actual beneficiaries of water points.** The number of beneficiaries reported by GoT also does not reflect the actual beneficiaries served as it uses the standard design population of 250 beneficiaries per water points. Despite the factor of 250 being agreed upon mutually, it means, the population figures we obtain from the reports do not necessarily represent the actual number of beneficiaries.
- **Level of data quality.** The reported data from the lowest level was not subjected to a robust verification processes during phase I of WSDP. Generally the reporting systems between villages, wards and LGAs are weak and do not function well, which raises concerns about the quality of results reported.

Owing to these challenges, DFID has reduced its attributed results by 40% – accounting for non-functionality levels and deviations on actual number of beneficiaries. This brings down DFID’s results share to 960,000 people provided with access to improved sources of water as a result of DFID support.

2.2 Explaining programme contribution to hypothesised change process

In this section we analyse the programme’s hypothesised contribution to changing outcomes for this target group, analysing the following hypothesis for which this programme is a ‘consistent’ case:

- **Hypothesis 1:** *Higher-level (at-scale) service delivery (O2) is achieved only when SAcc mechanisms include support for feeding evidence and learning into higher-level discussions (M7) and higher-level legislative and policy change (M1)*

We have analysed this evaluative narrative material and interpreted it to identify the causes of change – or causal process observations (CPO) – which are listed in Table 2.1 at the end of this case study. This narrative analysis is summarised and cross-referenced in Figure 2.1. Our discussion below cross-references both Table 2.1 and Figure 2.1.

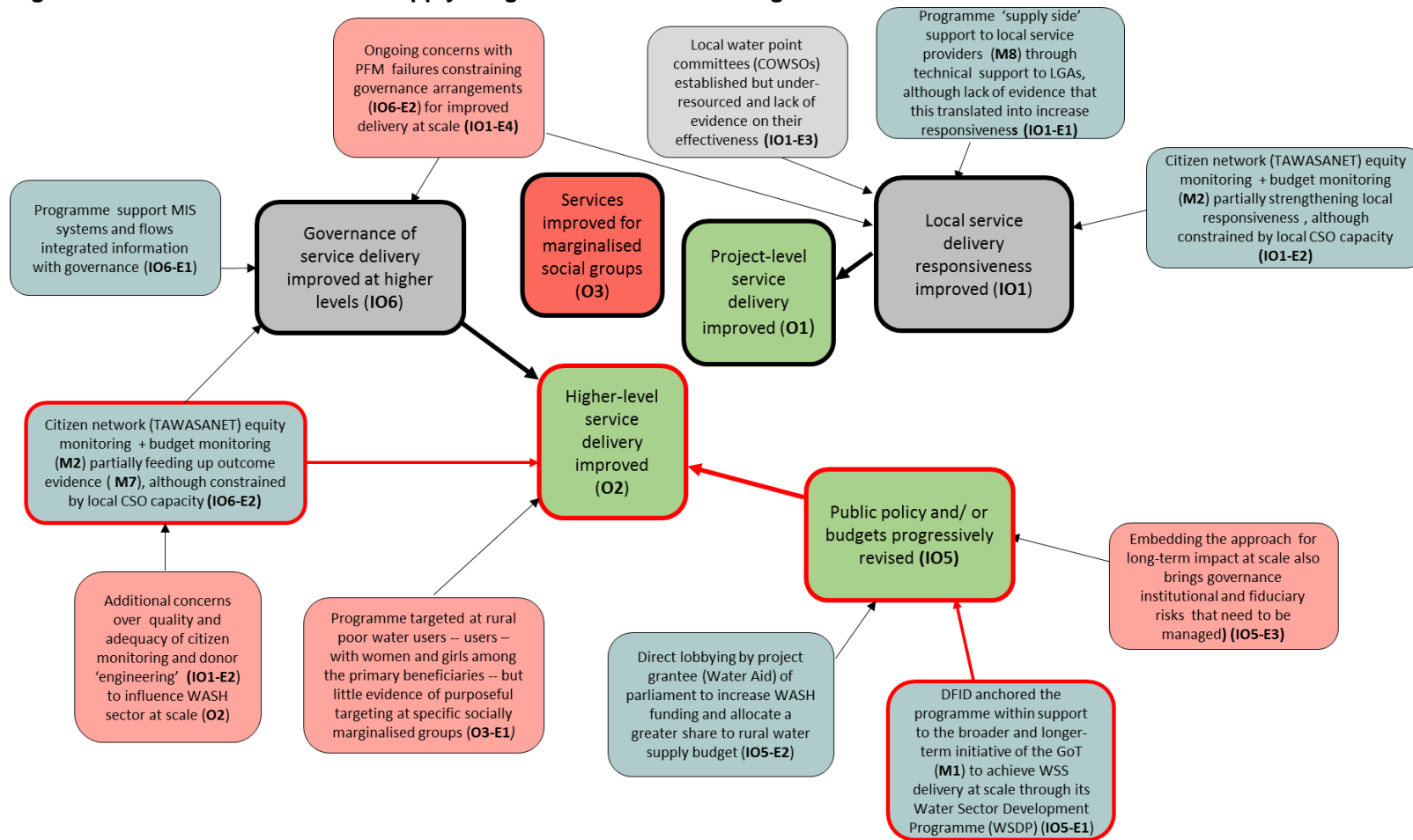
2.2.1 Influencing public policy (M1)

Our narrative analysis confirmed and explored the instrumental role of the programme in influencing the policy enabling environment (**M1**) for social accountability (SAcc) processes in this sector. The approach taken by DFID was to **anchor the programme within the broader and longer-term initiative of the Government of Tanzania (IO5-E1)** to achieve WSS delivery at scale through its WSDP. Hence although this was not a multi-phase programme (**m9**) it supported a broader long-term initiative. The PCR observed:

The whole programme is anchored around delivering WASH services at scale and through government systems. Hence, the overall outcome of the programme is assessed within the broader WSDP I.⁹

⁹ DFID (2015), op. cit., p.3.

Figure 2.1: Tanzania Rural Water Supply Programme causal flow diagram



	Limited or no positive outcome change		Constraining causal process		Hypothesis 1 causal flow
	Positive outcome change		Enabling causal process		
	Insufficient evidence of quality of outcome change		Insufficient evidence of quality of causal process		

The PCR confirms the effectiveness of this governance support:

Institutional coordination arrangements between MoW [Ministry of Works] and PMO-RALG¹⁰ improved significantly: a joint Annual Work Plan sets out roles and responsibilities between the Directorate of Rural WASH at MoW and the Water Sector Working Group at PMO-RALG. These two Ministries have Quarterly Coordination Meetings at Director-level and bi-annual meetings at PS-level. These meetings are not only consultative but are also decision-making bodies on matters relating to inter-governmental operational arrangements.¹¹

Evaluative reporting indicates the programme ‘got it right’ on embedding its support in a national initiative for ‘at-scale’ water delivery,¹² although the PCR confirms that government mainstreaming brings additional risks regarding sustaining quality of delivery:

Delivering through government led WSDP basket funding arrangement is the most viable way to deliver WASH services at scale and engage meaningfully in sector policy dialogue. However, there are trade-offs around delayed funding flow, weak institutional capacity to deliver and high fiduciary risks-which need to be managed carefully to ensure programme deliver sustained results and Value for Money.¹³

DFID complemented and enhanced its GoT programme-level contribution by funding **additional national-level advocacy for greater resourcing**. The lobbying of parliament to increase WASH funding and allocate a greater share to rural water supply budget was evaluated as a further advocacy success.

2.2.2 Supporting upward feeding evidence (M7)

Under Output 6, support to **citizen engagement**, the programme targeted two mechanisms for **local oversight and feeding evidence upwards (M7)**

1. Equity monitoring produced annually and adequately informing the WASH sector, with an equity status report produced by (CSO network) TAWASANET and presented at the Annual Joint Water Sector review. The PCR reported that this was ‘partially achieved’. *Equity reports were produced annually but there were concerns on quality and adequacy to inform the WASH sector.¹⁴*
2. Budget and expenditure monitoring scaled up at national level with expected improvement on intra-district and inter-district budget allocation for water and sanitation services, with local CSOs undertaking budget and expenditure monitoring in selected LGAs. The PCR¹⁵ reported *budget and expenditure monitoring limited in 10 districts due to limited capacity of local CSOs.*

The PCR directly identified this capacity gap and the constraint it placed on CSO meaningful engagement in policy dialogue:

¹⁰ Prime Minister’s Office – Regional Administration and Local Government

¹¹ Ibid., p.15.

¹² The programme was less successful in its support to sanitation investment, but the focus of this case study is on water service delivery.

¹³ Ibid., p.5.

¹⁴ Ibid., p.16.

¹⁵ Ibid., p.16.

The MoW recognises the role played by CSOs and is credited for its constructive relationship with them. However, CSO capacity to engage in constructive dialogue with government at local and national level remains a huge challenge and requires much support to strengthen their voice. TAWASANET lacks clear purpose of being and does not appear to receive sufficient guidance from the member CSOs and or the advisory committee members.¹⁶

Linked to this concern with the capacity of the CSOs engaged in the monitoring, the PCR also expressed concern about the modality of this **donor ‘engineered’ civil society network**, with the utility and sustainability of CSO network TAWASANET under critical scrutiny:

The network’s existence is founded on the assumption that there is a need and an opportunity for a national umbrella organisation to provide ‘voice’ for Tanzanian civil society in the WASH sector. However, it has become increasingly unclear whether space for such voice exists (in the water sector) in a way that is not being (or could not be) filled by other organisations with stronger credentials and more capacity – such as Twaweza, Policy Forum and WaterAid itself. The assumption that national CSOs have issues around which they would like to coalesce and that a network specific to the WASH sector is the best medium for doing so has also come under scrutiny ... Without a clear and unique role for a civil society WASH network, TAWASANET has unsurprisingly come to be perceived as an extension of its donors (including WaterAid) and is finding its identify difficult to define. Indeed key sector players have ‘mandated’ TAWASANET to give voice to civil society, which is arguably the kind of top-down control that such a network should be campaigning to avoid. TAWASANET has consequently been struggling to attract and retain members and donors. There is still a chance to redefine its role and give it renewed relevance and strength, by redirecting its efforts from advocacy on the national stage to servicing its own members who, after all, are the constituency expected to sustain it and to define what they want from the organisation, not what government and [development partners] expect. By providing a package of practical services that are more directly relevant to WASH CSOs, it may be able to recover its value and credibility.¹⁷

2.3 Additional factors explaining outcome change

2.3.1 Supply-side support to governance of service delivery (IO6) monitoring systems

A significant element in DFID’s technical inputs to the GoT programme, and which supported the upward flow of evidence for at-scale service delivery improvement, was to **support WASH data management systems and flows (IO6-E1)**. The programme targeted improving the flow of information from the local to the national in order to improve and sustain policy implementation in the WASH sector. Hence under Output 5, the project targeted: (a) information gathering through enhanced rural water subsector monitoring and delivery of results; and (b) macro-level monitoring system arrangements through partnerships

¹⁶ Ibid., p.24.

¹⁷ Ibid., p.16.

established with PMO-RALG, National Bureau of Statistics (NBS) and sector ministries for a strengthened monitoring system.

As part of this support, DFID financed the innovative GPS-based WPMS review and data verification exercise. The PCR confirmed that the WPMS had been developed although was not fully functioning. The PCR reports more generally that programme support to the macro-level Management Information System (MIS) was partially achieved, although little was done on harmonising how routine monitoring data are collected and managed. It is significant that in the proposed second phase of DFID programmatic support, the PCR recommends specifically enhanced high-level governance support (**M1**) with a focus on strengthened monitoring for improved oversight:

DFID should use the resources in its second phase of support to WSDP to strengthen capacity to key sector institutions to support continuous monitoring and updating mechanism for WPMS – to inform operational planning and budgeting. Strong functional partnership between key government departments/ministries such as NBS, PMO-RALG and MoW need to be developed if this is to succeed.¹⁸

2.3.2 Local social accountability mechanisms

Local SAcc mechanisms **were not a major part of initiative, which** was linked to the outcome of good progress on water point delivery but a high level of non-functionality (**IO1-E3**). Certainly on the supply-side, institutional capacity and coordination arrangements within and between MoW and PMO-RALG improved. The PCR reported that all LGAs now had an established functioning water department with a qualified water engineer and, on average, three to five qualified technicians.¹⁹ Despite the presence of enabling environment support and strengthened upward flowing evidence, it is arguable that quality of delivery would have benefited from **stronger accountability relations at the local level built into the monitoring and maintenance arrangements**. The presence of effective and functioning COWSOs that had been legally registered was evaluated as key to improved management and maintenance of rural water supply schemes. However, progress on establishment and registration of COWSOs has lagged behind, with limited budgets and procedural guidelines.²⁰

An impact evaluation of the RWSP²¹ confirmed that the public financial management (PFM) failings in terms of funding disconnect were holding back local institutional arrangements for delivering and maintaining water, with opportunities for strengthened local budget monitoring to apply oversight pressure from below:

The evaluation found that long years of institutional effort by the WSDP, while yielding comparatively little new infrastructure until 2012, did develop systems and procedures that are now widely understood and capable of competent implementation by CWSTs [Council Water and Sanitation Team] and COWSOs. What this effort did not achieve is efficient management of funding from central to local government. The dysfunctional

¹⁸ Ibid., p.15.

¹⁹ Ibid., p.5.

²⁰ Ibid., p.4.

²¹ Mdadila, K. and Turner, S. (2015). Impact Evaluation of the Rural Water Supply and Sanitation Programme, United Republic of Tanzania', 22 November, p.viii.

nature of current fund management has significantly hindered programme implementation and requires urgent attention.

Financial flows from Dar es Salaam are irregular, uneven and unpredictable. While donor disbursements into the Component 2 basket are also irregular, there are often gaps of several months between those transfers and the arrival of any new money at district level.²²

Box 2.1: Community Owned Water Supply Organisations

By Tanzania's 2009 Water Supply and Sanitation Act, Community Owned Water Supply Organisations (COWSOs) are defined as autonomous, independent legal entities, and identified as corporate bodies that may take the form of a water consumer association, water trust, cooperative society, non-government organisation or company. Rural water facilities are owned by the community, and the COWSO can choose how to manage the water system (i.e. which management model fits them best). Every COWSOs must have its own constitution and be registered to formalise its establishment.

Source: Nathan Associates, n.d., Draft Toolkit: Deepening the Knowledge of Management Models in Rural Water Supply in Tanzania, p.1.

Project reporting confirmed the potential for this monitoring and feedback mechanism to build the case for stronger institutional arrangements at the point of delivery for what was assessed as 'top-down' institution building. This is implicit in the PCR conclusion:

Increasing investments in the construction of new infrastructures alone will do little to increase and sustain coverage and access to WASH services in rural areas. A district-wide approach to planning that meets the needs of the population through increased focus on rehabilitation, new investments and effective monitoring and maintenance of WASH schemes is critical to ensure that both current and future WSDP investments are sustained and continue to provide quality services over time.²³

Reporting noted that in local contexts where there was an opportunity for 'exit' (alternative water supply) then this would have provided a particularly strong opportunity for SAcc models to work more effectively. Also increasing private sector participation would likely have improved competition and have created more opportunity for SAcc to work:

Adequate availability of private sector companies in the water sector was a critical constraint in phase one of WSDP and this affected pace of implementation and in some cases pushed the cost of design and construction up since demand for private sector services was significantly higher than supply. This is particularly the case in some remote LGAs, where costs are also raised due to additional transaction costs associated with hard-to-reach areas. While this remains a barrier for phase two, competition is likely to improve as small private sector players are now entering the markets.²⁴

This private sector growth was further constrained by a lack of market opportunities for private sector maintenance sector to grow due to lack of purchasing power among COWSOs:

²² Ibid., pp.22–3.

²³ DFID (2015), op. cit.

²⁴ Ibid., p.16.

*COWSOs are quite ready and willing to work with private sector service providers. But ... they often lack the funds to do this. The consequent lack of market opportunities restricts the development of private sector capacity.*²⁵

Generally the civil society context for local SAcc was considered positive, with committed civil society and a proven assumption that:

*Communities and households will commit to developing the required user institutions. Field evidence shows that rural households and communities have supported the development of COWSOs. The concept of community responsibility for and management of local services is well established in rural Tanzanian life, and COWSOs have clear links to the formal structures of village government.*²⁶

However, the programme impact assessment quoted the 2015 Joint Supervision Mission of the WSDP programme which highlighted the need for strengthened higher-level coordination of these local institutions:

Some of the challenges identified by the sector include the lack of effective management of O&M [operation and maintenance] of the projects due to weak performance on setting up of COWSOs and wherever set up, building their capacity... The involvement of the community and its representative organisation, the COWSO, should be ramped up, to start right from the beginning, and not as an after-thought. An initial period of community mobilisation, including setting up of the COWSO, will have to be mandatory; the community and the COWSO should be involved in the selection of the technical option, based on affordability (especially of the O&M) and its ability to manage the scheme, followed by its implementation and O&M [...] So far, this element of the programme has been treated as a once-off exercise, whereas in fact it will be needed on a recurrent basis.

*A further important institutional outcome should be that water, sanitation and hygiene initiatives are co-ordinated at national, LGA and community levels. This outcome has not been achieved. As reported above, significant numbers of CWSTs and communities report exposure to training on sanitation and hygiene. But fully co-ordinated introduction of enhanced water supplies and sanitation and hygiene campaigns has been the exception rather than the rule – mirroring the poor coordination of the NSC [National Sanitation Campaign] with the rest of Component 2 of the WSDP at national level.*²⁷

²⁵ Ibid, p.24.

²⁶ Ibid., p.24.

²⁷ Mdadila, K. and Turner, S. (2015), op. cit., 19–23.

Table 2.1: Causal process observation matrix: Rural Water Supply Programme, Tanzania

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Local-level service delivery improved (O1)	Water Sector Development Programme (WSDP) roll-out of water points, backed by RWSP support to LGAs and citizen monitoring, produced improved accessibility to potable water in project areas, but with significant concerns over non-functioning water points, PFM failings and weak SAcc relations for sustaining delivery	See CPO analysis of IO1 below
Higher-level service delivery improved (O2)	Strategic policy level support to GoT WASH policy (IO5) through its WSDP The influence of scaled-up monitoring on national delivery (O2) was constrained by the quality of the reporting and concerns around 'engineered' donor networks to influence	See CPO analysis of IO5 below The PCR expressed concern about the modality of this donor 'engineered' civil society network, with the utility and sustainability of CSO Network TAWASANET under critical scrutiny ²⁸
Services improved for marginalised social groups (O3)	Programme targeted at rural poor water users – with women and girls among the primary beneficiaries – but little evidence of purposeful targeting at specific socially marginalised groups (O3-E1)	The Impact Assessment reports that: <i>The National Water Policy makes general commitments to equity, stating for example that 'it is important that all members of the community including the disadvantaged groups efficiently and equitably use the water... Communities will ensure the protection and conservation of water sources as well as equitable service provision to economically disadvantaged groups within the communities' (GoT, 2002: 36). One of the principles for sustainability in rural water supply that the policy espouses is 'recognising women as being among the principal actors in the provision of rural water supply services' (GoT, 2002: 32).</i> It concludes: <i>In practice, many (but not all) COWSOs and other user groups allow severely disadvantaged residents such as the elderly and disabled to obtain domestic water free of charge, and the idea of women's participation management structures is increasingly – but not universally accepted... In 84% of user</i>

²⁸ Ibid., p.16.

		<p>bodies for which the information was reported, women made up between 21% and 50% of the membership of these management structures. In 77% of management structures, they held between 21% and 50% of the leadership positions. The evaluation team were informed that MoW guidelines require women to make up at least 60% of COWSO membership, but no document stating this has been traced... The same questionnaire asked whether all water users were required to pay for their water, and if not, why not. The question was answered for 79 water points, at 53% of which all users were said to be required to pay. At water points where some users did not have to pay, the commonest category of exemption was old age (at 38 water points), followed by disability (31) and poverty (12)²⁹</p>
Intermediate Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Local service delivery responsiveness improved (IO1)	Programme 'supply-side' support to local service providers (M8) through technical support to LGAs, although lack of evidence that this translated into increased responsiveness (IO1-E1)	The PCR reported that all LGAs do now had an established functioning water department with a qualified water engineer and an average of 3-5 qualified technicians. However, despite the presence of enabling environment support and strengthened upward flowing evidence, it is arguable that quality of delivery would have benefited from through stronger accountability relations at local level built into the monitoring and maintenance arrangements
	Citizen network (TAWASANET) equity monitoring + budget monitoring (M2) partially influenced local responsiveness, although constrained by local CSO capacity (IO1-E2)	<p>Equity monitoring produced annually and adequately informing the WASH sector, with an equity status report produced by (CSO Network) TAWASANET and presented at the Annual Joint Water Sector review.</p> <p>Budget and expenditure monitoring scaled up at national level with expected improvement on intra – district and inter-district budget allocation for water and sanitation services, with local CSOs undertaking budget and expenditure monitoring in selected LGAs.</p> <p>The PCR reported that this was 'partially achieved'. <i>Equity reports were produced annually but there were concerns on quality and adequacy to inform the WASH sector [...] The MoW recognises the role played by CSOs and is credited for its constructive relationship with them. However, CSO capacity to engage in constructive dialogue with government at local and national level remains a huge challenge and requires much support to strengthen their voice. TAWASANET lack clear purpose of being and does not appear to receive</i></p>

²⁹ Mdadila, K. and Turner, S.(2015), *Impact Evaluation of the Rural Water Supply and Sanitation Programme, United Republic of Tanzania*, 22 November, p.21.

		<i>sufficient guidance from the member CSOs and or the advisory committee members³⁰</i>
	Local SAcc mechanisms were not a major part of initiative and this was linked to the outcome of good progress on water point delivery but a high level of non-functionality and lack of evidence on their effectiveness (IO1-E3)	The presence of effective and functioning COWSOs which had been legally registered was evaluated as key to improved management and maintenance of rural water supply schemes. The presence of effective and functioning COWSOs which had been legally registered was evaluated as key to improved management and maintenance of rural water supply schemes. However, progress on establishment and registration of COWSOs has lagged behind, with limited budgets and procedural guidelines
	Ongoing concerns with PFM were constraining governance arrangements (IO6-E2) and holding back institutional arrangements for improved delivery at the local level (IO1-E4)	An impact evaluation of the GoT RWSP ³¹ confirmed that the PFM failings in terms of funding disconnect were holding back local institutional arrangements for delivering and maintaining water, with opportunities for strengthened local budget monitoring to apply oversight pressure from below: <i>The evaluation found that long years of institutional effort by the WSDP, while yielding comparatively little new infrastructure until 2012, did develop systems and procedures that are now widely understood and capable of competent implementation by CWSTs and COWSOs. What this effort did not achieve is efficient management of funding from central to local government. The dysfunctional nature of current fund management has significantly hindered programme implementation and requires urgent attention.</i> <i>Financial flows from Dar es Salaam are irregular, uneven and unpredictable. While donor disbursements into the Component 2 basket are also irregular, there are often gaps of several months between those transfers and the arrival of any new money at district level³²</i>
Public policy and/or budgets progressively revised (IO5)	DFID anchored the programme within support to the broader and longer-term initiative of the Government of Tanzania (M1) to achieve WSS delivery at scale through its WSDP (IO5-E1)	The PCR observed: <i>The whole programme is anchored around delivering WASH services at scale and through government systems. Hence, the overall outcome of the programme is assessed within the broader WSDP I.</i> ³³ The PCR confirmed the effectiveness of this governance support: <i>Institutional coordination arrangements between MoW and PMO-RALG improved significantly: a joint Annual Work Plan sets out roles and responsibilities between the Directorate of Rural WASH at MoW and the Water</i>

³⁰ Ibid., p.24.

³¹ Mdadila K and S Turner (2015), op. cit., viii.

³² Ibid., pp.22–3.

³³ DFID (2015), op. cit., p.3.

		<i>Sector Working Group at PMO-RALG. These two ministries have Quarterly Coordination Meetings at Director-level and bi-annual meetings at PS-level. These meetings are not only consultative but are also decision-making bodies on matters relating to inter-governmental operational arrangements</i> ³⁴
	Direct lobbying by project grantee (Water Aid) of parliament to increase WASH funding and allocate a greater share to rural water supply budget (IO5-E2)	The lobbying of parliament to increase WASH funding and allocate a greater share to rural water supply budget was evaluated as a further advocacy success ³⁵
	Embedding the approach for long-term impact at scale also brings risks that need to be managed) (IO5-E3)	The PCR commented: <i>Delivering through government led WSDP basket funding arrangement is the most viable way to deliver WASH services at scale and engage meaningfully in sector policy dialogue. However, there are trade-offs around delayed funding flow, weak institutional capacity to deliver and high fiduciary risks-which need to be managed carefully to ensure programme deliver sustained results and Value for Money</i> ³⁶
Governance of service delivery improved at higher levels (above the facility or local discretionary budget level) (IO6)	A significant element in DFID's technical inputs to the GoT programme, and which supported the upward flow of evidence (M7) for at-scale service delivery improvement, was to support MIS systems and flows (IO6-E1)	The programme targeted improving the flow of information from the local to the national in order to improve and sustain policy implementation in the WASH sector. Hence under Output 5, the project targeted: (a) information gathering through enhanced rural water subsector monitoring and delivery of results; and (b) macro-level monitoring system arrangements through partnerships established with PMO-RALG, NBS and sector ministries for strengthened monitoring system
	Ongoing concerns with PFM were constraining governance arrangements (IO6-E2) and holding back institutional arrangements for improved delivery at the local level (IO1-E4)	See evidence for IO1-E4 above

³⁴ Ibid., p.15.

³⁵ Ibid., p.18.

³⁶ Ibid., p.5.

Case Study 3: Kenya Accountable Devolution Programme, (KADP) 2012–15

QCA Summary finding

This project is an inconsistent modal case for the QCA finding for the following hypothesis:

- **Hypothesis 1 (Outcome 2):** *Higher-level (at-scale) service delivery (O2) is achieved only when social accountability (SAcc) mechanisms include support for feeding evidence and learning into higher-level discussions (M7) and higher-level legislative and policy change (M1)*

QCA finding: Hypothesis 1 was rejected. None of the conditions in the model nor their combination was found to be necessary for achieving improved higher-level (at-scale) service delivery (O2). Both support for feeding evidence and learning into higher-level discussions (M7) and higher-level legislative and policy change (M1) as single conditions are slightly more necessary, but remain very weak explanations for the outcome.

3.1 Overview

DFID's Kenya Accountable Devolution Programme (KADP) was implemented from 2012 to 2014 with a budget of £4.36 million. A no-cost extension was approved to November 2015. The programme provided technical assistance, through World Bank management, to support the transition to devolved government in Kenya. The support was designed to contribute to the implementation of the provisions of the 2010 Constitution on improved governance and devolution. These provisions relate specifically to the establishment of an entirely new tier of 47 elected county governments, which was established in March 2013 following general elections. The KADP focused on technical support to key management systems needed for effective county governance and integrating support for internal accountability systems, while increasing Kenyans' ability to demand improved service delivery from these new county governments.

In order to achieve these results, KADP support coalesced around five thematic areas:

1. Understanding and addressing the fiscal implications of revenue sharing;
2. Strengthening public financial management (PFM) and aspects of human resource management under decentralisation;
3. Supporting county data and subnational performance monitoring, including open data;
4. Strengthening citizen engagement mechanisms in county systems and service delivery projects;
5. Enhancing devolved service delivery via the World Bank's portfolio and donor coordination.

Through these areas of support, the programme was designed to enhance the county-level governance 'enabling environment' for SAcc while providing additional support via World Bank

International Development Assistance (IDA) loan-financed projects to deepen mechanisms for transparency, participation and accountability.

These World Bank projects included notably the US\$100 million **Kenya Health Sector Support Project (KHSSP)** project (see Box 3.1). Under this initiative, KADP provided technical assistance to the sector-wide approach secretariat of the Ministry of Public Health and Sanitation to integrate SAcc approaches in the implementation of the Health Sector Services Fund as a means of improving transparency in sharing information about services and participation of communities in planning and effective complaint redress. The ministry contracted a partner civil society organisation (CSO) that had strong understanding of the communities and the technical competencies to implement a pilot working with a network of smaller CSOs. The pilot, which began in November 2011 and concluded in February 2013, was implemented in nine (9) health centres in different districts.

Box 3.1: The Kenya Health Sector Support Project

The Kenya Health Sector Support Project (KHSSP), approved in June 2010, was designed to address poor quality service delivery and poor governance in the health sector. The project proposed to address these deficiencies in part by funding primary health care facilities directly through a Health Sector Services Fund, bypassing the inefficient district-level and local-level bureaucracies. New social accountability (SAcc) mechanisms were to be introduced to promote greater community awareness of services, enhance their participation in management, accountability, oversight and client satisfaction.

The project had two basic objectives: (a) to enhance the delivery of essential health services, especially to the poor, and (b) improve the availability of essential drugs and medical supplies to local health facilities and dispensaries.

A SAcc pilot (costing US\$248,000) was carried out over 16 months in nine disparate communities representing a wide range of cultural, economic, social, environmental and political settings in Kenya. The nine districts (and corresponding health centres) were Kirinyaga South (Mutithi), Lamu (Mokowe), Naivasha (Maiella), Garissa (Medina), Turkana South (Makutano), Mbooni (Kalawa), Suba (Tom Mboya Memorial), Msambweni (Lunga Lunga) and Nairobi West (Riruta). The goal of the pilot was to assess the operational feasibility of improving transparency in (a) *sharing information* about health services, (b) enhancing *community participation* in health service planning and delivery, and (c) introducing effective *complaint redress mechanisms* targeting the user communities. The pilot was focused on low-income communities primarily in rural areas and only one urban area.

The civil society organisation African Development and Emergency Organization (ADEO) was contracted by the Ministry of Public Health and Sanitation to carry out the pilot. ADEO had the dual responsibility of helping the community implement the social accountability-related aspects of the pilot and monitoring the results. The pilot included two community scorecard exercises at the beginning and end of the process to encourage dialogue between the community and the health facilities and track changes over time. The scorecards tracked three SAcc-related components mentioned above: information sharing, community participation and complaints handling.

Source: CDS (2015). 'Integrating Social Accountability in Healthcare Delivery: Lessons Drawn from Kenya', *Kenya Devolution Working Paper 4*, Nairobi, Kenya School of Government, February.

At **outcome** level, the KADP Project Completion Review reports that the programme was able to deliver “*on the majority of the targets it set*”.³⁷ Challenges faced mainly resulted from the fast pace of transition to devolved government in Kenya:

*The programme has provided significant technical advice to the Government of Kenya at both the national and county levels, on key issues for the success of the devolution process. This has included: analysis of financial systems, macroeconomic risks of devolution, taxation legislation and participatory budgeting. Broadly the advice provided by KADP has been well received by the GoK, although not all has been taken on-board due to political considerations and changing GoK priorities.*³⁸

Commenting specifically on output achievements under output 2 (citizen engagement), the PCR made the following recommendations for future programmes³⁹:

1. Link supply and demand accountability in order for citizen engagement to gain traction. These are on-going lessons learned from the interaction between KADP and DFID’s Drivers of Accountability Programme (DAP) that concentrated on demand side accountability. While the programmes informed each other, KADP also did some work on demand side accountability in parallel with DAP; in future these engagements should be more formally coordinated.
2. Increase the amount and duration of grants and limit the number of grantees. This lesson was learned from working with several institutions on data collection and curation, but only engaging with each on a short term basis with a limited amount of funding. This approach has slowed progress, increased transaction costs and resulted in partially achieved targets. Consider supporting coalitions rather than individual civil society organizations (CSOs) so that the funding supports better coordination and progress towards longer term outcomes.
3. Embed work within the Council of Governors who have a big appetite for support on social accountability. The success and demand for the CPMT has revealed gaps that the programme can support in terms of developing the skill to monitor and evaluate their own activities. In addition counties are starting to use each other as resources. Consider running forums where counties can learn from each other.
4. While making data available for public consumption is important, it is equally important to create a marketing strategy around outreach to increase the use of this data. The work on data curation has started work on gathering the necessary data, but if individuals and organizations do not know this data is available, then the point of making the data available is lost.

³⁷ Hooper, R and DFID (2016). ‘KADP Project Completion Review’, London, DFID, January

³⁸ Ibid, p.3.

³⁹ Ibid, p.14.

3.2 Explaining programme contribution to hypothesised change process

In this section we analyse the programme's hypothesised contribution to changing outcomes for the target group, analysing the following hypothesis for which this programme is a 'inconsistent' case:

Hypothesis 1: *Higher-level (at-scale) service delivery (O2) is achieved only when SAcc mechanisms include support for feeding evidence and learning into higher-level discussions (M7) and higher- level legislative and policy change (M1)*

We have analysed this evaluative narrative material and interpreted this to identify the causes of change – or causal process observations (CPO) – which are listed in Table 3.1 at the end of this case study. This narrative analysis is summarised and cross-referenced in Figure 3.1. Our discussion below cross-references both Table 3.1 and Figure 3.1.

3.2.1 Supporting higher-level legislative and policy change (M1)

The KADP had a clear focus, with a small budget, on the policy ‘enabling environment’ for accountable service delivery (**M1**). While this case study is an inconsistent case for hypothesis 1, the analysis that follows suggests that this strengthened enabling environment has a strong chance of providing local SAcc processes to be more effective and sustainable. The KADP put in place a combination of mechanisms that would support the above hypothesis and help spring the ‘accountability trap’.

From the outset, SAcc elements integrated with broader programme support to devolved service delivery under KADP would set the scene for upscaling SAcc across counties, building on policy openness:

Social accountability is one of the principles of health service delivery provided for in the Health Policy.⁴⁰

At the level of support to devolved (county) governance, the KADP focused particularly on building Government of Kenya (GoK) capacity and systems to deliver accountable, transparent and participatory governance. Evaluative reporting confirms that the KADP has made an observable contribution to improved governance at the national and particularly county level (**MIO6**). The DFID Annual Review (November 2014) pointed out that this support was achieved with a relatively small but strategically deployed budget (**IO6-E1**):

KADP and other donor funds to devolution are relatively small compared to the funding from Kenyan taxpayers. That said, over the last year, KADP has contributed to strengthening governance systems at national, county, and project level.⁴¹

The 2014 Annual Review reported that ‘broadly the advice provided by KADP has been well received by the GoK’, although noted regarding the **challenges of political context**: ‘not all has been taken on board due to political considerations and internal GoK priorities’. The evident success of this direct support to devolved governance was indicated by follow-up requests for funds and technical input:

The contributions of KADP are widely recognised by the Government of Kenya, both at national and county level, the independent commissions, civil society, and development partners. As a result, KADP has received several new requests for support from GoK [detailed further down], some of which have been factored into the current KADP work plan and budget.⁴²

Significantly, KADP focused on a number of governance areas that **encouraged transparent and accountable governance (IO6-E2)**. These centred on improving the level and quality of engagement of citizens with county governments through county performance management systems that included public participation and access to information, backed by legislative review of the minimum legal standards for public participation, accountability and transparency.

⁴⁰ CDS (2015), ‘Integrating Social Accountability in Healthcare Delivery: Lessons Drawn from Kenya’, *Kenya Devolution Working Paper 4*, Nairobi, Kenya School of Government, February, p.3.

⁴¹ DFID (2014), KADP Annual Review, London: DFID, p.1.

⁴² *Ibid.*, p.2.

The link between an enabling environment for participatory governance and the potential for SAcc to improve service delivery at scale (**O2**) was identified during a key informant interview with a KADP World Bank task manager. The task manager commented on the leverage that the programme's strategic technical support had provided, contrasting it with localised 'tactical' support for SAcc initiatives:

Devolution (in Kenya) is a gigantic institutional change happening very rapidly. It happens very rarely in most countries that you have that much change in such a short space of time. So our attitude was, wherever we can translate these lessons on accountability, we will have a much bigger bang than if we work with a few NGOs to monitor things (pers. comm., 2 February 2016).

The World Bank task manager commented further that the KADP technical support had paved the way for the large (US\$200 million IDA) follow-up Kenya Development Support Programme, presently being negotiated with the GoK and due shortly go to the World Bank board for approval. This would provide grants, 80% of which would be disbursed under conditionalities that incentivise counties to strengthen participatory governance. This would involve counties having to demonstrate improved public participation and responsiveness elements in order to leverage the much bigger devolved budget (US\$300m/year):

It's still early but the indications are that county level [devolved governance] will be more transparent and accountable than national level. DFID funding enabled the [World] Bank to scale up its resources and leverage a country partnership strategy [devolution is one of three country strategy pillar] (ibid).

This environment has created a strong incentive for county administrations in Kenya to work out how best to listen to citizens and encourage their participation. The World Bank task manager recalled attending a participatory budgeting workshop with all 47 counties and including invited experts from Brazil:

We started with counties sharing their experiences. Some counties (already) had systems of going down to every ward to get their (citizen) priorities and linking this to their budgets. Peer-to-peer learning here was much more powerful than us trying to preach. A living lab of what is happening. The attention in that room when the counties were speaking was incredible (pers. comm., 2 February 2016).

Meanwhile citizens are already starting to use new legal instruments to push county governments on public participation. The task manager recalled how one county administrator in a recent meeting 'told me, "we need help on improving how we engage with citizens. We want to do it but it's really hard. We've had four lawsuits based on the new legal framework saying that we didn't do adequate participation".'

Along with continuing support to administrations, to make information available and encourage participation, the task manager described the next step in this process as providing demand-side support for citizen's groups to monitor and evaluate their county's performance while also benchmarking cross-county performances.

At the same time, as discussed below, KADP funded well-designed and piloted facility-level SAcc initiatives that supported local formal citizen action (**IO2**), more responsive services (**IO1**)

and generated evidence of improved and pro-poor local service delivery **(O1, O3)**. This potential contribution of an enabling county-level government to strengthened SAcc at the local level was reported to be strengthened by the presence of an **enabling political environment for civil society participation (C4)**. Commenting on the effectiveness of the pilot SAcc KHSSP funded under the KADP – which broadly supported equity, access, responsiveness and quality of health services in the pilot areas **(O1, O3)** – a review paper commented that *‘the national environment was propitious’*.⁴³ Kenya’s new Constitution embraces citizen involvement and the country has a vigorous civil society context **(C1)**, with sophisticated information and communication technology (ICT) capacity to expand citizen action through social media, and a growing demand among citizens to curb endemic and systemic corruption. In addition, the pilot KHSSP made use of an indigenous institution **(O1-E3)** – the *Baraza* system – and tweaked it to the needs of SAcc processes by using local administrators (to be called *Barazas*) that would principally discuss health matters. The decision to work through a **local network of CSOs (IO1-E2)** embedded facilitated support for this SAcc process.

3.2.2 Feeding recommendations upwards on SAcc arrangements (M7)

Learning from local-level SAcc under the KHSSP fed into higher-level discussions that were part KADP’s support to county-level participatory governance. Under KADP Output 2, the programme built in an evidence-feeding element with the planned publication of the synthesis study that was produced to strengthen SAcc measures at national and county levels. The synthesis study on social accountability was near completion at the time of writing; the development of policy briefs had been prioritised over the full synthesis study. The policy briefs were designed to distil the key findings, lessons and recommendations from the synthesis paper into operationally relevant and timely information and guidance to counties. The synthesis study was expected to incorporate recent developments and lessons from the first full year since the roll-out of devolution in Kenya.

*Although the full synthesis study has not been published, analytical work on social accountability has been shared with county governments and assemblies, national government and other stakeholders. This includes six case studies of local participation in Kenya which provides an in-depth analysis, lessons and recommendations on citizen participation in decentralised service delivery initiatives at six locations, including two Local Authority Transfer Funds, two Constituency Development Funds, and two cases examining citizen engagement in monitoring provision of water services through Water Action Groups.*⁴⁴

The 2016 PCR confirmed that six working papers were produced and distributed at three regional fora in Embu, Eldoret and Nairobi between December 2014 and February 2015.:

The fora were attended by county officials (assembly and executive) including Deputy Governors, County Treasury staff and County Public Administration staff. The fora provided a platform for counties to talk about challenges and opportunities, and to share their experiences. A launch of the papers was presided over by the Principal Secretary (PS) Devolution in February 2015. The papers also formed the basis for the special edition chapter on ‘Enabling Citizen Voice’ in the Kenya Economic Update in

⁴³ CDS (2015), op. cit., p.10.

⁴⁴ DFID (2014), op. cit., p.10.

*that year, providing a platform for engagement with National Treasury and other financial sector stakeholders.*⁴⁵

The DFID 2014 Annual Review reported additional success in scaling up governance and SAcc measures in ongoing, and new, IDA-financed projects, which drew on the lessons of governance challenges faced in earlier projects. This was specifically using the **citizen consultation manual, which had been** developed under the KHSSP health project, and based on KADP support to the nine pilot health facilities that had been taken on board by the Ministry of Health. It had also influenced provisions in the new draft national health policy, and developed a manual on social accountability for health facilities across the country.

There was less clarity in the evaluative reporting on how issues of **quality, accessibility and relevance** of services at the local level as raised through local SAcc pilot mechanisms were getting fed into county-level participatory mechanisms; for example, into the citizen participation in county budget cycles or into county-level open data platforms for county governors' peer learning that was being supported by KADP under Output 2 of the programme.⁴⁶ The World Bank task manager explained that in this programme, information flows from site specific SAcc projects and subsequent KADP county-level governance support were achieved primarily through the same team working on both these parts of the programme. The task manager described the translation of community level learning in this way:

For example, citizens in community X might have no idea about what entitlements they have. What would help them to become more aware? How can counties function more effectively to make those voices heard and get information out better? County administrators want help with this. They are saying to us 'we don't want to just have meetings' (pers. comm., 2 February, 2016).

The DFID 2014 Annual Review also reported scaling up from the Western Kenya Community Driven Development project funded under the KADP: A '**mapping platform and grievance mechanism**'. Partly with KADP support, the Western Kenya Community Driven Development project was restructured with enhanced governance and social accountability measures, and was feeding learning into a new national community-driven development scaled-up project. Similar governance measures had been adopted in several other projects in the DFID's Kenya portfolio.⁴⁷

This reporting collectively indicates promising developments in achieving at-scale service delivery improvements via upscaling SAcc mechanisms and outcome evidence gathering information flows. DFID recognised this in its 2014 Annual Review but recommended redoubling of effort on bridging this scaling up gap by mainstreaming SAcc into GoK systems:

KADP's work on social accountability should focus on building GoK capacity and systems. The World Bank is well positioned to support national government and counties on the 'supply side' of citizen participation and social accountability, drawing

⁴⁵ DFID (2016), op cit, p.12

⁴⁶ The KADP PCR confirmed that under output 2, training and technical assistance on participatory planning and budgeting processes was provided in 5 counties, noting, however, a shift to participatory budgeting rather than participatory planning and budgeting (DFID, 2016, op cit, p.12).

⁴⁷ Ibid., p.11.

on extensive and growing experience around the world with social accountability. KADP should leverage its relationship with GoK to further influence the essential systems, policies and frameworks that will enhance governance and accountability at national and county levels⁴⁸ (DFID, 2014, p.11).

3.3 Additional factors explaining outcome change

3.3.1 Local (project-area) service delivery improved (O1) and services improved for marginal groups (O3) through a well-designed SAcc pilot

As indicated above, the KADP-supported KHSSP improved equity, access, responsiveness and quality of health services delivered according to a World Bank assessment:

The majority of users indicated that the overall quality of service, waiting time, cleanliness and state of the health centres had improved compared to the previous year.
⁴⁹

These local outcomes were achieved through a well-designed pilot mechanism based on the project's SAcc approach, as laid down in the Ministry of Health's 2014 *Implementers' Manual for Social Accountability in the Health Sector*. This design brought together providers and users in a **well-functioning (IO2) and inclusive (IO3) platform**, backed by evidence and monitoring (**M2**), and with a **discretionary spending budget** in the shape of the Health Sector Services Fund direct cash transfer which motivated and funded the designed participatory decentralised planning and delivery process and enhanced **service provider responsiveness (IO1)**. The KHSSP pilot focused on **three key** interrelated SAcc mechanisms:

1. Increasing **transparency and interactive information** sharing between health care providers and the community using multiple media such as notice boards displaying funds received, expenditure, user fees charged, etc., and community radio.
2. Increasing **community participation in the planning and review of health facility services** delivery through a well-defined forum/platform for dialogue of service providers and users on a regular and sustained basis (**M5 > IO2**). This was aimed at informing the preparation of the facility-level Quarterly Implementation Plan and Annual Work Plan. It involved community evaluating health services through community scorecards (CSCs) (**M2 > M5**). The rating in these CSCs was based on performance criteria developed and agreed upon by the community and health facility staff.
3. Ensuring a **well-functioning complaint handling mechanism (M2)** through the installation of suggestion boxes, informing community members about their use and providing them with feedback based on the documentation of the complaints/ grievances and how they were addressed. A mobile number was also established for those who wished to call or use SMS/text to raise issues.

The SAcc pilot initiative was also **financially secured** through donor funding from trust funds, bilateral donor grants (DANIDA) and supplemental supervision budget from the Social

⁴⁸ Ibid., p.11.

⁴⁹ Reported in CDS (2015), op. cit., pp.7–8.

Development Unit of the World Bank. The assessment also flagged the **extra resources required** to support an effective local SAcc process:

SAcc takes more time and resources than conventional project activities, as it deals with changing attitudes, behaviours, power relationships and other intangibles that tend to be under-appreciated because they cannot be readily measured.⁵⁰

The SAcc project was location-specific, with results varying dramatically among the nine sites around the country. Based on the indicators listed earlier, the outcomes in terms of SAcc indicators ranged from 85% compliant to 25%. The nine sites were selected because they represented the full range of economic, social and physical diversity of Kenya. The results suggest the importance of **understanding the local environment and avoiding pre-determined solutions**. It is imperative to understand the local situation, the potential winners and losers, allies, incentives to participate and risks. SAcc cannot be applied as a standard solution without first understanding the reality at the local level.

Additional reported concerns related to serious '**supply-side**' **problems** that limited citizen satisfaction, notably delayed disbursement of the Health Sector Services Fund, drug stock outs and understaffing. This final point reinforced the need for **support to the supply side** linked to the county-level governance of service delivery. This means tackling service provider behaviour in line with the participatory governance principles being pursued by the KADP: the healthcare workers at all levels who did not welcome the concept of greater citizen engagement. They feared loss of control, authority, resources (especially if they had been used to informal service fees) and greater accountability. The SAcc pilot demonstrated the value of **constructive engagement** between the public sector and citizens where both sides benefit from genuine dialogue and shared ownership of the health facilities.

⁵⁰ CDS (2015), op. cit., p.12.

Table 3.1: Causal process observation matrix: Kenya Accountable Devolution Programme, 2012–15

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Local-level service delivery improved (O1)	SAcc pilot projects supported formal platforms (IO2) that included marginalised groups (IO3) with a discretionary budget and backed by scorecard monitoring (M2). (O1-E1)	Local improved service delivery was achieved through a well-designed pilot mechanism based on the project's SAcc approach, as laid down in the Ministry of Health's 2014 <i>Implementers' Manual for Social Accountability in the Health Sector</i> . This design brought together providers and users in a well-functioning and inclusive platform, backed by evidence and monitoring, and with a discretionary spending budget in the shape of the Health Sector Services Fund direct cash transfer which motivated and funded the designed participatory decentralised planning and delivery process and enhanced service provider responsiveness. Evaluations reported improved services in pilot areas, although effectiveness varied by local context. Based on project SAcc indicators, ranged from 85% compliant to 25%.
	Supported by an enabling political context (C1) for civil society participation (O1-E2)	Commenting on the effectiveness of the pilot SAcc KHSSP funded under the KADP – which broadly supported equity, access, responsiveness and quality of health services in the pilot areas (O1, O3) – a review paper commented that <i>'the national environment was propitious'</i> . ⁵¹ Kenya's new Constitution embraces citizen involvement and the country has a vigorous civil society context (C1), with sophisticated information and communication technology (ICT) capacity to expand citizen action through social media, and a growing demand among citizens to curb endemic and systemic corruption
	In addition, the pilot KHSSP made use of an indigenous institution in supporting local SAcc processes (O1-E3)	In addition, the pilot KHSSP made use of an indigenous institution – the <i>Baraza</i> system – and tweaked it to the needs of SAcc processes by using local administrators (to be called <i>Barazas</i>) that would principally discuss health matters.
	The decision to work through a local network of CSOs (IO4) embedded facilitated support for this SAcc process (O1-E4)	Importance of horizontal networking identified by World Bank task manager (pers. Comm, 2 February, 2016)
	Serious supply-side problems constrained local service delivery (O1-E5)	Concerns relating to serious 'supply-side' problems were measured by citizen satisfaction scores and related notably to delayed disbursement of the Health Sector Services Fund, drug stock outs and understaffing.

⁵¹ CDS (2015), op. cit., p.10.

<p>Higher-level service delivery improved (O2)</p>	<p>Not yet achieved but strong potential for programmatic support to enabling environment to contribute to at-scale SAcc improvements to service delivery in longer term</p>	<p>The link between an enabling environment for participatory governance and the potential for SAcc to improve service delivery at scale (O2) was identified during a key informant interview with a KADP World Bank task manager. The task manager commented on the leverage that the programme’s strategic technical support had provided, contrasting it with localised ‘tactical’ support for SAcc initiatives:</p> <p><i>Devolution (in Kenya) is a gigantic institutional change happening very rapidly. It happens very rarely in most countries that you have that much change in such a short space of time. So our attitude was, wherever we can translate these lessons on accountability, we will have a much bigger bang than if we work with a few NGOs to monitor things (pers. comm., 2 February 2016).</i></p> <p>The World Bank task manager commented further that the KADP technical support had paved the way for the large (US\$200 million IDA) follow-up Kenya Development Support Programme, presently being negotiated with the GoK and due shortly go to the World Bank board for approval. This would provide grants, 80% of which would be disbursed under conditionalities that incentivise counties to strengthen participatory governance This would involve counties having to demonstrate improved public participation and responsiveness elements in order to leverage the much bigger devolved budget (US\$300m/year):</p> <p><i>It’s still early but the indications are that county level [devolved governance] will be more transparent and accountable than national level. DFID funding enabled the [World] Bank to scale up its resources and leverage a country partnership strategy [devolution is one of three country strategy pillar] (ibid)</i></p>
<p>Intermediate Outcomes: Change happened/ didn’t happen</p>	<p>Causal explanation for changing outcome</p>	<p>Evidence for this explanation</p>
<p>Governance of service delivery improved at higher levels (IO6)</p>	<p>KADP focused particularly on focus on building Government of Kenya (GoK) capacity and systems to deliver accountable, transparent and participatory governance (IO6-E1)</p>	<p>At the level of support to devolved (county) governance, the KADP focused particularly on building Government of Kenya (GoK) capacity and systems to deliver accountable, transparent and participatory governance. Evaluative reporting confirms that the KADP has made an observable contribution to improved governance at the national and particularly county level (M1)). The DFID Annual Review (November 2014) pointed out that this support was achieved with a relatively small but strategically deployed budget:</p>

		<p><i>KADP and other donor funds to devolution are relatively small compared to the funding from Kenyan taxpayers. That said, over the last year, KADP has contributed to strengthening governance systems at national, county, and project level.⁵²</i></p> <p>The 2014 Annual Review reported that ‘<i>broadly the advice provided by KADP has been well received by the GoK</i>’, although noted regarding the challenges of political context: ‘<i>not all has been taken on board due to political considerations and internal GoK priorities</i>’. The evident success of this direct support to devolved governance was indicated by follow-up requests for funds and technical input:</p> <p><i>The contributions of KADP are widely recognised by the Government of Kenya, both at national and county level, the independent commissions, civil society, and development partners. As a result, KADP has received several new requests for support from GoK [detailed further down], some of which have been factored into the current KADP work plan and budget.⁵³</i></p>
	<p>KADP focused on a number of governance areas that encouraged transparent and accountable governance (IO6-E2).</p>	<p>These centred on improving the level and quality of engagement of citizens with county governments through county performance management systems that included public participation and access to information, backed by legislative review of the minimum legal standards for public participation, accountability and transparency.⁵⁴</p>
	<p>KADP supported feeding evidence upwards (M7) to inform governance discussions (IO6-E3)</p>	<p>Under KADP Output 2, the programme built in an evidence-feeding element with the planned publication of the synthesis study that was produced to strengthen SAcc measures at national and county level. The synthesis study on social accountability was near completion at the time of writing; the development of policy briefs had been prioritised over the full synthesis study. The policy briefs were designed to distil the key findings, lessons and recommendations from the synthesis paper into operationally relevant and timely information and guidance to counties. The synthesis study was expected to incorporate recent developments and lessons from the first full year since the roll-out of devolution in Kenya.⁵⁵</p> <p>The DFID 2014 Annual Review reported additional success in scaling up governance and SAcc measures in ongoing, and new, IDA-financed projects, which drew on the lessons of governance challenges faced in earlier projects. This was specifically using the citizen consultation manual, which had been developed under the KHSSP health project, and based on KADP support to the</p>

⁵² DFID (2014), KADP Annual Review, London: DFID, p.1.

⁵³ Ibid., p.2.

⁵⁴ Ibid

⁵⁵ Ibid, p.10.

		<p>nine pilot health facilities that had been taken on board by the Ministry of Health. It had also influenced provisions in the new draft national health policy, and developed a manual on social accountability for health facilities across the country. Information flows from site specific KHSSP SAcc projects and subsequent KADP county-level governance support were achieved primarily through the same team working on both these parts of the programme. The task manager described the translation of community level learning in this way:</p> <p><i>For example, citizens in community X might have no idea about what entitlements they have. What would help them to become more aware? How can counties function more effectively to make those voices heard and get information out better? County administrators want help with this. They are saying to us ‘we don’t want to just have meetings’ (pers. comm., 2 February, 2016).</i></p>
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Case Study 4: Support to Healthcare Workers Salaries in Sierra Leone (2010–15)

QCA Summary findings

This project is a consistent case (outlier) for the QCA finding for the following hypotheses:

- **Hypothesis 2a (Outcome 1):** *Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen action (IO4) are more likely to contribute to improved local-level (project-area) service delivery (O1)*

QCA finding: Hypothesis 2a was found to be ambivalent due to the lack of unsuccessful cases in the model.

4.1 Programme overview

This DFID programme was designed to contribute to reducing maternal and child mortality in Sierra Leone by increasing the uptake of health care among this vulnerable group. The programme supported the implementation of the Government of Sierra Leone's (GoSL's) Free Healthcare Initiative (FHCI), launched in April 2010, which made available free health services to pregnant women, children under-5 years of age and nursing mothers. This would be achieved through increasing the availability of frontline health workers to deliver services and by discouraging the application of user fees for services to the FHCI target groups.

The 5-year DFID programme commenced in June 2010 in support of the GoSL's FHCI, and with four **outputs**:

1. Sustain the removal of user fees through a regularly paid salary uplift to frontline health workers;
2. Keep the whole health payroll clean and ensure it is managed well by government;
3. Generate reliable and accurate information and data enabling government to monitor staff attendance and manage personnel deployment;
4. Support the implementation and where necessary enforcement of the no user fee policy.

The programme had a clear social accountability dimension linked to Output 3 above, focused on building citizen monitoring of health worker attendance. The programme supported formal civil society organisation (CSO) oversight through the establishment of the Health for all Coalition (HFAC), including a secretariat to coordinate this feedback with government oversight. Against this output the project measured:

- the extent of progress in developing a robust CSO monitoring system generating evidence on FHCI performance for Ministry of Health and Sanitation (MoHS) and districts and reporting regularly to MoHS, districts and other stakeholders;
- the percentage of monitors who meet the criteria for effective CSO monitoring of (a) staff unauthorised attendance; (b) drug charging and (c) treatment charging during HFAC quality assurance spot-checks; and

- the effectiveness of the relationship between HFAC and Anti-Corruption Commission to operationalise a mechanism for reporting breaches of the Sanctions and Conduct Framework.

Box 4.1: FHCI links monitoring to human resource reforms

When the FHCI was launched in November 2009, human resources for health (HRH) was picked out as an area needing immediate reinforcement as part of the policy's implementation, and a specific HRH working group was created as a result.

The logic behind the HRH reforms was that if health care utilisation was to increase then a number of chronic human resource (HR) problems needed addressing, including:

- Fast-track recruitment and deployment to fill gaps in staffing;
- Payroll cleaning to ensure that 'ghost workers' were taken off the payroll (and those who were working unpaid – the many 'volunteers' – were added);
- Salary uplift to ensure that health workers were adequately paid and motivated to handle increased workload without imposing informal charges on users.

These were all introduced early in 2010 to prepare for the launch of the FHCI. In a second round of HRH reforms, in 2011–12, a system of monitoring staff absences – linked to a new staff sanction framework – aimed to ensure that the now more generously paid staff were actually at work. The two other main policies introduced during this period were performance-based funding to facilities, which could meet the dual needs of providing some small flexible funding at facility level to replace lost user revenues, as well as providing a direct incentive to staff to provide priority services. Finally, a remote allowance was introduced in January 2012 to encourage staff to take up postings in more rural, hard-to-serve areas.

Source: OPM (2014), *Sierra Leone FHCI Evaluation: Annual Report*, Oxford: OPM, p.52.

Programme **outcome** reporting documents that following the GoSL announcement of the FHCI, there was an uptake in health services in 2010, but with a drop back in the following year, confirmed by a 2012 programme evaluation:

Data at national level from the HMIS [Health Management Information System] indicates an initial steep increase after the announcement of the FHCI in April 2010 in utilisation of maternal and child health services, with a slight decline in the last quarter of 2010. In 2011 there was a considerable fall in under-five attendances, though not to the level of 2009, while maternity related services showed a slight upwards trend. The setback in 2011 is thought to be related to disruptions in drug supply, since corrected, but data for the first 2 months of 2012 does not suggest reversion to the high levels of utilisation found in 2010.⁵⁶

The reported bottom line was that the FHCI prompted a fundamental shift in entitlement among this vulnerable target group:

⁵⁶ Stevenson, D., Kinyeki, C. and Wheeler, M. (2012), *Evaluation of DFID Support to Healthcare Workers Salaries in Sierra Leone*, London: DFID Human Development Resource Centre, 7 September, p.2.

A critical success of FHCI is that the majority of patients in the target groups now benefit from access to free healthcare – this has to be recognised as a major achievement in the relatively short timescale since the initiative was introduced.⁵⁷

The programme 2012 evaluation concludes that the principal focus of the programme on increasing staff attendance through the attendance monitoring system (AMS) approach would most probably have increased the quality of service delivery although with the qualification – discussed below – that this was more evident in donor-funded project areas with complementary training and resources:

In regard to the link between improved staff attendance and increased service utilisation, the evaluation team conclude that it is highly likely that there will have been some positive impact if staff are now available at their workstations to provide services when patients attend where they were not before, but it is not possible to provide evidence at this point in time to demonstrate that this is in fact the case. [...] The hypothesis of the theory of change that improved staff attendance will subsequently improve healthcare outcomes is perfectly reasonable, but at this point in time there is limited data available to demonstrate that this correlation exists.⁵⁸

The 2015 Impact Evaluation (IE) Annual Report (AR) documents increasing equality of access for social and geographically marginalised groups during the project period, but warns that attribution is difficult, and describes the ‘probable contribution’ of the programme, for example in antenatal care (ANC):

As highlighted above, the gap in coverage rates for ANC between different areas and wealth groups has virtually disappeared. All regions and wealth groups now have coverage rates of between 96% and 98% [Demographic Health Survey 2013]. The largest increases in coverage have been seen in rural areas, the Northern Region, and the lowest two wealth quintiles – with coverage rising from between 82% and 84% to match the levels seen in the best covered areas and groups. Previously those in rural areas were less likely to have four visits, but the gap in coverage has now virtually closed between rural and urban areas. ... In general, the gap has narrowed between the areas and groups that had the highest levels of prenatal care coverage in 2008 compared to the others. For example, a 32 percentage point gap between Northern and Western regions has now shrunk so that the Northern Region is only eight percentage points behind. Similarly, the lowest wealth quintile is now only nine percentage points behind the highest, whereas in 2008 it was 27 percentage points behind.⁵⁹

The 2015 Annual Report also speculates on possible women’s empowerment impacts resulting from this increase healthcare access:

It is possible that the FHCI could have a positive impact in terms of women’s empowerment. Women in Sierra Leone face discrimination in virtually every aspect of their lives, with unequal access to education, economic opportunities and health care. Given their low status and lack of economic independence, women were rarely able to

⁵⁷ Ibid., p.3.

⁵⁸ Ibid., p.37.

⁵⁹ OPM (2014), *Sierra Leone FHCI Evaluation: Annual Report*, Oxford: OPM, pp.140–41.

decide for themselves to go to a health care facility, whether for family planning, ANC, deliveries or emergency services, as such a decision was normally in the hands of the husband and often dependent on his assessment of whether they had or could raise sufficient money. Examining this aspect will form part of the community research component in 2015.⁶⁰

4.2 Explaining programme contribution to hypothesised change process

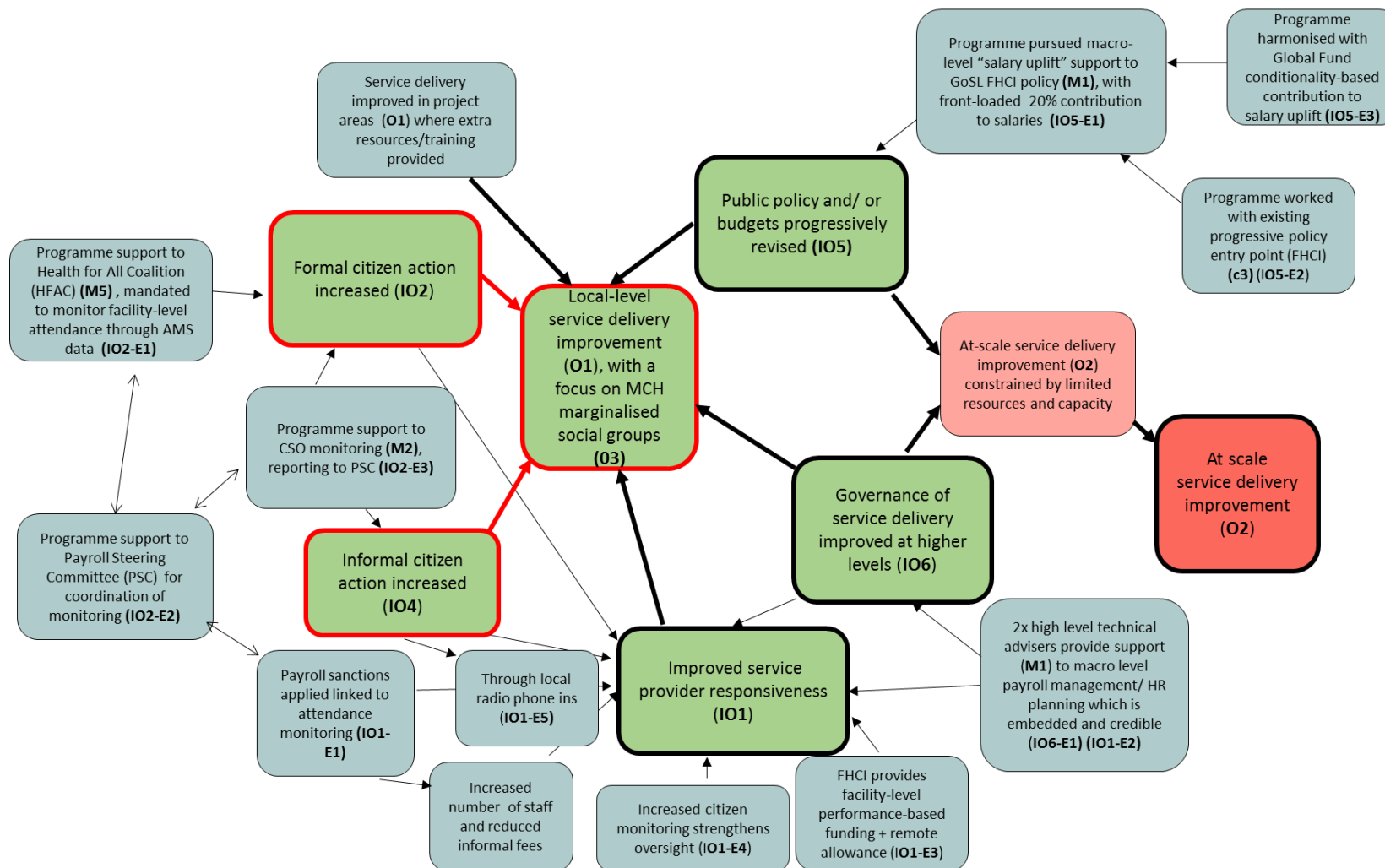
In this section we analyse the programme's hypothesised contribution to changing outcomes for this target group, analysing the following hypothesis for which this programme is a 'consistent' case:

Hypothesis 2a (Outcome 1): Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen action (IO4) are more likely to contribute to improved local-level (project-area) service delivery (O1)

We have analysed the evaluative narrative material and interpreted it to identify the causes of change – or causal process observations (CPO) – which are listed in Table 4.1 at the end of this case study. This narrative analysis is summarised and cross-referenced in Figure 4.1. Our discussion below cross-references both Table 4.1 and Figure 4.1.

⁶⁰ Ibid., p.143.

Figure 4.1: Causal flow diagram: Support to Healthcare Workers’ Salaries in Sierra Leone (2010–15)



	Limited or no positive outcome change		Constraining causal process		Hypothesis 2a causal flow
	Positive outcome change		Enabling causal process		

Our narrative analysis confirmed and explored the instrumental role of formal, and to a far lesser extent informal, citizen engagement in improving service delivery in project areas (i.e. areas in which facilities benefited from an additional project resource focus) (O2). Outside these project areas, there was a lack of evidence of effective contribution to at-scale service delivery improvement (O1), due largely to a widespread lack of resources and skills at facility level. The focus of this narrative analysis, however, is on the contribution to project-area changes (O2).

In addition to the demand-side emphasis of the hypothesis, the contributory role of supply-side payroll sanctions (IO1-E1) and incentives (IO1-E3) and improved governance of payroll management (IO1-E2) (see Section 3 below) was confirmed by the 2012 programme evaluation. Nonetheless, this evaluation did positively note the demand-side contribution of CSO involvement in monitoring attendance and fee charging (IO1-E4), although warned that this reliance on a poorly-resourced civil society organisation (the HFAC) could create sustainability concerns:

Monitoring attendance at facility level remains challenging in remote locations and difficulties associated with ensuring adequate monitoring and supervision of facilities with only one or two staff, provide opportunities for misreporting of attendance. The decision to involve civil society in monitoring health sector performance is a very positive way forward, however there is a heavy reliance on community and civil society organisation engagement in monitoring attendance and fee charging, in particular on HFAC which has limited resources and capacity to fulfil its mandate fully.⁶¹

While the evaluation linked citizen oversight to documented improved health staff attendance, it also flagged the need for improvement:

Attendance monitoring has also improved. A functional attendance monitoring system is now in place which is simple, well-understood and is easily implemented at facility and district levels. The sanctions for non-attendance are also well-understood at all levels and sanctions are being imposed and salaries withheld for non-attendance in line with the Conduct and Sanctions Framework. However some districts are still reporting high levels of staff with unauthorised absence, warranting further investigation by the PSC [Payroll Steering Committee].⁶²

Furthermore, while the level of staff attendance had improved under oversight, there were still problems observed with service *accessibility*. The 2012 evaluation cited instances of continued ‘improper charging’ at the point of delivery, exacerbated by ‘*the poor regulation of formal user fees*’, due to the fact that ‘*healthcare workers are legitimately able to charge non-target groups for cost-recovery drugs*’ and noted that the planned impact evaluation would have more scope to address this:

The programme emphasis on strengthening management of the payroll and attendance monitoring, has potentially distracted from other critical enabling factors for the success

⁶¹ Stevenson et al. (2012), op. cit., p.4.

⁶² Ibid., p.3.

*of the FHCI, such as the removal of user fees and tackling improper charging in order to increase service utilisation, which are fundamental to DFID's theory of change.*⁶³

The programme IE 2015 Annual Report confirmed that 'baseline' community accountability was weak and had been strengthened at-scale through programme contribution to citizen formal engagement (IO2). Under the programme, the HFAC was set up as a national network of volunteer citizen monitors, a demand-side mechanism that was complementary (although largely parallel) to the programme's support for improved internal HMIS data flows:

*Although this area has not yet been explored in depth, as community research has not yet been undertaken, it appears that community accountability was very weak prior to the FHCI, and has been strengthened somewhat through the FHCI, partly through the work of HFAC, which has monitors in facilities and provides regular monitoring information, both upwards and downwards.*⁶⁴

The IE 2015 Annual Report explained how citizen monitoring under the HFAC complemented supply-side administrative monitoring established through programme support to a HMIS, with some overlap in the type of data collected:

A series of data forms was developed that each health facility should complete each month. The forms tend to be completed by the health workers at the facility and are collated at the district level and then transferred to the MoHS. We gather the forms are now transferred electronically. There has been a rise in the proportion of facilities completing the forms to around 90% [Health Information Bulletin, Volume 4, Issue 2, MoHS]. However, the amount of data in the database does not seem to reflect this. It is not yet known whether this is due to missing data within the returns from each facility or if it is due to the data not being added to the central database.

*For the HFAC data collection, a network of monitors was recruited – one at each health facility. These people collect information both from patients and the health facility itself. There is a small overlap in information between the HFAC and HMIS variables. This could be used to cross-check between sources as part of the quality control process, although this does not seem to have been done yet.*⁶⁵

The IE 2015 AR concluded that the combination of supply-side HMIS support and demand-side 'grassroots monitoring' distinguished the programme from comparable initiatives in other countries:

*[Programme] M&E was strongly affected by the FHCI, which [...] led to the introduction of a new electronic HMIS. Another important development was the involvement of civil society – notably HFAC – in providing grassroots monitoring of the FHCI. This is another area that distinguishes Sierra Leone from many other countries that have reformed user fees but have struggled to combine that with stronger accountability mechanisms.*⁶⁶

⁶³ Ibid., p.3.

⁶⁴ OPM (2015), op. cit., p.74.

⁶⁵ Ibid., p.66.

⁶⁶ Ibid., p.136.

Subsequent reporting has expressed concerns, however, over the sustainability of their volunteer network with its weak capacity and lack of resourcing. The 2012 evaluation warned of the sustainability risks of under investing in civil society networks for service delivery oversight:

The decision to involve civil society in monitoring health sector performance is a very positive way forward, however there is a heavy reliance on community and civil society organisation engagement in monitoring attendance and fee charging, in particular on HFAC which has limited resources and capacity to fulfil its mandate fully.⁶⁷

Subsequent annual impact evaluation reporting confirmed that after a promising start, the programme's inadequate resourcing of civil society networking undermined its role and effectiveness. The volunteer-reliant HFAC ran into sustainability problems, compounded by diminished credibility of its coordinator among both civil society and government partners. In a key informant interview, a colleague involved in the impact evaluation reported:

The HFAC was extremely active in early programme period, providing feedback to the programme communications working group who in turn reported to a steering group which reported to the President. The HFAC still exists and produces reports but this is perceived as unreliable data.⁶⁸

This underinvestment also translated into a weakened link between local citizen evidence gathering and strengthened local engagement. Hence the programme underinvested in local facilitation of facility-level discussion. The programme IE coordinator confirmed that the HFAC facility-level volunteer monitors predominantly focused on reporting vertically upwards to district and national network coordinators, who then compiled the data and reported onwards to the programme's communication working group every 6 months. Apparently an opportunity was lost to embed 'real-time' data from local oversight into facility-level problem-solving discussions and so build and sustain citizen engagement. Meanwhile a lack of facilitation and demand-side support has left citizens lacking the knowledge and the capacity to challenge staff over drug fees and has eroded trust between staff and users. The IE coordinator observed:

If the drugs do arrive [at facilities] they are separated into free drugs and cost-recovery drugs. But the free drugs are not labelled as such so it's easy [for staff] to abuse the system. A lot of times there aren't even two cabinets, there's one cabinet! The result is frustration among health workers and communities that users don't trust the health workers. So it's very hard for patients to challenge, they simply don't know [what they are entitled to].⁶⁹

The evaluative evidence points strongly to the contributory role of formal citizen oversight, there is also evidence of 'spillover effects' on informal citizen engagement, wider local-level discussions, e.g. through local radio phone-ins. However, there was a lack of evidence of this type of informal spin off engagement in the evaluative material reviewed. In a key informant interview, the programme's impact evaluation coordinator commented that ongoing struggles of the national network to cohere and act beyond a role of coordination and upward reporting

⁶⁷ Stevenson et al. (2012), op cit, p.4.

⁶⁸ Key informant interview, 3 February 2016.

⁶⁹ Key informant interview, 3 February 2016.

of monitoring data suggested that in this context there was less of a politically active grassroots movement to tap into. The IE coordinator noted a potential growth of the citizen network elements under alternative citizen groups – Health Alert and Health Poverty Action on a smaller scale, which could be part of a revival of this mechanism.⁷⁰

While the institutionalisation of formal citizen engagement through attendance monitoring was evaluated as a significant contributory factor to enhancing social accountability relations at facility level, the programme evaluations identified that the contribution of this type of demand-side engagement proved problematic in a context of scarce resources and inefficient systems (discussed in Section 3 below). Hence the importance of additional donor support to project areas was crucial in translating this social accountability into improved project-area service delivery:

Those facilities that have received support from external development partners have clearly seen an improvement in the availability and quality of infrastructure, equipment and consumables but those facilities that have not received this level of support continue to have inadequate resources to deliver the basic package of essential health services. DHMTs [District Health Management Teams] and facility staff interviewed consistently reported that they had no functioning fridge, blood pressure monitoring equipment, inadequate drug supplies and incomplete delivery sets etc. as well as buildings that are in poor structural condition. [...] Staff training is also critical for ensuring healthcare outcomes and many healthcare workers have already accessed training provided by the development and implementing partners. An analysis of the impact of the training on healthcare outcomes is beyond the scope of this evaluation but the evaluation team emphasises the importance of ensuring that training is actually resulting in better quality service provision.⁷¹

The 2012 evaluation also cautioned against the inference that the attendance monitoring system focus would have increased the cadre of professional health staff significantly across all facilities.

MoHS recruitment efforts have successfully increased the number of healthcare workers on the payroll but the data provided during the evaluation indicates that many of the new recruits were already working within the health facilities as volunteers, suggesting that although the number of staff on the payroll has increased the actual number of healthcare workers providing care has not increased significantly. [...] Despite MoHS recruitment efforts the district-level stakeholders interviewed indicate that there is still inadequate staffing in most health facilities. At hospital level the gaps are mainly at senior level, especially doctors and midwives, and at peripheral health unit (PHU) level many facilities still only have 1 or 2 technical healthcare workers at maternal and child health (MCH) aide level and above, with the remainder of workers comprising support staff and volunteers. Clearly the provision of 24 hour services, 7 days a week, in this circumstance is difficult even where staff attendance has improved.⁷²

⁷⁰ Key informant interview, 3 February 2016.

⁷¹ Stevenson et al. (2012), op. cit, p.37.

⁷² Ibid., p.37.

4.3 Additional factors explaining outcome change

Our narrative analysis confirmed a significant additional dimension – not captured in the hypothesis – of strong supply-side support to governance of delivery. This governance shift was identified as a key driver of enabling a successful demand-side citizen engagement.

This supply-side support was provided at macro level from the outset by DFID in leveraging funding for an increased budget allocation to staff salaries (IO5) through a ‘salary uplift’ approach:

What can be said with confidence is that the salary uplift was critical to the success of the FHCI thus far. Prior to March 2010, the GoSL health workforce was functioning at a very low level of commitment, with high absence rates and the constant distraction of the search for additional income. At that time a strike of health workers was threatened in protest at their low wages. The announcement of greatly enhanced salary scales had an immediate effect in attracting new recruits and changing the incentive structure for existing employees. DFID SLs decision to support the salary uplift was also catalytic in the sense that it leveraged much larger contributions from GoSL and Global Fund.⁷³

DFID’s contribution to health workers’ salaries was ‘front-loaded’, with disbursements decreasing annually in anticipation of GoSL assuming full responsibility for health workers’ salaries by 2015. The 2012 evaluation confirmed that the GoSL was on track to absorb the full cost of health workers salaries by 2015. To further support the process of transfer of the full health worker swage bill to the GoSL, the 2013–15 Global Fund for HIV/AIDS, Tuberculosis and Malaria Phase 2 programme contribution to health workers’ salaries uplift had a mandatory annual government counterpart contribution and planned disbursements amounts decreasing annually to 2015.

The programme’s supply-side support also focused on health sector governance, principally through support to the ‘quality of MoHS payroll data and its management’. (IO6) under the under the direction of the Payroll Steering Committee (PSC), relating to eliminating ghost payments and ensuring staff pay was linked to attendance:

The PSC has played an important role in embedding the salary uplift and the engagement of all senior level stakeholders via their membership of the Committee has helped to foster ownership and commitment. It also provides a useful mechanism for strengthening GoSL capacity for performance management and cross-Ministry collaboration.⁷⁴

Significant savings – calculated at US\$408,200 over the 27 month period March 2010 to May 2012 – were made from the first round of pay freezes aimed at eliminating ghost workers and enabled recruitment of additional frontline health workers. The increased confidence in the accuracy of the payroll reportedly provided a solid basis for improved human resource management and workforce planning. The evaluation reports that by the end of 2012, 3,474 additional health workers had been recruited, a substantial addition to mitigate the acute shortage of health workers in Sierra Leone.

⁷³ Ibid., p.4.

⁷⁴ Ibid., p.4.

The significance of this supply-side governance support for the demand-side citizen engagement embedded in this macro evaluation hypothesis is that citizen monitoring appeared to work better when integrated with upward (performance reward) accountability. Indeed, the threat of sanction (achieved through a mix citizen oversight and internal HMIS monitoring linked to performance grants) appeared to be greater contributor to health worker behaviour change than salary increase:

To the extent that they are now compliant with the expectations on attendance, it appears that it is the penalties that might be imposed for unauthorised absence and not the inducement of higher salaries that motivates the behaviour change.⁷⁵

Despite these supply-side improvements, however, the programme evaluations identified that the contribution of demand-side engagement proved problematic in a context of scarce resources and inefficient systems. The programme's impact evaluation coordinator confirmed the importance of the programme's support for MCH free health care, its early work on the clean-up of the payroll system and its instigation of attendance monitoring for making these services more accessible to mothers and children. Crucially, however, the main guarantor of predictable financing under the programme – a results-based financing system set up a year after the programme started and designed to reward 'well behaving' facilities with a top up for salaries (60%) and fund facilities maintenance (40%) – stopped functioning for a year due to the Ebola outbreak. The result was that facilities remained at the mercy of poorly functioning supply and distribution systems:

These drugs often don't arrive. This is a 'push system'. A facility goes to the district medical team and says 'these are the drugs we need'. This request goes to central medical store which sends drugs to the district medical teams to send on to facilities. But in practice district medical teams don't have the transport so the drugs don't get to facilities on time or in the required quantity.⁷⁶

⁷⁵ Ibid., pp.22–3.

⁷⁶ Key Informant Interview, 3 February, 2016.

Table 4.1: Causal process observation matrix: Support to Healthcare Workers' Salaries in Sierra Leone (2010–15)

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Local-level service delivery improved (O1)	Project-level service delivery improved in sites where additional training/resources provided	Impact evaluation annual reporting (OPM, 2015)
	This additional training complemented the programme's contribution to service provider responsiveness via + Salary uplift (IO5) + payroll monitoring and sanctions (IO6)	See CPO analysis of IO5 and IO6 below
	Responsiveness reinforced by formal Health for All Coalition citizen monitoring of attendance (IO2) linked to PSC oversight with spin off informal citizen engagement via local debates and phone-ins (IO4)	See CPO analysis of IO2 and IO4 below
Higher-level service delivery improved (O2)	At-scale service delivery improvement constrained by limited resources and capacity	2012 Evaluation reported on disabling effect of lack of resources, including drugs and skills, at facility level (Stevenson et al., 2012)
Services improved for marginalised social groups (O3)	Policy announcement making services freely accessible to MCH service users and triggering an uptake in demand	Evidence of increase in attendance in 2010, but with a drop back in the following year, Increased satisfaction scores among target groups (Stevenson et al., 2012)
	Programme targeted at MCH vulnerable group, marking a fundamental shift in entitlement set for this marginalised target group	General programme reporting
Intermediate Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Local service delivery responsiveness improved (IO1)	Payroll sanctions applied linked to attendance monitoring (IO1-E1)	Increased number of staff and reduced informal fees reportedly linked to sanctions (Stevenson et al., 2012, 3). However concerns flagged by 2012 Evaluation regarding 'improper charging' at the point of delivery, exacerbated by 'the poor regulation of formal user fees', due to the fact that 'healthcare workers are legitimately able to charge non-target groups for cost-recovery drugs' (Stevenson et al., 2012: 3)
	Sanctions backed by improved governance of payroll management (IO6/ IO1-E2)	Evaluation confirmed enabling role of payroll governance, although noted continuing risk to accessibility via poorly regulated 'spillover' of

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
		continuing practice of user fee charging from non-target groups to (fee exempt) MCH target group (Stevenson et al., 2012: 3)
	FHCI provides facility-level performance-based funding + remote allowance (IO1-E3)	Incentive systems confirmed to contribute to improved attendance and informal fee charging reduction (Stevenson et al., 2012: 3)
	Formal citizen oversight reporting to Payroll Steering Committee (PSC) (IO2) enhanced social accountability (IO1-E4)	Citizen monitoring contribution to greater social accountability at facility level identified by IE Annual Report (OPM, 2015: 74). Insights will be strengthened by community-level outcome research data currently being analysed for IE 2016 Annual Report
	Informal citizen engagement complements formal oversight mechanism (IO1-E5)	Reported in 2012 Evaluation (Stevenson et al., 2012) and in Impact Evaluation Annual Report (OPM, 2015)
Formal (IO2) citizen action increased through monitoring oversight	Programme support to Health for All Coalition (M5), mandated to monitor facility-level attendance through AMS data (IO2-E1)	Formal citizen engagement confirmed by 2015 Impact Evaluation Annual Report (OPM, 2015: 74)
	Programme support to PSC for coordination of monitoring (IO2-E2)	IE Annual Report confirmed effective feedback mechanism from HFAC monitoring to PSC coordinator (OPM, 2015: 74)
	Programme support to CSO monitoring (M2), reporting to PSC (IO2-E3)	Institutional integration of the HFAC-coordinated citizen monitoring confirmed by Impact Evaluation Annual Report (OPM, 2015: 74)
Informal (IO4) citizen action increased	'Spin off' from increased formal engagement resulted in wider local-level discussions, e.g. via local radio phone-ins	2012 Evaluation Reporting (Stevenson et al., 2012: 32)
Public policy and/or budgets progressively revised (IO5)	Programme pursued macro-level 'salary uplift' support to GoSL FHCI policy (M1), with front-loaded 20% contribution to salaries (IO5-E1)	Documented in Annual Reviews + significance confirmed by 2012 Evaluation reporting (Stevenson et al., 2012)
	Programme worked with existing progressive policy entry point (FHCI) (c3) (IO5-E2)	Documented in Annual Reviews + significance confirmed by 2012 Evaluation reporting (Stevenson et al., 2012)
	Programme harmonised with Global Fund conditionality-based contribution to salary uplift (IO5-E3)	Documented in Annual Reviews + significance confirmed by 2012 Evaluation reporting (Stevenson et al., 2012)
Improved macro-level governance of payroll management linked to HR planning (IO6)	2x high level technical advisors provided support (M1) which was embedded and credible (IO6-E1)	Reporting on rapid effectiveness of short-term technical assistance, although concerns expressed in about the slowing of momentum as these 'enablers' pulled out (OPM, 2015: 144)

Case Study 5: Partnership for Transforming Health Systems (PATHS) 2 in Nigeria (2008–16)

QCA Summary findings

This project is a consistent case (modal) for the following hypotheses:

- **Hypothesis 2b (Outcome 2):** *Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen engagement (IO4) are more likely to contribute to improved higher-level service delivery (O2)*

QCA finding: Hypothesis 2b was rejected. None of the conditions in the model nor their combination was found to be sufficient for achieving improved higher-level (at-scale) service delivery (O2). However, supporting formal (invited) citizen engagement (IO2) as a single condition is necessary for achieving the outcome.

- **Hypothesis 3 (Outcome 3):** *Awareness raising (M4) and supporting socially inclusive platforms (M6) result in improved services for marginalised social groups (O3)*

Hypothesis 4 (Outcome 3): *Combining social inclusion in the design of local platforms (M6) with achieving increased participation in local platforms by marginalised social groups (IO3) results in improved services for marginalised social groups (O3)*

QCA finding: Hypothesis 3 and 4 are confirmed. Overall, looking across hypotheses 3 and 4, it is support to socially inclusive local platforms (M6) that is most important for achieving improved services for marginalised social groups (O3), with awareness raising (M4) playing a supporting role. The outcome is achieved whether increased participation by marginalised groups occurs or not (indicating an equally valid pathway to change).

5.1 Project overview

Partnerships for Transforming Health Systems 2 (PATHS 2) is a horizontal health systems strengthening project to improve the financing, planning and delivery of sustainable, replicable, pro-poor health services for common health problems in Nigeria. The project is currently being extended in its current phase and has been implemented since 2008 at the national level and in the five states of Enugu, Jigawa, Kaduna, Kano and Lagos.

5.1.1 Outputs

1. National health sector governance and management systems are improved;
2. State and local government authority (LGA)/district health sector governance and management systems to support appropriate health services are improved ;
3. Replicable model to deliver quality maternal and child health (MCH) services demonstrated in selected LGAs;
4. Ability of citizens and civil society to demand accountability and responsiveness of the health system are improved;

5. Capacity of citizens to make informed choices about prevention, treatment and care is strengthened.

Output 4 has focused on social accountability and includes the following elements:

- Establishment of facility health committees (FHCs)
- Introduction of community scorecards
- Supporting advocacy initiatives undertaken by civil society organisations (CSOs) or CSO coalitions on government health policy or reform.

Output 5, through its focus on citizen awareness raising, also contributed to the social accountability component.

The PATHS 2 intervention model is based on the idea that an integrated approach is needed, working across health system functions, service delivery and community involvement, and at national, state and local level. PATHS 2 has assumed that only such an integrated approach can create sufficient momentum for change to transform Nigeria's health sector.

Throughout its lifetime, PATHS 2 started out with a focus on health system building at federal and state levels and then moved more towards the centre of the concentric model with increased investments into service delivery.

5.1.2 Outcomes

PATHS 2 has achieved improved service delivery at local/project level (**O1**), at state/national levels (**O2**) and for marginalised groups (**O3**). While improvements were strongest in project areas⁷⁷ (model LGAs), the project has been able to make progress at the state level as well. For instance, there were significant increases in the proportion of births attended by skilled birth attendants, in the percentage of children with diarrhoea receiving oral rehydration solution (ORS), in the proportion of health facilities meeting minimum standards for human resources, equipment and infrastructure, and in the proportion of satisfied clients. Furthermore, a modelling study indicates that PATHS 2 contributed to saving between 117,703 and 185,497 lives over the 6 years from 2008 and 2014 respectively using the Nigeria Demographic and Health Survey (NDHS) and PATHS 2 data.⁷⁸

With its clear focus on MCH, these outcome-level achievements were particularly strong for marginalised groups. Moreover, PATHS 2 also went further and specifically targeted poor populations when selecting new project sites.⁷⁹

5.2 Explaining PATHS 2 contribution to hypothesis 2b change process

PATHS 2 is a consistent modal case for hypothesis 2b when targeting improved higher-level service delivery (**O2**):

⁷⁷ See, for instance, the stronger improvements in number of births attended by skilled birth attendants in targeted sites (outcome indicator 3) compared to the State overall (outcome indicator 2). DFID (2014), Annual Review, London: DFID, p.5

⁷⁸ Ecorys et al. (2014), 'The Independent Monitoring and Evaluation Project for the State Level Programmes (IMEP): PATHS 2 Annual Review', November, p.15

⁷⁹ Ibid., p.17.

- Mechanisms supporting a mix of formal (invited) citizen engagement (**IO2**) and informal (uninvited) citizen action (**IO4**) are more likely to contribute to improved higher-level (**O2**) service delivery.

5.2.1 Evidence supporting the hypothesis

Increasing formal citizen engagement (IO2)

PATHS 2 has a clear focus on strengthening formal social accountability relationships in Output 4 of the project. The most important element is arguably the establishment of over 2,000 FHCs across five states in Nigeria.

Box 5.1: Facility Health Committees

A facility health committee (FHC) is a group of volunteers who represent and speak for different types of people in the community. The committee establishes, and maintains, dialogue with the whole community to understand their views about the available health services, and to let them know what the committee is doing to improve these services. The FHC also ensures that the facility has a sustainable drug supply system.

The committee works with facility staff to promote improvements in health services and client satisfaction. They get resources from the government and other stakeholders to improve services within the facility, and then they monitor facility performance and progress in improving services. FHCs have three key roles:

1. Improve health facility performance;
2. Involve the community in decision making about health services; and
3. Increase access to services for everyone, including those who are disadvantaged.

The committees typically comprise 12 to 15 community members, who are selected by the community itself. At least four members – ideally more – need to be women, who are selected by women in the community.⁸⁰

These FHCs were found to be functional and meeting good standards in operational areas. When surveying citizens in the relevant areas, a steadily increasing majority of respondents felt that FHCs contributed to an improvement in health facility services and that most FHC efforts resulted in some response of government and health facilities.⁸¹ This provides quantitative, perception-based evidence on the role of **IO2** to improve service delivery.

Furthermore, PATHS 2 reports a number of success stories illustrating this process in more qualitative terms. Examples from different states include:

- *FHC Owelli Court Health centre in Awgu LGA embarked on advocacy for hospital equipment and maintenance of the health facility. The FHC members visited key stakeholders and organisations in the community explaining the need for them to support the facility. A branch of the Owelli Development Union based in USA responded to the FHC request, providing a wide range of furniture and hospital equipment.⁸²*

⁸⁰ PATHS 2 (n.d.), 'Policy Brief: PATHS 2 Facility Health Committee's, p.1.

⁸¹ PATHS 2 (2014), 'Empowering Communities. Saving Lives. Transforming Health Systems in Nigeria', Annual Report, September, p.96.

⁸² Ibid. p.104.

- *Through PATHS 2 support, the CSO Advocacy Partnership and FHCs visited the Chairman of Apapa-Iganmu local council development area to present the issues identified in Olojowon primary health centre. On a return visit it was found that the Chairman had kept his word and addressed all the issues – 3 medical doctors now work at the clinic, the bad water was treated, imprest for fuel increased and generator is now in use, an ambulance is available at the PHC, the gutter in front was cleaned and the drainage was cleared.⁸³*
- *FHC Dakido advocated to Gunduma Board and Mallam Madori LGA Chair to support the construction of staff quarters initiated by the FHC which was done. The LGA provided beds while Gunduma council supplied working materials.⁸⁴*

A key strategy to enhance FHCs' impact was the establishment of partnerships between FHCs and CSOs, called FHC Alliances, at LGA level. FHC Alliances were able to influence LGA operational plans, including the institutionalisation of community participation in LGA health facility decision making. Of surveyed CSOs/FHCs, 96% expected that their inputs to health planning addressed communities' most important problems. **It was found that building partnerships between FHCs and CSOs was a very effective approach, and essential for providing FHCs with the necessary weight to influence decision making.⁸⁵**

Another strategy that enhanced the ability of FHCs and CSOs to influence decision making was the roll-out of a community scorecard.⁸⁶ The scorecard results provided FHCs and CSOs with clear evidence about community perceptions and needs, which they could use in discussions with local and state government officials. Bringing this evidence to the table helped opening up discussions and empowered FHCs and CSOs when engaging with government officials and service providers.

Moreover, other organisations started replicating the FHC approach,⁸⁷ further underlining the utility of establishing these social accountability platforms. PATHS 2 reports that 13 FHCs have been replicated in year 4, and 18 in year 5 of the project, which provides indications that FHCs have been successful beyond the project level, thereby contributing to higher-level service delivery improvements (O2). PATHS 2 was actively supporting replication through practical and technical policy briefs.

Finally, PATHS 2 also supported CSOs in participating in formal social accountability processes, in particular at state level. Most important, CSOs were able to participate in Medium-Term Sector strategy processes and incorporate activities and budget lines reflecting community needs. The project therefore facilitated higher-level formal engagement as part of a vertically integrated approach to formal citizen engagement.

Increasing informal citizen action (IO4)

PATHS 2 also provided significant support to informal citizen action in the form of assisting CSO advocacy partnerships at the state level. Some of the results achieved by these groups include:

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ PATHS 2 (n.d.), 'Technical Brief: Strengthening Voice and Accountability in the Health Sector', p.7.

⁸⁶ Ecorys et al. (2014), op. cit., p.34.

⁸⁷ PATHS 2 (2014), op. cit., p.105.

- *‘Steps have been taken towards effective implementation of the Free Maternal and Child Health project of government in Kaduna, Kano and Jigawa.*
- *There has been increased budgetary allocation for free care services in PATHS 2 states in the north.*
- *More facilities including clinics now provide free services to pregnant women and children under 5 years old.*
- *In Lagos, CSOs have been included as part of monitoring team for the State House of Assembly oversight visits. This resulted from advocacy to the House to present the findings from an assessment of MMR [maternal mortality rate] in some selected LGAs.⁸⁸*

PATHS 2 supported CSO advocacy partnerships with capacity building and training, which then resulted in a series of advocacy initiatives contributing to the results described above. Important, PATHS 2-supported CSOs have also played a key role in enabling the passage of the Health Bill by the National Assembly.⁸⁹ At the time of the last 2014 Annual Report, the Health Bill was still waiting for the president’s signature, which means it cannot yet have had an influence on national-level service delivery (**O2**).

Supporting a combination of formal (IO2) and informal (IO4) citizen action

The evidence presented above illustrates the utility of supporting both formal and informal citizen engagement to improve higher-level service delivery. In the case of PATHS 2, there is some evidence that the two approaches are mutually reinforcing each other.

CSOs engaged in advocacy benefited from their partnerships with FHCs and the community scorecard to improve their legitimacy and use direct citizen feedback for their advocacy campaigns. Invited participation in the Medium-Term Sector strategy process provided CSOs with a seat at the table, which further enhanced their ability to influence decision making. On the other hand, FHCs benefited from CSOs to feed their views upwards.

While it is difficult to measure the specific benefit of combining **IO2** and **IO4**, the PATHS 2 case provides some initial evidence for the utility of combining the two approaches.

5.2.2 Additional factors explaining outcome change

Apart from strong formal and informal citizen engagement processes (**IO2**, **IO4**), there appear to be a number of additional explanations for the achieved improvements in higher-level service delivery (**O2**). The evidence points to a strong role of working on the supply side (**M1**, **M8**) with a supporting role of feeding evidence upwards (**M7**), and some weak indications of a contribution of awareness raising (**M4**).

Supporting the supply side of health service delivery: Directly supporting higher-level policy change and governance of service delivery (M1), feeding evidence and learning into higher-level discussions (M7) and strengthening provider capacity/responsiveness (M8)

PATHS 2 Outputs 1, 2 and 3 are all focused on supporting the supply side of health service delivery. This involves improving health sector policies, management and governance at the

⁸⁸ Ibid., p.108.

⁸⁹ Ecorys et al. (2014), op. cit., p.14.

national, state and local level (**M1**), as well as supporting service provider capacity (**M8**). Some key achievements include:

- Passage of the new Health Bill
- Improved systems and capacity in health policy and strategy, M&E, human resources, and health management information systems in the national Ministry of Health
- Trainers in maternal, newborn, and child health
- Implementation of the Medium-Term Sector strategy supported through human resource systems and capacity building at state level
- Strengthened drug logistics systems
- Direct health commodity support to health facilities
- Clinical training to health workers provided.⁹⁰

While most of this work was driven from the top, there are also some examples where evidence from lower levels informed national or state-level decision making (**M7**). For instance, it is reported that PATHS 2 used evidence from its health worker trainings to revise the national emergency obstetric care manual.⁹¹ Moreover, PATHS 2 used data from its human resource intervention to improve workforce planning at the state level. States responded to this evidence by recruiting additional female health workers, a key gap that was identified by the human resource information system. **Feeding evidence upwards (M7) could therefore be seen as a supporting mechanism** to PATH's work to improve the supply of health service delivery. However, it has to be noted that this evidence came from other interventions on the supply side, and not from citizen feedback.

PATHS 2 also reports that as a result of the project's work, two states now have policy guidelines that **institutionalise FHCs at the state level**, ensuring higher-level service delivery influence.⁹² In both states, FHCs were provided with institutional homes in government structures. Many local governments implemented similar policies in their operational plans. This was possible thanks to PATHS 2's work and influence on the supply side combined with its links to the demand side.

Overall, PATHS 2 spent most of its resources and attention working on the supply side, and it is reasonable to assume that this work played a major role in improving higher-level service delivery. In particular health commodity support and trainings at the facility level are highly likely to explain some of the observed improvements in service delivery in the short term.

Supporting awareness raising (M4)

Apart from supporting social accountability processes and improving health delivery systems, PATHS 2 also raised citizen awareness (Output 5). Numerous community events were undertaken, community volunteers were trained, public service announcements were supported and support groups for pregnant women were introduced. It is likely that these activities played a supporting role for social accountability processes at the local level, by raising awareness and motivating communities to engage.

On the other hand, awareness raising was also geared towards changing behaviours and health practice. A 2013 study on the cost effectiveness of the Behaviour Change

⁹⁰ Ecorys et al. (2014), op. cit., p.14–16.

⁹¹ PATHS 2 (2014), op. cit., p.xvii.

⁹² Ibid, p.97.

Communication strategy found higher deliveries in facilities that had benefited from this strategy compared with a control group. The effect was found to be equivalent to 17.4% of the annual PATHS 2 health benefit. However, in a follow-up study in 2014, this result could not be confirmed.⁹³ Therefore, there is only some weak and inconclusive evidence about the extent to which awareness raising (M4) has contributed to improved service delivery (O2) results by itself.

5.2.3 Conclusion

The PATHS 2 case is able to provide a plausible and detailed narrative to support the hypothesis. It appears that both formal and informal citizen engagement processes contributed to improved higher-level service delivery, and that combining both approaches led to mutually reinforcing progress and achievements worth more than the sum of the parts. The case study provides further details on how this worked in practice, including the role of partnerships between community-based organisations (CBOs) and higher-level CSOs, the utility of using evidence provided through community scorecards, the role of advocacy capacity building and training, and replication.

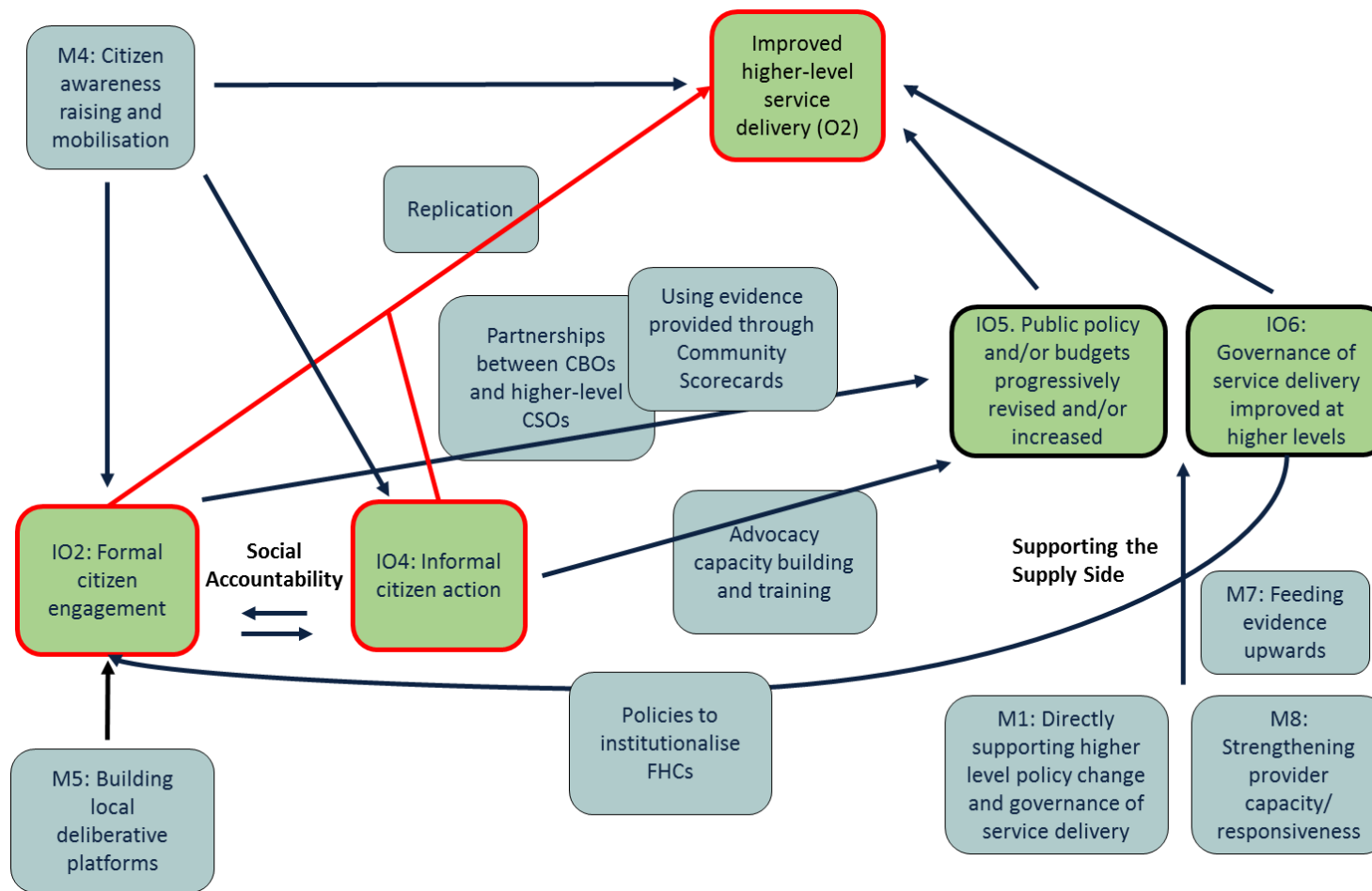
However, the PATHS 2 case does not allow to isolate the role of H2b vis-à-vis other explanations. PATHS 2 is a very comprehensive project, working both on the demand and supply side at local, state and national level – albeit with limited linkages. This makes it very difficult to disentangle the specific contribution of different project components to the observed outcome of improved higher-level service delivery (O2). While there is strong qualitative evidence and a clear logical link between PATHS 2's work to support citizen engagement processes, there is equally if not stronger evidence for PATHS 2's significant work on the supply side at facility level and at higher levels of governance. This is in line with the project's intervention logic, which is based on the assumption that an integral approach is needed in which these different components mutually reinforce each other.




Therefore, the case not only supports H2b but also H1:

- H1: *Higher-level (at-scale) service delivery (O2) is achieved only when SAcc mechanisms include support for feeding evidence and learning into higher-level discussions (M7) and higher-level legislative and policy change (M1)*

⁹³ Ibid., p.121.

Figure 5.1: PATHS 2 higher-level service delivery (O2) causal flow diagram



	Positive outcome change		Enabling causal process		Hypothesis 2b causal flow
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5.3 Explaining PATHS 2 contribution to hypothesis 3 and 4 change processes

PATHS 2 is a consistent modal case for hypotheses 5 and 6:

- *H3: SAcc mechanisms M4 (awareness raising) + M6 (socially inclusive platforms) result in improved services for marginalised social groups (O3)*
- *H4: Combining socially inclusive platforms (M6) with achieving increased participation in local platforms by marginalised social groups (IO3) results in improved services for marginalised social groups (O3)*

Both of these hypotheses focus on explaining improved services for marginalised groups (**O3**).

5.3.1 Evidence supporting the contribution to hypothesised change process

Supporting socially inclusive platforms (M6, IO3)

As described in Section 5.2, the primary social accountability platforms supported by PATHS 2 were the FHCs. As detailed in Box 5.1 above, FHCs typically consisted of 12–15 people, four of whom must be women. There were also systematic efforts to promote the inclusion of marginalised groups. Thanks to these efforts, it was reported that about 35% of all trained and actively participating FHC members were women,⁹⁴ suggesting increased participation by marginalised groups (**IO3**).

There is also some indicative evidence about the role of these inclusive platforms for improved service delivery for marginalised groups. One of the FHC's roles was to increase access to services for everyone, including the disadvantaged. FHC members actively identified marginalised groups in their communities, encouraged them to use health facilities and investigated barriers that prevent them from using health services. However, it is not clear to what extent a greater share of marginalised groups in FHCs has contributed to better services for marginalised groups. While the evidence is insufficient, there is strong logical link and it is highly likely that there was some contribution.

Supporting awareness raising (M4)

The PATHS 2 case suggests that awareness raising in terms of informing citizens about health service entitlements and influencing behaviour change plays a key role in improving service uptake and delivery for marginalised groups.

PATHS 2 paid considerable attention to raising the awareness of marginalised groups.

For instance, the Safe Motherhood Initiative-Demand Side (SMI-D) initiative informed poor and remote communities about life-saving opportunities created by improvements of health services in their nearest health facility. Moreover, Output 5 of the project targeted women to make informed choices about treatment, prevention and care for maternal health and child diarrhoea. Mass media information campaigns aimed to reach remote and poor populations

⁹⁴ PATHS 2 (2014), op. cit., p.100.

living outside health facility catchment areas that were not benefiting from community interpersonal communication interventions.

Given the comprehensive nature of the project, it is difficult to establish the extent to which these activities have improved service delivery for marginalised groups. A 2013 study on the cost effectiveness of the Behaviour Change Communication strategy found higher deliveries in facilities that had benefited from this strategy compared with a control group. The effect was found to be equivalent to 17.4% of the annual PATHS 2 health benefit. However, in a follow-up study in 2014, this result could not be confirmed.⁹⁵

While evidence of this particular study and subset of awareness raising is inconclusive, there is qualitative evidence supporting a link between awareness raising and improved services for marginalised groups. PATHS 2 reports that '*community discussions and interviews strongly support the view that these interventions were very important in building demand for antenatal care and deliveries*'.⁹⁶

5.3.2 Additional factors explaining outcome change

In the case of PATHS 2, **O3** is a subset of **O2**. The overall project focused on MCH and achieved significant results as described in Section 5.1 of this case study. Therefore, all explanations for the achievement of **O2** discussed in Section 5.2 of this case study are relevant for the achievement of **O3**, and can be seen as additional explanations.

In practice, this means that socially inclusive platforms (**M6, IO3**) and awareness raising (**M4**) are likely to be only part of the reasons why **O3** was achieved. PATHS 2's significant work on the supply side and its effective combination of formal and informal social accountability processes through vertical integration, as discussed in Section 5.2 above, were major factors contributing to improved services for marginalised groups.

Additionally, the project not only targeted women and children, but also particularly poor populations within this group. For instance, the Emergency Transport Scheme was designed to support remote and poor women, and the project focused on poor populations when selecting new project clusters. While there is insufficient data to assess the extent to which such particularly poor groups were reached, this provides some additional indicative evidence for **the role of targeted supply-side measures to improve services for marginalised groups**.

5.3.3 Conclusion

When it comes to explaining improved services for marginalised groups (**O3**), the PATHS 2 case provides a very complex storyline. Given that the overall projects focused on marginalised groups and most service delivery outcomes pertained to these groups, all explanations discussed in Section 5.2 of this case study are relevant.

Additionally, PATHS 2 also featured some project elements that targeted particularly marginalised groups. This included socially inclusive FHCs (**M6 > IO3**), awareness raising activities targeting marginalised groups (**M4**), and targeted supply-side measures to improve

⁹⁵ PATHS 2 (2014), op. cit., p.121.

⁹⁶ Ibid., p.115.

services for such groups, all which appear to have contributed to **O3**. However, evidence for the contribution of these factors is weak and does not allow for any clear conclusions. PATHS 2 documentation does not provide sufficient data to explore the specific role of these factors, and all we can say is that it is likely that they all had some contribution.

Therefore, the PATHS 2 case provides some positive but cautious support for H3 and H4. The QCA finding that social inclusion in platforms (**M6**) is particularly important cannot be confirmed based on the available evidence, which does not point to a strong role for these platforms compared to other factors. Awareness raising (**M4**) and targeted supply-side measures appear to play a stronger role in the case of PATHS 2.

Figure 5.2: PATHS 2 Improving services for marginalised groups (O3) causal flow diagram

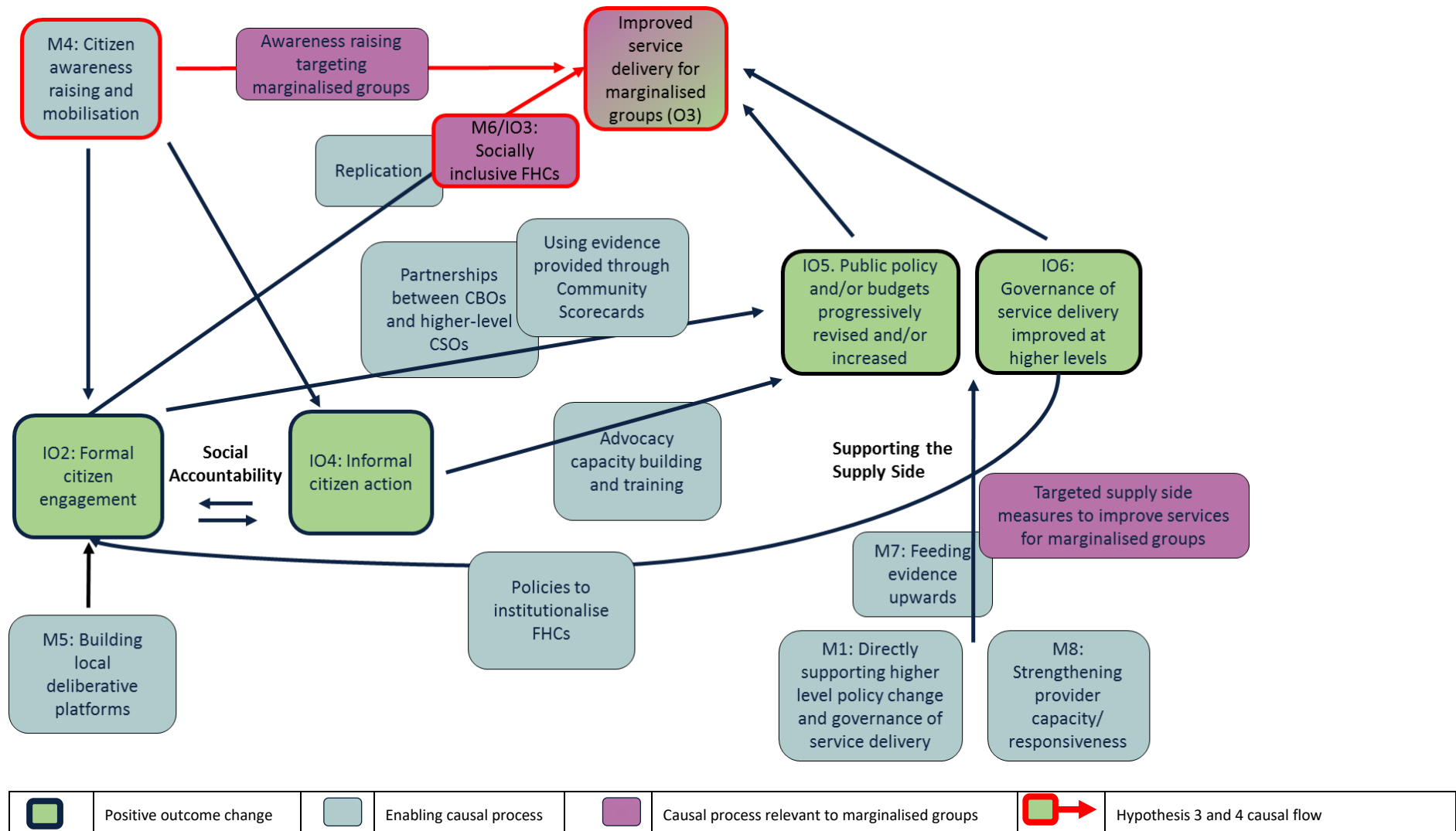


Table 5.1: Causal process observation matrix: Partnership for Transforming Health Systems (PATHS) 2 in Nigeria

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Higher-level service delivery (O2)	See below	<p>The IMEP AR 2014⁹⁷ reports that the project has achieved most of its expected outcomes:</p> <ul style="list-style-type: none"> • Percentage of pregnant women making at least 4 antenatal care visits in supported states • Proportion of births attended by skilled birth attendants in supported states • Additional number of births delivered with skilled health personnel in targeted sites (cluster areas) in northern Nigeria between 2011 and 2015. DFID attribution • Percentage of children under 5 years of age with diarrhoea that have received ORS, ORS/zinc • Proportion of public primary health care facilities in supported cluster areas that meet minimum standards for human resources, equipment and infrastructure to deliver specific maternal, neonatal and child health (MNCH) services • Proportion of clients reporting satisfaction with health service • Annual per capita public expenditure on health in supported states NGN (USD) • Average quality score for MCH services in public and private health facilities in Lagos and Enugu (new indicator) <p><i>It will be noted that the main deficits in relation to outcome indicators are facilities not meeting full standards (mainly related to human resources) and in skilled birth attendance. This points to the continuing need to make efforts to improve the availability of midwives, particularly in the northern states.</i>⁹⁸</p> <p>A further Lives Saved Tool (LiST) modelling study indicates that <i>PATHS 2 contributed to saving between 117,703 and 185,497 lives over the 6 years from 2008 and 2014 respectively using the NDHS and PATHS 2 data. Lives saved for Lagos state was taken from 2010. Over 90% of the estimated lives saved were for under 5-year olds. The estimated maternal lives saved were the least, which is partly explained by the lower than expected level of skilled birth attendance.</i>⁹⁹</p>
	Citizen engagement (IO2) in the form of	The PATHS 2 Annual Report 2014 ¹⁰⁰ reports that there were increases in all states in indicator 4.4: Percentage of people in PATHS 2 clusters who indicate that FHCs have contributed to an improvement in health facility

⁹⁷ Ecorys et al. (2014), 'The Independent Monitoring and Evaluation Project for the State Level Programmes (IMEP): PATHS 2 Annual Review', November.

⁹⁸ DFID (2015), Annual Review, London, DFID, p.6.

⁹⁹ Ecorys et al. (2014), op. cit., p15.

¹⁰⁰ PATHS 2 (2014), 'Empowering Communities. Saving Lives. Transforming Health Systems in Nigeria', Annual Report, September.

	<p>Facility Health Committees (FHCs) contributed to improved services</p>	<p>services in the previous 2 years.¹⁰¹ The report also lists a large number of local success stories where FHCs contributed to improved services.¹⁰²</p> <p>The PATHS 2 Technical Brief on Voice and Accountability states:¹⁰³</p> <p><i>The responsiveness of government and health facilities as a result of FHC advocacy efforts was greater than PATHS2 expected. According to the data gathered by the programme, 71% of all advocacy efforts by FHCs resulted in either ‘some response’ (meaning that the FHC could show evidence that the problem was in the process of being resolved), or that the issue had been resolved (meaning that the problem had been solved completely as a result of the FHC’s advocacy visit).</i></p> <p><i>Most FHCs are proactively making sure that problems are resolved through advocacy. FHC advocacy efforts most frequently take the form of initial engagement at the community level. If the community cannot resolve the problem, then FHCs work to get support in the form of finance, in-kind contributions or recruitment of additional health workers from the local government. Of the issues raised with the facility or government, issues related to staff attitude seemed most likely to be resolved. Issues related to premises are most challenging, with many of these advocacy efforts reported as having met with no response</i></p>
	<p>Partnerships between FHCs and CSOs enhanced influence on decision making</p>	<p>Achievements of the FHC and CSO advocacy coalitions that PATHS2 had supported included:</p> <ul style="list-style-type: none"> • Improved implementation of the Free MCH programmes of the state governments in Kaduna, Kano and Jigawa. • An increased budget for Free MCH services in Kaduna, Kano and Jigawa. • In PATHS2 states, more facilities (including Primary Health Centres) now provide free services to pregnant women and children under 5 years. <p>The IMEP Annual Review 2014 found that FHC Alliances and CSO advocacy partnerships had <i>value in facilitating information sharing, offering mutual encouragement, and strengthening the collective position of CSOs to enhance impact. CSOs interviewed by the team in several states supported this assessment. The Facility Health Committee Motivational Survey should yield insights for further enhancing of sustainability.</i>¹⁰⁴</p>

¹⁰¹ PATHS 2 (2014), op. cit., p.96.

¹⁰² Ibid, p.104.

¹⁰³ PATHS 2 (n.d.) ‘Technical Brief: Strengthening Voice and Accountability in the Health Sector’, p.6.

¹⁰⁴ Ecorys et al. (2014), op. cit., p.34.

		<p>The PATHS 2 Technical Brief on Voice and Accountability confirms this finding. <i>FHCs and CSOs who participated in health planning meeting were asked if the needs that they had expressed had been heard and whether the LGA/Gunduma (in Jigawa)/Mid-term Sector Strategy (MTSS) plans responded to those needs. Encouragingly, 96% of these CSOs/FHCs said that they had had major input into the health planning process. In addition, 96% expected that final decisions about what to put in the health plans will address their communities' most important problems. This finding is supported by 86% of respondents having reported that the health plans reflected their inputs from the meetings in which they had participated.</i>¹⁰⁵</p>
	<p>The community scorecard empowered FHCs and CSOs when engaging with government officials and service providers</p>	<p>The community scorecard has been a vital instrument for gaining insight into community perspectives. PATHS2 teams have used its findings to identify both bottlenecks and progress. The tool has also served as a platform for dialogue between communities and service providers. With support from FHCs, many facilities have taken forward action plans that have followed from the interface meetings.¹⁰⁶</p> <p>The community scorecard was refined and made more user-friendly, including the introduction of a 'traffic light' scoring system. The team was told by states that the enhanced scorecard had proven useful in opening up discussion on how services and plans for development of services had been informed by lessons from scorecard use. Problems identified for attention were used by CSOs and FHC members for influencing the development of LGA operational plans, MTSS processes etc. CSOs and FHC Alliances appear to be making important contributions to planning, monitoring and policy advocacy. It is reported that these efforts have increased transparency around the processes and resulted in community needs, including needs of poor populations, being reflected as key activities in plans, and as explicit line items in budgets. Service charters were introduced; appropriately used these could further enhance accountability.¹⁰⁷</p>
	<p>Other organisations started replicating the FHC approach</p>	<p>In addition to FHCs established by PATHS 2 13, FHCs have been replicated in year 4 and 18 in year 5 by other organisations, which indicates the replicability of the approach. To support more replication in the future, the PATHS 2 V&A team has produced practical technical and policy briefs that will guide stakeholders in continuing to expand the PATHS 2 FHC approach.¹⁰⁸</p> <p>In Jigawa State, the Gumel Gunduma Council has replicated FHCs in 10 health facilities using the PATHS2 model.¹⁰⁹</p>

¹⁰⁵ PATHS 2 (n.d.), op. cit., p.7.

¹⁰⁶ Ibid., p.6.

¹⁰⁷ Corys et al. (2014), op. cit.

¹⁰⁸ PATHS 2 (2014), op. cit., p.105.

¹⁰⁹ PATHS 2 (nd.), op. cit., p.8.

	<p>Informal citizen action (IO4) in the form of advocacy initiatives contributed to improved health sector governance and policies (IO5, IO6)</p>	<p>PATHS 2 played an active part in coalition building in support of the Health Bill. These efforts are likely to have been important in enabling the passage of the 2014 version of the Bill by both houses of the National Assembly.¹¹⁰</p> <p>The CSO partnerships that are supported by PATHS 2 focus on advocating for improved MNCH services, particularly through the passage of Free MNCH Bill. These partnerships are known as: PPMCH Partnership in Kano; MCH Partnership in Kaduna; MNCH Partnership in Enugu and F-MNCH Partnership in Jigawa State.¹¹¹</p>
	<p>Supply-side work (M1, M8) contributed to improved health service delivery</p>	<p>The federal Ministry of Health remains very appreciative of work of PATHS 2 to improve systems and capacity in health policy and strategy, monitoring and evaluation, human resources, and health management information systems.</p> <p>In all states the MTSS system is embedded in the state Ministry of Health and PATHS 2 has largely maintained a 'watching brief'. Supporting human resources for health systems and capacity building has been given continued attention with the focus on health workforce planning, management and development.</p> <p>This is the third year of implementation of the 'Service Delivery strategy'. Direct service delivery activities were extended to cover an additional nine clusters, making a total of 54 clusters and 730 cluster health facilities. In addition, during PY5 an additional 1,308 facilities received health commodity support through the DRF.</p>
	<p>The project contributed to the institutionalisation of FHCs</p>	<p>Community Participation in Health (CPH) Policy Guidelines/FHC Institutionalisation Framework: As a result of PATHS 2 work, Kaduna and Jigawa State governments now have CPH policy guidelines and a FHC framework institutionalised in the health sector at the state and LGA levels. This policy ensures the role of FHCs in ensuring citizen participation in improving health services is formally recognised. In addition, it encourages stakeholders, including donor organisations, to engage with FHCs. The CPH policy also helped to identify institutional homes that would support FHCs. In Kaduna this is the State Ministry of Local Government, whereas in Jigawa this is the Gunduma Health Council</p> <p>Efforts to enhance the sustainability of FHCs included training on resource mobilisation; developing state-level frameworks that provide for formal recognition of citizen participation in improving health; and identification of institutional homes for ongoing FHC engagement and support.¹¹²</p>

¹¹⁰ Corys et al. (2014), op. cit.

¹¹¹ PATHS 2 (2014), op. cit., p.100.

¹¹² Corys et al. (2014), op. cit., p.34.

	<p>The project fed evidence upwards to inform and improve programming (M7)</p>	<p>PATHS 2 used evidence from its interventions to support health workers (especially community health extension workers and midwives) in rural areas to provide better quality emergency obstetric care (EmOC) through the Advanced Life-Saving Skills programme to improve national policy. The interventions were of high quality and were implemented in collaboration with the American College of Nurse Midwives. Documentation of their successful implementation was used at the national level to review and revise the National EmOC Manual for midwives and community health workers in Nigeria. This effort ensures that programme efforts to improve the quality of EmOC services are institutionalised in national policy and training programmes, and can be replicated beyond PATHS 2 cluster facilities and focal states.</p> <p>In Human Resources for Health (HRH), PATHS 2 helped states analyse data from the Human Resource for Health Information Systems to improve work force planning. Key findings from the data in the northern states included the fact that: support and administrative staff constitute up to half of the work force; there is an acute shortage of female health workers which may be hampering use of health services by women; and the health tutor work force is aging which may inhibit future supply of nurses and midwives. States responded to this information and PATHS 2 advocacy efforts by actively recruiting and hiring additional health workers, including 177 medical personnel in Kano state and 253 in Kaduna state, with a strategic focus on recruiting female personnel.</p> <p>At community level, the exercise resulted into action plans, which are monitored by the FHCs. In addition, CSO coalitions and developments partners (Evidence 4 Action) were provided with the results to support higher-level advocacy. The results were well utilised by the PATHS 2 Program staff to identify and resolve bottle necks that prevent citizens from accessing quality health care and to inform future interventions.¹¹³</p>
	<p>Awareness raising (M4) contributed to improved health outcomes</p>	<p>Preliminary review of Health Management Information System data from facilities supported by PATHS 2 in 2011/12 was conducted in 2013. This found higher deliveries in facilities that had benefited from Community Behaviour Change Communication (CBCC) compared with a control group. This effect was noted in all five states, and was found to be equivalent to 17.4% of the annual PATHS 2 health benefit. This benefit of CBCC was also considerably greater than its cost, which was 10.5% of cost.¹¹⁴</p>
<p>Improved services for marginalised social groups (O3)</p>	<p>See below</p>	<p>Evidence presented above for O2.</p>

¹¹³ PATHS 2 (204), op. cit., p.103

¹¹⁴ Ibid, p. 121

	<p>Awareness raising (M4) contributed to improved health outcomes of marginalised groups</p>	<p>On the demand side, the substantial extension of SMI-D interventions means that many more poor and remote communities are being informed of life-saving opportunities created by improvements of health services in their nearest PHC facility; these communities are also benefiting from growing number of interventions such as the Emergency Transport Scheme to give them access to emergency maternal (and sometimes) child care. PATHS 2 interventions are important in tackling the effects of gender based discrimination.¹¹⁵</p> <p>Annual Report 2014, p. 115: Output 5's work is designed to improve knowledge, modify community attitudes and affect individual behaviours to ultimately improve service uptake and better health outcomes. Output 5's activities empower women to make informed choices about treatment, prevention and care for maternal health and child diarrhoea. Surveys conducted in 2013 established that the C intervention increased women's knowledge of key health issues,</p> <p>The Safe Motherhood Initiative-Demand (SMI-D) model is designed for women who do not live close to a health facility with a female provider. In SMI-D 30 volunteers were trained to lead discussion groups and the form community support groups. The role of the groups is to refer woman experiencing obstetric emergencies to a health facilities and, addressing the most common delays that contribute to maternal mortality: delayed recognition of maternal danger signs and delayed transportation to a health facility that provides emergency obstetric care. SMI-D is implemented in the rural communities in the three northern states.</p> <p>The Rapid Awareness Raising (RAR) model comprises a two-day campaign with 24 or more public participatory information sessions for separate groups of women and men within the catchment areas of upgraded health facilities. RAR is also implemented in the urban communities in the three northern states.</p> <p>The Facility Community Outreach model supports health workers to organise a community forum. Community members are trained as volunteers to use an entertainment education drama and to teach the public a song about maternal 'danger signs'. To reach deeper into hamlets, neighbourhoods and associations, public sector health workers are trained to lead smaller community outreaches (called mini-outreaches – MOs) closer to the community. This model is implemented in the two southern states.</p> <p>An additional intervention, termed 'social pressure' was introduced in year 5 in response to a DFID recommendation that BCC should implement a strategy to contribute more directly to service utilisation as facilities become fully functional. The new approach to community level BCC interventions incorporates 'social pressure' to help ensure that women receive community support to use maternal health services when they need to receive these services. Social pressure activities in the south have focused on using CBOs, especially church leaders and 'health champions' to promote community support. In the northern states, plans have been</p>
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¹¹⁵ Corys et al. (2014), op. cit., p.17

		<p>developed to work with religious CBOs to replicate the formation of village emergency maternal care support groups.</p> <p>To complement the CBCC interventions, in year 5 PATHS 2 expanded the mass media information campaign. Government officials, PATHS 2 officers and international consultants collaborated with a Lagos-based media agency to develop additional radio public service announcements that comprise songs and conversations on key health topics. In addition, a print mass media campaign comprising posters, leaflets and banners was designed. The mass media campaign is designed to reach populations living outside of facility catchment areas that are not benefiting from community inter-personal communication interventions.</p> <p>Community discussions and interviews strongly support the view that all three community-based BCC interventions conducted by PATHS 2 are very important in building demand for antenatal care and deliveries.</p> <p>Annual Report 2014, p. 121: Preliminary review Of Health Management Information Service (HMIS) data from facilities supported by PATHS 2 in 2011/12 was conducted in 2013. This found higher deliveries in facilities that had benefited from community-based BCC compared with a control group. This effect was noted in all five states, and was found to be equivalent to 17.4% of the annual PATHS 2 health benefit. This benefit of CBCC was also considerably greater than the cost of CBCC, which was 10.5% of cost.</p>
	<p>Supporting social inclusion in FHCs (M6), increased participation in local platforms by marginalised social groups (IO3) and to some extent improved services for these groups (O3)</p>	<p>FHC focus on reaching women and those most vulnerable in the community: To improve equality and social inclusion, FHC members identify hard-to-reach or disadvantaged groups (including women, the poorest, non-indigenes and those with special health needs) in their community and actively work to reach them, involve them in community discussions, and encourage them to come to the facility. They investigate household and community barriers which prevent people from using health services and identify local solutions.¹¹⁶</p> <p>During year 5, PATHS 2 V&A work stream has continued to strategically focus its efforts to ensure that the voices of disadvantaged groups in the community are heard. About 35% of all trained and actively participating FHC members in all states are women.¹¹⁷</p> <p>FHC members are comprised of volunteers who should be living in communities that are surrounding the health facility. They need to have the ability to objectively represent community views. The committees are typically made up of 12 to 15 community members, who are selected by the community itself, one of whom one is a</p>

¹¹⁶ PATHS 2 (2014), op. cit., p.100.

¹¹⁷ Ibid, p.100.

		<p>member of the Ward Development Committee or a Community Health Volunteer. At least four members (ideally more) need to be women, who are selected by women in the community.¹¹⁸</p> <p>Role 3: Increase access to services for everyone including those disadvantaged</p> <p>FHCs inform communities about what health entitlements are provided by the state government, how they can access them and what they should do when they do not receive their entitlements. They work with Community Health Volunteers to inform people about health issues and to encourage health service utilisation. To improve equity and social inclusion, FHC members identify hard-to-reach or disadvantaged groups in their community and are actively working to reach these, involve them in community discussions, and encourage them to come to the facility. They investigate household and community barriers which prevent people from using health services and identify local solutions. If necessary, they advocate with government for more attention to the needs of the very poorest.</p>
	<p>Targeted supply-side measures (M1, M8) further strengthened the focus on improving services for marginalised groups</p>	<p>PATHS 2 focus on poor populations is reflected in the selection of new clusters and the significant extension of free maternal, newborn and child health by the government; decisions influenced by PATHS 2 supported advocacy.¹¹⁹</p>

¹¹⁸ PATHS 2 'Policy Brief: PATHS 2 Facility Health Committees', p.1.

¹¹⁹ Corys et al. (2014), op. cit., p.17.

Case Study 6: Foundation for Civil Society Project (FCSP), Tanzania

QCA Summary findings

This project is an inconsistent case (modal) for the following hypothesis:

- **Hypothesis 2b (Outcome 2):** *Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen engagement (IO4) are more likely to contribute to improved higher-level service delivery (O2)*

QCA finding: Hypothesis 2b was rejected. None of the conditions in the model nor their combination was found to be sufficient for achieving improved higher-level (at-scale) service delivery (O2). However, supporting formal (invited) citizen engagement (IO2) as a single condition is necessary for achieving the outcome.

The project is a consistent case (modal) for the following hypothesis:

- **Hypothesis 5 (Intermediate Outcome 1):** *When state-society relations indicate a weak social contract (C4) greater local-level responsiveness (IO1) is best achieved via informal citizen action (IO4) and media oversight (M3)*

QCA finding: Hypothesis 5 was confirmed. The QCA finding confirms the hypothesis that in the context of a weak social contract (C4), greater local-level responsiveness (IO1) is best achieved via a combination of informal citizen action (IO4) and media oversight (M3) rather than if one or both conditions were absent. The project is a consistent case (modal) in a context with a weak social contract for the following hypothesis:

- **Hypothesis 6a (Intermediate Outcome 2):** *In a state-society context with a strong social contract (C4), improving citizens' knowledge of their entitlements (M4) and/or improving their capacity to monitor services (M2) will increase formal citizen engagement (IO2) with service providers*

QCA finding: Hypothesis 6a was ambivalent due to the lack of unsuccessful cases.

6.1 Project overview

The Foundation for Civil Society (FCS) registered as a legal entity in 2002 and started operations in 2003. The Foundation provides grants and facilitates linkages to civil society in Tanzania. Through this support, it strives to enable citizens to become a driving force for change in improving the democratic governance of Tanzania and in achieving a better quality of life for all. The DFID-funded Foundation for Civil Society Project (FCSP), was implemented through support to the FCS grant making between 2008 and 2015.

The DFID 2014 Annual Review described FCSP's focus areas as follows:

The Foundation supports initiatives aimed at strengthening the capacity of civil society organisations by helping them improve internal organisation; improving planning and financial management; rejection of corruption and promotion of accountability; as well

as increasing the usage of ICT. It is also focused on links creation [networks and collaborations] amongst CSOs and other partners.¹²⁰

The grants that the FCSP provided were small and many. For example, in 2013, it received 3,007 applications and accepted 545, so that as of December 2013, 1,067 projects were being supported by the FCSP.¹²¹ In total, over 1,700 organisations were supported through the FCSP. DFID provided £8.8 million to support civil society organisations (CSOs) in Tanzania through the FCSP between 2011 and 2015. This support is an extension of a project that started in 2009. The total project spend 2011–15 was £10.64 million of which DFID provided 41% of the total funds. In the last financial year, funding from many other donors ceased; such that DFID was providing over 70% of the FCSP's funds and keeping it afloat through a funding crisis.

The Project Completion Report (PCR) (2015)¹²² provided a typology of organisations supported by the FCSP:

1. Traditional and customary kinship and faith based organisations;
2. Community-based organisations (CBOs) and civic issue-focused organisations;
3. Professional associations and trade unions; and
4. 'Modern' CSOs, typical of liberal democratic societies, stimulated and sustained by overseas development aid (ODA).

6.1.1 Outcomes

The FCSP's focussed on the following outcomes or results areas (Figure 6.1):

- policy engagement
- governance and accountability
- civil society capacity strengthening
- strengthening the capacity of the foundation.

The FCS's current strategic plan runs from 2015–18. Among other areas, the new plan seeks to strengthen CSO's role in peace maintenance and conflict resolution. It also places renewed emphasis on supporting interventions that promote gender equality and women's empowerment. Figure 6.1 maps the FCS's strategic plan against the DFID logframe.

¹²⁰ DFID (2014), 'FCSP Annual Review', London: DFID, p. 43.

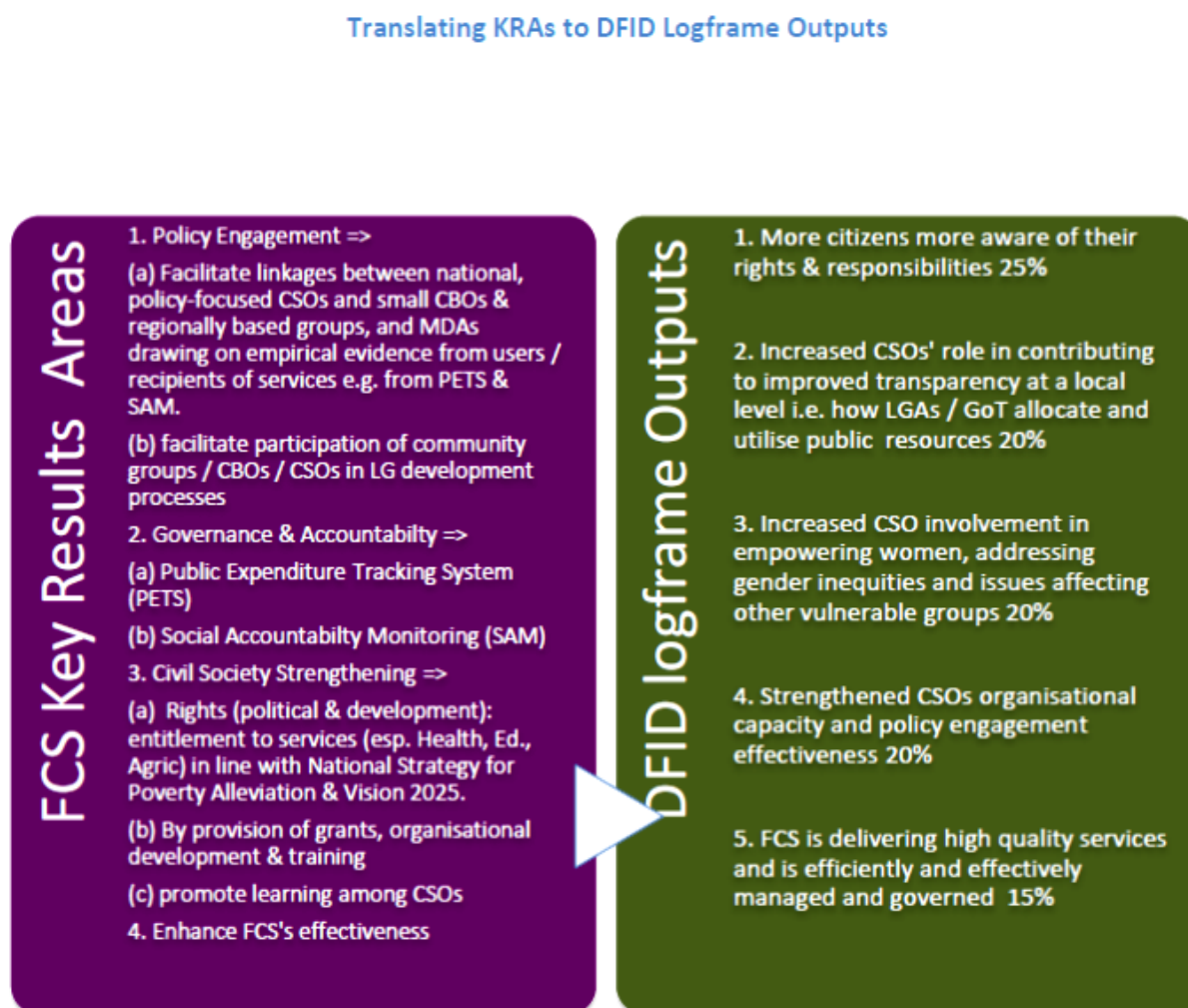
¹²¹ Ibid.

¹²² DFID (2015), 'FCSP Project Completion Report', London: DFID.

6.1.2. Outputs

These results areas translated into a range of supporting outputs (see Figure 6.1). These covered increasing citizen awareness and engagement in local social accountability processes and higher level policy discussions.

Figure 6.1: Translating the FCS's key results areas into DFID logframe outputs

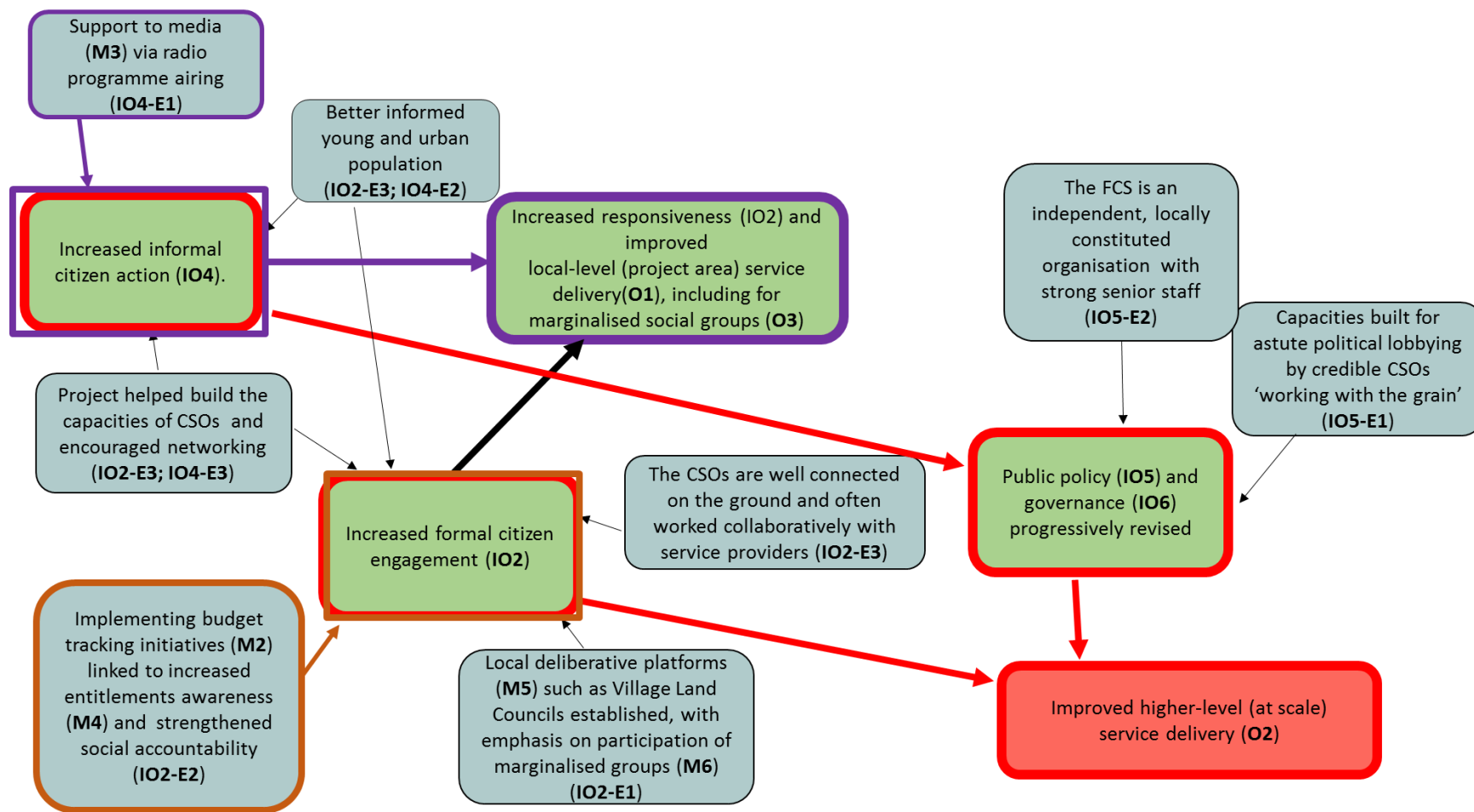


Source: Project Completion Report, 2015, p.11.

6.2 Explaining project contribution to hypothesised change processes

Periodic project reporting has documented the challenges and achievements of the FCSP project, including the PCR (2015). We have analysed this evaluative narrative material and interpreted this to identify the causes of change – or causal process observations (CPO). Figure 6.2 overleaf illustrates the causal flow diagram identified from the project documentation.

Figure 6.2: The Foundation for Civil Society Project causal flow diagram



	Limited or no positive outcome change		Constraining causal process		Hypothesis 2b causal flow		Hypothesis 6 causal flow
	Positive outcome change		Enabling causal process		Hypothesis 5 causal flow		

6.2.1 Explaining the FCSP contribution to hypothesis 3 change process

This project is an inconsistent case (modal) for the following hypothesis:

- **Hypothesis 2b (Outcome 2):** *Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen engagement (IO4) are more likely to contribute to improved higher-level service delivery (O2)*

There is much evidence that the FCSP contributed to local (grantee project area) service delivery improvement (O1), but *not* to improved higher level (at scale) service delivery (O2). Hence the grantees focused on mechanisms **supporting formal citizen engagement through local committees or councils (IO2-E1)**. A few examples cited in the Annual Review 2014¹²³ included:

- One grantee organisation, Tushiriki, established five forest management committees. It was reported that as a result of the running of these committees, 10 people between February and May 2014 were taken to the police and had to pay a fine for illegal tree cutting in the forests;
- In Newala, a workshop was conducted by the Newala Farmers Empowerment Project to 61 men and 39 women on sustainable land use plans for agriculture and the land sector. Land tribunals at the village, ward and district levels began involving the community in the implementation of development plans in the agriculture and land sectors;
- Another FCSP grantee established 106 older people's councils in 11 regions at the ward level. One activity that these councils undertook was holding a number of engagement meetings aimed at demanding accountability from local councillors to release funds committed in their budget for supporting older people's needs. It is reported that as a result, Muleba district set aside TZS 10 million for older people's income generation activities and a community health fund. Similarly, Karagwe district council released TZS 8.9 million in 2014 for community health fund cards and the construction of two houses for older people in need.

The project also supported **mechanisms that resulted in informal citizen action (IO4) to improve service delivery** as part of the FCSP's programming. Notably, the FCSP facilitated media oversight (IO4-E1) via the production and airing of 99 interactive radio projects on matters related to the East Africa Community. Listeners could then call into the radio station or comment on social media. It is reported that at least 1,000 listeners participated directly in each radio project by sending in questions through text messages and posting comments on social media platforms, such as Facebook (Annual Review 2014).¹²⁴ However, it is unknown whether these individual citizen actions resulted in any improvement in higher-level service delivery (O2). Nevertheless, the PCR (2015)¹²⁵ reported that the informal CBOs met by the evaluation team on field visits stated that their success had inspired greater local community volunteerism and the formation of informal and formal CSOs.

¹²³ DFID (2014), op. cit.

¹²⁴ Ibid.

¹²⁵ DFID (2015), op. cit.

The FCSP placed great emphasis on formal social accountability mechanisms in its reporting, whereas informal social accountability mechanisms were less visible. This could be a simple consequence of project logic – a project is required to set up formal initiatives and while informal actions may result, this is more likely to be reported as an unexpected (though positive) outcome. Therefore, the FCSP's formal social accountability initiatives appeared to demonstrate success in improving local service delivery, but there was also some limited evidence of informal social accountability initiatives having positive results.

6.2.2 Explaining the FCSP contribution to hypothesis 5 change process

This project is a consistent most modal case for the qualitative comparative analysis (QCA) findings for the following hypothesis:

- **Hypothesis 5 (H5):** *When state-society relations indicate a weak social contract (C4,) greater local-level responsiveness (IO1) is best achieved via informal citizen action (IO4) and media oversight (M3)*

The project worked in a context where there was a weak social contract between state service providers and citizen service users in respect of a shared understanding of obligations and entitlements (C4). The FCSP business case stated that trends from the 2010 election demonstrated an opportunity for civil society to directly hold the state accountable. It also highlighted the Afrobarometer data that in 2008, 9.5% more Tanzanians were engaged in collective action than in 2001, and that between 2001 and 2008, the proportion of citizens engaged in demonstrations increased from 10.6% to 19%. However, the PCR 2015 noted that while some commendable progress had been made in the last 20 years, if anything, the current government was moving towards reducing democratic space.¹²⁶ The report also argued that while the project had made some impressive contributions to social accountability in Tanzania, owing to the small size of the organisation in comparison to the government budget, it would never be able to influence national indicators such as the Freedom House index, Afrobarometer or World Bank governance indicators.

As discussed under 6.2.1. above, the FCSP supported both informal citizen action (IO4) and media oversight (M3) elements. Our narrative analysis confirmed that in the project, IO4 was present because M3 was present – the project aired radio shows which, in turn, led to citizens participating in the dialogue by dialling in or commenting on social media. While these informal citizen actions appeared to demonstrate some success in a context of a weak social contract, there was much more evidence that the creation of formal citizen platforms (IO2) had a reported impact on the improvement of local service delivery.

6.2.3 Explaining the FCSP contribution to hypothesis 6 change process

This project is a consistent most modal case for the QCA findings for the following hypothesis:

- **Hypothesis 6 (H6):** *In a state-society context with a strong social contract (C4), improving citizens' knowledge of their entitlements (M4) and/or improving their capacity to monitor services (M2) will increase formal citizen engagement (IO2) with service providers*

¹²⁶ Ibid

As noted under Section 6.2.2, this project was implemented in a context where the social contract was judged to be weak (**C4**). Narrative analysis confirmed that the project provided citizens with information about their entitlements (**M4**) and improved their capacity to monitor services (**M2**) which, in turn, increased formal citizen engagement with service providers (**IO2**).

The FCSP supported **citizen evidence gathering, monitoring and feedback (M2)** through the implementation of public expenditure tracking surveys (PETS) and social accountability monitoring (SAM) (**IO2-E2**). FCSP support to grantees resulted in the formation of 30 PETS/SAM committees in five regions of Tanzania (AR 2014).¹²⁷ Indeed, in total, FCSP figures suggest that more than 1.3 million citizens were trained in PETS and SAM methodologies (PCR 2015).¹²⁸ Some of the outcomes from the PETS/SAMs reported in the AR 2014 included 84 noticeboards produced and used to display information at the village and ward levels. A PETS activity was also carried out in Morogoro in the water sector and on the back of this, the council set aside funds to drill 12 wells. Additionally, citizens of Chakwale ward fired the existing water committee due to the misuse of funds. The 2014 Annual Review stated that, *'through FCSP support, citizens are enabled to monitor policies that address their needs and participate in demanding for improvement of service delivery in Tanzania'*.¹²⁹

Arguably, as well as improving citizens' capacity to monitor services, PETS and SAM also simultaneously **improved citizens' knowledge of their entitlements (M4)**. This is because as citizens learned the methodology, they were able to see where the government was allocating budget and where it was not. However, there were also factors outside of the project which might have been contributing to the presence of this condition. The 2014 AR reported that **Tanzanian citizens were now better informed (IO2-E3; IO4-E2)**, reflecting a young and increasingly urban population with better access to both media and school than in the past: *'There are indications that these enabling factors are increasingly breaking down a culture of silence and fear that has characterized many ordinary Tanzanians for quite some time[s]'*.¹³⁰

6.3 Additional factors explaining outcome change

There are a number of other factors identified as key to the FCSP's contribution to outcome change. First, FCS not only provided grants to a number of diverse CSOs, **it also provided capacity development (IO2-E3; IO4-E3)**. FCS, with FCSP funding, encouraged the formation of community groups with purposive developmental objectives, as well as strengthened more established CSOs and empowered them to engage with governance structures (PCR 2015). Not only this, the FCS also **encouraged CSOs to network and communicate:**

Actively facilitating the creation of CSO coalitions may seem to be a logical, attractive strategy to amplify demand. However, creating a space for CSOs to meet, find common causes and for coalitions to emerge organically, may be an equally effective and sustainable strategy for mobilising public demand for improved service delivery,

¹²⁷ DFID (2014), op. cit.

¹²⁸ DFID (2015), op. cit.

¹²⁹ DFID (2014), op. cit.

¹³⁰ Ibid.

*alongside supporting spontaneous movements that emerge in the public space (and on social networking sites).*¹³¹

These organised and more networked CSOs were also increasingly involved in policy advocacy (**M1 > IO5**) with the government and had been engaged in official consultation processes.¹³² The PCR evaluated that those CSOs with strong capacities were able to positively engage with local government authorities through **astute political lobbying (IO5-E1)**, linking their networks to those government policies and administrative directives that encouraged government ministries, departments and agencies (MDAs) to involve citizens (mostly) in planning (rather than budgeting) processes.¹³³ If CSOs are to do this successfully they need to have legitimacy and credibility with government partners and know the political landscape in which they work.

It also seems to be important that FCS is a Tanzanian organisation that has been in operation for over a decade. Interviews conducted by the PCR 2015 team found that the critical factor in FCS's success was **its legitimacy as a locally constituted and governed organisation (IO5-E2)**. Indeed, it states the following:

*None of the key conditions essential for success would be met without this aura of legitimacy, which ensures access to MDAs, the moral authority to critique government policies on behalf of Tanzanians for the benefit of Tanzania, and stature to cultivate democratic values by nurturing civil society eco-system).*¹³⁴

Relating to the above was the **performance of senior staff at FCS**. A key strength of the organisation was the performance of the executive director, who served for 9 years, and it is reported that he was well regarded for his exemplary high performance and delivery.

The PCR 2015 concluded that the FCSP's results were very positive; where success had been below expectations could be mainly attributed to factors outside the influence of the project, such as the volatility and eventual reduction in donor funding, although they should have been better understood in the projects' theory of change.

6.4 Conclusion

This project worked in a context where there was a weak social contract between state service providers and citizen service users in respect of a shared understanding of obligations and entitlements. Despite this, the FCSP was able to support rolling out an initiative to train citizens in PETS/SAM methodologies. Not only did this provide citizens with information about their entitlements, crucially, it improved their capacity to monitor services which, in turn, increased formal citizen engagement with service providers. The FCSP's formal social accountability initiatives demonstrated some successes in improving local service delivery.

There is also some limited evidence of informal citizen engagement initiatives having had positive results. In this project, radio shows were aired, which led to citizens participating in the dialogue by dialling in or commenting on social media. In sum, there is strong evidence of

¹³¹ DFID (2015), op. cit., p.41.

¹³² DFID (2014), op. cit.

¹³³ DFID (2015), op. cit., p.24.

¹³⁴ Ibid., p.20.

formal citizen engagement improving local service delivery and weaker evidence (but still present) of informal social accountability mechanisms improving local service delivery.

However, the FCSP not only provided grants to a number of diverse CSOs, it also developed capacity. The FCSP encouraged new civil society groups to form, strengthened existing ones and facilitated networks of CSOs. These organised CSOs were also increasingly involved in partnerships with the government, and may use astute political lobbying to influence the government.

The FCSP derived legitimacy from being a locally constituted organisation that had been in operation for over a decade, with strong senior staff. This gave it credibility with both government and civil society stakeholders.

Table 6.1: Causal process observation matrix: Tanzania Foundation for Civil Society Project

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Improved local-level (project area) service delivery(O1), including for marginalised social groups (O3)	Support to citizen engagement and social accountability mechanisms demonstrated contribution to improved local service delivery	<p>See analysis of IO2 and IO4 below.</p> <p>Evidence on improved service outcomes for marginalized social groups includes:</p> <ul style="list-style-type: none"> • Society for Women Aids in Africa (SWAA) managed to lobby the Mvomero District Development Committee to establish the District Education Fund for improving levels of education, specifically targeting female students who are reported to be worse affected (by poor education levels). As a result, the formed committee is in the process of establishing hostels for girls in each secondary school across the district” (DFID AR 2014). • AFNET undertook work on gender-based violence and there is now an increase in reporting of FGM and GBV, and victims who need legal aid are linked to legal aid organisations. “As a result of this project, six GBV cases were reported to the police and primary courts and hearings are in progress; two cases were resolved by ward tribunals; one case was resolved by the ward executive officer; and one case was resolved by the district education officer” (DFID AR 2014). • 540 women in Shinyanga Rural and 213 women in Kiteto/Longido were supported to file applications for land ownership for the first time (DFID AR 2014). • There has been a decrease in the incidence of violations of elderly people’s rights, which may be as a result of the advocacy efforts of the Older People’s Self Advocates Group. More elderly people are also reported to have accessed free medical services as per the National Ageing Policy of 2003 (DFID AR 2014). • An increased number of children with disabilities are now going to school. It is reported that of 2,386 children with disabilities reached, 1,670 are now in school (DFID AR 2014). • Moshi municipal council has incorporated budget for the PWDs in the financial year 2014/2015 (DFID AR 2014).

Improved higher-level (at scale) service delivery (O2)	The results have not, to date, amounted to much more than the sum of their parts.	Multiple local level SAcc initiatives. Limited evidence that there has been a contribution to better service delivery outcomes beyond the sum of these (very many) initiatives.
Increased formal citizen engagement in local platforms (IO2)	Local deliberative platforms (M5) such as Village Land Councils established, with emphasis on participation of marginalised groups (M6) (IO2-E1)	13 Village Land Councils were established, trained and are successfully functioning (DFID AR 2014). Emphasised the participation of the marginalized in local platforms, such as women, the elderly and the disabled: 7 Older People's Self Advocates Group have been formed. The Older People's Self Advocates Groups have been able to meet with ward councillors, District Commissioners and District Police Commanding Officers to address the increased incidents of human rights violations such as raping, assaulting and killings of old persons (DFID AR 2014).
	Implementing budget tracking initiatives (M2) linked to increased entitlements awareness (M4) and strengthened social accountability (IO2-E2)	In 2013, FCSP supported 64 PETS and 45 SAMs. Some of the outcomes from the PETS/ SAMs include 84 notice boards were produced and used to display information at the village and ward levels (AR 2014). A PETS activity was also carried out in Morogoro in the water sector and on the back of this, the council set aside funds to drill 12 wells. As well as this, citizens of Chakwale ward fired the existing water committee due to the misuse of funds (AR 2014).
	The CSOs are well connected on the ground and often worked collaboratively with service providers (IO2-E3)	Many cases of results have been documented in different sectors, for example the drilling of wells, increased enrolment o disabled children in schools and victims of FGM or GBV reporting incidents which are then resolved legally. More than half of all filed land-related conflicts were peacefully resolved outside tribunals and court (DFID AR 2014).
Increased informal citizen action (IO4)	Support to media (M3) via radio programme airing (IO4-E1)	The FCSP facilitated the production and airing of 99 interactive radio projects on matters related to the East Africa Community (M3). These projects led to individual citizens dialing in or commenting on them. At least 1,000 listeners participated directly in each radio project by sending in questions through texts messages and comments on social media such as facebook (DFID AR 2014).
	Better informed young and urban population (IO2-E3; IO4-E2)	The 2014 AR reported that Tanzanian citizens were now better informed, reflecting a young and increasingly urban population with

		<p>better access to both media and school than in the past: <i>‘There are indications that these enabling factors are increasingly breaking down a culture of silence and fear that has characterized many ordinary Tanzanians for quite some time[s]’.</i></p>
<p>Public policy (IO5) and governance (IO6) progressively revised</p>	<p>Capacities built for astute political lobbying by credible CSOs ‘working with the grain’ (IO5-E1)</p>	<p>During 2013, 5 policy dialogues were held with legislatures. AR14: The outcomes of the supported policy dialogues are increased CSOs influence in policy issues. For instance, in Zanzibar, CSOs have been able to push for Local Government Reform Policy and now the Revolutionary Government of Zanzibar is developing the Local Government Reform Act, following this year’s dialogue.</p> <p>The Foundation facilitated CSO Exhibitions during the Budget session in House of Representatives, Zanzibar and National Assembly in Dodoma (DFID AR 2014).</p> <p>FCSP organised an annual forum that brought together CSO representatives, government representatives, academics and private sector representatives in order to discuss pertinent issues relating to civil society. The 2013 forum celebrated the impact and achievements that the civil society sector as a whole has had (DFID AR 2014).</p> <p>The Local Government Reform policy (IO5) was expected to impact governance of service delivery (AR14)</p>
	<p>The FCS is an independent, locally constituted organisation with strong senior staff (IO5-E2)</p>	<p>FCS is a Tanzanian organisation that has been in operation for over a decade. Interviews conducted by the PCR 2015 team found that the critical factor in FCS’s success was its legitimacy as a locally constituted and governed organisation. It states the following:</p> <p><i>None of the key conditions essential for success would be met without this aura of legitimacy, which ensures access to MDAs, the moral authority to critique government policies on behalf of Tanzanians for the benefit of Tanzania, and stature to cultivate democratic values by nurturing civil society eco-system).</i></p> <p>Relating to the above was the performance of senior staff at FCS. A key strength of the organisation was the performance of the executive director, who served for 9 years, and it is reported that he was well regarded for his exemplary high performance and delivery.</p>

Case Study 7: Community Land Use Fund Project Mozambique (2006–14)

QCA summary findings

This project is a inconsistent case for the following hypothesis. This means that it has the same configuration of shared conditions with other cases covered by the hypothesis but that it is associated with a negative/absent outcome; that is, one of the 14 out of 22 cases that have both IO2 and IO4 but do not achieve O2:

- **Hypothesis 2b (Outcome 2):** *Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen action (IO4) are more likely to contribute to improved higher-level (at-scale) service delivery (O2)*

QCA finding: Hypothesis 2b was rejected. None of the conditions in the model nor their combination was found to be sufficient for achieving improved higher-level (at-scale) service delivery (O2). However, supporting formal (invited) citizen engagement (IO2) as a single condition is necessary for achieving the outcome.

7.1 Overview

In Mozambique, constitutional customary rights are constitutionally enshrined under the 1997 Land Law. However, there remains an ‘implementation gap’ between constitutional rights and on-the-ground reality, particularly in respect of the interpretation of customary land tenure by local authorities. A DFID project manager in a key information interview, observed:

The gap between formal tenure and customary tenure arrangements in Mozambique is huge. Local authorities are first point of contact, so even though the Land Law is clear, the local authorities were not well informed to be able to articulate/understand land rights from a community perspective (pers. comm., 2 February 2016).

DFID supported the Community Land Use Fund (or Iniciativa para Terras Comunitárias – iTC) between 2006 and 2014. The project was designed to support customary land entitlements under this constitutional provision. The project aimed to secure community rights over land and other natural resources; to leverage increased investment; and facilitate the sustainable and equitable use of these resources for economic growth and poverty reduction in rural Mozambique. The project was supported by six donors including DFID.

The project was initially launched in April 2006 for 5 years, and piloted in the provinces of Gaza, Cabo Delgado and Manica. DFID’s contribution to this initial phase was £3 million (53% of the total budget). The project was later expanded in geographical coverage under the funding of the US Millennium Challenge Corporation, although DFID’s involvement remained focused on the original provinces covered by its funding.

In 2011, the project was extended to run until March 2014 with a total budget of £9.4 million with a DFID contribution of £4 million. At this time, the elements of the project supported by

DFID funding were extended in geographical coverage to include the Tete province to a limited level and Sofala province in relation to the Beira Agricultural Growth Corridor.

The iTC project's goal, under its extension phase, was to increase the sustainable management and utilisation of land and natural resources for poverty reduction and growth. Its purpose was to ensure that rural communities have sustainable access to the services they need to secure their rights over land and other natural resources and to use them to promote economic development.

7.1.1 Outputs

The project was delivered through the following **outputs**:

- **Output 1:** Improved and documented operational procedures for Land Fund: The use by iTC project management team of the Land Fund to assist local rights securing was via a competition through which service providers were awarded tasks that they demonstrated capacity to implement
- **Output 2:** Community responsive iTC services delivered in the provinces of Gaza, Cabo Delgado and Manica, Tete and Sofala in relation to Beira Agricultural Growth Corridor through assistance to communities and community-based organisations
- **Output 3:** Greater visibility and understanding of iTC through development and implementation of a communications strategy
- **Output 4:** iTC contribution to a supportive policy and operating environment for a new national community land management agency

7.1.2 Outcomes

Three high-level areas of action, and associated **outcomes**, underpinned this approach:

- **Outcome 1:** iTC delivers cost-effective services to rural communities in the provinces of Gaza, Manica and Cabo Delgado, and to a limited extent to Tete, and other targeted initiatives on a case-by-case basis in other neighbouring provinces, delivered via the following outputs:
 - cost-effective systems and procedures
 - a core set of responsive services
 - large outreach to rural communities, local authorities and other stakeholders in the three provinces plus Tete and other provinces, including the Beira Agricultural Growth Corridor area
 - results and experience documented and channelled to stakeholders.
- **Outcome 2:** The iTC Management Committee manages resources to provide institutional support to public services and NGO/private service providers to implement efficient strategies and methods to deliver responsive services to communities, as prioritised by the Consultative Land Forum:
 - public services and NGO/private service providers have the knowledge to provide responsive services to communities
 - a more functional and effective approach to land delimitation in conjunction with land use planning and economic development is tested and develops into

concrete proposals for improved procedures, standards and norms, and related guidelines

- **Outcome 3:** A new facility is founded and is ready to secure sustainable service delivery by the end of the extension phase.
 - iTC approach and experience discussed with stakeholders
 - incubation of a new facility.

This support was expected to have achieved the following selected results by March 2014 (during the project's extension from 2011; results are greater over the project's whole life 2006–14):

- A reduction in national rural poverty by 13% (as measured between 2009 and 2014)
- 145,000 people with their communal land rights secured (delimited or demarcated in the national register)
- 582,000 hectares of community land secured
- 42 rural communities benefiting from the 20% forest tax
- 25 communities and producers associations assisted to develop plans for economic activities or partnerships
- Assessment of the need for a new foundation to continue iTC work completed; subject to that, completion of its design and mobilisation, including through identifying services, reviewing institutional options, and assessing possible funding sources. This will be achieved through a multi-stakeholder process at the national and provincial level, so that, if needed, the future foundation can enjoy broad-based support from government, civil society, private sector and donors.

Project-area outcomes were evaluated as largely achieved.¹³⁵ Rural beneficiaries were briefly interviewed during a review field mission to Manica, confirming the added value of iTC services and products. The majority of interviewees reported substantial livelihood security through land delimitation and an acquired understanding of the potential value of the livelihood resources associated to their land.

7.2 Explaining project contribution to hypothesised change process

In this section we analyse the project's hypothesised contribution to changing outcomes for the target group, analysing the following hypothesis for which this project is a 'inconsistent' case:

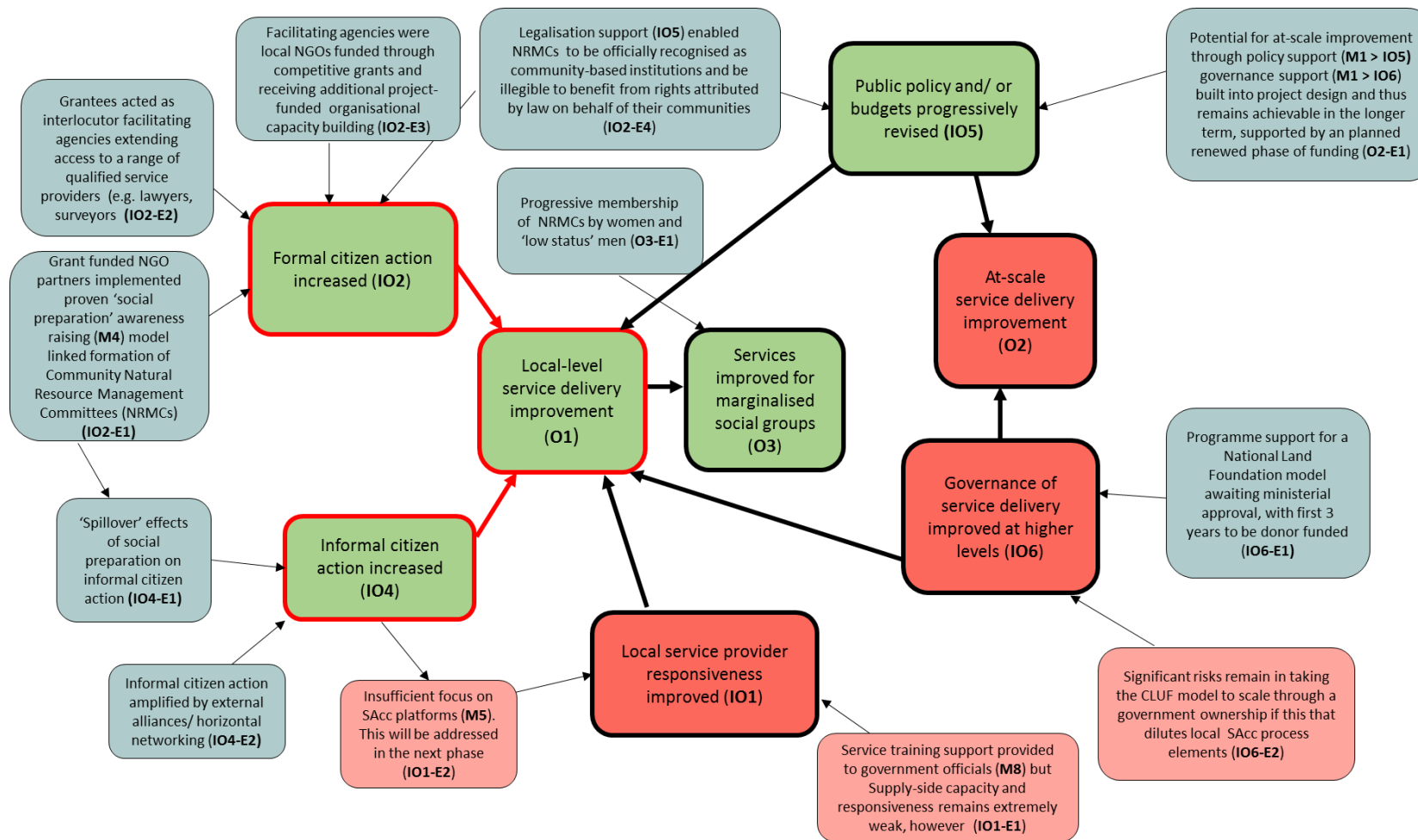
Hypothesis 2b (Outcome 2): *Mechanisms supporting a mix of formal (invited) citizen engagement (IO2) and informal (uninvited) citizen action (IO4) are more likely to contribute to improved higher-level (at-scale) service delivery (O2)*

We have analysed this evaluative narrative material and interpreted this to identify the causes of change – or causal process observations (CPO) – which are listed in Table 7.1 at the end

¹³⁵ DFID (2013), Annual Review, London: DFID, p.9.

of this case study. This narrative analysis is summarised and cross-referenced in Figure 7.1. Our discussion below cross-references both Table 7.1 and Figure 7.1.

Figure 7.1: Community Land Use Fund Project, Mozambique causal flow diagram



	Limited or no positive outcome change		Constraining causal process		Hypothesis 2b causal flow
	Positive outcome change		Enabling causal process		

Support to improved local service delivery was achieved through strengthened formal citizen engagement (IO2) and increased informal citizen action (IO4)

The project contributed to local-level (O1) improved service delivery in the project areas in five provinces. The project evaluation found that government demarcation agencies improved their service delivery (**O1**), able to process applications for community *certidões* and association Land Use Right Documents (DUATs) more quickly. Tenure improvements ‘vastly exceeded targets’, although the evaluation also reported that a significant backlog remained.¹³⁶

It achieved this through its CLUF ‘social preparation model’ for **citizen formal engagement (IO2-E1)** linked to the formation of Community Natural Resource Management Committees (NRMCS). The ‘social preparation’ involved iTC partner service providers in engaging and sensitising communities to the value of their land as an economic asset, as well as its customary purpose and tenure entitlement. These NRMCS were essentially demand-side institutions. They were not accountability platforms that purposefully brought together users and providers in dialogue.

This was achieved by **creating interlocutor facilitating agencies (IO1-E2)**. The project provided a facility to respond to communities wishing to secure their land and natural resources rights in connection with the promotion of economic development, instigating social preparation awareness raising and preparation (**M4**), and extending access to a range of services to be provided by qualified private service providers, including NGOs, private firms, lawyers and surveyors.¹³⁷ Facilitating agencies were local NGOs who were funded through competitive grants and who **received additional organisational capacity building (IO1-E3)** under the project.

It also involved targeting **progressive membership in these local institutions** by including women and ‘low status’ men (**IO3-E1**). The 2014 evaluation reported:

*In summary, iTC has influenced communities and their leadership and organisations to become more democratic and to effectively incorporate women as well as men from various social strata in decision making.*¹³⁸

A DFID project manager in a key informant interview pointed to the intrinsic and instrumental role of women’s membership in NRMCS:

The Committee [institution] in itself was very important contribution. Gender was important. With women as members, [the committees] became much more ‘aggressive’ in terms of claiming entitlements and pursuing livelihoods (pers. comm., 2 February 2016).

This social preparation contributed to ‘spillover’ effects on increasing informal citizen action (**IO4-E1**) and associations via empowerment of the communities and associations for increasing their influence in local markets and in regional policy discussions. As part of this spillover effect, the project evaluation found that the effectiveness of informal citizen

¹³⁶ EDG et al. (2014), *Evaluation of the Mozambique Community Land Use Fund; Final Report*, June, p.v.

¹³⁷ DFID (2013), op. cit., p.4.

¹³⁸ EDG et al. (2014), op. cit., p.46.

engagement was increased through **horizontal networking (IO4-E2)** which strengthened and sustained citizen action:

*iTC has also had a positive influence on empowering communities to make external alliances, which benefit the community or its members.*¹³⁹

However the project has not yet contributed significantly to ‘at-scale’ service delivery improvement (O2) beyond project province sites. The project has improved service delivery in communities supported by project funding for the institutional process described above. However, the mix of formal and informal citizen engagement supported by the project has not translated into at-scale improvements in service delivery beyond the project sites (**O2**).

Nonetheless, our narrative analysis suggests that the potential for at-scale improvement was built into project design and thus remains achievable in the longer term, supported by an planned renewed phase of funding, presently being prepared (**O2-E1**). The longer-term scaling up of the project has been increased by the project’s focus on **macro-level governance mechanisms**. Outcome 3 of the project focused on the development of a successor foundation – a National Land Foundation – with significant work undertaken to develop options for the new institution’s structure ahead of national elections in late 2014. Based on this analysis, a ‘foundation’ model was endorsed by the National Advisory Committee and in 2014 was awaiting government ministerial approval before it could be legally created (**IO6-E1**). It was expected that donors would cover 100% of the costs in the first 3 years. Thereafter, it was expected that it would become self-financing, with administrative costs being covered from revenues generated by the income of service providers from their customers, including government and private sector contributions. It was not certain whether and when future funding for the Foundation would be available from all of the donors currently supporting the iTC.

*Here is little time remaining to the programme’s March 2014 end date, by which time it was intended that a new National Land Foundation should be created ([the need for which has now been agreed]. Some stakeholders expressed doubt that this would be possible, especially given the timing of forthcoming elections [the second half of 2014] and the difficulty of securing government agreement prior to this. The iTC programme must therefore consider a) whether anything can be done to accelerate the foundation’s creation, b) how much and what type of support DFID should provide to such a foundation, and whether internal DFID approval processes for such support can be aligned with its requirements, c) what, if anything, should be done if the foundation is delayed, to maintain momentum with the iTC, and avoid loss of institutional knowledge.*¹⁴⁰

It was envisaged that this mainstreamed foundation, with lower overheads and self-sustaining financial arrangements, would enable coverage to be extended to the whole country (all but the provinces of Maputo and Inhambane were currently covered). With resources allowing a scaling up of community-based land registration and improved land use planning: ‘iTC could

¹³⁹ Ibid., p.46.

¹⁴⁰ DFID (2013), op. cit., pp.12–13.

*thus gradually come to work within collaborative frameworks involving provincial and local government and other actors in different parts of the country’.*¹⁴¹

The DFID 2013 Annual Review reported that the initial project memorandum anticipated that by March 2013 the facility would have been legally created, including through the publication of statutes, and that by December 2013 the facility would be ready to start activities:

*This timetable was arguably over ambitious given the sensitivity of the subject matter, legal complexity and the range of stakeholders involved. In consequence, progress has not been as rapid as expected, although it is still likely that the new foundation will be created, albeit to a slower, politically-driven timetable.*¹⁴²

Indeed, the Annual Report recommended considering the case for an extension of the iTC project, if necessary, to bridge any gap leading up to the creation of the new foundation: ‘as the economy grows, pressure on land increases, and large portions of land remain without delimitation [so] there remains an important role for the iTC.’

There remain significant risks, however, in attempting to take the iTC model to scale in a way that loses the process elements that are intrinsic to its success (**IO6-E2**). A DFID project manager, reflecting on this dilemma, commented:

On the one hand the proof of success of the iTC has shown the government what can be done. DFID has claimed 300,000 titles for people to claim land rights. [On the other hand] the problem with wholesale scale-up interventions is that you lose the wrap around stuff. For example you [the community group or individual] get a receipt but once you get the piece of paper the land doesn’t necessarily belong to you. ‘Proper appropriation’ of land is needed to get the title. You only get the title (50–100 years lease) once you’ve submitted a business plan. Although in reality many people are using the land. In other cases there might be two or three different people who end up with some degree of claim, inking to inefficiencies in the land administration (pers. comm., 2 February 2016).

7.3 Additional factors explaining outcome change

As described above, while the project had not (yet) achieved at-scale improvements in land certification service delivery (**O2**), it had achieved notable successes in project areas. Important contributory factors explaining this local-level change process (**O1**) included policy and governance support (**M1**) and supply-side capacity building (**M8**) as explained below.

7.3.1 Support to the policy enabling environment for local accountability institutions

These institutions were strengthened by **support to the policy environment (M1)**. **Legalisation enabled these groups to be officially recognised** as community-based institutions and be illegible to benefit from rights attributed by law on behalf of their communities (**IO2-E3**). More specifically, these organs, once legalised became officially recognised as community representatives on natural resources management, in the case of

¹⁴¹ Ibid., pp.12-13.

¹⁴² Ibid.

NRMCs and, eligible to receive 20% share of government forest and wildlife tax revenues; become eligible to apply for a land title in the case of producer associations; became able to establish contracts with potential investors; and; and, become eligible to open a bank account to deposit and manage revenues received, and any other income generated.

7.3.2 Underemphasised importance of supply-side capacity building

The project recognised the importance of investing in sustained local support for land demarcation and certification processes. Under Outcome 2, **service training support to government officials (M8)** was designed to build their capacity to support land titling and administration. This support was delivered by private consultancy firm Verde Azul, with some delays experienced due to procurement problems. This included community mapping help to identify possible land use types, facilitating economic planning, including support for potential investment.

During the 2013 Annual Review mission, the local government officials emphasised the need to have local bodies trained on land tenure security, land title registration and land use planning. They also pointed to the significance of supporting local accountability institutions. The iTC project, in their view, was in a much better position to support land titling, being so much more accountable to the rural population.

Supply-side capacity and responsiveness remains extremely weak, however (**IO1-E1**). A DFID project manager commented on the tendency for certification papers to get stuck with the local authorities, creating a bottleneck:

the district level is so weak that they [the local authorities] are not allowed to keep triplicate land titles because they don't have a filing cabinet! (pers. comm., 2 February 2016).

There was also an under-emphasis on strengthening SAcc relations in this phase (**IO1-E2**). It is significant that DFID has recognised the importance of working in future across the demand and supply sides of the accountability relationship through local dialogue mechanisms (**M5**). A DFID project manager confirmed that in the draft business case for the next phase of funding there is a renewed focus on bridging the gap between supply and demand. The business case describes 'graduation' approach to capacity building. Once local authorities demonstrate that they have increased accountability and participation in their dealings, then they will get incremental support to a higher-level of administration, including territorial planning around agricultural productivity and economic opportunities. This will be backed by a challenge fund to continue and expand the delimitation achievements of the last phase.

Table 7.1: Causal process observation matrix: CLUF, Mozambique

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Local-level service delivery improved (O1)	Effective programme support formal citizen engagement (IO2) through backed by locally facilitated social preparation' and legally-enshrined NRM institutions with progressive membership	See analysis of IO2 below
	Spillover effects on informal citizen engagement, amplified by horizontal alliances	See analysis of IO4 below
	Service training support to local officials (M8), although capacity and responsiveness remained weak (IO1)	See analysis of IO1 below
Higher-level (at-scale) service delivery improved (O2)	Potential for at-scale improvement through policy support (M1 > IO5) governance support (M1 > IO6) built into project design and thus remains achievable in the longer term, supported by an planned renewed phase of funding (O2-E1)	See analysis of IO6 below
Services improved for marginalised social groups (O3)	Progressive membership of NRMCs by women and 'low status' men (O3-E1)	<p>The 2014 evaluation reported: <i>In summary, iTC has influenced communities and their leadership and organisations to become more democratic and to effectively incorporate women as well as men from various social strata in decision-making</i>¹⁴³</p> <p>A DFID project manager in a key informant interview pointed to the intrinsic and instrumental role of women's membership in NRMCs: <i>The Committee [institution] in itself was very important contribution. Gender was important. With women as members, [the committees] became much more 'aggressive' in terms of claiming entitlements and pursuing livelihoods</i> (pers. comm., 2 February 2016).</p>
Intermediate Outcomes: Change	Causal explanation for changing outcome	

¹⁴³ EDG et al. (2014), op. cit., p.46.

happened/ didn't happen		
Formal citizen action increased (IO2)	Grant funded NGO partners implemented proven 'social preparation' awareness raising (M4) model linked formation of Community Natural Resource Management Committees (NRMCS) (IO2-E1)	A DFID project manager explained that the 'social preparation' involved iTC partner service providers in engaging and sensitising communities to the value of their land as an economic asset, as well as its customary purpose and tenure entitlement. These NRMCS were essentially demand-side institutions. They were not accountability platforms that purposefully brought together users and providers in dialogue (pers.comm, 2 February, 2016)
	Grantees acted as interlocutor facilitating agencies extending access to a range of qualified service providers (e.g. lawyers, surveyors) (IO2-E2)	Project reporting confirmed the added value to citizen engagement of providing a facility to respond to communities wishing to secure their land and natural resources rights in connection with the promotion of economic development, instigating 'social preparation' awareness raising and preparation (M4), and extending access to a range of services to be provided by qualified private service providers, including NGOs, private firms, lawyers and surveyors. ¹⁴⁴
	Facilitating agencies were local NGOs who were funded through competitive grants and who received additional organisational capacity building (IO2-E3) under the project	A DFID project manager confirmed the importance of building and sustaining local NGO facilitating capacity, lined to the key role of the social preparation process to securing land titling (pers comm, 2 February, 2016)
	Legalisation support (IO5) enabled NRMCS to be officially recognised as community-based institutions and be illegible to benefit from rights attributed by law on behalf of their communities (IO2-E4)	More specifically, these organs, once legalised became officially recognised as community representatives on natural resources management, in the case of NRMCS and, eligible to receive 20% share of government forest and wildlife tax revenues; become eligible to apply for a DUAT land title in the case of producer associations; became able to establish contracts with potential investors; and; and, become eligible to open a bank account to deposit and manage revenues received, and any other income generated (DFID Project manager, pers comm, 2 February, 2016)
Informal citizen action increased (IO4)	'Spillover' effects of social preparation on informal citizen action (IO4-E1)	A DFID project manager identified that social preparation contributed to 'spillover' effects on increasing informal citizen action and associations via empowerment of the communities and associations for increasing their influence in local markets and in regional policy discussions (pers comm, 2 February, 2016)
	Informal citizen action amplified by external alliances/ horizontal networking (IO4-E2)	As part of this spillover effect, the project evaluation found that the effectiveness of informal citizen engagement was increased through horizontal networking (IO1-E2) which strengthened and sustained citizen action:

¹⁴⁴ DFID (2013), op. cit., p.4.

		<p><i>iTC has also had a positive influence on empowering communities to make external alliances, which benefit the community or its members. (pers comm, 2 February, 2016)</i></p>
<p>Local service delivery responsiveness improved (IO1)</p>	<p>Service training support provided to government officials (M8) but supply-side capacity and responsiveness remains extremely weak, however (IO1-E1)</p>	<p>The project recognised the importance of investing in sustained local support for land demarcation and certification processes. Under Outcome 2, service training support to government officials was designed to build their capacity to support land titling and administration. This support was delivered by private consultancy firm Verde Azul, with some delays experienced due to procurement problems. This included community mapping help to identifying possible land use types, and facilitating economic planning, including support for potential investment.</p> <p>During the 2013 Annual Review mission, the local government officials emphasised the need to have local bodies trained on land tenure security, land title registration and land use planning. They also pointed to the significance of supporting local accountability institutions. The iTC project, in their view, was in a much better position to support land titling, being so much more accountable to the rural population.</p> <p>Supply-side capacity and responsiveness remains extremely weak, however. A DFID project manager commented on the tendency for certification papers to get stuck with the local authorities, creating a bottleneck:</p> <p><i>the district level is so weak that they [the local authorities] are not allowed to keep triplicate land titles because they don't have a filing cabinet!</i> (pers. comm., 2 February 2016).</p>
	<p>Insufficient focus on SAcc platforms (M5). This will be addressed in the next phase (IO1-E2)</p>	<p>There was also an under-emphasis on strengthening SAcc relations in this phase. It is significant that DFID has recognised the importance of working in future across the demand and supply sides of the accountability relationship through local dialogue mechanisms. A DFID project manager confirmed that in the draft business case for the next phase of funding there is a renewed focus on bridging the gap between supply and demand. The business case describes something as a 'graduation' approach, based on general capacity building support to capacity building. Once local authorities demonstrate that they have increased accountability and participation in their dealings, then they will get incremental support to a higher level of administration, including territorial planning around agricultural productivity and economic opportunities. This will be backed by a challenge fund to continue and expand the delimitation achievements of the last phase.</p>

<p>Governance of service delivery improved at higher levels (above the facility or local discretionary budget level) (IO6)</p>	<p>Programme support for a National Land Foundation model awaiting ministerial approval, with first 3 years to be donor funded (IO6-E1)</p>	<p>The longer-term scaling up of the project have been increased by the project's focus on macro -level governance mechanisms. Outcome 3 of the project focused on the development of a successor foundation – a National Land Foundation – with significant work undertaken to develop options for the new institution's structure ahead of national elections in late 2014. Based on this analysis, a 'foundation' model was endorsed by the National Advisory Committee and in 2014 was awaiting government ministerial approval before it could be legally created. It was expected that donors would cover 100% of the costs in the first 3 years. Thereafter, it was expected that it its administrative costs would become self-financing, with administrative costs being covered from revenues generated by the income of service providers from their customers, including government and private sector contributions. It was envisaged that this mainstreamed foundation, with lower overheads and self-sustaining financial arrangements, would enable coverage to be extended to the whole country (all but the provinces of Maputo and Inhambane were currently covered). With resources allowing a scaling up of community-based land registration and improved land use planning: 'iTC could thus gradually come to work within collaborative frameworks involving provincial and local government and other actors in different parts of the country'.¹⁴⁵</p>
	<p>Significant risks remain in taking the CLUF model to scale through a government ownership if this that dilutes local SAcc process elements (IO6-E2)</p>	<p>There remain significant risks, however, in attempting to take the iTC model to scale in a way that loses the process elements that are intrinsic to its success. A DFID project manager, reflecting on this dilemma, commented: <i>On the one hand the proof of success of the iTC has shown the government what can be done. DFID has claimed 300,000 titles for people to claim land rights. [On the other hand] the problem with wholesale scale up interventions is that you lose the wrap around stuff. For example you [the community group or individual] get a receipt but once you get the piece of paper the land doesn't necessarily belong to you. 'Proper appropriation' of land is needed to get the title. You only get the title (50–100 years lease) once you've submitted a business plan. Although in reality many people are using the land. In other cases there might be two or three different people who end up with some degree of claim, inked to inefficiencies in the land administration (pers. comm., 2 February 2016).</i></p>

¹⁴⁵ DFID (2013), op. cit., pp.12–13.

Case Study 8: Reducing Maternal and Neonatal Deaths (RMND) in Rural South Africa through the Revitalisation of Primary Health Care (2012–15)

QCA Summary findings

This project is a consistent case (outlier) for the following hypotheses:

- **Hypothesis 3 (Outcome 3):** *Awareness raising (M4) and supporting socially inclusive platforms (M6) result in improved services for marginalised social groups (O3)*
- **Hypothesis 4 (Outcome 3):** *Combining social inclusion in the design of local platforms (M6) with achieving increased participation in local platforms by marginalised social groups (IO3) results in improved services for marginalised social groups (O3)*

QCA finding: Hypothesis 3 and 4 are confirmed. Overall, looking across hypotheses 3 and 4, it is support to socially inclusive local platforms (M6) that is most important for achieving improved services for marginalised social groups (O3), with awareness raising (M4) playing a supporting role. The outcome is achieved whether increased participation by marginalised groups occurs or not (indicating an equally valid pathway to change).

8.1 Project overview

RMND was a primary health care project supporting the national strategy for Maternal, Newborn, Child and Women's Health and Nutrition (MNCWHN). The project started in 2012 and was completed in 2015 after an extension period with a total budget of £21,054,535. Implementation focused on 25 out of South Africa's 52 districts.

8.1.1 Outputs

1. Districts are able to oversee improvement in reproductive maternal and child health services.
2. Strengthened delivery of school health, ward level primary health care teams and newborn care services.
3. Improved demand and accountability for MNCWHN services.
4. New knowledge to remove barriers to uptake and access of Reproductive Maternal and Child Health (RMCH) services.
5. Strengthened delivery of obstetric and neonatal emergency services.

Futures Group led the work on RMCH, while the Liverpool School of Tropical Medicine led the training on Essential Steps in the Management of Obstetric and neonatal Emergencies (ESMOE). Output 3 was focused on social accountability and involved providing grants to civil

society organisations (CSOs) to work on a range of issues such as school health, transport in pregnancy, awareness events, campaigns and national initiatives. The focus of these grants was on innovation.

8.1.2 Key outcomes

Project documentation allows for the comparison of some outcome indicators between the 25 project-supported districts and other South African districts. This provides reasonably robust evidence to measure project achievements. The project achieved clear service delivery improvements in project sites (**O1**), most importantly in terms of increased access and use of family planning and the number of antenatal first visits before 20 weeks. The ESMOE training was also found to have contributed to significant reductions in neonatal death rates and perinatal mortality rates.¹⁴⁶

Given that these services targeted women and children, the service delivery improvements can also be seen as relevant to marginalised groups (**O3**). There was less success in achieving national-level targets.¹⁴⁷

8.2 Explaining the project's contribution to hypothesised change processes

The project is a consistent outlier case for hypotheses 5 and 6:

- *H3: SAcc mechanisms M4 (awareness raising) + M6 (socially inclusive platforms) result in improved services for marginalised social groups (O3)*
- *H4: Combining socially inclusive platforms (M6) with achieving increased participation in local platforms by marginalised social groups (IO3) results in improved services for marginalised social groups (O3)*

Both of these hypotheses focus on explaining improved services for marginalised groups (**O3**).

8.2.1 Evidence supporting the hypotheses

Socially inclusive platforms (M6, IO3)

Supporting socially inclusive platforms was a key element of this project and part of the overall RMND framework for strengthening demand and accountability.¹⁴⁸ The framework was based on the lessons learned and best practices obtained through the implementation of the project's social accountability component. Socially inclusive platforms supported by the project included Clinic Committees (CCs), community-based monitoring teams, MNCWHN Action Groups and other available structures.

Marginalised groups were found to be less likely to access MNCWHN services, which is why the project focused on including those groups in local deliberative platforms.¹⁴⁹ The project supported these platforms through mentorship, financial assistance, knowledge, information

¹⁴⁶ DFID (2015), Reducing Maternal and Neonatal Deaths (RMND) in Rural South Africa Through the Revitalisation of Primary Health Care, Project Completion Review, London, p.4.

¹⁴⁷ Ibid, p.6.

¹⁴⁸ RMCH (2015), Strengthening Demand and Accountability for MNCWH Services in South Africa: Implementation Framework at District level, p.15.

¹⁴⁹ RMCH (2015), op, cit, p.15.

and skills to drive the MNCWHN agenda at community level and demand better MNCWHN services.

The evaluation of the social accountability component reports that there were examples of CCs that managed to address specific barriers to MNCWHN in their clinic.¹⁵⁰ However, there was only anecdotal evidence about the contribution of socially inclusive platforms to improved serviced delivery. Overall, the evaluation of the social accountability component found that the grantee project was likely to have contributed to improving demand for MNCWHN services.¹⁵¹ The DFID Project Completion Review (PCR) concluded, however, that the evidence was too weak to assess the project's effect on demand and ultimately on access to services.¹⁵²

While the evidence is insufficient to draw any clear conclusions, the project, nevertheless, provides a number of additional insights. In particular, the project documentation suggests that local platforms were particularly effective when:

- **Existing structures were used rather than new platforms created,**¹⁵³ and
- **Health facility personal were included in discussions and a cooperative relationship was created.**¹⁵⁴

Awareness raising (M4)

Most of the project's demand-side work also aimed at raising community awareness about MNCWHN services. One successful initiative was the development and launch of MomConnect, a government programme sending messages to pregnant women and young mothers. Furthermore, many CSOs focused on raising awareness on teenage pregnancy and demand for contraception.

The project documentation suggests that one important insight of this work was the need to create a **cooperative relationship between rights-holders and duty-bearers**.¹⁵⁵ An overly strong focus on accountability of health services resulted sometimes in health workers being targeted in an adversarial manner, which was not found to contribute to better service delivery.

Overall, however, the evidence base supporting a contribution of awareness raising to improve services for marginalised groups was very weak.

8.2.2 Additional factors explaining outcome change

Apart from some contribution of social accountability processes (**IO3**), it appears that RMND mostly achieved improved services for marginalised groups (**O3**) through **targeted supply-side measures**. The project selected the 25 most marginalised districts for the intervention, (e.g. those districts that performed particularly badly in terms of health service delivery).¹⁵⁶ Furthermore, the overall project targeted women, children and youth.

¹⁵⁰ Msunduzi evaluation consortium (2014), 'RMCH Civil Society Organisation Grants Project', Evaluation report, p.ix

¹⁵¹ Ibid.

¹⁵² DFID (2015), op. cit., p.7.

¹⁵³ KII.

¹⁵⁴ DFID (2014), Reducing Maternal and Neonatal Deaths (RMND) in Rural South Africa Through the Revitalisation of Primary Health Care, Annual Review, p.13

¹⁵⁵ DFID (2014), op. cit., p.13.

¹⁵⁶ KII.

The large majority of the project's investments were geared towards supporting the supply of health services. Project Outputs 1, 2, 4 and 5 supported significant improvements to South Africa's health system. Among others, key activities included:

- Training and deployment of 220 effective district clinical specialist teams (DCST)
- Development of comprehensive plans at district level
- Implementation of school health interventions
- Training of ward-based outreach teams and community health workers
- Development and training of facility newborn care quality improvement plans
- Capacity building of national government, provinces and districts in effective data management and use
- Training of 3,237 health care professionals in ESMOE.

In particular the DCSTs were found to be crucial to the success of the project. A handbook of case studies from the DCSTs was reported to provide a number of examples of reduced numbers of maternal deaths due to DCST intervention.¹⁵⁷ In a separate impact study, the ESMOE training was also found to have contributed to significant reductions in neonatal death rates and perinatal mortality rates.¹⁵⁸

Given these findings and the substantive investments into the supply-side of health service delivery, it is therefore highly likely that most of the observed improvements in services for marginalised groups could be attributed to these interventions.

The project documentation indicates a few secondary success factors that appear significant:

- **Ownership:** Integration into government programming, flexible, responsive to government needs¹⁵⁹
- **Progressive South African policy environment:** Inclusion, participation and human rights were already strong government priorities¹⁶⁰
- **Feeding evidence upwards (M7):** Activities happening on the ground directly fed up evidence and lessons to the national level and influenced policy¹⁶¹
- **Integrated approach:** Interventions at different levels (national, district, community) have been harnessed to improve health outcomes.¹⁶²

8.3 Conclusion

The case of RMND provides only weak evidence for the contribution of socially inclusive platforms (**M6**) and awareness raising (**M4**) to improved service delivery for marginalised groups (**O3**). Moreover, the time frame was seen as too short to contribute to significant service delivery improvements, and the grant-making approach was not focused enough. The DFID 2015 PCR concluded:

¹⁵⁷ DFID (2014), op. cit., p.9.

¹⁵⁸ DFID (2015), op. cit., p.6.

¹⁵⁹ Ibid.

¹⁶⁰ KII.

¹⁶¹ DFID (2015), op. cit., p.4.

¹⁶² DFID (2014), op. cit., p.6

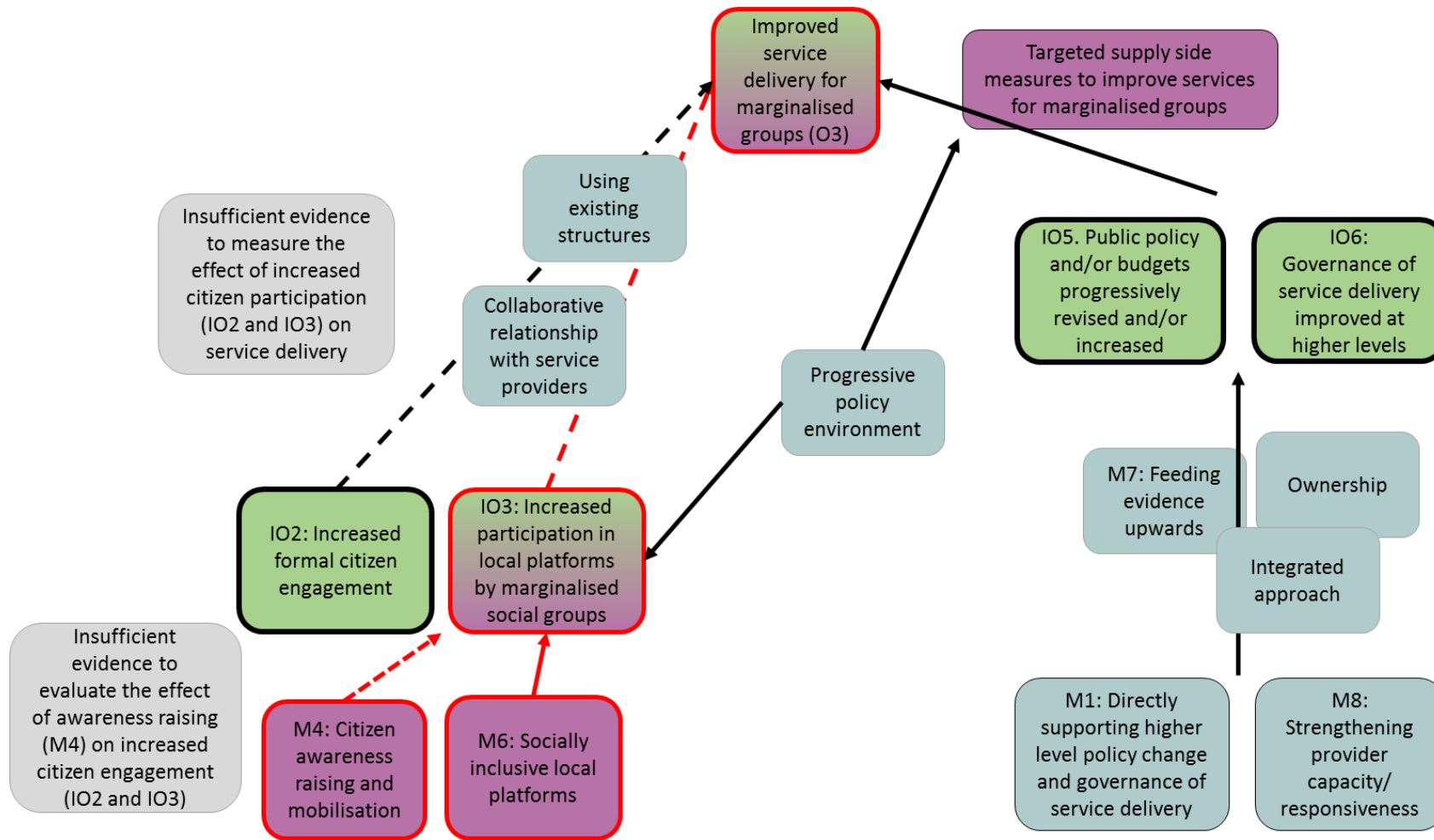
Although the CSO grants produced many ‘pockets’ of good practice there was little real data on impact on demand. In retrospect, the £1.9m spent on CSO grants may have had more impact if a strategy had been developed at the beginning and implemented in a focused way across the 25 districts.¹⁶³

Furthermore, the RMND’s interventions on the demand side were not effectively linked to its significant support to the supply-side of service delivery. Both pathways appear to have been pursued separately, limiting the possible influence that social accountability could have had on service delivery beyond localised examples and at a larger scale.

It is therefore likely that the observed improvements in services for marginalised groups were primarily driven by **targeted supply-side measures**. The flow diagram below illustrates this conclusion while drawing all findings from the case study together.

¹⁶³ DFID (2015), op. cit., p.15

Figure 8.1: RMND South Africa causal flow diagram



	Positive outcome change		Enabling causal process		Causal process relevant to marginalised groups		Hypothesis 3 and 4 causal flow
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Table 8.1: Causal process observation matrix: RMND in Rural South Africa through the revitalisation of primary health care (2012–15)

Outcomes: happened/ didn't happen	Change didn't	Causal explanation for changing outcome	Evidence for this explanation
Improved services for marginalised social groups (O3)		See below	<p>Some national-level outcomes have been achieved and, for certain indicators – couple years protection rate, antenatal visits under 20 weeks, pregnancy less than 18 years, maternal deaths, child deaths from diarrhoea and stillbirths, the majority of RMCH districts are showing positive trends. There has been less success with the national-level targets at which were very ambitious i.e. the degree of change expected from a technical assistance programme in 50% of the worst performing districts.¹⁶⁴</p> <p>The districts targeted by RMND were some of the worst performing at the start of the programme and in most cases they continue to have poorer outcomes than the national average. There have, however, been promising improvements in some areas including: the 'couple year protection rate' (a measure of access to and use of family planning), and antenatal 1st visits before 20 weeks. The still birth rate in facilities has improved but is still much higher than the national target of 10 per 1000 live births. Postnatal visits at 6 days have not consistently improved in RMCH districts although the national trend does seem to be positive.¹⁶⁵</p>
		There is insufficient evidence to evaluate the effect of increased citizen participation (IO2) on service delivery	<p>The PCR states that although the demand and accountability output produced good practice, they were implemented for too short a time so not easy to determine whether they would sustained over the longer term. It showed innovative interventions started but too short a time frame to assess the ultimate impact on access to services.¹⁶⁶</p> <p>Achievements include:¹⁶⁷</p> <ul style="list-style-type: none"> • The CSO grants demonstrated various models to increase and improve demand and accountability for maternal and child health (MCH) services with a special focus on family planning. Some grants tried to address teenage pregnancy through peer education and RMCH developed an awareness course entitled <i>Health Workers for Teens</i>. Some grants were able to influence national policy thinking. • The programme has also given vital support to the development and launch of MomConnect, a flagship government mHealth programme sending messaging services

¹⁶⁴ DFID (2015), op. cit., pp.4–6.¹⁶⁵ DFID (2014), op. cit., p.4.¹⁶⁶ DFID (2015), op. cit., pp.4–7.¹⁶⁷ Ibid., p.12.

		<p>to pregnant women and mothers of young children. This is an important national demand-side initiative.</p> <ul style="list-style-type: none"> • <u>Although the CSO grants produced many ‘pockets’ of good practice there was little real data on impact on demand. In retrospect, the £1.9m spent on CSO grants may have had more impact if a strategy had been developed at the beginning and implemented in a focused way across the 25 districts.</u> • The district framework produced by National Department of Health (NDOH) and RMCH is quite comprehensive and final demand and accountability brief summarised the issues well. • A new CSO/government coalition has been set up. This is a positive development. <p>The following best practices and lessons learned emanated from the experiences of implementing demand and accountability activities in partnership with CSOs.¹⁶⁸ These best practices include:</p> <ul style="list-style-type: none"> • use of community dialogues as a platform for discussing MNCWH issues; • strengthening governance structures such as CCs on MNCWH issues; • making the voices of the poor and vulnerable heard; • importance of capacity building on MNCWH as well use of effective health communication strategies to ensure communities are aware of pertinent MNCWH issues affecting them.
	<p>There is insufficient evidence to evaluate the effect of awareness raising (M4) on increased citizen engagement (IO2)</p>	<p>Existing evidence points to a role for awareness raising, but does not provide sufficient data. For example, the number of postnatal visits at 6-days is sensitive to demand from mothers and is one outcome which has not showed consistent improvement with rates increasing in 2012/13 but falling back somewhat in the following year (2013/14) in RMND districts. RMND work in this area was designed to support District Management Teams through grants made to CSOs to work with communities to increase access, utilisation and community ownership of MNCWH services. Ten grants were made through a consortium-partner Social Development Direct.</p> <p>The programme has also given vital support to the development and launch of MomConnect, a flagship government mHealth programme sending messaging services to pregnant women and mothers of young children. This is an important national demand-side initiative. Although a number of useful lessons have been learned through this work, there is a risk that the work done to support district strategies on demand and accountability will not be sustained beyond the end of the project¹⁶⁹</p>

¹⁶⁸ RMCH (n.d.), Strengthening Demand and Accountability for MNCWH Services in South Africa: Policy Brief, p.1.

¹⁶⁹ DFID (2014), op. cit., p.13.

	<p>A collaborative approach was more effective in improving services</p>	<p>One of the major insights of this work has been the need to integrate demand and supply-side work. Work to increase the accountability of health services can result in health workers feeling targeted in an adversarial manner. Working to improve understanding on both sides may be a more productive and solution orientated approach.¹⁷⁰</p> <p>Interventions with CCs were especially effective in addressing accountability where: <u>Attention was given to NDOH personnel from local clinics were included in the training and discussions, and discussions centred on addressing practical barriers to RMCH identified during a situational analysis or community engagement</u>¹⁷¹</p>
	<p>Supporting socially inclusive platforms (M6) to increase the participation of marginalised groups (IO3) contributed to some extent to improved services for such groups (O3)</p>	<p>The evaluation of the demand and accountability component states that the development and use of training materials for CC members and other accountability mechanisms was an important start in the process of increasing accountability, because it clarified the role of the CC, empowered them with knowledge, and increased their confidence. This role clarification, their confidence and knowledge of RMCH services is likely to contribute towards greater accountability in future, as they are structurally placed and purposed to address accountability. Examples were provided by grantees of improved functioning of CC members who managed to address specific barriers to RMCH in their clinic. Interventions with CCs were especially effective in addressing accountability where: <u>Attention was given to a broad representation of community stakeholders in the CCs composition (including youth)</u>¹⁷²</p>
	<p>Using existing structures for participation proved to be an effective approach to influencing service delivery for marginalised groups (O3)</p>	<p>The Demand and Accountability Implementation Framework focusses on strengthening the effectiveness of existing or new multi-stakeholder platforms for dialogue, engagement and accountability between community and health system management. Multi-stakeholder structures or platforms which are based at community level play a pivotal role in driving any community-based agendas. It is very crucial to support such existing structures or create new ones, where they are not available. These structures can include women, youth, religious and other relevant stakeholders. They need to be supported through mentorship, financial assistance, if available, knowledge, information and skills to advocate for and steer the MNCWH agenda at community level.¹⁷³</p> <p>A key informant interview confirmed the utility of working with existing structures where possible</p>

¹⁷⁰ DFID (2014), op. cit., p.13.

¹⁷¹ Msunduzi evaluation consortium (2014), op. cit., p.ix.

¹⁷² Msunduzi evaluation consortium (2014), op. cit., p.ix.

¹⁷³ RMCH (2015), op. cit., p.15.

	Supply-side work (M1, M8) contributed significantly to improving services for marginalised groups (O3)	<p>DCSTs were found to be crucial to the success of national strategies in this field. Supporting these teams has been an important component of the technical support given by RMND. Good progress has been made in supporting of districts to oversee improvement of RMCH services (Output 1). The support provided by RMND has been highly valued and has helped to strengthen the vital DCSTs.¹⁷⁴</p> <p>A handbook of case studies from DCSTs gives specific examples of RMCH support including: dropping the numbers of maternal deaths in Mopani District Limpopo through appreciative enquiry techniques; responding to a crisis in OR Tambo Hospital; improving pregnancy case management in Amathole district resulting in a reduction of deaths due to hypertension from 58–33% and deaths due to antepartum haemorrhage from 11.3% (Jan – June 2013) to 6.9% (Jan–June 2014); reducing Emergency transport times to less than 1 hour in the same district¹⁷⁵</p>
	High levels of government ownership were found to contribute to effective supply-side improvements	<p>Alignment with government priorities from design to implementation has produced strong partnership working with the government health system. The benefits of this close alignment have been enhanced by flexibility and responsiveness to contextual changes during the life of the programme. The programme design and implementation, therefore, provide a good model for future programmes. A key lesson for DFID is that the design of this programme and implementation of another DFID-funded programme (Strengthening South Africa’s Revitalised Response to AIDS and Health – SARRAH) was through a DFID senior health advisor seconded to the NDOH. This role allowed for identification of and alignment with NDOH priorities from the outset.¹⁷⁶</p> <p>The PCR confirm this: The programme was wanted, driven and owned by the government from the beginning with no feeling of ‘unwanted external help’ or displacement. The Deputy Director General of NDOH commended this as one of the best technical assistance programmes he has come across¹⁷⁷</p>
	The project’s integrated approach was found to contribute to effective supply-side improvements	<p>Another strength of the programme has been its multi-tiered, multi-stakeholder approach. Interventions at a number of different levels (national, district, community) have been harnessed to improve health outcomes. At national level the programme Steering Committee (Steercom) has proved to be an excellent vehicle not only for steering the RMND programme but also for coordinating the work of key stakeholders in the national MNCWH&N strategy.¹⁷⁸</p>

¹⁷⁴ DFID (2014), op. cit., p.6.

¹⁷⁵ Ibid, p.9.

¹⁷⁶ Ibid, p.6.

¹⁷⁷ DFID (2015), op. cit., p.4.

¹⁷⁸ DFID (2014), op. cit., pp.6–8.

		The PCR comes to similar conclusions: ¹⁷⁹ RMCH and ESMOE worked with multiple stakeholders at all levels of government, the UN and CSOs. Their coordination was most noted at district level where they helped make one plan and helped facilities and DCSTs use their data and take action
	Feeding evidence upwards (M7) further enhanced service delivery improvements	RMCH promoted the active use of data at facility level, by the districts and nationally. This included during perinatal and maternal mortality review meetings as well as through the development of a dashboard of key indicators to track progress. ESMOE took huge efforts to collect data from districts as well as of the training and this was used to adapt the course. The most notable achievements were around ensuring <u>data is used</u> to influence practice in starting large areas of implementation e.g. newborns and school health virtually from scratch, and in <u>scaling up</u> the ESMOE course with measurable reductions in mortality ¹⁸⁰
	The progressive South African policy environment enhanced the projects' focus on inclusion and participation	A Key Informant stated that the progressive South African policy environment was another important factor: Inclusion, participation and human rights were already strong government priorities

¹⁷⁹ DFID (2015), op. cit., p.4.

¹⁸⁰ Ibid., pp.4-6.

Case Study 9: Drivers of Accountability Programme (DAP) Kenya (2010–15)

QCA Summary findings

This project is an inconsistent case (modal) for the following hypotheses:

- **Hypothesis 3 (Outcome 3):** *Awareness raising (M4) and supporting socially inclusive platforms (M6) result in improved services for marginalised social groups (O3)*
- **Hypothesis 4 (Outcome 3):** *Combining social inclusion in the design of local platforms (M6) with achieving increased participation in local platforms by marginalised social groups (IO3) results in improved services for marginalised social groups (O3)*

QCA finding: Hypothesis 3 and 4 are confirmed. Overall, looking across hypotheses 3 and 4, it is support to socially inclusive local platforms (M6) that is most important for achieving improved services for marginalised social groups (O3), with awareness raising (M4) playing a supporting role. The outcome is achieved whether increased participation by marginalised groups occurs or not (indicating an equally valid pathway to change).

9.1 Project overview

The DFID Drivers of Accountability Programme (DAP) aimed at improving the accountability of Kenya's government to its citizens. The first phase of DAP focused on delivering the 2010 Constitution, while the second phase of the project supports the devolution process.

At the national level, DAP supported capacity building of the newly created independent constitutional commissions such as: the Independent Electoral and Boundaries Commission, Constitutional Implementation Commission, among others, to enhance their capacity; the national parliament on legislative reforms and its oversight role; and civil society organisations (CSOs), in their efforts to preserve democratic space. At subnational level, the project provided technical assistance to county assemblies and empowered local communities to actively engage with government. The project also developed a number of knowledge products. DAI was the implementing partner.

9.1.1 Outputs

1. Reduced impunity for elected representatives, officials and public institutions.
2. Principal constitutional and electoral reforms enacted prior to the next elections with implementation of majority of legal provisions by 2014.
3. Responsiveness of service delivery will be enhanced and underpinned by an increase in citizens' participation in decision making.

Output 3 was focused on social accountability and involved establishing a range of citizen participation mechanisms, including technology platforms, regular town hall meetings, budget forms, notice boards and citizen's forums. Furthermore, the project supported the participation

of youth and women in county assemblies, Constituency Development Funds (CDF) committees and in Ward Education Bursary Funds.

9.1.2 Outcomes

The project provided evidence for service delivery improvements at the local/project level (O1). A large number of counties introduced public participation and access to information frameworks, spurring citizen participation, which has led to service delivery achievements in a number of cases. For instance, the project reports improved health and education services in Nyandarua and Kisumu counties, improved infrastructure in Kisumu county, and various other examples of localised improvements.¹⁸¹ However, there was only one clear example of improved services for marginalised groups (O3), where youth in Kitui county succeeded in raising the allocation of investment in youth.¹⁸²

At the national level, DAP focused on governance improvements (IO6) rather than service delivery improvements (O2). Overall, DAP reports that devolution has been challenging and has slowed the benefits of reform.¹⁸³

9.2 Explaining DAP's contribution to hypothesised change processes

The project is an inconsistent case for hypotheses 3 and 4:

- *H3: SAcc mechanisms M4 (awareness raising) + M6 (socially inclusive platforms) result in improved services for marginalised social groups (O3)*
- *H4: Combining socially inclusive platforms (M6) with achieving increased participation in local platforms by marginalised social groups (IO3) results in improved services for marginalised social groups (O3)*

Both of these hypotheses focus on explaining improved services for marginalised groups (O3).

Socially inclusive platforms (M6/IO3)

DAP project documentation provides several examples of establishing and strengthening socially inclusive platforms.¹⁸⁴ For example, the DAP grantee Forum Syd specifically worked with women and youth in increasing their participation in such local decision-making platforms. In Kisumu, Kakamega and Machako counties, model youth assemblies successfully petitioned their leaders to include women and youth in CDF committees and in Ward Education Bursary Fund committees. Forum Syd also developed the capacity of women and youth to effectively participate in these committees. It is reported that Forum Syd's work also led to increased participation of young women in decision making at the village level. Similarly, DAP documentation reports that the DAP grantee Centre for Rights Education and Awareness (CREAW) trained women leaders in Nyeri, Meru and Nakuru countries. **The new constitution**

¹⁸¹ DFID (2015), Annual Report 2015, London: DFID, p.11; Forum Syd success stories; CRECO and TISA success stories, p.1.

¹⁸² CRECO and TISA success story, p.1.

¹⁸³ DFID (2014), Annual Report 2014, London: DFID, p.1.

¹⁸⁴ DFID Annual Report 2014, p.9.

imposed a gender quota on county assemblies, and DAP took advantage of this situation to further women's participation in decision making.

However, existing evidence does not provide clear evidence of improved service delivery for marginalised groups as a result of improved participation in local decision making. There is only the example of youth in Kitui county succeeding in raising the allocation of investment in youth, which goes some way in explaining improved services for marginalised groups.¹⁸⁵ A Key Informant Interview (KII) suggested that working with youth was easier due to constitutional provisions asking for higher investments into young populations, **giving them a reference point to use when lobbying local decision makers.** Moreover, the project **linked youth mobilisation to income-generating activities**, which proved to be another successful strategy. Women, on the other hand, were historically not used to participating in decision making, and much more upfront investment was necessary just to improve their participation.

Overall, the evidence stops at illustrating improvements in participation of marginalised groups (IO3) but does not systematically cover whether and how these led to service delivery improvements. To some extent this may be attributed to the design of DAP Output 3 and the associated reporting requirements for DAP grantees. The focus was very much on improving governance, for example, participation of marginalised groups in decision making. Given the early stage of devolution in Kenya, this appears to be a reasonable focus. Moreover, since there is only one grantee 'story' among dozens illustrating improved services for marginalised groups, we conclude that the overall effect was marginal if not absent. **On balance, the evidence therefore suggests that O3 was not present, with M6/IO3 not having been able to make a difference yet.**

Awareness raising (M4)

DAP grantees also invested significant resources in awareness raising around the new constitution, devolution and participation in local governance. In 2015, DAP grantee Constitutional Reform and Education Organisation (CRECO) was reported to have reached 6 million citizens in five counties; URAIA 900,000 rural citizens working with 25 community-based organisations (CBOs); and Forum Syd over 200,000 citizens in four countries. In 2014, URAIA reported civic education activities with 14.4 million citizens, ACT-Wazi with close to 6 million people, and Makutano indicated reaching 6.5 million citizens through TV episodes.¹⁸⁶

It is unclear to what extent these awareness-raising activities contributed to improved participation by marginalised groups (IO3) and ultimately to improved service delivery for marginalised groups (O3). There is some evidence around DAP's work with internally displaced people (IDPs). DAP grantee InformAction reported that its films led to action by IDPs to claim their rights, which resulted in positive government responses.¹⁸⁷

DFID KII confirmed that most of this awareness creation was aimed at informing citizens about the new constitutionally-mandated devolution process. The objective was for citizens to understand better the new institutions, structures, roles and responsibilities involved. This was why the 2014 DFID Annual Review further recommended that civic education should be

¹⁸⁵ CRECO and TISA success stories, p.1.

¹⁸⁶ DFID Annual Report 2015, pp.3, 9.

¹⁸⁷ Ibid, p.3.

refocused to emphasise engagement,¹⁸⁸ providing some indicative evidence that the approach may have not been fully effective. During the last year of implementation, there was more focus on participation to enhance service delivery. Overall – as in the section above – **the evidence base is insufficient to explore the relationship between M4 and O3 in more detail.**

9.2.2 Additional factors explaining outcome change

This section presents some other lessons from DAP beyond testing the hypotheses outlined above. A key success factor for social accountability interventions in DAP was the **conducive policy environment**. Kenya was undertaking extensive constitutional reforms, with a strong focus on devolution. Devolution opened up a range of opportunities for citizen participation at the subnational level that did not exist before, and the project effectively took advantage of these opportunities. In the new constitution, participation has constitutional status which has further driven counties to listen to citizens.¹⁸⁹

A KII also suggested that access to information legislation proved to be important for effective social accountability. In counties where access to information legislation was passed this could be used by social accountability initiatives, while it was more difficult to work in counties without such legislation. A barrier to this process was the absence of an access to information law at the national level.

This also underlines the effectiveness of **working on both the demand and supply side**. DAP supported these constitutional reforms, and while it is not clear to what extent they would have occurred without DAP, support has probably played a role in creating the conducive legislative environment described above. Project documentation suggests that **CSO coalitions were particularly effective in influencing the legislative agenda**.¹⁹⁰

At the local level, project documentation suggests that a **collaborative approach between CSOs and local government was more effective**. While confrontational approaches may be necessary in some cases, DAP found that overall positive relationships were more productive in addressing service delivery issues.¹⁹¹

A KII finally highlighted the benefit of **vertical integration of CSOs**. National-level CSOs worked with local-level CBOs on social accountability, which proved to be an effective approach to capacity development and providing legitimacy.

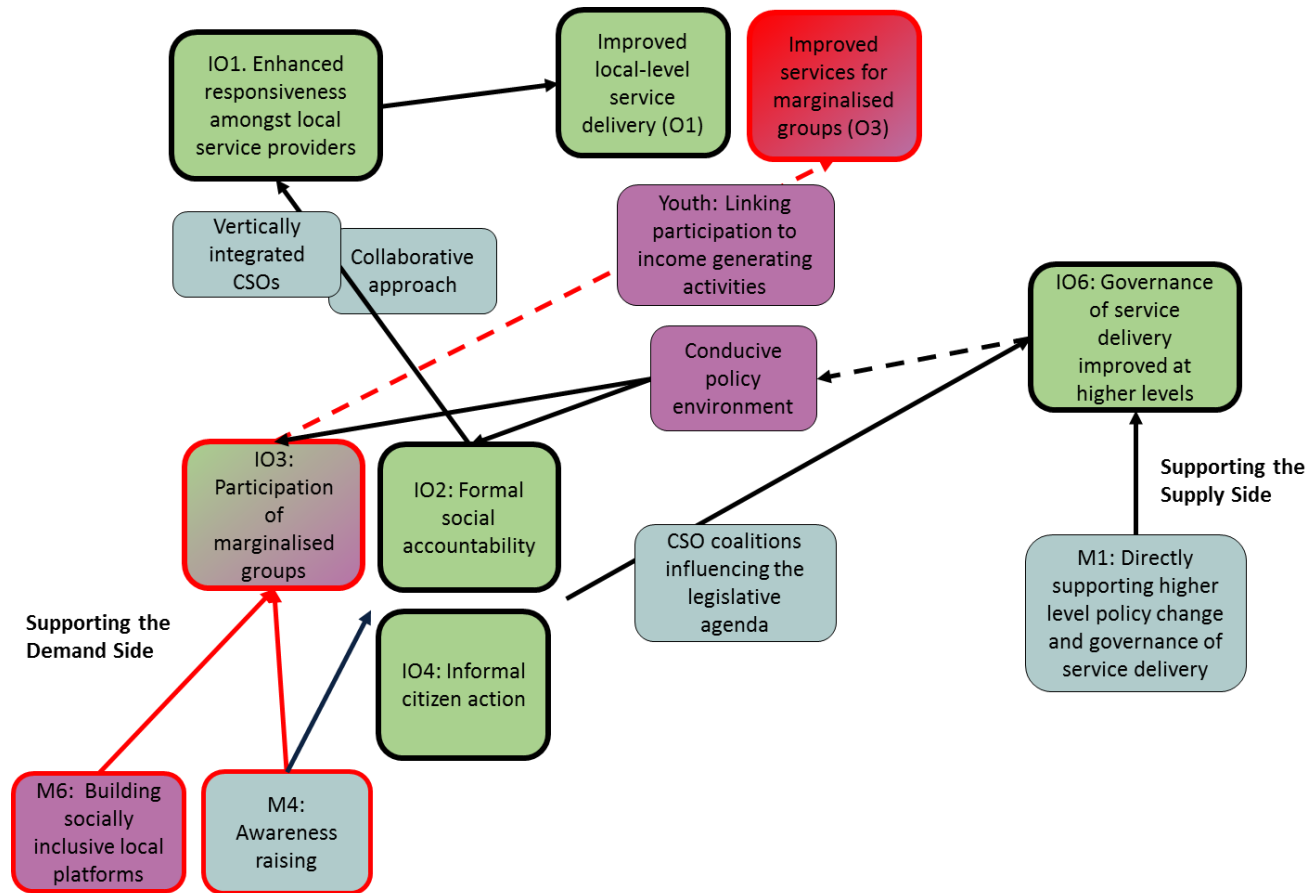
¹⁸⁸ Ibid, p.9.

¹⁸⁹ DFID Annual Report 2015, p.11.

¹⁹⁰ Ibid, p.3.

¹⁹¹ Ibid, p.11.

Figure 9.1: Kenya DAP causal flow diagram








	Limited or no positive outcome change		Causal process relevant to marginalised groups		Hypothesis 3 and 4 causal flow
	Positive outcome change		Enabling causal process		

Table 9.1: Causal process observation matrix: Kenya Drivers of Accountability Programme

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Improved services for marginalised social groups (O3)	See below	<p>CRECO and The Institute of Social Accountability (TISA) success stories, p.1: <i>Young people in Kitui county succeeded in raising the allocation of investment in youth from 8 to 55 million Kenyan Shilling (KES) in the county's 2014/2015 budget. Active members of youth clubs were invited to acquire the tools and skills needed to successfully analyse budget allocations, including legal provisions and timelines, write effectively, and engage constructively with local public offices. As a result of their training, they sought out non-priority budget lines and wastage areas, uncovering what seemed to be budget flaws and discrepancies, including for items as varied as coffins and sharp-pointed pens, for which large orders had been placed. The group drafted a memorandum, in which they recommended to the county administration to allocate KES40 million (KES1 million per ward) of youth funding. The final budget published by the county included KES55 million in youth funding, which exhibited responsive local governance as a result of youth participation.</i></p>
O1	See below	<p>AR 2015, p.11: <i>Field discussions, demonstrate successes by residents (funded through DAP) to influence county governments using social audits and local radio. Residents in Nyandarua and Kisumu counties <u>improved health and education services as a result.</u> 'Our Early Childhood Development (ECD) audit indicated that centres were in old classrooms in primary schools. <u>Students from poor families</u>, who may not have eaten at home, cover long distances to ECD centres. Parents paid for ECD caretakers. After the audit, I now pay kshs 300 rather than kshs 1250 for my child at an ECD centre. Over 400 new teachers are now available for the county. The audit was in June and the teachers came in in July', Resident who conducted a Social Audit in OI Kalau, Nyandarua.</i></p> <p>Forum Syd success stories:</p> <ul style="list-style-type: none"> • <i>Residents of Ang'onga village in Seme sub-county participated in the Kisumu county 2013/2014 budget preparation meeting and were able to persuade sub-county decision makers to allocate KES 1 million in funding for an infrastructure project with wide community support.</i> • <i>The non-confrontational advocacy methods employed by community representatives and the public in questioning rights violations and bringing the county government to account brought them to the negotiation table with sub-county and county leaders, where they were able to confidently present their demands around water and sanitation. As a result of this dialogue, two water kiosks were installed in Cassino and water prices were reduced from KES20/20 litre pack to KES2/20 litre pack, a monumental change.</i> • <i>Community members in Khwisero have managed to improve the standard of education in the sub-county by lobbying the Kakamega county government to clamp down on the practices of corrupt teachers.</i> • <i>The women-led Mjini Self-Help Group employed an unorthodox but inventive method to lobby the Machakos County Governor, Dr Alfred Mutua, to lower business rates for small enterprises</i>

		<p>CRECO and TISA success stories: <i>A concerned citizen expressed concern over the lack of emergency health services, which provoked an immediate response from County Governor, Salim Mvurya, who promised swift action in a call-in to the radio programme. The governor followed through on his promise and Samburu ward was awarded two ambulances and medicines to improve the stock of the local health centre</i></p>
	<p>The project contributed directly (M1) to governance improvements (IO6) at the national and subnational level, which in turn contributed to improved social accountability (IO2, IO4)</p>	<p>AR 2015, p3: <i>Output 1: DAP-supported CSOs have been prominent in fighting to preserve democratic space (and challenging legislation that is not inclusive); building Parliamentary oversight; and raising awareness of the extent, and costs of corruption, and ways to address it.</i> <i>Output 2: legislative reforms; Independent Electoral Boundaries Commission (IEBC) strategic and action planning; and organisational support to IEBC, including in procurement and organisational development</i></p> <p>AR 2015, p10: <i>DAP expanded its legislative drafting assistance to county assemblies through partnership with the Centre for Parliamentary Studies and the Kenya School of Governance. County Attorneys from all 47 counties received training. DAP also supported drafting of model bills which various counties quickly adapted to formulate county laws.</i></p> <p>AR 2015, p3: <i>Output 3: All 10 of the programme indicators used to assess progress in improving the responsiveness of service delivery, met or exceeded expectations. DAP partners have implemented a range of social accountability techniques to improve the quality of participation. The response at county level has been particularly strong. The design of programming under this output (supported by Output 2 interventions) represents an effective strategic response to the opportunity presented by devolution. Among the principal results are:</i></p> <ul style="list-style-type: none"> • <i>TISA, in collaboration with other partners, developed a model public participation bill. By June 2015, 14 counties were using the model to develop their own legislation.</i> • <i>ICJ supported two counties to formulate Access to Information Bills. Sixteen other counties are using the model to develop their own bills.</i> • <i>UNDP support was instrumental in 80% of county budgets being approved on time in the 2014/15 financial year. The work with the Council of Governors had streamlined the engagement between the County Public Accounts Committees, Auditor General and the Senate.</i> <p>AR 2014, p6: <i>Perception of accountability within national and county governments: An August 2013 opinion poll by the National Democratic Institute showed that 67% of citizens agreed that their governor was managing county resources well, far exceeding expectations. The subsequent July 2014 opinion poll, undertaken a year and half into implementation</i></p>

		<p><i>of devolution, showed a drop in satisfaction levels in 2014, suggesting that more capacity building will be required for the relatively new county governments.</i></p> <p>AR 2014, p1: <i>DAP has not operated in a vacuum. Political transition has had a notable effect on DAP programming. In 2013, the government sponsored key legislation, seen by some as going back on the gains of the Constitution. Further proposals aim to introduce controls on the registration and operation of civil society organisations (CSOs). Devolution has been challenging and has slowed the benefits of reform</i></p>
	<p>The project contributed to strengthened formal and informal social accountability processes (IO2, IO4), which in turn contributed to improved governance (IO6) and more responsive service delivery (IO1)</p>	<p>AR 2015, p2,3:</p> <ul style="list-style-type: none"> • <i>The Constitutional Reform and Education Organisation (CRECO), The Institute of Social Accountability (TISA), Forum Syd and URAIA facilitated more than 700 public forums in which an estimated 31,500 citizens interacted with leaders to improve service delivery at the county level.¹⁹²</i> • <i>CRECO enabled citizens in five counties to scrutinise County Integrated Development Plans and conduct social audits of over 150 projects. The findings were used to plan more responsive services with county leaders. Public participation in county governance processes has increased by 20% in these counties.¹⁹³</i> <p>Personal stories of change p1:</p> <ul style="list-style-type: none"> • <i>Civic education training and radio show: He and Mwala residents made this coincide with another public meeting to which they had invited their elected member of the county assembly to explain why they had been left out of discussions on the county finance bill, the budget-making process, and other decision-making processes. Following these meetings, the county assembly has established a citizen’s forum at the ward and sub-county levels for Mwala, thereby ensuring that citizens have the opportunity to make their voices heard now and in the future.</i> <p>AR 2014, p9: <i>Public participation and access to information frameworks: through DAP support, over 30 counties have established creative public participation mechanisms, including: technology platforms, regular town hall meetings, budget forums, notice boards, and citizens’ forums</i></p>
	<p>The project contributed to increased participation by marginalised groups (IO3), in particular youth and women</p>	<p>AR 2014, p9: <i>Over the review period, DAP, through Forum Syd, sought to influence and improve decision making within the CDF. Model youth assemblies, working collaboratively with Young Women Leaders in Kisumu, Kakamega and Machakos counties, successfully petitioned their elected leaders to have <u>youth and women included in CDF committees and in the Ward Education Bursary Fund committees.</u></i> <u>Number of women engaged in planning and budgeting:</u> <i>Over the review period, several DAP grantees directly engaged with women in the counties, with a view to helping them acquire the awareness and skills needed to</i></p>

¹⁹² CRECO, TISA, URAIA, and Forum Syd Progress Reports (2014–15).

¹⁹³ Final Evaluation of Enhancing Service Delivery and Accountability through Public Participation in the Devolved Structures Project. CRECO, June 2015.

		<p>participate in county planning and budgeting processes. Forum Syd for example supported 60 young women leaders with leadership skills, which they have since used to successfully lobby for gender-responsive county development planning. Similarly, the Centre for Rights Education and Awareness (CREAW) provided training on moving motions, policy drafting, and executive oversight to 17 County Assembly Members in Nyeri County, 25 Members in Meru County, and 25 Members in Nakuru. More than 200 women leaders received capacity building support on leadership, planning and budgeting over the last year.</p> <p>Personal stories of change p2: <u>Young women leadership training</u>: At the village level, we are starting to see positive change in those communities covered by the Jua Jimbo project, which should begin to reverse the trend among young women of non-participation in village- or county-level governance or decision-making processes in Kenya</p>
	Awareness raising (M4) by the project contributed to increased participation, including by marginalised groups (IO3)	<p>AR 2015, p3:</p> <ul style="list-style-type: none"> • DAP grantees raised the awareness of a large number of Kenyans on how devolution could enable them to participate in making decisions that affect their services: CRECO reached estimated 6m citizens in 5 counties; URAIA 900,000 rural citizens working with 25 CBOs; Forum Syd's Juo Jimbo¹⁹⁴ over 200,000 citizens in four counties. • To catalyse community dialogue, InformAction screened films to over 17,000 citizens. These led to action by <u>IDPs to claim their rights</u>: the response from government has been positive in a number of cases. <p>AR 2014, p9: Civic education on devolution: civic education initiatives on devolution took advantage of the infrastructure established for the 2012/2013 electoral cycle which enabled remarkable public reach. URAIA's Uchaguzi Bora initiative reached 14.4 million people; the ACT-Wazi Campaign reached 5,918,591; while 6,500,000 people were reached through Makutano Junction TV episodes. Recommendation: Civic education <u>should be refocused to emphasise engagement</u>, by providing increased opportunities for interaction between civic leaders and county governments</p>
	Collaborative approaches were more effective in influencing service delivery	<p>AR 2015, p11: CSO partners should be encouraged to maintain the generally positive relations they have developed with county governments. In most cases, <u>working in collaboration with government</u> to solve real service delivery issues will yield better results than a critical stance (though that may be necessary in some cases)</p>
	CSO coalitions effectively influenced the legislative agenda	<p>AR 2015, p3: <u>CSO Coalitions have been instrumental</u> in achieving many of the policy and legislative goals. Investments in coalitions can represent good value for money; these need not be very formal arrangements</p>
	A conducive policy environment contributed to	<p>AR 2015, p11:</p>

¹⁹⁴ Jua Jimbo, 'Know Your County'.

	<p>increased social accountability (IO2, IO4), including for marginalised groups (IO3)</p>	<p><i>Progress is being made in making service delivery more responsive, especially by increasing citizens' participation in decision making. A context in which participation has constitutional status has driven the counties to listen to citizens.</i></p> <p>According to a KII, the new constitution also imposed a gender quota on county assemblies, and DAP took advantage of this conducive policy environment to further women's participation in decision making. Moreover, institutional provisions asking for higher investments into young populations gave another reference point to empower marginalised groups</p>
	<p>Linking youth mobilisation to income-generating activities helped increase youth participation</p>	<p>According to a KII, the project linked youth mobilisation to income-generating activities, which was found to be an effective strategy to incentivise youth participation</p>
	<p>Access to information legislation enhanced social accountability processes</p>	<p>A Key Informant suggested that it was easier to work in counties with access to information legislation. Such legislation provided a conducive environment for social accountability processes to function</p>
	<p>Vertical integration of CSOs contributed to effective social accountability</p>	<p>A Key Informant indicated that vertical integration of CSOs was beneficial for social accountability processes. National-level CSOs worked with local-level CSOs on social accountability, providing capacity development and legitimacy</p>

Case Study 10: Public Policy Information Monitoring and Advocacy (PPIMA), Rwanda, Phase 1 (2009-12) and 2 (2013–18)

QCA Summary findings

This project is a consistent case (outlier) for the following hypothesis:

- **Hypothesis 5 (Intermediate Outcome 1):** *When state-society relations indicate a weak social contract (C4,) greater local-level responsiveness (IO1) is best achieved via informal citizen action (IO4) and media oversight (M3)*

QCA finding: Hypothesis 5 was confirmed. The QCA finding confirms the hypothesis that in the context of a weak social contract (C4), greater local-level responsiveness (IO1) is best achieved via a combination of informal citizen action (IO4) and media oversight (M3) rather than if one or both conditions were absent.

10.1 Project overview

The ongoing Public Policy Information Monitoring and Advocacy Programme (PPIMA) is now in its second phase. It supports civil society organisations (CSOs) both at national and local level to hold government to account and influence the formulation and implementation of policies and plans. At the local level, the programme focuses on social mobilisation of communities by community animators that use evidence generated through a community scorecard (CSC). The programme also supports local anti-corruption advisory services. At the national level, partner CSOs carry out research and engage with government on various issues.

As described in the PPIMA Phase 1 programme evaluation¹⁹⁵, the ongoing process of decentralisation in Rwanda holds out continuing promise of a strengthening social contract. Indeed the PPIMA was designed to run in parallel with the government's third (2011-15) phase of decentralisation, designed *'to improve downward accountability linkages between grassroots level leadership and citizens including sectoral decentralisation, service delivery and fiscal decentralisation amongst other matters'*.¹⁹⁶ Despite this progressive policy environment, state-society relations remain relatively closed to citizen engagement (see Table 10.1). A DFID key informant described the context as one in which civil society space is closely controlled and managed and independent citizen action is not the norm. This is confirmed by the Phase 1 evaluation's own context assessment of ordinary Rwandans as removed from the development process and socially distant from public officials:

Despite the government's strong resolve to improve the socio-economic wellbeing of ordinary Rwandans, especially the poor, and engage them actively in the development process, the latter still find it difficult to have their voices heard. Some groups feel even

¹⁹⁵ Dastgeer, A *et al* (2012). 'Evaluation of the Sida and DFID funded Public Policy Information, Monitoring and Advocacy (PPIMA) project in Rwanda', Final Report, 24th August

¹⁹⁶ *Ibid*, p.14.

*more marginalised – women, the youth, the disabled and the historically marginalised community or Batwa. The mandated spaces such as the Joint Action Development Forum (JADF) and others are not enough as people, especially poor people, do not have the ability or influence to articulate for their needs and rights within them, and certainly not as representatives of their communities. People are generally uninformed about the decentralisation that is happening around them or about how budgets and plans are made. There is a gap thus, between these forums and individual households which cannot be filled unless the individual households build their capacities and skills, and strengthen their collective voice. At the same time, government does not possess the manpower or resources to engage with each household and resolve their problems individually.*¹⁹⁷

10.1.1 Outputs

1. CSOs have the necessary skills, systems and practice to sensitise citizens on public policy issues and skills to engage with government.
2. CSOs support citizens in expressing their own opinions and interests to be raised with decision makers/service providers.
3. CSOs organise debates/dialogues with citizens and decision makers on emerging issues related to policies, laws and programmes.
4. CSOs share learning from experiences and processes through new partnerships to facilitate replication of successful initiatives.

A first phase of the project was implemented from 2009–12; the second phase started in 2013 and will end in 2018. PPIMA phase 2 has a budget of £8 million, of which £3 million are funded by DFID and £5 million by the Swedish International Development Authority (Sida). The project is being implemented by Norwegian People's Aid (NPA).

10.1.2 Outcomes

Existing documentation suggests that the community scorecard process has been effective at the local level. Despite the contextual constraint of a weak social contract, the programme Phase 1 evaluation, and Phase 2 Mid-Term Review, identified successes in local SAcc processes, resulting in improvements in health services, agricultural inputs, drinking water and access to land by the landless. To cite just two examples: In the case of Mpond Wa Cell in Gitoki sector again in Gatsibo district, for instance, a scorecard process and interface meeting resulted in the number of depots distributing seeds and fertiliser increasing from 1 to 5 '*leading to one-time sowing and better harvests*'. Similarly, in Nyange B Health Centre in Nyange Sector of Ngororero district, service providers made a big effort between the first and second interface meetings to make available specialists -- dentists, ophthalmologist and paediatricians -- by seeking the support of Muhororo Hospital. The Phase 1 evaluation reported that '*three specialists attend the centre one day a week now*'.¹⁹⁸

¹⁹⁷ Ibid, p.19.

¹⁹⁸ Ibid, p.29.

10.2 Explaining PPIMA's contribution to hypothesised change process

This project is a consistent outlier case for the QCA findings for the following hypothesis:

- **Hypothesis 9 (H9):** *When state-society relations indicate a weak social contract (C4,) greater local-level responsiveness (IO1) is best achieved via informal citizen action (IO4) and media oversight (M3)*

As a consistent outlier case, PPIMA displayed a weak social contract, and the presence of both **M3** and **IO4**, in association with the outcome **IO1**. The following narrative analysis therefore focuses on investigating how **IO1** has occurred in the case of PPIMA, and what role **M3** and **IO4** played.

10.2.1 Evidence supporting the hypothesis

Increased informal/ independent citizen action (IO4)

PPIMA did not purposefully support informal/independent citizen action, and as such did not systematically record any evidence on such processes. The Mid-term Review (MTR) 2015 indicates that there was some independent citizen action which may also have contributed to enhanced government responsiveness (**IO1**):

A response from government is not the only response to the CSC process. The evidence shows that the process also mobilises independent citizen action and the contribution of community resources to government action.¹⁹⁹

No further evidence was provided. We therefore cannot draw any further conclusions on the role of **IO4** for the achievement of **IO1**.

Supporting media oversight (M3)

Supporting media oversight was an additional component added to the project when phase 2 started. PPIMA phase 2 organised media oversight both at the national and district level. At the district level, 16 radio call-in talk shows were rolled out where citizens could air their views on local government and service provider performance.

The DFID AR 2015 found:

The inclusion of a media partner in Phase II has heightened awareness of communication as a development tool and appears to be particularly useful at keeping issues on the agenda.²⁰⁰

A key informant suggested that the media component had a **supporting role to other partners and components of the project**. It was also indicated that this may have been a

¹⁹⁹ Ibid., p.2.

²⁰⁰ DFID (2015), Annual Review, London: DFID, p.2.

more successful strategy than a stand-alone media project. However, no further evidence is available on the impact of media oversight and its contribution to **IO1**.

10.2.2 Additional factors explaining outcome change

Existing documentation traces most achievements back to the **community score card (M2) and related dialogue meetings (M5/IO2)**. This is likely to be the case because the community score card was the main focus of PPIMA and most reporting focused on this project component. Examples of successful citizen engagement include:

- *Umuganda* (voluntary community work) in Ngororero: The issue of excessive *umuganda* was raised in the community score card process and the number of days subsequently reduced
- *Girinka* ‘1 cow per family’ scheme: A local leader gave cows to his friends instead of vulnerable families. This was addressed following community complaints during the community scorecard process
- Infrastructure projects (schools, water points, etc.) with links to the community scorecard process
- Governance improvements (use of *ubudehe* funds for community priority repairs, participation of local leaders in *umuganda*, etc.) with links to the community scorecard process.²⁰¹

The MTR only lists these examples but does not provide any further evidence explaining the process and the community score card’s contribution. The MTR mentions that a key strength of the community scorecard was that it allowed for *quid pro quo* arrangement, where communities were collaborating and contributing to the change.²⁰² A key informant suggested that this links to the nature of the **Rwandan context and social contract (c4)**, where citizen participation is closely controlled and managed and only such **collaborative approaches and solutions** are viable.

10.3 Conclusion

The PPIMA case does not provide much evidence to understand hypothesis 9 in more depth. This is partially linked to the project’s monitoring system which was very much focused on tracking activities and CSO capacities rather than the actual outcomes. PPIMA has now revised its outcome-level indicators and is expected to provide more data on the effectiveness of social accountability in the future; however, this will come in too late for this case study.

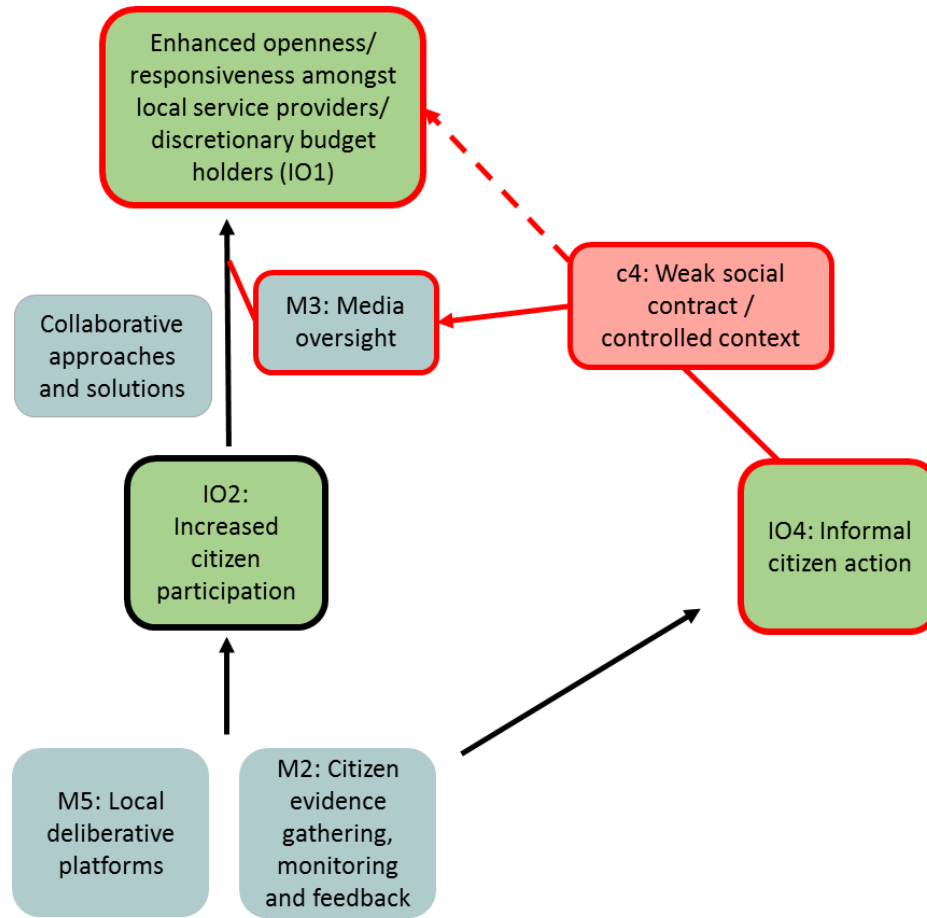
The existing evidence, albeit very weak, indicates that due to the weak social contract/controlled environment in Rwanda (**C4**), formal and collaborative social accountability approaches were more effective than confrontational, independent citizen action (**IO4**). The evidence points in particular to the role of citizen evidence gathering, monitoring and feedback (**M2**) and building local deliberative platforms (**M5**). Media oversight (**M3**) appeared to have more of a supporting role.

The following flow diagram illustrates this visually.

²⁰¹ Coffey (2015), op. cit., p.16.

²⁰² Ibid., p.26.

Figure 10.1: PPIMA Rwanda causal flow diagram








	Limited or no positive outcome change		Constraining causal process		Hypothesis 5 causal flow
	Positive outcome change		Enabling causal process		

Table 10.1: Causal process observation matrix: Public Policy Information Monitoring and Advocacy (PPIMA) 2 Rwanda (2013–18)

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
IO1. Enhanced openness/responsiveness among local service providers/discretionary budget holders	See below	<p>According to the MTR, the evidence so far demonstrates the link between support to CSOs and delivering change to communities through the community score card process. CSOs being able to influence change in national government, with benefits to a wider group, is less strongly evidenced.²⁰³</p> <p>The MTR²⁰⁴ lists a number of CSC achievement indicating enhanced responsiveness among local service providers:</p> <p>Infrastructure projects by district:</p> <p>Gatsibo</p> <ul style="list-style-type: none"> • Nursery schools in Kinunga village of Gasange • Electricity supply and 4 water wells in Ngarama Sector • 6 patients latrines at Kibondo health centre <p>Gakenke</p> <ul style="list-style-type: none"> • Provision of drinking water in Muramba <p>Muyongwe</p> <ul style="list-style-type: none"> • A market in Kamubuga • Nyanza health centre • Rehabilitation of Nyanza-Mbirima feeder road • Primary School in Janja <p>Ngororero</p> <ul style="list-style-type: none"> • Two piggeries through community work in district <p>Governance and administrative decisions:</p> <p>Ngororero</p> <ul style="list-style-type: none"> • Use of <i>ubudehe</i> funds for community priority repairs to 4 water sources • Participation of local leaders in <i>umuganda</i> as citizens • <i>Umuganda</i> fines to be kept at the sector for projects <p>Ngororero and Gatsibo</p> <ul style="list-style-type: none"> • Number of <i>umuganda</i>

²⁰³ Coffey (2015), op. cit., p.1.

²⁰⁴ Ibid., p.16.

		The MTR also states that district government is willing to engage and agree responses. <u>The response often includes a quid pro quo arrangement, where communities are collaborating and contributing to the change.</u> This increases ownership. Monitoring against original outcome indicator focused mainly on effort not effectiveness. New indicators will track advocacy initiatives through different stages which will in turn increase understanding about effectiveness. It will be essential for the project to disaggregate advocacy initiatives by theme, district and national. This will help NPA and partner learning. ²⁰⁵
	The CSC process (M2) contributed to increased informal/ independent citizen action (IO4)	A response from government is not the only response to the CSC process. The evidence shows that <u>the process also mobilises independent citizen action</u> and the contribution of community resources to government action. ²⁰⁶ Understanding the ratio of government response vs. community self-organisation is important to testing how realistic it is to say the balance between CSC as a tool for accountability or for community empowerment. ²⁰⁷
	Supporting media oversight (M3) contributed to increased citizen participation (IO2)	The inclusion of a media partner in Phase II has heightened awareness of communication as a development tool and appears to be particularly useful at keeping issues on the agenda ²⁰⁸ 18 radio call-in talk shows were organised at the district level. AJPRODHO and Rwanda Women's' Network in Gatsibo district had four dialogues. Imbaraga in Gakenke district held four district dialogues. ADENYA and COPORWA in Nyaruguru district had five. ADI-Terimbere in Ngororero held five. ²⁰⁹ PAX PRESS invites district stakeholders to participate in talk shows and community debates. These offer communities another space to question their leaders and commitments are made. Preparatory work with other CSOs, youth groups, cooperatives etc. is seen as essential for actual follow-up on commitments. ²¹⁰
	Rwanda's weak social contract/ controlled environment (c4) necessitates collaborative approaches to citizen participation and	Rwanda's 2003 Constitution and political system prioritise national unity and consensus building over competitive, pluralistic politics. In this model 'political space' is closely managed, there is no strong opposition and limited scope for civil society and media to challenge government, particularly on sensitive issues. In Rwanda however, civil society and citizens have a relatively limited role in influencing government. This is reflected in several studies: the 2010 Rwanda Reconciliation Barometer ⁷ in which 46% respondents indicate they have 'limited say in the important decisions that affects their lives'. The CIVICUS Civil Society Index, and the 2010 Rwanda Governance Scorecard, suggest that civil society in Rwanda remains weak. The 2010 Rwanda Governance Scorecard concluded that there was need to 'put in place mechanisms and strategies geared towards empowering CSOs, academia and media for their sound participation in public policy formulation, influencing and dialogue'. A survey by the Institute of Research,

²⁰⁵ Ibid., p.26.

²⁰⁶ Ibid., p.2.

²⁰⁷ Ibid., p.9.

²⁰⁸ DFID (2015), op. cit., p.1.

²⁰⁹ Ibid., p.16.

²¹⁰ Coffey (2015), op. cit., p.13.

	<p>limits independent citizen action (IO4)</p>	<p>Dialogue and Peace found 64% respondents do not think that civil society is confident to challenge or to formulate a critical opinion vis-à-vis that of government. The 2012 Civil Society Barometer shows that civil society is better at influencing social than human rights policy and civil society influence is lowest in relation to national budget development. Holding government and private sector accountable was scored lowest in the areas of civil society effectiveness. The most recent data from the Rwanda Governance Scorecard in 2014 indicates limited change, in fact reporting a small reduction in the role of non-state actors in policy formulation (from 65.5% in 2012 to 59.7% in 2014). Low levels of capacity for civil society limits their ability to engage constructively to influence government in the space that is available.²¹¹</p>
	<p>Citizen evidence gathering, monitoring and feedback (M2) contributed to enhanced service provider responsiveness (IO1) via deliberative dialogues (M5/IO2)</p>	<p>Community scorecard Examples of the Scorecard being used to address abuse of power:</p> <ul style="list-style-type: none"> • Abuse of <i>umuganda</i> (voluntary community work) in Ngororero1 in 10 of the 13 sectors. Number of days were reduced from 6 to 5 • Slashing of banana plantation by the executive secretary linked to the ‘intensification’ of agriculture policy and performance targets (<i>imihigo</i>) which included targets for land to be planted with different crops. During a community interface meeting, the government officer apologised to the community and they forgave him. No payment of compensation is reported • Mismanagement of the <i>Girinka</i> ‘1 cow per family’ scheme designed to help vulnerable households by the local leader who gave cows to his friends instead of following the list of vulnerable families developed by the community. The mayor intervened and animals were re-distributed to vulnerable households. <p>Many other examples (see IO5 box). Almost all data is from the CSC process.²¹²</p> <p>The District Dialogue Forum involves citizens and district decision makers discussing shared issues which have emerged during through community score card process and usually take place twice a year. District authorities are expected to commit to actions on agreed points</p> <p>Access to Justice and Information Centres (AJIC)</p> <p>From the beginning of PPIMA II the number of cases has grown each year and the rate of resolution has also increased starting at 74% in 2013 and reaching 92% in 2014 in a case load of approximately 11,000. During the first quarter of 2015 1,538 cases were reported. In many cases AJIC advise or directly support clients to get a judgement enforced or a lack of follow through on decisions taken in local mediator committees (<i>abunzi</i>) at cell level.²¹³</p>

²¹¹ Ibid., p.12.

²¹² Ibid., p.11.

²¹³ Ibid., p.12.

Case Study 11: Twaweza, Tanzania (2009-18)

QCA Summary findings

This project is an inconsistent case for the qualitative comparative analysis (QCA) findings in a context with a weak social contract for the following hypothesis:

- **Hypothesis 6b (Intermediate Outcome 2):** *In a state-society context with a weak social contract (C4), improving citizens' knowledge of their entitlements (M4) and/or improving their capacity to monitor services (M2) will increase formal citizen engagement (IO2) with service providers*

QCA finding: hypothesis 6b was rejected. Improving citizens' knowledge of their entitlements was not sufficient but necessary. No other condition in the model was sufficient nor necessary. However, the analysis was suffering from a lack of unsuccessful cases (but still significant) and this finding has to be treated with much caution.

11.1 Project overview

Twaweza, meaning 'we can make it happen' in Swahili, is an ongoing 10-year initiative (2009–18). It seeks to enable people in Kenya, Tanzania and Uganda to improve their quality of life through a bold, citizen-centred approach to development and public accountability. In its first 5 years, Twaweza was managed by the Dutch development organisation Hivos before establishing itself as an independent organisation, which was the strategy from the start. Twaweza is now a managing organisation in its own right.

11.1.1 Outputs

Twaweza disburses and manages grants to a small number of relatively large NGOs or civil society partners to implement demand-side activities (see discussion in Section 11.2). Twaweza's core purpose is to enable citizens in East Africa to exercise their agency and access basic services. There are three main work streams:

1. Expanding broad access to information by ordinary citizens, particularly in rural areas;
2. Strengthening media independence, plurality, quality and reach; and
3. Enabling citizens to monitor government, public resources and service delivery institutions at local and national levels.

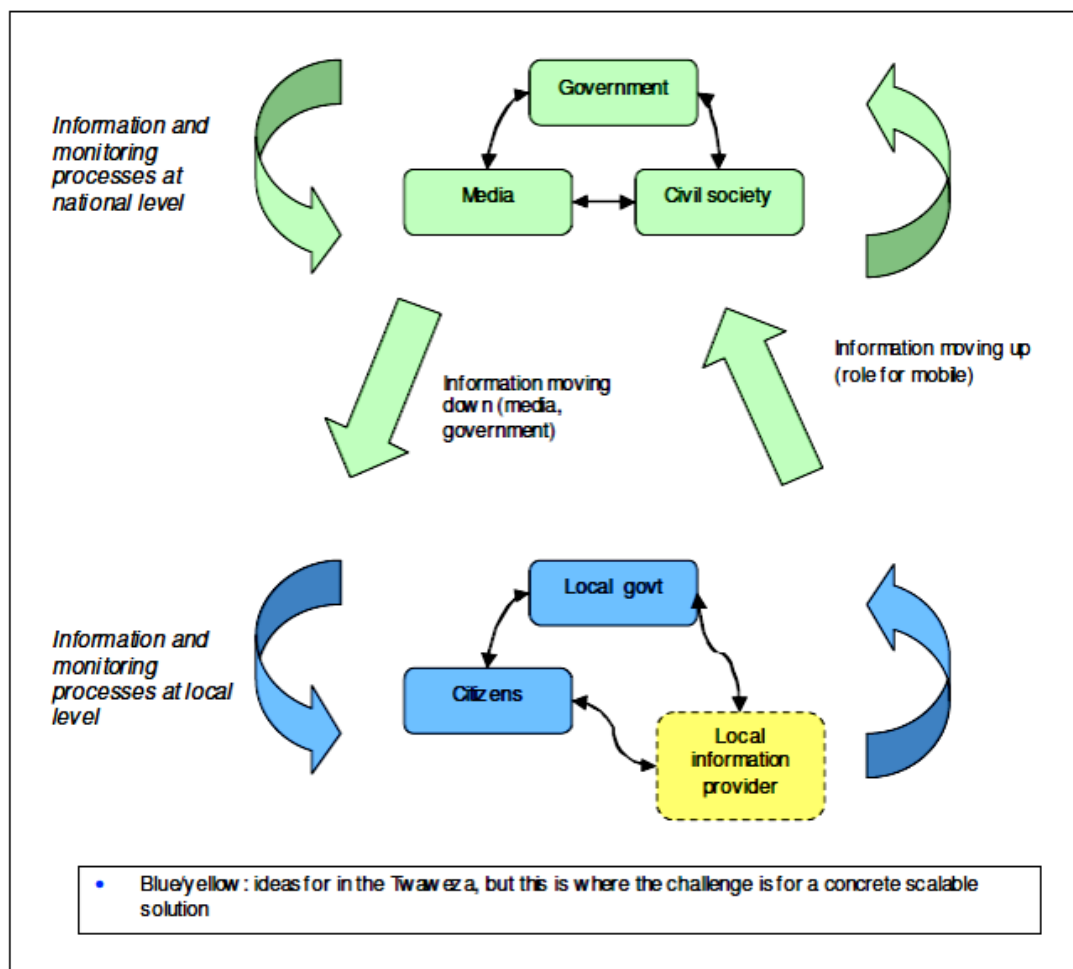
11.1.2 Outcome

Figure 11.1 demonstrates how Twaweza conceptualises social accountability in East Africa. Information gathering is key to the process so this component is housed within Twaweza. Twaweza is designed to be a flexible and responsive *actively engaged creative actor*.²¹⁴ In this way, it is not set up as a more traditional grant fund but, rather, a broker or catalyser

²¹⁴ *Twaweza! East Africa, Executive Summary*, available at http://www.twaweza.org/uploads/files/Executive_summary.pdf, p.2.

between organisations in the sector. In total, DFID contributed £6 million to Twaweza between 2009 and 2014.

Figure 11.1: Twaweza’s conception of social accountability in East Africa



Source: Project Design Document, p.27.

Twaweza achieved impressive citizen communication and outreach at scale. The programme succeeded in improving citizens’ knowledge of their entitlements, reaching some 25–30% of citizens across the country with its messages. It also supported successful projects focused on citizen monitoring, for example, by collaborating with HakiElimu and the Policy Forum on a project to enable citizens to monitor the disbursement of school capitation grants to secondary schools nationwide. By this half way stage of the ten-year programme, however, the programme had not catalysed this mass awareness raising into effective citizen engagement for better services.

It is important to note first that the evaluative material used here to assess outcome contribution relies on an external evaluation²¹⁵ conducted at the end of Twaweza’s first strategic period in 2014, just half way through the originally envisaged 10 year life of the programme. This evaluation identified that during that period Twaweza’s communication/information initiatives were not sufficient to spark/drive citizen action for

²¹⁵ Rath V et al (2015). ‘Evaluation: Twaweza Tanzania, 2009-14’, Policy Research International, February

service delivery improvement at scale. That said, Twaweza explicitly stated in all the strategy documents that improved service delivery as an outcome was not expected in the short-term (i.e. halfway through the original 10 years, when the external evaluation was conducted).

Twaweza project management key informants confirmed their starting assumption that Twaweza could spark citizen agency at large scale and through that, in the long run, citizens would demand improved services. They further confirmed that halfway through the implementing period they realised through ongoing internal evaluative learning, that this was not going to be the case. Consequently, through an adaptive programming approach, they “pivoted” the entire program, a strategic change of direction that was reportedly missed by the 2014 evaluation.

As part of this change of direction, captured in Twaweza’s ‘East Africa Strategy, 2015-18’²¹⁶, the programme is now focusing more explicitly in its second phase on supporting citizen monitoring and engagement. This builds on earlier success in citizen monitoring achieved by the programme’s [Uwezo citizen monitoring initiative](#). Under Uwezo, some 6,000 volunteers are mobilised, every year, to conduct learning assessments on more than 80,000 children and visit more than 3,000 schools:

*Since 2010 we have engaged tens of thousands of volunteers selected from local communities to test hundreds of thousands of children in their homes across Kenya, Tanzania and Uganda. District level partners help coordinate this effort and engage in local communication activities and debates. Uwezo has become a well-known brand for independent learning assessment in East Africa and globally. In the course of the 5 years, evaluations suggest that Uwezo has changed the discourse on primary education, from attention to the relatively successful provision of education inputs (enrolment, buildings, materials, etc.) to the general failure in achieving learning outcomes. In all three countries there is now a general sense of urgency to ensure that children are not only in class but that they also learn. We are promoting the idea that action taken to improve the education sector should be measured on its success by improved learning outcomes.*²¹⁷

11.2 Explaining project contribution to hypothesised change process

In this section we explore the project’s hypothesised contribution to changing outcomes for this target group, analysing the following hypothesis for which this project is a ‘inconsistent’ case:

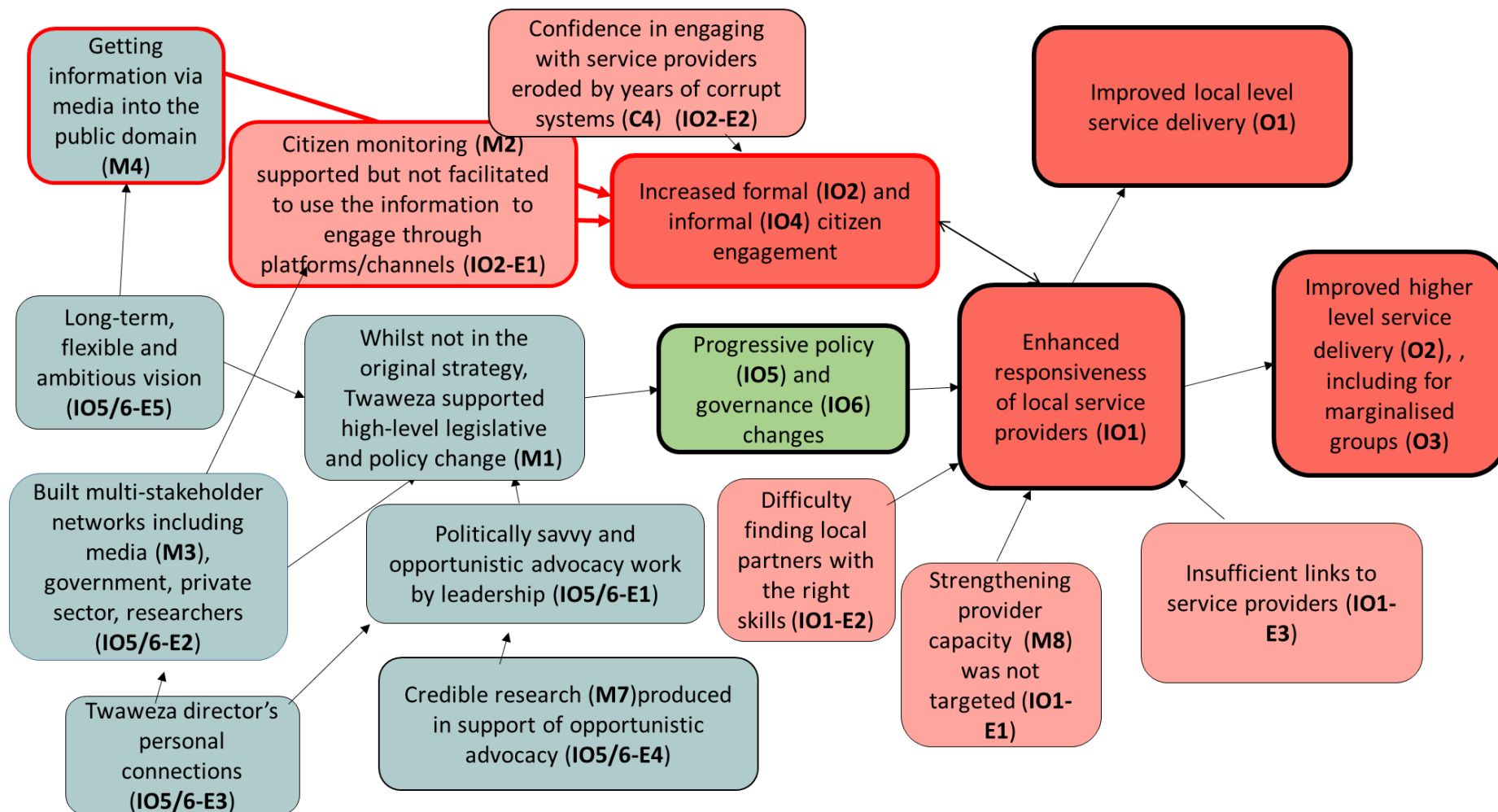
Hypothesis 6 (Intermediate Outcome 2): *In a state-society context with a strong social contract (C4), improving citizens’ knowledge of their entitlements (M4) and/or improving their capacity to monitor services (M2) will increase formal citizen engagement (IO2) with service providers*

²¹⁶ Twaweza (nd). *Twaweza East Africa Strategy, 2015-18*, Available at <http://www.twaweza.org/uploads/files/TwawezaStrategy2015-2018.pdf>

²¹⁷ Ibid, p.5

We have analysed this evaluative narrative material and interpreted it to identify the causes of change, which are listed in Table 11.1 at the end of this case study. This narrative analysis is illustrated in Figure 11.2. Our discussion below cross-references both Table 11.1 and Figure 11.2.

Figure 11.2: Twaweza causal flow diagram



	Limited or no positive outcome change		Constraining causal process		Hypothesis 6 causal flow
	Positive outcome change		Enabling causal process		

This project works in a context where there is a weak social contract between state service providers and citizen service users in respect of a shared understanding of obligations and entitlements. For this condition to be classified as present for QCA, it needs to score 0.5 or above on the CIVICUS enabling environment index. This index measures conditions that affect the capacity of citizens to participate and engage in civil society. Tanzania scores 0.47 on the index. The nature of the social contract in Tanzania is discussed in some detail in the accompanying Tanzania FCSP case study in this volume. The political liberalisation of the early 1990s in Tanzania created spaces for political participation beyond election cycles. Donor investment contributed to a subsequent growth of civil society and urban policy advocacy NGOs. Engagement around rights and entitlements has increased but the social contract remains elusive, with more recent signs of a closing of space for civil society engagement.

The Twaweza Project Design Document recognised this challenge in Tanzania. One comment on governance reforms in Tanzania is that they, *'look good on paper and impress outsiders but in fact are a charade spinning its wheels'*. The government is often viewed by citizens as a problem – corrupt or indifferent. Indeed, in an interview with Rakesh Rajani (ex-Head of Twaweza) and Varja Lipovsek (Learning, Monitoring and Evaluation Manager), they perceived a culture of mistrust existing in Tanzania, and in East Africa more generally, which prevents citizens from engaging with the state, owing to years of unresponsive and corrupt systems.

Nevertheless, Twaweza focused on getting information into the public domain (M4), which it successfully managed. According to the 2015 Evaluation, Twaweza's messages have reached up to a third of the Tanzanian population.²¹⁸ Additionally, there have been elements of citizen monitoring in Twaweza's approach (M2). For example, Twaweza collaborated with local NGOs HakiElimu and Policy Forum on a project to enable citizens to monitor the disbursement of school capitation grants to secondary schools nationwide (see <http://www.twaweza.org/go/citizens-urged-to-monitor-secondary-schools--funds>, accessed 27 January 2016). However, Twaweza then failed to foster increased formal (or informal) citizen participation (IO2 and IO4). It seems that one key barrier was the culture of disengagement between citizens and the state, as outlined above.

Twaweza, in its long-term (M9) strategic approach, recognises that it takes time to effect change in social norms (citizens engaging with the state). The vision was long term and the design document states that a typical comment from stakeholders during the scoping phase was, *'unless you can think in at least 7 to 10 year terms or more, don't even bother'*.²¹⁹

One should note that as well as being long term, the vision for Twaweza is also ambitious and flexible, with an engaging and well-connected founder. According to formal and informal accounts, Rakesh Rajani was a charismatic and strategic thinker. As one respondent in the 2015 Evaluation stated, *'Twaweza seems to be very much an organisation cast in Rakesh's image'*.²²⁰ This means that Twaweza has been able to draw upon the personal connections and networks of the leadership (E1) to influence policy discussions. Therefore, there are

²¹⁸ Rath V et al (2015). 'Evaluation: Twaweza Tanzania, 2009-14', Policy Research International, February, p.vi

²¹⁹ *Twaweza! East Africa, Executive Summary*, available at http://www.twaweza.org/uploads/files/Executive_summary.pdf, pp.15–16.

²²⁰ *Ibid.*, p.134

elements of Twaweza’s approach, such as having a charismatic and connected founder, that are unlikely to be replicated in other contexts.

Twaweza’s approach has been to work through a few carefully selected strategic partnerships that already have substantive reach and the capacity to act as change agents (**E2**). It sought to partner with organisations not always traditionally thought of as developmental, such as NGOs, but, rather, with media organisations, mobile phone companies, trade unions and others. However, the 2011 Annual Report stated that Twaweza had failed to develop as many partnerships as anticipated, or enough of an ecosystem. While the networks of the leadership were able to go some way to encourage connections with relevant organisations, it could be that there simply were not enough organisations in existence with the required substantive reach and capacity to act as change agents in Tanzania. The amount of time it takes to develop and negotiate projects with strong partners accounted for a significant amount of Twaweza’s underspend, particularly in the first few years. Nevertheless, by working with its chosen partners, Twaweza was able to reach a large proportion of Tanzania’s population, albeit at a slower pace than anticipated.

Despite the presence of some positive mechanism-related conditions, there was no evidence by the mid-point of the ten-year project of increased formal citizen engagement (IO2) with service providers. While Twaweza has been very successful in getting information out into the public domain and reaching a large percentage of the population with its messages, it then failed to suggest to citizens what to do with this information – no local deliberative platforms have been created (M5). That said, this was never the aim of Twaweza in its first phase: its ethos was not meant to be top-down or prescriptive; rather, the idea was to get information out into the public domain and then let citizens mobilise and act on this information themselves (IO4). Indeed, there was a recognition at Twaweza, reflected in its second phase strategy document, that this approach had not really worked. As Rakesh and Varja state:

*Twaweza needs to, ‘move away from an unexplained ‘magic sauce’ model where we feed some inputs [i.e. information] into a complex system, hope that the [self-selecting, undifferentiated] citizens will stir it themselves, and voila – a big outcome [such as increased citizen monitoring of services, and improved service delivery] will somehow pop out on the other end’.*²²¹

The above quote addresses the main reason that very little evidence can be found of increased formal or informal citizen participation (IO2 & IO4). As stated in the evaluation, Varja and Rakesh recognise that more political economy analysis needs to be done in order to better understand the systems in which they work, such as the barriers and motivators for citizens and the state to act. However, the Twaweza management response to the 2015 Evaluation is as follows:

²²¹ Varja Lipovsek and Rakesh Rajani in response to a series of blog posts by Duncan Green on Twaweza’s big rethink: <http://oxfamblogs.org/fp.2p/last-word-to-twaweza-varja-lipovsek-and-rakesh-rajani-on-how-to-keep-the-ambition-and-complexity-be-less-fuzzy-and-get-more-traction/>, cited in Evaluation Twaweza: Tanzania, 2009–14, Policy Research International and Project Services International, February 2015, p.87.

*We continue to maintain that citizen agency [as measured by citizens actively accessing information, taking part in public debates, reaching out to authorities, etc.] is a means to improved service delivery [in public service provision], as well as end in itself.*²²²

11.3 Conclusion

Twaweza was implemented in Tanzania, where the citizen-state social contract (C4) was weaker than in some other contexts. Nevertheless, Twaweza succeeded in reaching many Tanzanian citizens with messages about services (M4) and also facilitated some citizen monitoring of service delivery (M2). However, Twaweza assumed in its first phase that citizens would know how to use the information they were given so that they could engage with service providers in order to advocate for improvements (IO2). The organisation now recognises this and has learned from its self evaluation of this failing. In an impressive display of adaptive programming the new Twaweza strategy notes:

*We assumed that information alone would work. In the first years we designed different creative methods and products to reach people, comparative information and stories of change which we assumed would help people imagine the world could be different and would help them figure out how to solve some of their problems. We knew there are constraints that hold people back, such as deep inequities, fear of reprisal and lack of resources, but we thought people would get organized and work together to overcome those. We found that this was not the case, at least not as a general rule. And though we are convinced that information is absolutely crucial in moving towards a more prosperous and democratic society, it generally takes more than that: people must have the ability to act (whether this is knowledge, or skills, or self-efficacy), they must be motivated to act (by believing their action has a chance of bringing change, for instance, or by not fearing risk of reprisal), and there must be opportunities for people to act (whether through a responsive and interested media, or through an institutional feedback mechanism, etc.).*²²³

²²² Ibid., p.3.

²²³ Twaweza (nd), op cit, p.7.

Table 11.1: Causal process observation matrix: Twaweza Tanzania

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Enhanced responsiveness of local service providers (IO1)	Support to service provider capacity was not targeted (IO1-E1)	The Twaweza Evaluation ²²⁴ highlighted these constraining elements. While the evaluation found evidence of enhanced openness at the policy level, it did not mention enhanced openness at the local service provider level.
	The programme struggled to find local NGO partners with the right skills to facilitate change (IO1-E2)	Government accountability: more openness demonstrated by the adoption of the Open Governance Partnership (OGP) and the commitment to free up education capitation grants.
	Twaweza's support to mass citizen awareness raising and project-level citizen monitoring did not sufficiently establish institutional links to service providers (IO1-E3)	
Increased formal citizen engagement (IO2) and informal citizen action (IO4)	Citizen monitoring (M2) supported but not facilitated to use the information to engage through platforms/channels. TWAVEZA stopped short of its objective of achieving large scale informal changes in citizen behaviour and government accountability (IO2/4-E1)	<p>Twaweza succeeded in getting information into the public domain (M4) – ‘<i>Twaweza's messages are reaching up to a third of the population of Tanzania</i>’.²²⁵</p> <p>The evaluation found that the core weakness in Twaweza's ToC was effective mobilisation. There was little evidence to show that Twaweza's contribution was sufficient to foster this action:</p> <p style="padding-left: 40px;"><i>Little measurable citizen action has been generated and translated into measured improvements in development goals</i>²²⁶</p> <p>The idea was that people would receive information, become advocates for change and, eventually, take action to improve citizen welfare. Simultaneously, governments would take action with them, motivated by the demands of the citizens.²²⁷ However, this did not happen, and the evaluation identified a very long causal chain, with many assumptions and multiple weaknesses.</p> <p>While partners, media, other NGOs, and government officials often used and quoted Twaweza's work (M4), no progress could be seen in building</p>

²²⁴ Rath V et al (2015). 'Evaluation: Twaweza Tanzania, 2009-14', Policy Research International, February

²²⁵ Ibid, p.vi

²²⁶ Ibid, p.79

²²⁷ Ibid, p.71

		<p>local deliberative platforms (M5 > IO2). Citizens and governments were given information, but citizens, in particular, didn't know what to do with it in order to inspire change.</p>
	<p>An external barrier to this is the culture of mistrust from citizens in engaging with the state due to years of unresponsive and corrupt systems (C4) (IO2-E2)</p>	<p>The evaluation concluded that even if a local deliberative platform were created, might not engage with it due to years of unresponsive and corrupt systems.</p>
<p>Progressive policy (IO5) and governance (IO6) changes</p>	<p>Key factors:</p> <ul style="list-style-type: none"> • Politically savvy and opportunistic advocacy work (IO5-E1) • Built multi-stakeholder networks (IO5-E2), including a strengthened media (M3) • Backed by personal connections of the leadership to form networks and pursue advocacy (IO5-E3) • Supported by feeding in high quality evidence (IO5-E4) • Backed by Long-term, flexible and ambitious vision (IO5-E5) 	<p>Despite its intended focus, Twaweza appeared to have more links to the government policy level than the local citizen level.</p> <p><i>(Twaweza had a) unique position in being able to foster evidence based discussions at the level of both the population and of policy makers.</i>²²⁸</p> <ul style="list-style-type: none"> • The PCR evaluated that Twaweza was able to influence national debates on school capitation grants.²²⁹ The government promised to release TZS 10,000 per student directly to schools, which translate as a net gain of about 46 million TZS per year. The project evaluation evaluated that Twaweza's contributions to this included producing survey evidence that money sent directly to schools had a significant effect, in that funds were used well for their intended purposes. Twaweza Communication Brief recorded Twaweza's public engagement, media coverage and meetings with government and partners.²³⁰ • Twaweza succeeded in forcing the government to pay greater attention to learning at school, rather than just enrolment. A project-funded learning assessment of basic literacy was evaluated to have strongly contributed to the government focus on quality of education and led government to undertake its own numeracy and literacy assessment'..²³¹ The government's documents cite this assessment's data on education analysis and problem solving.²³²

²²⁸ DFID (2015), op cit, p.4

²²⁹ DFID (2015) 'Twaweza Project Completion Report', DFID, London, p.13

²³⁰ Rath et al (2015), op cit, p.46

²³¹ DFID (2015), op cit, p.4

²³² Rath et al (2015), op cit, p.59

		<ul style="list-style-type: none"> • Twaweza was also evaluated to have contributed significantly to the Big Results Now (BRN)! Initiative. Twaweza’s influence on the BRN initiative was attributed to its active participation in the BRN 6-week ‘lab’, its introductions of how to approach improving learning outcomes and pilot tests.²³³ • Amongst governance-related influences, the evaluation reported that Twaweza made a major contribution to the fact that Tanzania joined the Open Government Partnership (OGP) in 2011, in the development of the first and second national OGP plan, in organising and supporting OGP summits, and in informing citizens about the OGP. It has also contributed to the development of the Freedom of Information Law.²³⁴ Twaweza also piloted innovative tools to promote rapid citizen engagement in monitoring government performance²³⁵ (PCR 2015, p.13). <p>Evaluative reporting analyses Twaweza’s ability to influence policy and governance. Twaweza was evaluated in the PCR to have developed ‘excellent “antennae”:</p> <p style="padding-left: 40px;"><i>The choice of issues, timing, successful testing, piloting, scaling up, repetitions with scale, and quality control, combined with strategic engagements with the government and media, all contributed by Twaweza – have made a very direct and major contribution to the noted shifts in perceptions and policy Tanzania.</i>²³⁶</p> <p>This was applied through finding relevant issues on which to focus monthly rounds of influential surveys, e.g. political polling, sim card tax, freedom of information/media laws.</p> <p>The PCR pointed to Twaweza’s effective use of the media for this policy advocacy. The evaluation also attributed successful policy advocacy to the opportunistic use of the Twaweza network of contacts, including media partners:</p>
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²³³ Ibid, p.60

²³⁴ Ibid, p.11

²³⁵ DFID (2015), op cit, p.13

²³⁶ Rath et al (2015), op cit, p.54

		<p><i>Twaweza has relationships with a number of different partners, which has facilitated linkages. Twaweza signed more than 30 partnership agreements in Tanzania over the period 2009 to 2014. The idea was to partner with organisations that already have a presence in almost all communities... The partnership aspect here is important because it is in pooling the comparative advantages of several groups into a shared project that real value is added and that 'an ecosystem of change' can emerge, that would otherwise be unlikely to be pulled off by any one organization on its own.</i> ²³⁷</p>
<p>Improved local-level (project area) service delivery (O1)</p>	<p>Basic services have expanded but lack quality and deliver poor outcomes.</p>	<p>PCR and Evaluation evidence as for higher level outcome O2</p>
<p>Improved higher-level (at scale) service delivery (O2), including for marginalised groups (O3)</p>	<p>High ambitions that were not realistic given the project size.</p>	<p>Twaweza had set unattainably ambitious service delivery goals in basic health, water, and education. The failure of service delivery results in the water sector was put down to weaknesses in the partner. The failure of services delivery results in the health sector was put down to a lack of capacity. The ambitious education impact goal (improved basic literacy and numeracy by 10 percent in three countries over four years) <i>'has not been achieved and will be very difficult, even impossible, to achieve in the remaining four years of their ten year plan.'</i> ²³⁸</p> <p>PCR and Evaluation reporting on additional challenges of translating increased awareness into improved service delivery at scale for marginalised groups:</p> <p><i>'Holding government to account will remain a challenge given entrenched power dynamics that limit marginalised groups, especially the poor, the disabled, women and children. Information is much more likely to be used by educated, urban, middle income citizens who do not necessarily share the same concerns as the poor on service delivery.'</i> ²³⁹(PCR 2015, p.5).</p>

²³⁷ Ibid, p.22

²³⁸ Ibid, p. 78

²³⁹ DFID (2015), op cit, p.5

Case Study 12: Madhya Pradesh Rural Livelihoods Project – Phase II

QCA Summary findings

This project is a consistent (modal) case for the QCA findings in a context with a strong social contract for the following hypothesis:

- **Hypothesis 6a Intermediate Outcome 2):** *In a state-society context with a strong social contract (C4), improving citizens' knowledge of their entitlements (M4) and/or improving their capacity to monitor services (M2) will increase formal citizen engagement (IO2) with service providers*

QCA finding: Hypothesis 6a is ambivalent due to the lack of unsuccessful cases.

12.1 Project overview

DFID provided £45 million between 2008 and 2013 to the Madhya Pradesh Rural Livelihoods Project (MPRLP). The project, in its second phase, provided continuing support to the Government of Madhya Pradesh, India to sustainably enhance livelihoods of the rural poor in the state. The state of Madhya Pradesh was targeted because it was one of the poorest in India; at the time of project design, 74% of the total population was rural, 54% were living below the poverty line and around one third were scheduled castes and scheduled tribes.

India has been classified as a country with a strong social contract (**C4**). This means that the relationship between state service providers and citizen service users is one of a shared understanding of obligations and entitlements. In terms of the context, one should note that pro-poor policies are in place in India (**C3**). This condition is defined as, '*the benefits from policy decision making accruing to the poor and marginalised in society*'.

In a state with high levels of poverty, government pro-poor policies and budgets were evident. The [project] Intervention Summary states that, '*the government is committed to poverty reduction in rural areas and has huge budgetary allocations for the sector [approximately £325 million per year]*'.

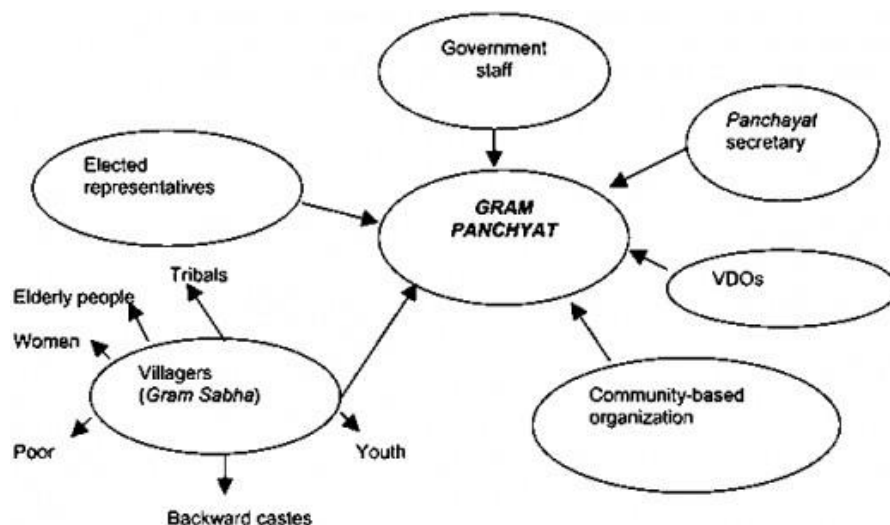
Added to this pro-poor policy context, the institutions of government are set up to enable citizen engagement and reflect a strong social contract. The focus of this social contract for the MPRLP was the institution of local self-governance. This represented a political space for the project to strengthen state-citizen accountability relations. The *gram panchayat* is the institutional arrangement for decentralised governance in India.²⁴⁰ It includes elected local citizens.²⁴¹ A *gram sabha* comprises every adult member of a village. The members of the

²⁴⁰ Gram sabhas are defined by the Madhya Pradesh Panchayati Raj and Gram Swaraj Adhiniyam (Act) 1993, as the fourth tier of the Panchayati Raj Institutional set-up and as a unit for decentralised governance. See (<http://www.importantindia.com/12463/gram-sabha-and-gram-panchayat-in-india/>).

²⁴¹ Gram sabhas are defined by the Madhya Pradesh Panchayati Raj and Gram Swaraj Adhiniyam (Act) 1993, as the fourth tier of the Panchayati Raj Institutional set-up and as a unit for decentralised governance. See (<http://www.importantindia.com/12463/gram-sabha-and-gram-panchayat-in-india/>).

gram sabha elect members for the *gram panchayat*. The project funded these *gram sabha* village institutions to improve the effectiveness and accountability of government schemes, and provided direct assistance to the poor to improve their livelihoods and address food security. Figure 12.1 illustrates the structure of local governance. By working with the *gram sabhas*, the project aimed to enable the village community to identify the poor and poorest and to provide them with a mix of grants/loans to access their entitlements under government schemes.²⁴²

²⁴² DFID (2011), Annual Review, London: DFID.

Figure 12.1: Structure of local government in India

Source: Hubpages.com, 'Gram Panchayat'²⁴³

MPRLP also worked with the Madhya Pradesh government at the macro level to harmonise their policies and projects in traditional sectors such as agriculture, horticulture and animal husbandry. Finally, it worked with NGOs on health awareness raising, rights and entitlements to ensure access to basic services and facilitating access to finance for the poorest, especially women.

The 2011 DFID Annual Review of the project's first phase states that the second phase should (a) include actively targeting the poor; (b) focus on social protection for reduced vulnerabilities; (c) adopt a gendered approach to improving livelihoods; and (d) seek synergies with other government imperatives.

Lessons from the MPRLP also informed a new Government of India flagship project – the National Rural Livelihoods Mission (NRLM). A sum of £5 million from the £45 million DFID contribution was channelled through the Madhya Pradesh Rajya Ajeevika Forum to facilitate preparation for NRLM.

12.1.1 Outputs

The outputs of this project were as follows:

- **Output 1:** Enhanced capacities of *gram sabhas* to plan and manage resources in a transparent, effective and accountable manner in response to community-driven demands.
- **Output 2:** Improved access to assets, employment and services that support the livelihoods of the rural poor.
- **Output 3:** Effective mechanisms for social protection which reduce vulnerability and build assets of the poorest, and reduce constraints to productive activity.
- **Output 4:** Women and men have equitable access to and benefit from resources, decision making and opportunities to enhance livelihoods.

²⁴³ Hubpages.com, (2016), 'Gram Panchayat – A Rural Self-Government in India', 2 January, available at <http://hubpages.com/politics/PANCHAYET-rural-self-government-in-India-WHAT-AND-HOW#>, accessed 19 February 2016.

- **Output 5:** Project results, methodologies and structures inform state and central level projects and policies.

The social accountability elements of the project were particularly apparent in the *gram sabha* micro-planning elements of Outputs 1, 3 and 4.

12.1.2 Outcome

By focusing mainly at the *gram sabha* level, the project aimed to empower the poor to gain access to basic services through government schemes. It was primarily a demand-side governance project. DFID's Project Completion Review (PCR 2013) stated the following with regard to its impact:

At the impact level, the project has made several significant gains for the poor and poorest through a considerable reduction in poverty and distress migration, a significant improvement in food security, leveraging resources for gram sabhas' micro-plans through convergence with other government schemes and sub-schemes, and substantial improvements in pro-poor budget allocations and services.²⁴⁴

12.2 Explaining the MPRLP contribution to hypothesised change process

In this section we analyse the project's hypothesised contribution to changing outcomes for this target group, analysing the following hypothesis for which this project is a 'consistent' (modal) case:

- **Hypothesis 6 (Intermediate Outcome 2):** *In a state-society context with a strong social contract (C4), improving citizens' knowledge of their entitlements (M4) and/or improving their capacity to monitor services (M2) will increase formal citizen engagement (IO2) with service providers*

We have analysed this evaluative narrative material and interpreted it to identify the causes of change – or causal process observations (CPO) – which are listed in Table 12.1 at the end of this case study. This narrative analysis is summarised and cross-referenced in Figure 12.2. Our discussion below cross-references both Table 12.1 and Figure 12.2.

²⁴⁴ DFID (2013), Project Completion Review, London: DFID, p.27.

12.2.1 Evidence supporting the hypothesis

The main focus of the MPRLP confirms the effectiveness of the hypothesised driver of **local-level, demand-side accountability**. The project worked to improve citizens' knowledge of their entitlements (**M4**) and to improve their capacity to monitor services (**M2**). The DFID Annual Review 2012 stated that MPRLP had enhanced people's awareness (IO2-E1) with regards to a whole range of issues, including access to information, financial services and health.

The MPRLP **embedded local accountability elements for service delivery within the gram sabhas (IO2-E1)**, using a participatory 'micro-planning' approach to identify the needs of the poorest and ensure that the *gram sabhas* were serving these needs through their prioritisation and allocation of discretionary elements of *gram kosh* budgets. The project also worked with **other village institutions – such as village development committees and self-help groups representing the poor and marginalised** – to embed their effective participation in local governance (**IO2-E2**).

The project **supported citizen evidence gathering, and monitoring (M2) to feed evidence into the micro-planning process (IO2-E3)**. By the end of the project, all 2,086 *gram sabhas* in Phase II villages had developed micro-plans and identified actions based on the specific needs of the poorest. The majority of the *gram sabhas* were also annually reviewing their plans and making necessary changes. The target for indicator 1.1 (proportion of *gram sabhas* carrying out annual reviews of micro-plans and updates) was 70%. This was exceeded at the end of the project, scoring 91% in the PCR 2013.

In this project, the **distinction between the local government and citizens was blurred**. By working through the local government, the project enabled communities to identify the poor and poorest and to provide them with a mix of grants/loan, and helped them to access their entitlements under government schemes (**O3**). The project demonstrated that a more effective *gram sabha* could strengthen decentralised planning, provide space for the poor and women (**IO3**), and increase confidence in demand-led approaches for improved service delivery. One beneficiary stated for instance, '*The gram sabha now meets monthly, more women are participating*'.²⁴⁵

A significant enabling factor discussed in the PCR 2013 was the **strong relationship between the project staff and 'beneficiaries' of the project (IO2-E4)**. The project worked **with locally embedded and trusted NGOs with the right skill mix**. The reviewers consider this relationship important to the project's success, stating,

*In hindsight, we found that the success of MPRLP lay in the close interaction between staff (especially field workers) and the beneficiaries, and the consequent high degree of trust that had developed between them. Part of this trust stemmed from MPRLP staff informing beneficiaries, and helping them access their rights and entitlements available under various state and centrally sponsored schemes.*²⁴⁶

Notably, the project was able to enhance the opportunity for effective local planning by leveraging additional funding for *gram sabha* community micro-plans through convergence

²⁴⁵ Ibid., p.21.

²⁴⁶ Ibid., p.27.

with other government schemes (**IO1-E5**). Finally, this project was a **long-term initiative**, with two phases (**M9**) covering 2004 to 2013, **providing time for a participatory governance approach to take root (IO2-E6)**. By initiating a two-phase, long-term project and working through existing local structures, MPRLP II was able to gain the trust of the community and sustain local institutional arrangements.

12.3 Conclusion

The context of strong social contract in Madhya Pradesh with pro-poor policies in place, combined with the MPRLP II mechanisms of a long-term approach and working through local institutions to foster demand-side accountability, played major roles in influencing the positive documented local outcomes. MPRLP worked to strengthen local governments to ensure they were effective, accountable and responsive to community-driven demands. The contribution of citizen engagement with *gram sabhas*, through the use of participatory planning around local *gram kosh* budgets, contributed to increased responsiveness and to improved local service delivery, including for marginalised social groups. Evaluated impacts identified a small decrease in poor households in project sites, although the contribution that the project made to this outcome was unknown.

Table 12.1: Causal process observation matrix: Madhya Pradesh Rural Livelihoods Project II

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Improved higher-level (at scale) service delivery (O2)	The project has tested and demonstrated successful local participatory governance approaches that can be incorporated into the wider state-level government system with enhanced support to macro level governance.	Review team inference from outcome evaluative reporting
Improved local-level (project area) service delivery (O1), including for marginalised social groups (O3)	The project improved the functioning of participatory governance (IO2) of the <i>gram sabhas</i> , including more socially inclusive citizen participation (IO3) and more responsive local government (IO1), which led to a better allocation of resources for the poor.	Evidence presented of more pro-poor local budgeting in project villages, including 46% (target 50%) of the funds utilized for women ²⁴⁷ Strong evidence in 2013 PCR of more responsive <i>gram sabha</i> in project villages via participatory planning around local <i>gram kosh</i> budget. <i>Gram Sabhas in Phase II villages have developed micro-plans and identified actions based on the specific needs of the poorest ... There has been an improvement in financial skills, awareness, transparency and accountability of Gram Sabha's: This has enabled the poor (particularly women) to demand services and hold service delivery agents to account, including elected representatives.</i> ²⁴⁸
Increased citizen engagement in formal platforms (IO2), including marginalised social groups (IO3)	Participatory micro-planning embedded in <i>gram sabha</i> institution (IO2-E1)	The PCR 2013 reported that: <i>The Madhya Pradesh Panchayati Raj and Gram Swaraj Adhiniyam (Act) 1993, [which] defined Gram Sabha as fourth tier of the Panchayati Raj Institutional set-up and as a unit for decentralised governance. This structure was at the core of institutional development imperatives, both in the Phase 1 and the Phase 2.</i> ²⁴⁹ The project demonstrated that a more effective Gram Sabha can strengthen decentralised planning, provide space for the poor and women, and increase confidence in demand-led approaches for

²⁴⁷ Sambodhi RCP Ltd (n.d.). 'Madhya Pradesh Rural Livelihoods Project: Impact Assessment', New Delhi, p.13.

²⁴⁸ DFID (2013), op. cit., p.11.

²⁴⁹ DFID (2013), op. cit., p.6.

		improved service delivery. 33% women participate in Gram Sabha committees, 54% in leadership. ²⁵⁰ <i>'The Gram Sabha now meets monthly, more women are participating'</i> (beneficiary).
	Worked with targeted social group institutions on awareness raising and participation (IO2-E2)	OCR 2013 reported that the project worked purposefully with other village institutions, such as village development committees and self-help groups representing the poor and marginalised, in order to embed their effective participation in local governance. ²⁵¹
	Citizen evidence gathering, and monitoring (M2) to feed evidence into the micro-planning process (IO2-E3)	By the end of the project, all 2,086 <i>gram sabhas</i> in Phase II villages had developed micro-plans and identified actions based on the specific evidence of the poorest. The majority of the <i>gram sabhas</i> were also annually reviewing their plans and making necessary changes. The target for indicator 1.1 (proportion of <i>gram sabhas</i> carrying out annual reviews of micro-plans and updates) was 70%. This was exceeded at the end of the project, scoring 91% in the PCR 2013.
	Strong field presence of skilled NGO staff who built relationships with 'beneficiary' communities (IO2-E4)	The project worked with locally embedded and trusted NGOs with the right skill mix . The reviewers consider this relationship important to the project's success, stating, <i>In hindsight, we found that the success of MPRLP lay in the close interaction between staff (especially field workers) and the beneficiaries, and the consequent high degree of trust that had developed between them. Part of this trust stemmed from MPRLP staff informing beneficiaries, and helping them access their rights and entitlements available under various state and centrally sponsored schemes.</i> ²⁵²
	Project leveraged additional funding for gram sabha community micro-plans through convergence with other government schemes (IO1-E5)	Project leveraged an additional £4.9m for <i>gram sabha</i> community micro-plans through convergence with other government schemes. ²⁵³
	Two-phase project (M9) providing time for a participatory governance approach to take root (IO2-E6)	Review team inference from PCR reported outcome achievements over two phases.

²⁵⁰ Ibid, p.11.

²⁵¹ Ibid.

²⁵² Ibid., p.27.

²⁵³ Ibid.

Case Study 13: Strengthening Monitoring and Performance Management for the Poor in South Africa

QCA Summary findings

This project is a consistent (outlier) case for the QCA findings in a context with a strong social contract for the following hypothesis:

- **Hypothesis 6a (Intermediate Outcome 2):** *In a state-society context with a strong social contract (C4), improving citizens' knowledge of their entitlements (M4) and/or improving their capacity to monitor services (M2) will increase formal citizen engagement (IO2) with service providers*

QCA finding: Hypothesis 6a is ambivalent due to the lack of unsuccessful cases.

13.1 Project overview

DFID has been supporting evidence-based policy making in South Africa since 2003, mainly through the Strengthening Capacity for Evidence-Based Decision Making (SACED) project (2004–13). Between 2012 and 2015, DFID contributed £2 million to the Department of Performance Monitoring and Evaluation (DPME) in South Africa in support of the Strengthening Monitoring Performance for the Poor in South Africa (SMPMP) project. The majority of funding for this project came from the South African government (£21 million).

For the purposes of our QCA, South Africa was classified as a country with a strong state-citizen social contract because it scores above 0.5 (0.59) on the CIVICUS enabling environment index. However, this QCA score should be qualified by observations from DFID in its business case, identifying that a 'loss of confidence in democratic governance and/or failure to address fractures within South African society could put the new South Africa's long-term future at risk'.²⁵⁴ This is reflected in the trend in the World Bank's indicator for voice and accountability, which declined from 0.89 to 0.68 between 1996 and 2008.

The social contract entry point for this project was the government's 'open government partnership' commitment. This was part of a multilateral initiative that aimed to secure concrete commitments from governments to promote transparency, empower citizens, fight corruption, and harness new technologies to strengthen governance.²⁵⁵ The project aimed to support the government to effectively deliver on its country action plan for the open government partnership, specifically on civic engagement for greater accountability, both at central and provincial levels. It was designed in a context of a high level of political commitment to pro-poor growth in South Africa, which was clearly understood at the political level, although the practicalities of the approach were sometimes less well understood at intermediate and lower levels of government.²⁵⁶ These anti-poverty efforts at the presidency level included:

²⁵⁴ DFID (2011), Strengthening Performance Monitoring and Evaluation for the Poor in South Africa, Business Case, London, DFID, p.5.

²⁵⁵ <http://www.opengovpartnership.org/about>, accessed 10 February 2016.

²⁵⁶ DFID (2011) op cit, p.5.

- Co-ordinating, monitoring and evaluating efforts by government departments; and
- Working with civil society and the private sector to strengthen, monitor and supplement anti-poverty projects.²⁵⁷

13.1.1 Outputs

DFID provided strategically-targeted technical support with the aim of achieving the following outputs:

1. Front line service delivery monitoring and reporting systems developed and operational (including service-delivery site visits and citizen hot-lines).
2. Citizen-based service-delivery monitoring (CBM) system developed and piloted.
3. Outcomes evaluation system for government projects developed and operational.
4. DPME strategic M&E support facility is operational (across departments and provinces).

13.1.2 Outcome

DFID's support was designed to influence outcome-level change in the shape of increased government performance and accountability for delivering services and results for South Africa's citizens. The outcome was stated as 'an effective national monitoring and evaluation system informing government's work and supporting government's accountability to citizens'.

In terms of results at the outcome level, the SMPMP project demonstrated some improvements in local service delivery (**O1**). It was reported that of the facilities that were re-monitored in 2014/15, most showed some improvements, with nine improvement interventions implemented.²⁵⁸ However, the project was not then able to translate this into improvements at scale in service delivery (**O2**). Project reporting confirmed that uptake or integration of these improvement plans into ongoing management processes is not yet systematic across all facilities that were visited.²⁵⁹

13.2 Explaining project contribution to hypothesised change process

In this section we analyse the project's hypothesised contribution to changing outcomes for this target group, analysing the following hypothesis for which this project is a 'consistent' case:

Hypothesis 6 (Intermediate Outcome 2): *In a state-society context with a strong social contract (C4), improving citizens' knowledge of their entitlements (M4) and/or improving their capacity to monitor services (M2) will increase formal citizen engagement (IO2) with service providers*

We have analysed this evaluative narrative material and interpreted it to identify the causes of change – or causal process observations (CPO) – which are listed in Table 13.1 at the end of

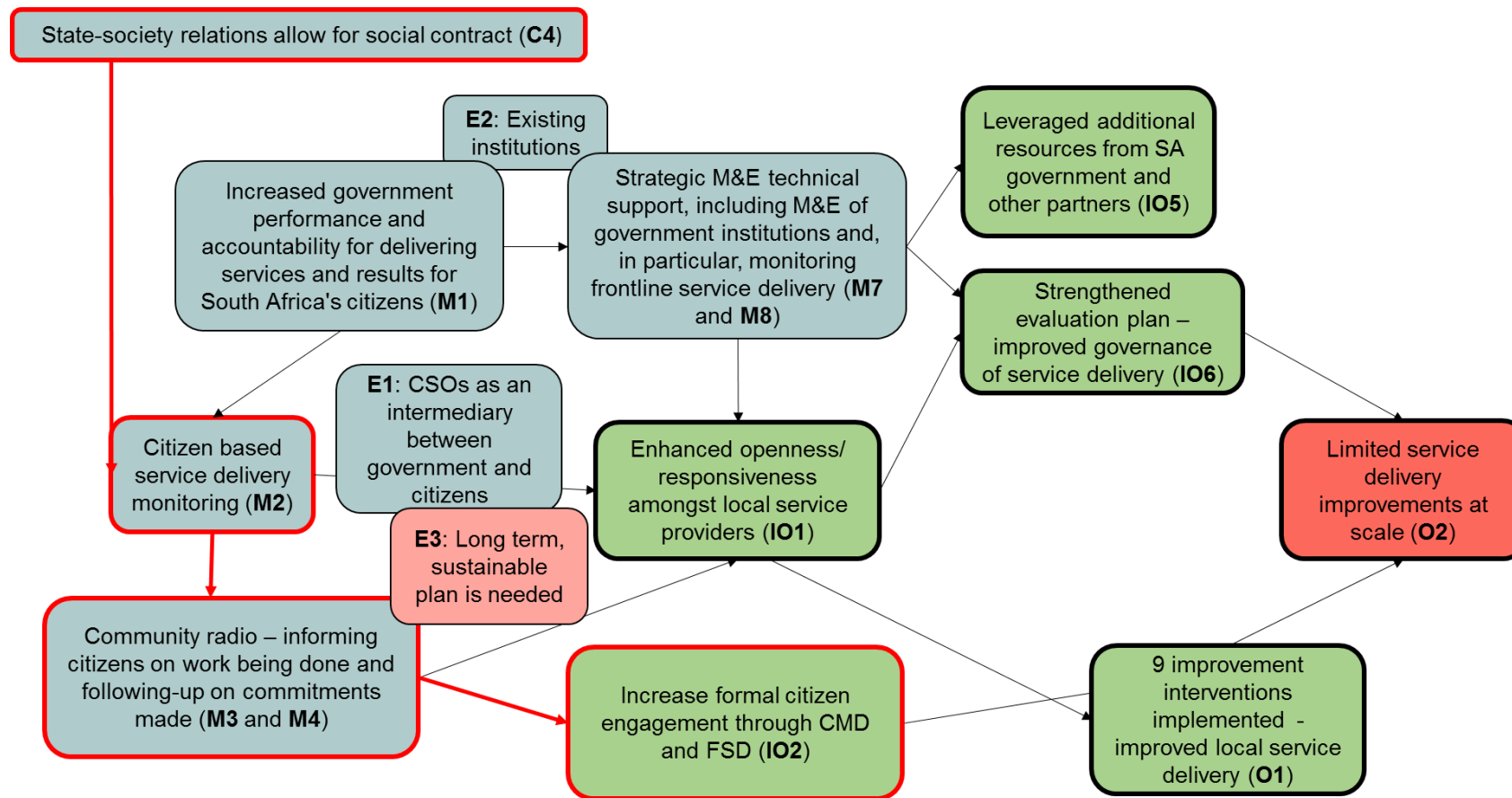
²⁵⁷ Ibid., 5.

²⁵⁸ DFID (2015) Strengthening Performance Monitoring and Evaluation for the Poor in South Africa, Annual Review, London: DFID, p.6.

²⁵⁹ Ibid, p.1.

this case study. This narrative analysis is summarised and cross-referenced in Figure 13.1. Our discussion below cross-references both Table 13.1 and Figure 13.1.

Figure 13.1: Strengthening Monitoring and Performance Management for the Poor in South Africa Flow Diagram of Change



	Limited or no positive outcome change		Constraining causal process		Hypothesis 6 causal flow
	Positive outcome change		Enabling causal process		

13.2. 1 Evidence supporting the hypothesis

Our analysis confirmed the significant contribution of support to citizen evidence gathering **(M2)** linked strongly to increasing formal citizen engagement **(IO2)**.

Citizen evidence gathering was supported by the project through citizen-based Frontline service-delivery monitoring and citizen-based monitoring.²⁶⁰ Frontline service-delivery monitoring used a ‘passive’ approach to engagement and consisted of interviewing at least three citizens per monitoring visit. Some 1,452 citizens engaged in monitoring 650 facilities through this process.²⁶¹

More ‘active’ citizen-based monitoring was promoted through developing institutionalised citizen monitoring processes. As part of this approach, interested citizens conducted surveys of local services, participated in feedback sessions with government officials, leaders and other community members, and followed through with the production and distribution of commitments charters and report back mechanisms.²⁶² The DFID 2015 Annual Review reports are favourable on the SAcc outcomes of this monitoring support:

*The participatory planning method used to turn feedback into actions is producing innovative solutions and partnerships and moves the participants from a compliance-driven mind set to a solution-seeking paradigm.*²⁶³

The citizen-based monitoring also included setting up a presidential hotline. It was reported that 53,533 complaints had been logged on this hotline since April 2013, and the case resolution rate most recently assessed was 95%.²⁶⁴ In this way, in a context where there is relatively strong social contract between citizens and the state, civil society’s role in acting as an intermediary was reported to play a significant role in ensuring that the citizen’s voices were heard.

This project also improved citizens’ knowledge of their entitlements **(M4)** through implementing community radio. The DFID Annual Review 2015 stated that, ‘Community radio has been found to be an important communication and accountability tool in the process informing citizens of the work being done and following up on the findings and commitments made’.²⁶⁵ A DFID key informant indicated that community radio was used as part of the citizen-based monitoring process, to alert citizens and disseminate and discuss findings of the surveys. Project-supported attempts to involve community radios in monitoring commitments, however, were not largely successful.

A key way in which the project was able to engage citizens was by **working through civil society organisations (CSOs) that already had links on the ground and links to government (E1)**. This project was implemented by the DPME, which worked with CSOs such as the Seriti Institute, in order to implement the citizen monitoring component. The 2015 Annual Review stated that:

²⁶⁰ DFID (2015), op cit, p.1.

²⁶¹ Ibid, p.6.

²⁶² DFID key informant, pers. comm., 18 February, 2016.

²⁶³ Ibid, p.3.

²⁶⁴ Ibid, p.17.

²⁶⁵ Ibid, p.3.

*The engagement that DPME has with CSO's such as SERITI is an important part of initiatives such as citizen-based monitoring. The role that SERITI plays in the citizen-based monitoring work in gathering data through staff and citizen survey at select facilities, supporting analysis and coordination is key to ensure effective citizen engagement.*²⁶⁶

A DFID key informant explained that CSOs implemented the citizen-based monitoring component in close cooperation with government. The cabinet-approved framework for citizen-based monitoring itself called for significant inputs from CSOs, providing a foundation for a constructive cooperation between government and CSOs. Going forward, a workshop is being held in March 2016 to explore how civil society can play a wider role in the national M&E system overall.²⁶⁷

13.2.2 Additional factors explaining outcome change

While this project was not considered to be a long-term initiative (because DFID's support was provided from 2012 to 2015) DFID has been supporting evidence-based policymaking in South Africa through other projects since 2003. Additionally, the majority of funding for the whole project came from the South African government (£21 million), with DFID providing £2 million. Therefore, **the project worked through an existing governance structure (E2)** – that of the South African government – although the DFID funding is not long term.

The participation of civil society has been productive, but the Annual Review 2015 noted that **more needed to be done over the long run (E3) to build its capacity for monitoring government services**, including changing mindsets from that of protest to that of collaborative problem solving.²⁶⁸ One way of doing this would be to set up a group of 'champions' to take the monitoring work forward. It is stated:

*More work is required to ensure long term, greater empowerment and accountability of citizens to scrutinise government service delivery to ensure the demand side of Participatory M&E is there.*²⁶⁹

Therefore, more work could be done to ensure the sustainability of the project, both on the supply and demand side.

13.3 Conclusion

DFID provided strategic M&E technical support to the Government of South Africa, which implemented citizen-based service-delivery monitoring (**M2**) and used community radio (**M4**) through working via CSOs. The DFID 2015 Annual Review reported that:

*The work that DFID's funds supported, such as the citizen-based monitoring initiative, frontline service-delivery monitoring and the presidential hotline, are means for ensuring that citizens have a voice in addressing issues across government departments.*²⁷⁰

²⁶⁶ Ibid., p.17.

²⁶⁷ DFID key informant, pers. comm., 18 February 2106.

²⁶⁸ DFID (2015), op. cit., p.16.

²⁶⁹ Ibid., p.10.

²⁷⁰ Ibid., p.17.

Some improvements in local service delivery were reported but more would need to be done to embed these changes across the project. The project went some way towards sustainability by working through existing structures, both on the demand side (through CSOs) and the supply side (since the government was implementing the project), but it was not considered long term and more work would be required to ensure its sustainability.

Table 13.1: Causal process observation matrix: South Africa SMPMP

Outcomes: Change happened/ didn't happen	Causal explanation for changing outcome	Evidence for this explanation
Improved local-level service delivery (O1)	See below	The Strengthening Monitoring and Performance Management for the Poor (SMPMP) in South Africa project demonstrated some improvements in local service delivery. It was reported that of the facilities that were re-monitored in 2014/15, most showed some improvements, with nine improvement interventions implemented. ²⁷¹
Improved higher-level service delivery (O2)	See below	The project was not able to translate this into improvements at scale in service delivery. It was stated that uptake or integration of facility level improvement plans into ongoing management processes was not yet systematic across all facilities that were visited. ²⁷²
Increased formal citizen engagement (IO2)	See below	Frontline Service-Delivery Monitoring (FSD): the development of the IT system had been completed, tools had been updated and 114 new facilities monitored (cumulative total 650 since 2011 – target 228). In 2014/15 96 facilities were re-monitored. 309 citizens participated from April 2014 in FSD monitoring (cumulative total 1452). Most facilities re-monitored showed some improvements but uptake or integration of FSD improvement plans into ongoing management processes is still not systematic across all facilities visited. ²⁷³ Citizen-based Monitoring (CMD): the pilot was implemented in 18 facilities (target 15) in 5 provinces. A total of 12,547 citizens participated in the pilot CBM process. The experience of Phase 1 pilots was reviewed and changes made to both the survey tools used and the process undertaken at community level for Phase 2. The presidential Hotline had logged 53,533 complaints since April 2013 and case resolution rate most recently assessed was 95% (target 75% for March 2015). A total of 23 publications had been produced documenting findings and experiences of the programme to date. ²⁷⁴
	Citizen evidence gathering (M2) contributed to increased formal citizen engagement (IO2)	The CBM built a group of interested citizens to participate in an in depth process and follow it through. This was done through recruiting a team of local citizens to conduct surveys of local service; feedback and evaluative sessions which include community members and leaders, together with government officials; the production and distribution of a commitments charter and report back mechanisms to citizens or community leaders. ²⁷⁵

²⁷¹ DFID (2015), op cit, p.6²⁷² Ibid, p.1²⁷³ Ibid, p.1²⁷⁴ Ibid, p.1²⁷⁵ DFID key informant, pers. comm., 18 February, 2016

	<p>Citizen awareness raising and mobilisation (M4) through community radio further strengthened formal citizen engagement (IO2)</p>	<p>The CBM process used community radio to alert citizens of the process and also to disseminate and discuss the findings of the surveys. Attempts were made to involve community radios in monitoring commitments, but this was not successful.²⁷⁶</p>
	<p>Working through CSOs was an effective approach</p>	<p>The project involved a representative of civil society on the Steering Committee (Black Sash, in representation of the Good Governance Learning Network) and specifically contracted Seriti, another CSO, to co-implement the CBM model. Several workshops to share experiences had been convened with civil society groups over the course of the CBM pilot. The cabinet approved framework for CBM involved significant inputs from CSOs. Going forward a workshop is being held in March 2016 held to explore how civil society could play a wider role in the national M&E system overall.²⁷⁷</p>
	<p>Working through existing government structures was found to be effective</p>	<p>Involving senior managers: Evidence use was a complex and contested area and stakeholders, particularly senior managers needed to be involved in order to ensure buy in and that the quality of the evaluations produced was up to a set standard.²⁷⁸</p>
	<p>Civil society capacity for monitoring government services is limited</p>	<p>More work was required to ensure long-term, greater empowerment and accountability of citizens to scrutinise government service delivery.²⁷⁹</p>

²⁷⁶ Ibid.

²⁷⁷ Ibid.

²⁷⁸ DFID (2015), op cit, p.2.

²⁷⁹ Ibid., p.10.