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Communities against corruption:
Assessment framework and methodological toolkit

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Acknowledgements

1. Introduction and background

Academics and practitioners alike are nowadays arriving at the same conclusion: corruption cannot be effectively controlled without civil society involvement. As one of the most eminent scholars in corruption remarked: "Corruption will continue – indeed, may well be the norm - until those with a stake in ending it are able to oppose it in ways that cannot be ignored" (Johnston 2014, 1).

The practical implication of that statement is that social accountability initiatives can play a critical role in fighting corruption. The end goal is to make local public officials directly accountable to the communities they serve, which requires the involvement of citizens in performing certain activities, such as quality assessment and monitoring, in order to generate actionable inputs for deterring corruption and improving development outcomes. Many mechanisms have been developed through which citizens and communities can become engaged,[1] reflecting not only the growing interest in this approach, but also the vast potential in terms of sectors and governance outcomes upon which citizen participation is expected to generate a positive change.

There is evidence to suggest that social accountability has greatest potential to effect positive improvements in the delivery of essential services. The premise is that corruption in areas such as health, security and education carries the highest social costs and that those directly affected by it are in the best position to accurately evaluate the extent and gravity of the problem and to generate precise and actionable information about it.

We believe social accountability can be an effective tool against corruption, one that can empower citizens and promote responsive behaviours from public officials and ultimately have a clear impact on improving people's lives. With this conviction, the Basel Institute on Governance and UNDP's Global Programme on Anti-Corruption (PACDE) have joined efforts to develop an assessment framework and methodology that capture the main elements that play a role

in enabling the success of social accountability initiatives.

Based on recent research findings these elements would be: promoting changes in both supply and demand, addressing problems that are perceived as important and highly significant by the actors involved, and building upon locally legitimate accountability mechanisms (O'Meally 2013). The assessment builds upon those findings and on our own research focusing on local attributes such as institutional trust, social capital, community values and norms. While maintaining academic rigor, the assessment has been elaborated with the goal of making its empirical applicability as straightforward as possible, providing guidance on how to match the characteristics of the intended beneficiary communities to appropriate social accountability tools and approaches in order to promote a "good fit" and maximize effectiveness and sustainability.

The assessment framework and toolkit are meant to be instruments to support ongoing anti-corruption social accountability initiatives; the methodology is intended to generate suggestions for improved project design as well as indicators to help implementers track project progress and impact.

The information required to carry out this assessment is obtained by applying three research tools: a) a survey on institutional trust, social values and practices, b) focus group discussions with groups of citizens that have been exposed to the social accountability intervention on the one hand and a control group on the other, and c) semi-structured interviews with local government officials, service providers and civil society organizations (CSOs). These tools can be tailored according to the sector in which the social accountability initiative is being implemented and to better reflect the characteristics of the local context. This assessment can usefully be applied at the outset of the social accountability intervention in order to generate a baseline data set, and then be re-applied later on in order to measure progress and impact.

The approach presented here addresses two of the most important recognized challenges to social accountability

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1   A good list and description of different social accountability tools can be found in (UNDP 2010).

approaches: lack of a clear underlying theory of change and inadequate contextualization to local characteristics and needs (Evans et al. 1996; Bossert 1998; Gershberg 1998; A. Joshi 2007).

The first challenge demands clarity about the assumed causality that leads from citizen participation to decreased corruption. This is an element that has not always been clearly stated. Often the advantages of social accountability schemes are framed in the literature in terms such as: "overcoming biases of elite domination, better informed officials and citizens with stronger dispositions and skills, greater justice of policy and effectiveness" (Fung 2003). These kinds of statements stress the intended goals without making an explicit argument about the intervening process that generates actual change. Other authors state that increased participation "should contribute towards certain forms of coordination, thereby facilitating development" (Coehlo & Favareto 2008, pp.18–19), which still remains vague and lacks explanatory potential. The underlying problem is that, as a recent review of accountability initiatives stated, "many initiatives are focused at increasing transparency and amplifying voice, without examining the link of these with accountability and ultimately responsiveness" (Anuradha Joshi 2010).

This assessment tool incorporates and addresses this challenge as it is based upon an analytical framework which identifies the key elements that need to be present in order to maximize the potential for success of any social accountability initiative. This analytical framework, which is described in Section 2, conceptualizes social accountability in the form of a cycle involving interactions between citizens, government decision makers and service providers. It emphasizes the importance of linking up citizens' inputs to state actors with the goal of developing monitoring and enforcement mechanisms that establish links between the incentives of providers of public services and citizens' satisfaction with the quality of the services provided. Therefore, citizens' actions can provide vital information on the prevalence of corrupt practices in the public sector which, once made available to those who have the ability to act upon it

and enforce sanctions, can lead to a reduced opportunity space for the abuse of public resources for private gain. Without addressing the need of effectively engaging state actors in any initiative involving participatory actions, it is not possible to develop approaches through which citizens can be empowered to actually hold state actors accountable.

The second challenge relates to the inconsistent track record of the effectiveness of social accountability approaches as revealed by available empirical evidence (McGee and Gaventa 2010, p.22) (Gaventa and Barrett 2010, 14). Some authors have even suggested that the importance of fostering social accountability initiatives to improve governance in the delivery of basic services has been overstated (D. Booth 2011), and that in fact these participatory mechanisms have little impact on accountability (Andrews and Shah 2002).

While acknowledging the challenges involved in properly operationalizing participatory interventions, we believe it is not possible to ignore the existing evidence that social accountability initiatives, when adequately designed and implemented, can make a meaningful contribution to combat corruption and improve the livelihoods of people. Evidence from Uganda (Björkman & Svensson 2010), Brazil (Centre for the Future State 2007, Cornwall & Shankland 2008), India (United Nations 2007) and Afghanistan (Schouten 2011), to name a few, highlights the feasibility and potential of social accountability.

A shared insight that the success stories reveal is that it is key to develop initiatives that are adequate to and consistent with the context in which they are implemented, so that they may be easily undertaken by citizens as well as sustainable. As a renowned group of social accountability practitioners forcefully put it: "a blind infatuation with social accountability tools without an understanding of the context leads to disastrous and wasteful consequences" (Affiliated Network for Social Accountability 2010).

We are convinced that understanding the particular characteristics of different societies is essential to optimize the success of social accountability initiatives. This assessment

represents the first systematic effort to develop a tool that can generate information about critical attributes of communities targeted for social accountability interventions. The elements that are key for contextualization are derived from a model of the relationship between service providers and citizens which is contingent on elements such as citizens' self perceptions, capacity for collective action among community members and the incentive structure faced by service providers. This model is presented in Section 3.

Section 4, 5 and 6 present the results from our application of the assessment methodology to three cases of ongoing social accountability initiatives in Serbia, the Philippines and Ghana, which have been supported by PACDE. The Serbian case refers to an intervention in the health sector in Belgrade, the Philippines case involves the agriculture sector in San Miguel, Bohol and in Ghana the social accountability project targeted the health sector in several communities in Ajumako and Jasikan districts.[2]

Section 7 provides systematized guidelines to match contextual variations to specific approaches across all social accountability program components. Examples of the alternative approaches as well as their relative strengths and weaknesses are discussed. In this section three of the most widely used social accountability mechanisms – namely Participatory Budgeting, Citizen Report Cards and Citizen Scorecards – are presented for informative purposes.

Section 8 presents lessons learned.

Detailed methodological notes, as well as a generic version of all the research and analysis tools that are required to conduct the assessment are presented in the Annex.

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2   Field research conducted in Belgrade, Serbia, during the months of July and August 2013; in San Miguel, Bohol, the Philippines during the month of July 2013; and in three communities, Ajumako-Bisease, Ajumako-Kumasi, both in the Ajumako district, and Teteman in the Volta region Jasikan District, Ghana, during the month of August 2013. The same methodology was applied across all three cases.

2. Formal components of social accountability

At the core of the social accountability concept lays the relationship between citizens and the providers of public services. The ultimate goal is, through structured and meaningful participation of citizens, to develop this relationship into one where entitlements are realized, quality of service provision improved and, ultimately, citizen welfare is advanced. In order to achieve this goal, the premise of social accountability is to enable an environment in which citizens exercise their voice and service providers are answerable to them.

A formal conceptual framework upon which this assessment is formulated is depicted in Figure 1.

This framework is based on the proposition that social accountability involves three core elements: voice, enforceability and answerability, which together form part of a cycle.

Voice here is understood as a variety of mechanisms – formal and informal – through which people express their preferences, opinions and views and demand accountability from power-holders (UNDP 2010, 11).

The concept of voice distinguishes itself from a simple collection of complaints or comments through the following three characteristics:

Figure 1: Components and steps involved in effecitve social accountability initiatives
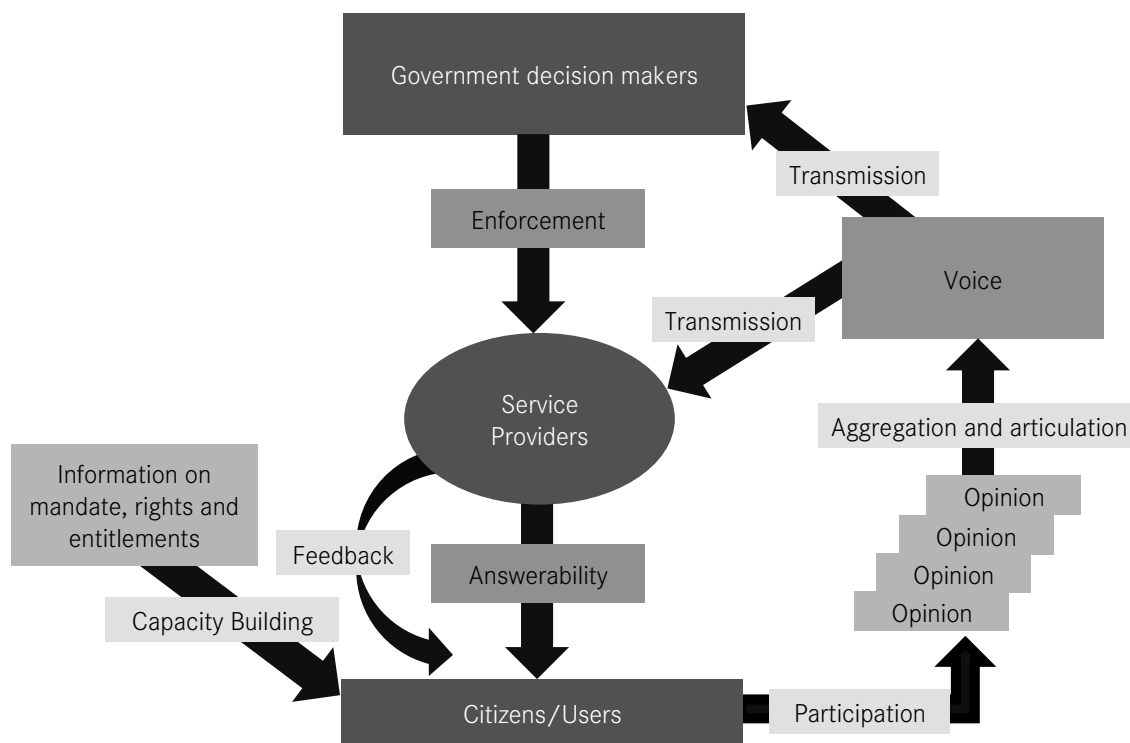
Source: Baez Camargo and Jacobs, 2013.

First, for citizens to effectively participate in monitoring and evaluating any aspect of public sector performance, they need to have a clear understanding of what the mandate is. In other words, citizens may very well not even be aware of their rights and entitlements and of the specific obligations that public officers have to fulfil in the course of their work. For this reason capacity building, understood minimally as sharing basic information on mandate, rights and entitlements with citizens who are to perform social accountability activities, can be deemed to be a first prerequisite for voice to be effective.

Second, the evaluations and opinions that result from social accountability activities need to be aggregated and articulated. Most importantly, the information resulting from the process of aggregating and articulating citizens' assessments, opinions and complaints should be formulated in direct reference to the mandate highlighting specific shortcomings, unmet targets and, in the case of complaints, synthetizing individual grievances into actionable demands.

Third, generating information is not enough. Citizen-generated information needs to be transmitted to the relevant actors or decision makers who can act upon it and/or for whom the information has the potential to generate costs. In other words, aggregating and articulating information is not sufficient unless it is channelled in a way that it can have an effect on the incentive structures of decision makers and public officials.

Enforceability refers to a situation where, in case the mandate is not appropriately fulfilled, consequences are expected ensue. Enforceability is a critical underlying factor shaping the incentives of service providers to act in a more or less responsive manner with respect to the communities they serve. Incentives here can be understood in terms of the costs for the service provider associated with unsatisfactory performance and normally refer to formal disciplinary action, but can also entail rewards for good performance (both usually involve remuneration or career opportunities).

Answerability is defined by UNDP (2010) as the obligation to provide an account and the right to get a response. In this discussion, answerability can be understood as voice triggering a response from the service provider or pertinent authority. It is essential in the sense that it is one of the concrete manifestations of the notion that accountability is a two-way process, directly engaging citizens and service providers. As a concrete example of the interconnection of the concepts here discussed, answerability is strongly contingent on enforceability, but it also involves a feedback process through which the citizens can be informed of the use made of the information they have provided; namely to whom it has been relayed and what actions are being taken to address the issues uncovered by the social accountability exercise.

The theory of change underlying this analytical framework departs from the observation, confirmed across many contexts, that lack of awareness and knowledge about rights and entitlements provides a fertile ground for corrupt practices to take hold. For this reason social accountability begins with education and awareness raising. This, in the first instance, provides citizens with the tools to correctly identify and assess corrupt practices when they are confronted with them as they seek to access public services. Very importantly, the capacity building also instructs citizens on the formal routes of action that they have available to denounce and contest corrupt actions. Secondly, the social accountability tool per se (be it citizen monitoring, community score cards or other modalities) provides a concrete mechanism through which citizens may direct their actions in order to join together individual experiences and complaints and translate them into actionable outputs. This is the point where voice is generated. Third, voice needs to be communicated to decision makers in such a manner that demands a response. Civil society organizations often play a critical role in this regard because they can enable a constructive engagement with public sector officials. When citizens learn that their actions have elicited a response, this provides evidence that their opinions count and that they are actually capable of exercising their rights in a proactive manner.

This is the necessary chain of causal actions that can enable

the transition from client to citizen, which is needed to over-come the clout of impunity that allows corruption to take hold. The first set of indicators that are compiled in the assessment is, thus, geared to determine whether all the basic elements to ensure the complete social accountability cycle have been taken into account in the project design.

In the end, a successful social accountability intervention should enable the construction of an interface through which citizens, local service providers and authorities can develop interactions conducive to improved service provision. Besides the need for establishing institutional means and mechanisms for information aggregation and transmission, such an outcome is contingent upon developing positive synergies between empowered citizens and responsive service providers. We believe that there is no one single route to citizen empowerment or to evoke responsiveness of public officials. The development (or lack thereof) of these attributes is highly dependent on contextual challenges and opportunities. In the next section we present a model that outlines such contextual elements.

3. A model for contextualization

The social accountability approach aims to be an enabling factor for developing constructive and sustainable links between empowered citizens and responsive public officials. Often, however, the reality on the ground is quite different, involving entrenched social inequalities, power struggles and mistrust among key stakeholders. Social accountability approaches will have very little chance of success when, for example, citizens are disenfranchised, are sceptical about the possibility of bringing about change and prefer to withdraw from the public sphere as much as possible out of mistrust of government and state officials. The same goes for cases in which service providers and government officials lack incentives to care about citizens' satisfaction, where accountability relationships point towards higher levels in the bureaucracy or government, and where impunity is the norm. The challenge is, therefore, to develop informed and

suitable interventions that can correctly assess the initial conditions prevailing on both the demand and supply sides and, on the basis of these realistic inputs, develop the building blocks to advance in the desired direction.

For these reasons, in this assessment we have developed indicators for elements that need be taken into account in order to enable positive change in a manner that is consistent, not with an ideal outcome, but rather with the actual conditions prevailing in each case. We adhere to the spirit of "working with the grain," which emphasizes developing forms of governance that build on the actual practices and social norms that people targeted by the intervention already share (D. Booth and Crook 2011; David Booth 2011). Therefore, our model is aimed to support the effective contextualization of social accountability initiatives by providing

Figure 3.1: Determinants of citizens - service providers relationship

Formal strategies for problem resolution:
- *Social accountability mechanism*
- Other formal complaints mechanisms

Social Capital

Citizens

Cooperative/ Disrupted

Service providers

Incentives

Informal strategies for problem resolution:
- Pay bribe
- Seek influential contacts
- Persistence
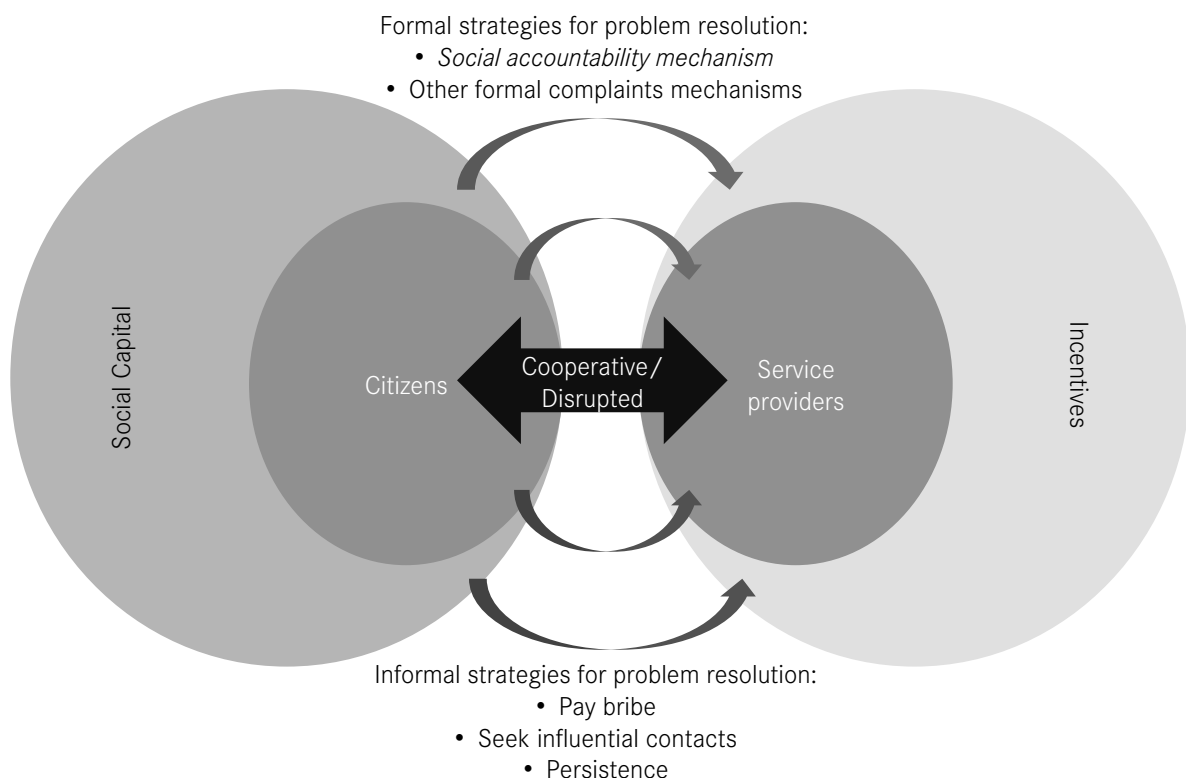
information on the basis of which implementers can take informed decisions for program design as well as track progress and impact.

The analytical complement to the formal framework presented in the previous section is a model for contextualizing social accountability initiatives, which has the citizen-service provider relationship at its core. This model is depicted in Figure 3.1.

In this model, the quality of the relationship between citizens and service providers is shaped, at the micro level, by the attitudes with which individuals of these two groups interact with each other. At a macro level, the way in which communities and providers of public services relate to each other is linked to the collective action capabilities of the community and the incentives facing service providers. The interaction between these contextual attributes at the two levels provides the background that shapes the strategies that citizens resort to when they face problems accessing basic services, for instance when they are faced with corruption at the point of service.

The social accountability mechanism provides an entry point for catalyzing change because, if properly designed, it can positively influence citizen motivations through capacity building and rights awareness, will link up citizen inputs to providers' incentives, and enable an institutionalized mechanism of problem resolution which can enable iterative cycles of interaction and collaborative conflict resolution between citizens and public officials.

In order to collect the relevant information associated to this model we have developed indicators along the lines of the following categories:
- Prevailing attitudes of citizens and service providers toward each other
- Contextual determinants of citizens' attitudes
- Contextual determinants of service providers' incentives
- Strategies employed by citizens to obtain public services

We explain each of these categories in detail next.

3.1   Prevailing attitudes of citizens and service providers toward each other

Indicators of the attitudes of citizens/ users and service providers supply important information to develop a baseline to the assessment and to monitor progress at a later stage. These attitudes are likely to be shaped by a constellation of factors, including history, regime type, previous experiences in the citizen-provider interaction, entrenched power asymmetries, and scarcity of resources. While it goes beyond the scope of the assessment to establish which of these potential elements are more relevant for each context, the observed outcomes (expressed in the manner in which actual interactions take place) are of central importance to the assessment of social accountability initiatives.

For the purposes of the assessment we operationalize two sets of attitudes for each group, one associated with empowered citizens and responsive service providers (cooperative), and the other one associated with disenfranchised citizens and unresponsive service providers (disrupted).[3] Tables 1. and 2. illustrate these concepts.

Through application of the survey, two sets of indicators are generated, which reflect the extent to which citizens' and service providers' attitudes approximate the cooperative or the disrupted models.

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3   These categories are by no means intended to be comprehensive or conclusive of the range of attitudes with which citizens and services providers may approach each other. Rather, they represent "ideal types" which are useful to develop measurements for the assessment and are indicative of the overall manner in which public services are delivered in a certain context and in this respect can be an instrument to track impact and progress of the social accountability initiative.

Table 1: Dichotomous model of citizens' attitudes towards providers of essential public services

	Cooperative		Disrupted
Empowerment	I enjoy inalienable rights and entitlements and if needed I will take action to make them effective	Vulnerability	I must gain the good will of service providers and public officials to receive benefits and services
Trust	I can count on the actions of state officials and institutions to realize my entitlements	Mistrust	I don't trust that public officials will abide by their mandate and act towards realizing my entitlements
Motivation	I can exercise my agency and citizens acting together can bring state officials to account	Apathy	No matter what I do the prevailing problems I encounter dealing with the public sector cannot be overcome

Table 2: Dichotomous model of service providers' attitudes towards citizens

	Cooperative		Disrupted
Accountability	Service delivery is permeated by an awareness of mandate vis-à-vis citizens, reinforced by the knowledge that failure to perform entails sanctions	Impunity	Lack of disposition to uphold citizens' entitlements reinforced by the certainty that no punishment will come from misconduct.
Embedded-ness	Sense of being part of the communities service providers tend to, better understanding of their needs and concerns.	Detachment	Sense of distance in relation to citizens/service users, "us and them" perspective which may or may not be fueled by socioeconomic, ethnic, religious or other kind of social cleavage.
Responsive	The actions of service providers take into account and respond to citizens' expressed needs.	Conflictive	Confrontational disposition vis-à-vis citizens/users (arrogance, rudeness, abuse of power).

3.2   Contextual determinants of citizens' attitudes

The starting point to assess the determinants of citizens' attitudes is the degree to which a developed civil society exists and how this interacts with social norms and values to define the collective action capabilities of the community in question.

The assessment probes the importance attached by community members to a series of social values, which indicate whether the predominant patterns of social interaction may be characterised as individualistic or communitarian. This dimension sheds light into the importance attached to social networks and collective resources for the exercise of individual agency. In other words, this element points to the social appropriateness of engaging in collective or individual problem solving behaviours.

Furthermore, the research inquires about citizen participation in voluntary associations. The assumption, which is extensively backed by the literature, is that citizens in a strong civil society are empowered, are able to engage in collective action independent of the state and can take action to effectively demand accountability from the state (Foley and Edwards 1996; Robert D Putnam, Leonardi, and Nanetti 1993; Fukuyama 2001; Ostrander 2013; Fox 1996). The underlying rationale is that the existence of a multiplicity of autonomous associations through which citizens participate and interact enables the development of social capital, which is here understood as "features of social organization such as networks, norms and trust, that facilitate coordination and cooperation for mutual benefit" (Robert D. Putnam 1995).

The key words here are trust, cooperation and coordination since social capital enables citizens to engage in effective collective action, to articulate demands vis-à-vis the state and to provide checks against the abuse of public power (Fukuyama 2001; Hadenius and Uggla 1996; Robert D.

Putnam 1993).[4] Thus, because these notions are in this manner expected to correlate with institutional trust, the methodology also inquires into the degree to which citizens trust both state and non-state institutions.

For the purposes of our assessment we are interested in obtaining insights about some of the dimensions associated with the concept of social capital because they closely correlate with the objectives of participatory initiatives in terms of supporting the empowerment of citizens and establishing mechanisms of collective action through which civil society can better engage with the providers of public services. Therefore, the assessment seeks to compile information about instances where positive public/private interactions (including lines of communication and actual coordination efforts) may already be occurring because, ultimately, successful and effective social accountability initiatives can be expected to facilitate coproduction of public services.[5] Adding this latter dimension to the analysis contributes to providing a wider picture to enable decision makers to think creatively about ways in which social accountability initiatives may be linked to pre-existing organizations or networks, thus maximizing impact and exploiting latent synergies.

Thus, the research toolkit generates information pertaining to the following categories:

- Level of trust towards a broad range of state and non-state institutions
- Participation in voluntary associations (presence of horizontal networks)

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4   While different hypotheses have been proposed to answer the question of how social capital is actually created, it goes beyond the scope of this project to assess the relative merits of each.

5   Coproduction refers to situations where public agents and citizens, by providing different kinds of inputs, can produce more efficiently by combining their efforts as compared to either producing everything publicly or everything privately (Evans et al. 1996, 1123, Ostrom 1996, 1073). Coproduction defines a democratic type of engagement across the public/private divide because it necessarily requires a minimum of trust and cooperative disposition between local public officers and the populations they serve.

- Communitarian or individualistic patterns for problem solving
- Importance of a variety of social norms such as reciprocity, gift giving, solidarity, respect for elders
- Identified instances of collaborative practices cutting across the public-private divide

These indicators are relevant because they point to intangible resources, which are conducive to collective action. Shared social norms, the patterns and intensity of social interactions, availability of social networks and trust in institutions matter for the development of social accountability strategies as they are attributes that shape the expectations of individuals on the likely outcomes from participating in anti-corruption activities. Furthermore, associated to the concept of coproduction, these indicators also capture the existence (or non-existence) of communication and collaboration mechanisms between civil society and the state. Taken together, this set of indicators contributes to provide a wider picture of the social context in order to enable practitioners to think creatively about ways in which social accountability initiatives may be linked to pre-existing organizations or networks, thus maximizing impact and exploiting latent synergies.

3.3   Incentives for public service workers/providers

In order to assess the determinants of service providers' attitudes we compile information about the incentives given by the regulatory framework under which they operate as well as the informal rules and understandings they share with those around them. Accordingly, we incorporate the formulation that control of corruption is a function of availability of resources and opportunities and the presence of legal and/or normative constraints (Mungiu-Pippidi 2014). The goal is to uncover the elements affecting the motivations for the public service workers to perform adequately, but also to figure out to which constituency they are accountable.

Resource constraints are often associated to corruption risks to the extent that low salaries, difficult workplace conditions and unfulfilled expectations affect the disposition of public officials toward the manner in which they perform their duties. But at a more practical level, resources constraints matter for the assessment because corruption can also work as a mechanism for resource allocation where demand exceeds supply.

Taking a rational choice perspective, opportunities are here operationalized as the financial and career advancement incentives facing service providers. Hence, we assume that service providers will likely be accountable to those who have decision-making power over their status, career path or wealth. Therefore, to assess the elements that make a difference in making public service providers accountable we need to know whether financial incentives and career promotion opportunities for service providers are in any way linked to performance. Also incorporated into the assessment is information on whether local officials are democratically elected.

Finally, we take into account the presence of legal and normative constraints. The former are operationalized as the presence of formal sanctions for engaging in corrupt activities, and whether those sanctions are effectively applied. Normative constraints refer to the social and reputational costs associated with corrupt behaviours, and are expected to be closely linked to the social norms prevailing in each particular context as well as to the nature of the relationship between the public officials and the communities they serve.

Accordingly, the toolkit generates information on the following elements:

- Are financial incentives for service providers in any way linked to performance?
- Are career promotion incentives for service providers in any way linked to performance?
- Are local government officials elected democratically?
- Are performance-monitoring mechanisms in place and regularly applied?

- Are there sanctions associated with inappropriate behaviours and are they enforced?
- Are there any reputational costs to service providers in the community for engaging in corrupt practices?

These indicators provide valuable information to support the design of effective social accountability initiatives to the extent that experience has shown that generating voice in itself is not enough to advance in building direct accountability links in public services unless a connection between citizen's satisfaction and service providers' incentives can be established. Therefore, understanding the elements driving corrupt behaviours on the side of public sector workers is important in order to determine who are the responsible decision makers to whom citizen participation may be most fruitfully linked and what may be the most important topics in need to be addressed in order to shift their incentives towards greater responsiveness.

3.4   Strategies employed by citizens to obtain public services.

Citizens' and public service providers' attitudes as well as the wider context involving strength of community networks and provider incentives are important factors for our assessment of social accountability. They shape expectations and define the resources that citizens have available to them when confronting problems with public service provision. Based on past experiences individuals form their ideas about the kind of treatment they can expect when seeking public services. The wider context, to the extent that social capital is prevalent (or not), may provide (or not) possibilities where citizens can exercise agency and even engage in collective action to demand an effective realization of their entitlements.

Therefore, in each context citizens will have unique incentives, motivations and resources to choose among different strategies to deal with problems in accessing public services. The strategies may be formal, involving established

institutional mechanisms of feedback and complaints management, but they may also be informal involving irregular (and often illegal) actions such as giving bribes and looking for informal sources of influence or pressure to obtain the required service. Our aim is to understand how expectations and community resources shape citizens' preferred strategies, and whether these are formal or informal. The assumption is that an understanding of why citizens choose an informal mechanism of problem resolution over a formal one is critical to develop alternatives (in the form of the social accountability mechanism) that are feasible and adequate for the social context.

In this assessment we incorporate citizens' perceptions of the relative effectiveness of both formal and informal strategies of problem resolution within their communities. As part of the baseline data collected, this information is relevant to assess the impact of social accountability initiatives since, in a successful scenario, informal strategies would give way to formal ones, including use of the social accountability mechanism.

Also, part of the inquiry is aimed at understanding who are the actors within the community to which citizens most often resort to in order to seek solutions to problems accessing public services.

The indicators in this group include:

- Availability of channels to place complaints
- Ability to obtain services without recourse to informal means
- Preferred problem resolution technique:
  - Informal:
    - Ask for intervention of a friend
    - Ask for intervention of a relative
    - Ask for intervention of an important person
    - Pay a bribe
    - Give a gift
    - Persistence

- Avoid dealing with that institution

- Formal:
  - Use of formal complaint mechanisms of that institution
  - Denounce to anticorruption agency
  - Denounce with local government representatives
  - Use of the social accountability mechanism
  - Perceptions of prevalence of corruption in the community

A better understanding of why citizens may opt for informal mechanisms of problem resolution over formal ones is critical to develop alternatives, in the form of the social accountability mechanisms, that are feasible and adequate to the context. Furthermore, as part of the baseline data collected, this information is relevant to assess the impact of social accountability initiatives: In a successful scenario, informal strategies would give way to formal ones, including use of the social accountability mechanism.

4. Serbia

Corruption in the Serbian health sector is a well-recognized problem, not least because of the particularly deleterious effects it has upon individual and social welfare. It manifests itself mostly in the form of informal payments to obtain or to expedite treatment and in the diversion of patients to doctors' private practice. Because the nature of these corrupt transactions makes monitoring extremely difficult (since they happen during the interaction between patient and medical staff), the direct engagement of precisely those individuals who experience and suffer the impact of corruption holds great promise. However, the Serbian case also provides an example of significantly adverse initial conditions for exercising social accountability. For this reason, and as the next sections will illustrate, it becomes especially critical to take into account the challenges presented by the social context and to work with them in order to develop the most suitable intervention to maximise citizen uptake.

4.1   Social accountability project description

The project "Zero Tolerance for Corruption in the Health Sector in Serbia" (ZTCHSS) involves the introduction of citizens' charters as a means to improve the ability of users to detect and defend themselves against corrupt practices in the health sector. Citizens' charters are documents that inform citizens about: a) the service entitlements they have as users of a public service, b) the standards they can expect for a service (time frame and quality), c) remedies available for non-adherence to standards and d) the procedures, costs and charges of a service (World Bank 2014).

In the case of the ZTCHSS project, citizens' charters are designed and developed for selected service areas across a series of key processes, such as admissions, urgent surgery, elective surgery and specialist examination, which have been identified as being especially vulnerable to corruption.

The citizens' charters provide a reporting mechanism, namely an SMS service, through which patients may report

irregularities. The SMS service is managed by a CSO, which relays the information to the appropriate authorities, in this case the advisor of patients' rights[6].

4.2   Context assessment

4.2.1   Prevailing attitudes among users and health service providers

In Belgrade, feelings of impotence and vulnerability pervaded the accounts of users as they described their interactions with providers of health services. A majority of respondents reported feeling powerless to do anything to protect themselves and their relatives from corrupt actions; feelings of anger, disappointment, apathy, impotence and vulnerability pervaded the accounts of users as they described their interactions with providers of health services. Figure 4.1. reports the results of the survey when respondents were asked whether they are able to obtain services based solely on their own means. As is clear from the graphic, generally speaking a majority of respondents are not able to straightforwardly obtain access to a broad range of services. This suggests a broader context in which transactions across both public and non-state institutions are dominated by particularistic criteria of resource allocation.

In particular, regarding access to health services, focus group discussions (FGDs) and interviews revealed a common appraisal that when a medical practitioner engages in inadequate behaviour there is very little patients can do about it. The common perception is that medical staff are protected and, therefore, untouchable. Furthermore, accounts were given which depict an imbalanced relationship between medical staff and patients, with an "us and them" mindset prevailing among the former and where the latter are looked down upon.

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6   The advisor of patients' rights is a successor of the previous protector of patients' rights, which was a figure created in 2005 with the mandate of dealing with patients' complaints, acting as a mediator between patients and healthcare professionals, and providing legal advice to patients in relation to all non-medical problems encountered when seeking health services.

Figure 4.1: Ability to obtain service on your own
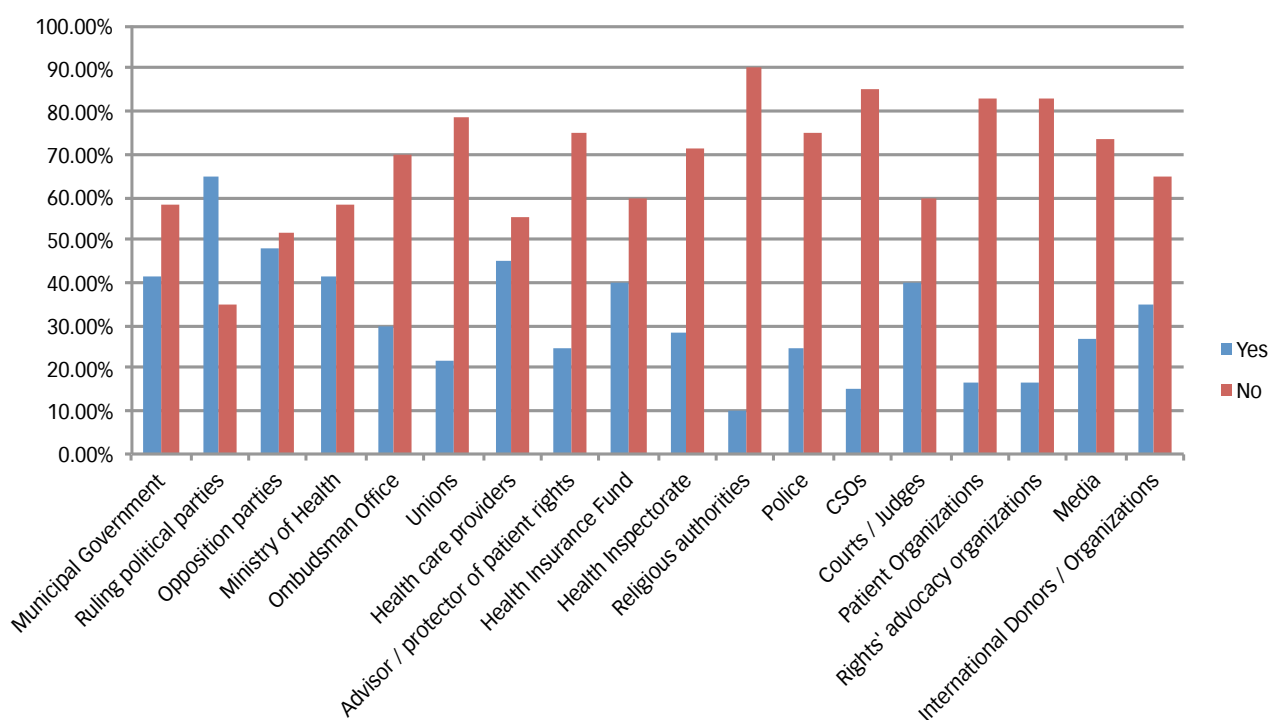
Another problematic dimension that, for several reasons, generates friction in the interactions between medical staff and patients is the lack of information on the part of patients. According to a protector of patients' rights, a recurring problem is that patients do not receive adequate information during their treatment. According to this source, medical practitioners often do not take the time to explain treatment and procedures to patients, which makes them confused and scared during the whole period of treatment. Whether deliberate or by omission, keeping patients uninformed reinforces the power asymmetries existing between these two groups. A medical practitioner also commented that the lack of information on the side of patients creates tensions because patients have unrealistic expectations of what they are entitled to.

In sum, the research revealed the prevalence of feelings of vulnerability, mistrust and apathy on the part of patients and a sense of impunity, detachment and conflict pervading providers' behaviours suggesting that a disrupted relationship prevails among users and medical staff. Thus, a significant challenge to developing effective social accountability in the Serbian health sector is that, on the one hand, medical staff tend to not view patients as bearers of rights and entitlements and, on the other hand, patients feel disempowered and vulnerable.

4.2.2   Contextual determinants of citizens' attitudes

In terms of the broader social context and the potential resources it offers for collective action, the research in Belgrade revealed very low levels of trust across state and

non-state institutions alike, a preference for individual problem solving strategies and very low participation in voluntary associations.

Figure 4.2. illustrates that trust levels towards a broad range of institutions are low across the board. Interestingly, even though health care providers were ranked highest among respondents, only 30% declared having high trust in them.

Furthermore, the research revealed that lack of trust is not only related to institutions but also prevails among individuals to the extent that research participants characterised themselves and the people around them as lacking a sense of community. During FGDs, participants expressed disagreement on what makes them members of a community, and

even about the notion of what belonging to a community means. According to FGD participants, in their daily life experiences community is barely existent and its presence is not really felt in the city. Rather, research participants expressed an individualistic preference to manage problems and, in general, shared the perception that Belgrade citizens depend primarily on themselves, whereas community has a secondary role in solving their problems. In fact the majority of survey respondents believed it is the individual who can do most for oneself.

Consistent with the previous finding, other indicators revealed a weak civil society. For instance, a large segment of the citizens who participated in the survey (38%) reported not to participate in any kind of organization. While some

Figure 4.2: Trust in institutions
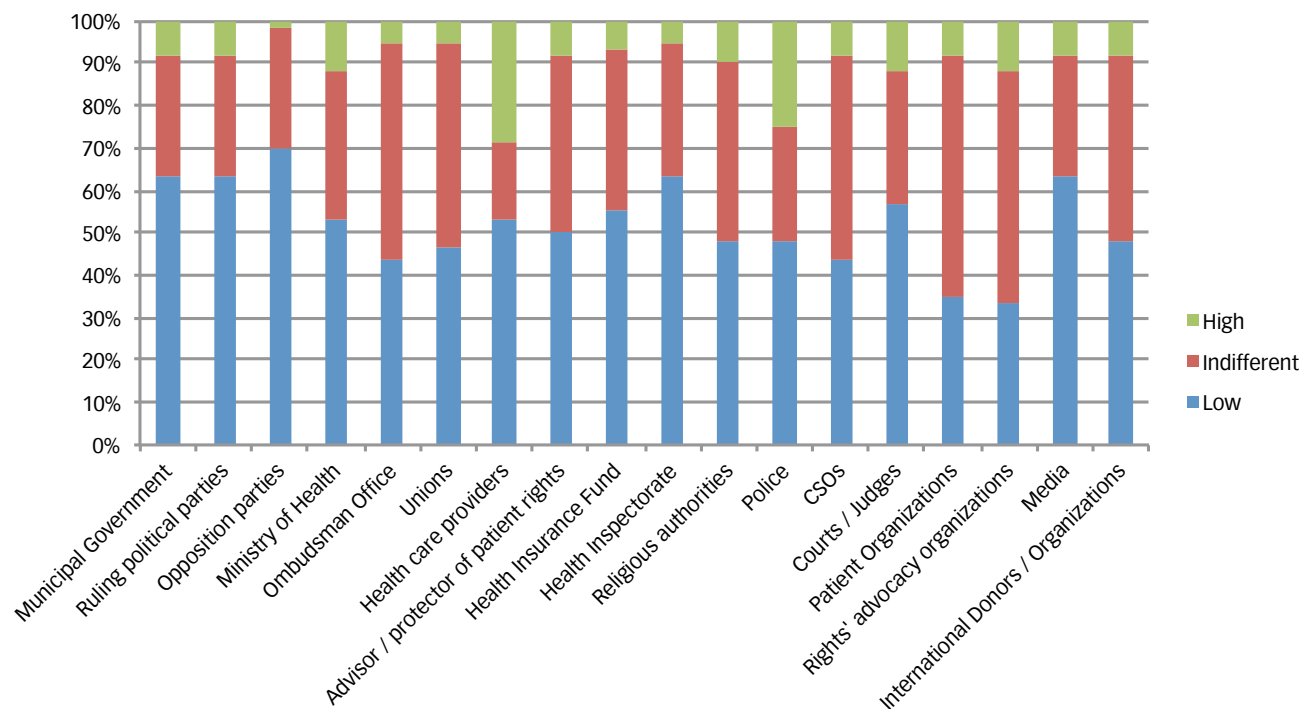
evidence was brought forward on some local grassroots movements built and driven by narrow, pragmatic interests (environmental issues for example), these participatory experiments most of the time proved to be short lived. Participation also appears to vary among different demographics, for example Roma people tend to stay away from social gatherings.

Overall, available evidence suggests that civil society remains underdeveloped in the Serbian context. Active CSOs face the challenge of mobilizing a population that appears to be both apathetic and sceptical of the prospects of attaining positive changes through collective action. Serbian CSOs typically face very limited participation as indicated by a study showing that 92% of Serbian CSOs have less than 20 active members (Civic Initiatives 2011).

In the study in Belgrade, no evidence was found of mechanisms of public-private collaboration that could fall under the scope of coproduction. Rather, several stakeholders reported a situation of lack of responsiveness on the part of government authorities to the problems articulated by CSOs. An associated problem is the lack of established institutional mechanisms for CSOs to interact with the state.

Thus, in sum, the research suggests that the broader social context in Belgrade does not provide significant collective action opportunities to the extent that there is widespread lack of trust, an individualistic inclination to problem solving and very low participation in voluntary associations.

4.2.3   Service providers' incentives
A critical problem health practitioners identified during interviews as determinant in impeding adequate provision of services is a significant resource scarcity. This situation, it was stressed, generates excess demand and compromises the overall health system's performance. In terms of remuneration, the current formal mechanisms in the Serbian health sector provide for rigid pay criteria, with no room for productivity bonuses and very little in the way of incentivizing staff. Rather, medical staff salaries are determined through centralized budgeting, which is based on previous budget allocations and not in any way linked to performance.

Evidence obtained through the FGDs and interviews suggests that corruption is often used in Belgrade health facilities as a mechanism to overcome the constraints imposed by resource scarcity and rigid remuneration schemes to the extent that the ability to bribe and to use influences become the criteria for resource allocation when medical supplies, medicines or even health personnel's time are scarce. Similarly, accepting informal payments or diverting patients to private practice are means to obtain extra income.

Another element facilitating widespread corrupt practices in the health sector is the absence of adequate monitoring and enforcement mechanisms. Significantly, the protected nature of employment in the Serbian public sector, which makes dismissing staff extremely difficult, is one factor that promotes impunity. Also mentioned as reinforcing the perception of low costs to corrupt actions are networks of mutual protection among medical staff and informal mechanisms of promotion and career advancement based on partisan identities.

Thus, in sum, resource scarcity, rigid pay criteria, informal mechanisms of career advancement and weak legal and normative constraints combine to shape a breeding ground on which corrupt practices can easily thrive.

4.2.4   Strategies to obtain public services
Overall, the research findings reveal that citizens are mostly unaware of the available mechanisms to process complaints in the health sector. As an example of this, 67% of survey respondents answered negatively when asked if they feel they have the means to express dissatisfaction when the treatment received by their service provider is not appropriate. However, even in cases where there is awareness of established complaints and problem resolution mechanisms, the prevailing opinion was that people do not use them because they are not trusted to be effective. Lack of trust in formal mechanisms, in turn, reinforces a generalized preference to resort to informal means in order to obtain adequate health services.

As Figure 4.3. shows asking for intervention of an important person or a friend was perceived as the most effective strategy to obtain services among survey respondents.

Additionally, a generally agreed view among research participants was that gift-giving is a widespread and enrooted practice. Tellingly, FGD participants even believed that gift giving is positively evaluated within the community because it is understood as a rational behaviour. Furthermore, some individuals even expressed the view that gift giving is a necessary social skill.

4.3 Project overview: Strengths, challenges and suggestions

The context assessment suggests that the project ZTCHSS is well-suited to address identified needs in several respects. First, the research signalled a lack of adequate information among citizens as one of the factors that increases their likelihood of becoming victims of corrupt acts. In that regard the

Citizens' Charters have the potential to be an effective tool to disseminate information about rights and entitlements in an easy to grasp and actionable format right at the point of service delivery. Furthermore, disseminating concrete and specific information about what constitutes a corrupt act while receiving health services is especially important in a context such as the Serbian, where gift giving is considered to be an important part of the culture.

The use of an SMS reporting mechanism is also adequate to the social background. As the research revealed, people are more inclined to seek individualistic mechanisms to resolve their problems. Therefore, in the context of Belgrade, this kind of tool for inviting social accountability participation is better-suited than others, such as community score cards or community monitoring, which require a deliberate collective effort on the part of citizens. Furthermore, ease of use and privacy gives this formal mechanism to denounce corruption an advantage over other existing ones.

That being said, and given the evidence obtained through the assessment, it is apparent that one of the biggest challenges

Figure 4.3: Strategies for problem solving

Strategy	%
1. Ask for intervention from a friend	21.84%
2. Ask for intervention from a relative	9.20%
3. Ask for intervention from an important person	24.14%
4. Pay a fee	8.05%
5. Give a small gift	2.30%
6. Denounce the disservice to the competent authorities	14.94%
7. Try several times until he/she gets a good result	17.24%
8. Avoid in general dealing with that institution	2.30%
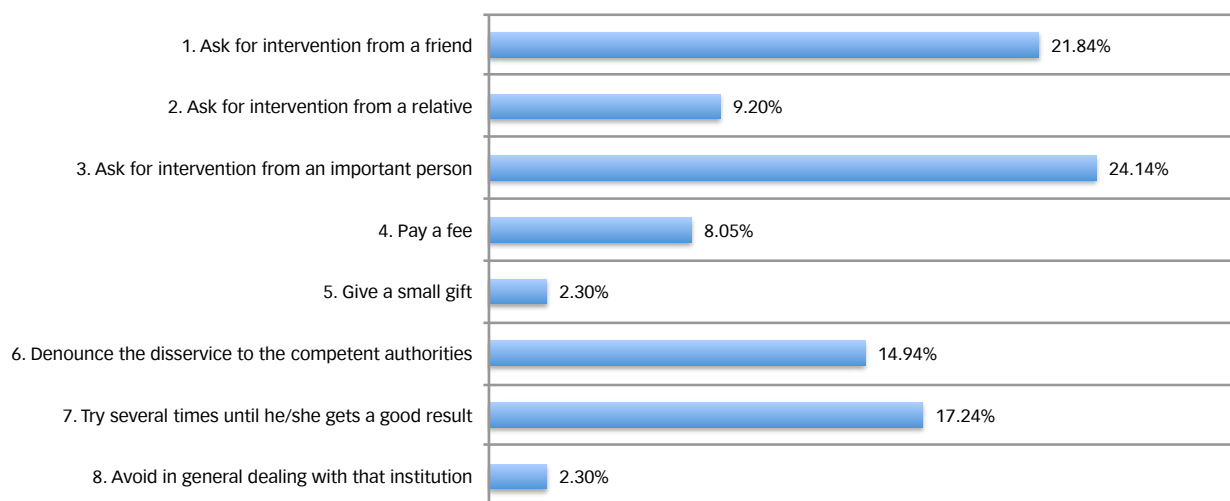
facing any type of social accountability initiative in Serbia today is the widespread lack of trust among citizens towards most institutions in the public sector and, generally speaking, about the ability of citizen action to induce meaningful change. Trust building is likely to be a long-term process. For this reason, it was recommended to explicitly incorporate a feedback component to the SMS mechanism, through which citizens may be kept informed of the manner in which responsible authorities plan to proceed with the information generated.

Finally, a highly problematic area for the effectiveness of social accountability initiatives in the Serbian health sector is the difficulty to enforce sanctions for wrongdoing vis-à-vis the medical staff. In the current situation, not only is there

no link between performance and salaries or career promotion, but the acknowledged importance of partisanship and political rivalries in health institutions work to perpetuate collusive behaviour and assure impunity. Indeed, enforceability tends to be the most difficult component to incorporate into social accountability programmes because it often requires reforms to the legal and regulatory frameworks governing the terms of employment of civil servants. In the Serbian case, it is clear that this is a politically sensitive area, which underscores the limits of social accountability approaches, the importance of political will, and the need to adopt a holistic perspective to successfully develop control-of-corruption strategies.

5. Philippines

The Philippines is a pertinent case study for a comparative assessment of social accountability initiatives because its sheer geography (thousands of islands, the largest of which have vast expanses of jungles and mountains that separate large populations) has necessitated some form of decentralized or at least de-concentrated governance for centuries (Azfar and Gurgur 2008). Furthermore, according to some authors, much of the corruption in the Philippines appears to happen at the local level with around 49% of corruption cases open in 2000 involving municipal mayors (Batalla 2000). Local Government Units (LGUs) have authority to create their own revenue sources and are responsible for the delivery of essential public services. Under these conditions, social accountability initiatives in the Philippines have a significant potential to achieve positive governance and development outcomes.

5.1   Social accountability project description

Project "Bayaniham Undertaking Living in a Healthy and Organized Neighborhood" or BULHON sa Panguma (BULHON) is a joint government–citizen intiative to monitor agricultural services, particularly the distribution of rice subsidies and production programs. The project has been designed by Government Watch (G-Watch) and implemented in the municipality of San Miguel in Bohol island. It targets the Rice Production Program, which is one of the basic services offered by the San Miguel Municipal Agriculture Office (MAO).

The primary goal of BULHON is to ensure that the right type, quality and quantity of rice production programs and related services are provided to beneficiaries following established standard processes that ensure effective and efficient service delivery (G-Watch Program 2012, 5). The main mechanism to attain that goal is performance monitoring that involves joint citizen–LGU participation. It comprises direct observation of how the LGU rice subsidy program is implemented and the assessment is recorded systematically through the use of a monitoring tool. Findings are analysed and discussed in the context of a core group composed of LGU officials and citizens.

5.2   Context assessment

5.2.1   Prevailing attitudes among users and LGU officials

In San Miguel, the overarching feeling was that the mayor and local government officials are accessible and responsive. Furthermore, citizen monitors participating in FGDs reported that as a result of being involved in the initiative they had developed closer ties to the LGU.

Perhaps the only caveat in this regard, as expressed by FGD participants, was that although community members can obtain services from the LGU, ease of access is greatly facilitated through membership in one of the community's Farmers' Associations (FAs). Interviews with leaders of FAs and LGU officials subsequently confirmed that, because of logistical and scheduling constraints given by the time consuming nature of agricultural activities, unorganized farmers are harder to reach and it is with regards to this that, out of practical motives, dialogue with FAs and their members is facilitated. LGU officials also explained that, being aware of this situation, they strive to capture the feedback and concerns of unorganized farmers through their participation in other venues, such as the community (barangay) assembly.

Notwithstanding the case of unorganized farmers, the research findings showed that the majority of residents in San Miguel feel that they can access public services based solely on their own means, as illustrated in Figure 5.1.

The research also suggested that the LGU has a proactive stance in reaching out to citizens in order to obtain their inputs and that citizens' views are normally taken into account for decision making. The general perception among research participants was that LGU officials are responsive to their constituents and embrace a cooperative disposition

towards them for example by means of SMS communication and regular house visits to address citizens' problems and concerns.

In sum, the research revealed a cooperative relationship prevailing among the communities of San Miguel, Bohol and LGU officials, which already represents a positive foundation upon which to develop social accountability initiatives.

5.2.2   Contextual determinants of citizens' attitudes

Responses to the survey revealed high levels of trust in public institutions, especially the LGU and those institutions providing essential services such as health and education (See Figure 5.2). The research further revealed that this high level of institutional trust is embedded in a social context characterized by a strong communitarian orientation permeating social interactions, as well as a high level of participation in a multitude of community-based voluntary associations.

Communitarian attitudes are strong among inhabitants of San Miguel, where the community assembly is widely indicated as the concrete manifestation of the more abstract concept of community. According to FGD participants, a

citizen belongs to the community when he or she is invited or allowed to actively participate in community events such as the assemblies, which are the main venue where people come together to articulate and discuss their concerns. Participation in the assemblies was reported to be high (around 80% according to the estimation of an LGU official).

Besides attending community assemblies, citizens in San Miguel also actively participate in a variety of other voluntary associations. 86% of survey respondents declared that they participate in at least one type of organization of which farmers' associations were the most cited (30%), followed by women's organizations (16%) and faith based associations (14%).

These findings suggest that the communities of San Miguel are characterized by a multiplicity of horizontal networks connecting citizens to each other and where participation is significant. As the literature suggests, this is connected with high levels of social capital and institutional trust, which in turn provide a fertile ground upon which to build collective action initiatives.

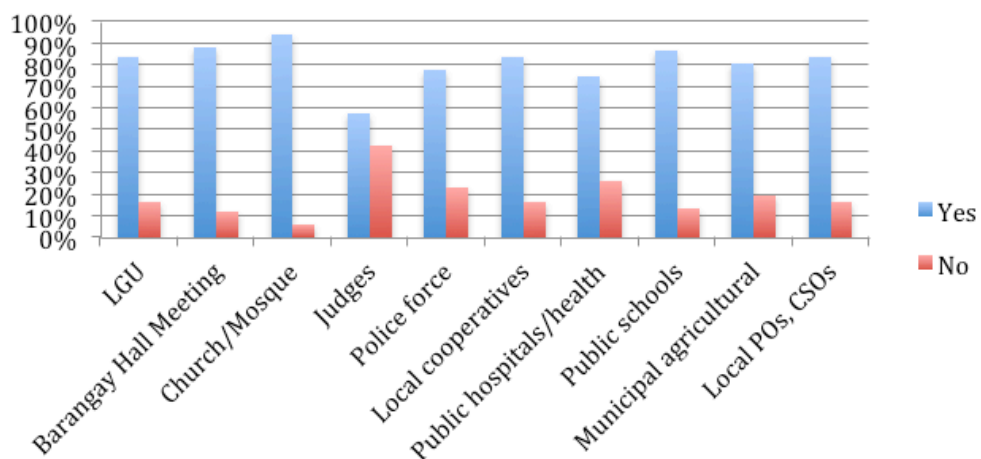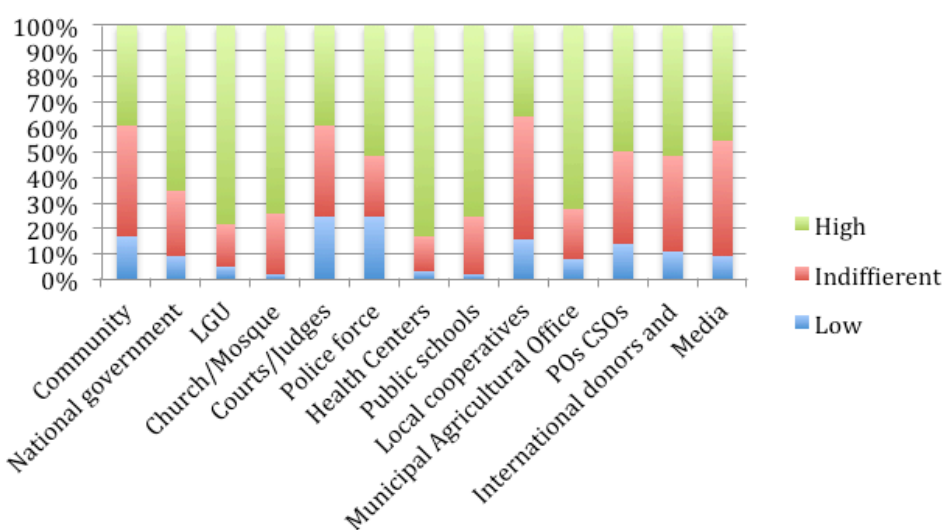*Figure 5.1: Ability to obtain service on your own*

Figure 5.2: Trust in institutions

In fact, in San Miguel, multiple examples of communication mechanisms linking citizens and LGU can be identified as well as instances where coordination and cooperative actions cross the public-private divide. The LGU actively reaches out to the communities through multiple channels. For instance, a comprehensive effort takes place once a year when the LGU organizes a Municipal Government Information and Action Caravan to actively seek out the problems, complaints and concerns of the people across the 18 barangays that make up the municipality. On a more frequent basis, LGU members attend community assemblies, as well as CSO and FA meetings. Agricultural technologists are normally invited to attend FA meetings and relay the pertinent information directly back to the MAO. Also, LGU projects or events are often announced after Sunday mass, which provides a good vehicle to communicate with citizens, as most of the residents of San Miguel are regular churchgoers.

5.2.3   Service providers' incentives

A first consideration that underpins the incentives on the part of the LGU is that the mayor of the locality is an elected public official, which is a key element establishing a direct accountability line between LGU and citizens. It is also meaningful given that important positions within the LGU, such as the MAO, are appointed directly by the mayor.

Secondly, the LGU in San Miguel has established and institutionalized mechanisms to enable communication and consultation to take place with the communities. For instance, People's Organizations and Farmer Associations regularly participate in LGU consultations, the Municipal Agriculture-Fishery Council is open to public consultations on a regular basis, and the mayor and other LGU officials regularly attend community assemblies. Such close links are important to note because they play a role to significantly reduce the opportunity space for arbitrary and/or corrupt actions on the part of local government officials.

Further affecting the incentives of LGU officials is their embeddedness in the communities. Following Peter Evans (Evans 1996) embeddedness refers to situations in which the boundaries between public and private are somewhat blurred and there is a deep involvement on the part of public officials in the lives of the communities they serve. The fact that LGU officials sometimes make house visits to address

the concerns of community members or that the mayor and other LGU officers have made their mobile phone numbers public and communicate by SMS with community members are examples of this blurred public/private divide.

Thus, the incentives underpinning the motivations of LGU officials are linked to a basic principle of democratic accountability, which promotes government responsiveness. This is further reinforced by established communication and consultation mechanisms linking communities and LGU, and by the close relationship of public officials with the communities. The latter elements support transparency in the conduct of government and furthermore, tight community links can be expected to generate significant normative constraints to the actions of LGU officials.

5.2.4   Strategies to obtain public services
Overall, research findings suggest that community members in San Miguel believe they have access to complaints mechanisms to denounce inadequate public services. When asked whether they have the means to express dissatisfaction when the treatment received by local government/ public service providers is not appropriate, 83% of survey respondents agreed that they do. Of those, 75% identified the community assembly as the main mechanism through which they can express dissatisfaction.

In terms of preferred problem resolution tactics, the most frequently used strategy reported by survey respondents (44%) was to ask for the intervention of an important person. Reporting to the competent authorities was chosen next by 27% of respondents. Significantly, no respondents to the survey chose gift giving as a strategy for problem solving (See Figure 5.3.).

However, it is important to take into consideration the particular context of San Miguel to properly interpret these responses. In other settings, seeking the intervention of an important person often reflects the existence of personalistic networks of privilege, which operate in secrecy and in which those with connections obtain access and favours at the expense of other, less well-connected citizens. In San Miguel, as has been mentioned before, because embeddedness of LGU officials in the communities is a factor that blurs the line between public and private, this can pave the way for informal personalistic contacts to become an effective way to obtain solutions to problems. The crucial difference here is that these personalistic contacts are not exclusive and therefore do not generate socially regressive consequences but rather, it can be said, even contribute to making public officials more responsive and the provision of services more effective.

Figure 5.3: Strategies for problem solving
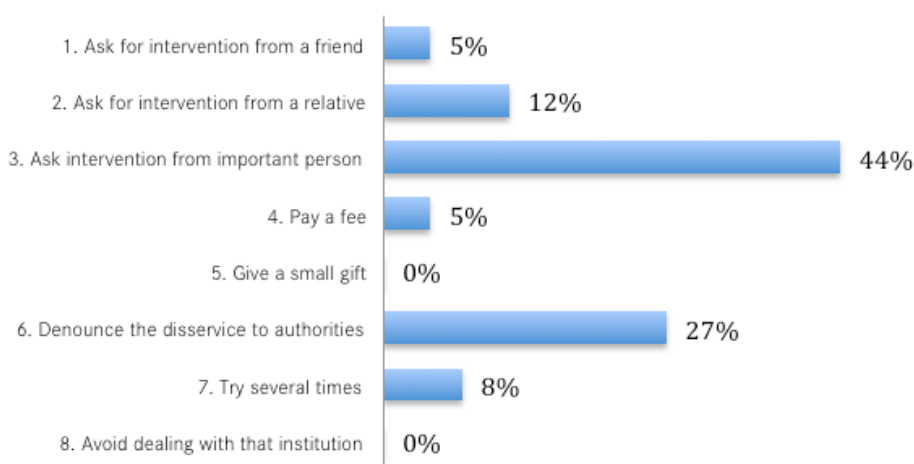
5.3   Project overview: Strengths, challenges and suggestions

Overall, the evidence gathered through the research indicates that the BULHON project has been successful in reaching its goals of improving the delivery of a key public program and increasing transparency and accountability of local government through citizen participatory inputs. Because LGU officials are tightly embedded in the community and responsive to the community members' needs, the citizen monitors have been able to work directly with the authorities who have the decision making capabilities to take immediate actions and respond to problems, meaning that enforcement and answerability in the BULHON social accountability initiative are de facto integrated into the monitoring exercise.

Furthermore, the research revealed that project BULHON has empowered participants, since the monitors reported beneficial social by-products from the trainings and from the monitoring such as gaining recognition and respect in the communities, and some of them are now regarded as

farming experts, from whom other community members seek advice.

The research also suggested a positive impact of the BUL-HON project on local government performance. Some leaders of FAs stated that as a result of the monitoring there has been a noticeable improvement in the timeliness and overall quality of service delivery. Many stakeholders suggested extending the monitoring to other sectors and expanding the scope of the trainings and the activities undertaken by monitors. The leader of a CSO recommended training monitors on farming technologies to make them more effective in addressing farmers' concerns given that they are already being sought after for advice. This statement is a meaningful one, because it identifies and recognizes a way in which empowerment of citizen monitors has positive spill over effects for the community as a whole. In a context of dense social networks, such as San Miguel, it seems that the empowerment of individuals works to indirectly empower the community as a whole since it contributes a new and trusted source of information and expertise that represents, in and of itself, a public good.

6. Ghana

Corruption in the health sector in Ghana has been reported to have reached extreme levels. According to a World Bank report (World Bank 2010) Ghana is the second most corrupt country in Africa in terms of managing resources in the health sector. Whereas the Ghanaian government has implemented significant reforms aimed at improving access to primary health care, such as the National Health Insurance Scheme (NHIS), concerns persist about lack of transparency in management and inadequate monitoring of facility level performance. This is in spite of the recognized gains the country has made in developing democratic institutions (Freedom House 2014). Thus, Ghana is a relevant case to understand how further progress to deepen democratization may prove to be a key factor in tackling corruption in the delivery of essential services.

6.1 Social accountability project description

The Ghana Integrity Initiative Social Accountability project (GII-SA) targets the health sector with a specific focus on the administration of funds from the NHIS as well as other special interventions aimed at promoting access to quality health services for the majority of Ghanaians. The assessment was applied in the following communities in which project GII-SA had been piloted: Bisease and Ajumako-Kumasi communities in the Ajumako district and Teteman community in the Jasikan district.

The social accountability tool that is employed in this project

Figure 6.1: Ability to obtain service on your own
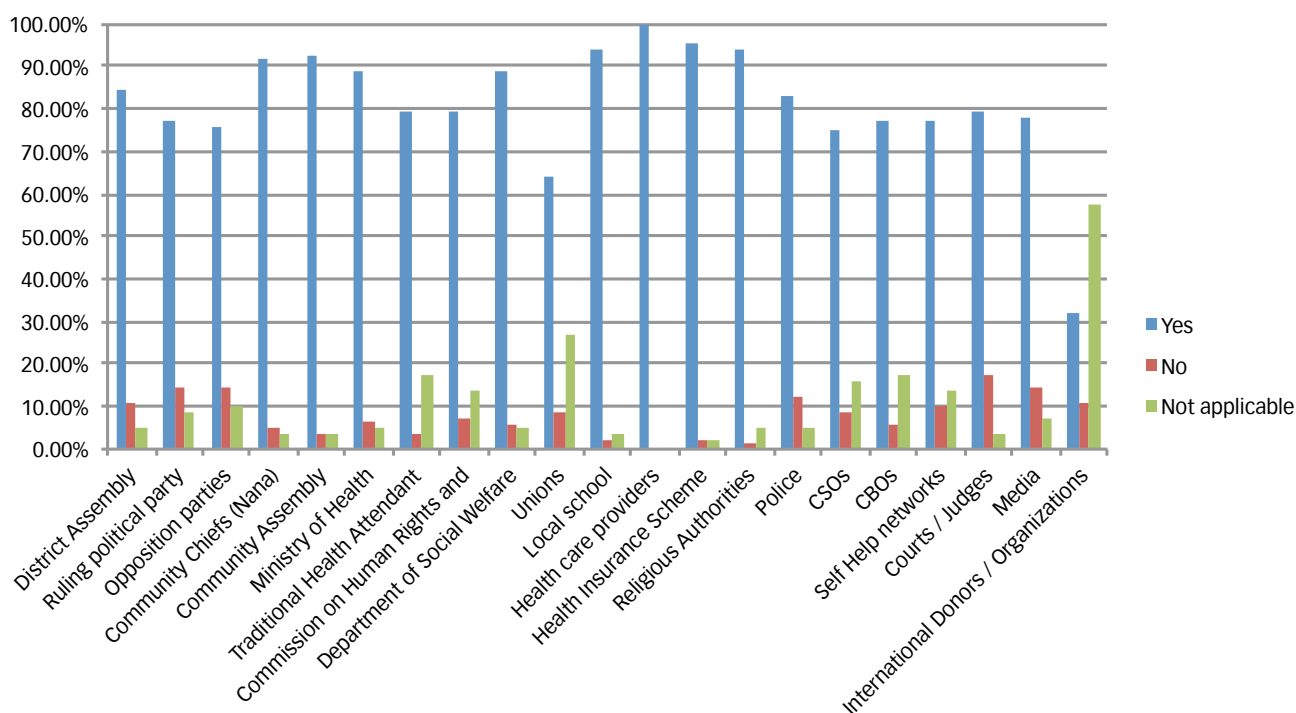
is the community scorecard (CSC), which combines quantitative surveys with village meetings that bring together service users and providers to jointly analyse and resolve service delivery problems. Citizens are, through the use of this tool, empowered to provide immediate feedback to service providers in face-to-face meetings (UNDP 2010; Transparency International 2011).

Participation of community members in the CSC exercise takes place through a series of sequenced activities. The CSC mechanism begins by engaging participants in a situational analysis of health issues, including community perceptions of quality and access but also promoting awareness of their rights and entitlements. Participants then discuss the main issues revealed through the situational analysis and cluster the information into indicators. Based on the findings, participants are divided into groups (gender- and age-based) to discuss and suggest what kinds of improvement they desire. The outputs from this sequenced exercise are then discussed with service providers.

6.2   Context assessment

6.2.1   Prevailing attitudes among users and health service providers
In Ghana, citizens generally described their relationship with local government and local service providers as good. It was remarked that although the quality of services sometimes varies, all groups are treated equally. When asked about ease of access to services measured by their ability to obtain the desired service based entirely on their own means, responses showed a very positive evaluation of accessibility across the full range of institutions. Especially noteworthy, in the case of health services 100% of respondents affirmed it is possible to obtain services on their own (See Figure 6.1.)

An interesting feature of the research in Ghana was that in FGDs, citizen attitudes towards service providers varied markedly between social accountability (SA) participants and the control group. In the latter, several participants reported that community members are generally concerned

that criticizing the ruling party or being identified with the opposition can result in health services being taken away from the community. In contrast, FGD participants in the SA group expressed not fearing that public services could be taken away and were emphatic about their fundamental right to the provision of quality services. Participants in the SA group also expressed they feel motivated to demand their right to health services in all areas of public service provision. In addition, SA group participants explicitly expressed feeling empowered by the knowledge acquired through the CSC trainings and that this information has now enabled them to play a proactive role in the community, clarifying and explaining issues to other community members. In the control group, although participants gave overall positive assessments regarding service quality, they at the same time expressed concerns regarding the prevalence of corruption.

In turn, during interviews with health staff, several complained about the attitudes of patients. Especially they referred to the problem of patients getting very angry and accusing health staff of corruption when the medicines that they should be receiving are not in stock. Service providers expressed frustration at the lack of understanding of their situation on the part of users and furthermore the aggressive behaviours that they sometimes have to confront.

The research revealed a complex picture in terms of the kind of relationship prevailing between citizens and service providers. There were elements that can be associated with the disrupted model such as mentions of corruption, fear of reprisals and conflictive attitudes. However, there were also elements to suggest that such predispositions can be transformed as evidenced by the SA participants' attitudes, such as empowerment and motivation, that are more characteristic of the cooperative model.

6.2.2   Contextual determinants of citizens' attitudes
A first finding in this cluster of indicators showed that trust in institutions is relatively high (See Figure 6.2.). Survey respondents assigned highest trust to state institutions, especially those in the health sector. Moderately high levels of trust were given to traditional institutions such as the

community assembly and community chiefs. In contrast, trust was relatively low for institutions and organizations at the local level such as CSOs, Community Based Organizations (CBOs) and self-help networks. Interestingly, the Ghanaian case illustrates how local power relations can shape participatory practices. In these communities, citizens, authorities and service providers alike identified the community assembly as the most inclusive instance, where all citizens have the opportunity to engage in discussions relevant to community-wide affairs such as health, education, environmental sanitation, and unemployment. However, some informants pointed to some elements that question the assemblies' characterisation as democratic institutions. Some respondents underscored that before issues come to the assembly, they have to first be discussed by the chief, the council of elders and the town development committee. These authorities, as agenda setters for community assembly

meetings, thus exercise significant influence. Furthermore, the FGDs also confirmed that the community assemblies are not necessarily the venues where decisions are taken. Some participants said that family heads and members of the council of elders are sometimes called to discuss and agree on issues privately, whereas the rest of the community is simply informed of their decisions afterwards. Taken together, these elements may provide a partial explanation for why, in spite of it being the main venue for the community to get together and discuss common challenges, community assemblies are not indicated among the institutions receiving highest trust responses in the survey.

Ghanaian FGD participants unanimously characterized their social interactions as communitarian. For them, being community members was defined as having an attachment to the place they live in, sharing interests, and feeling proud

Figure 6.2.: Trust in istitutions
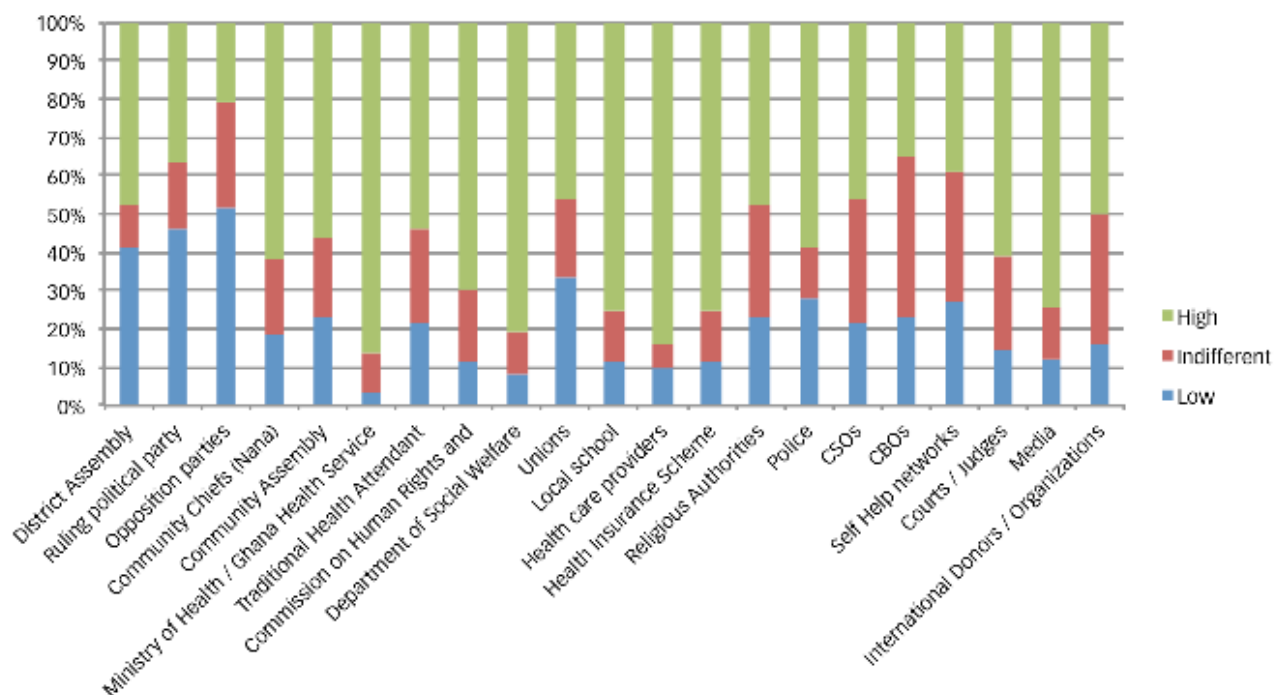
vis-à-vis other communities when one's own is doing well. Participants characterized social relationships prevailing in the community as based on reciprocity and collective decision-making. Numerous examples were given of cases where mutual help networks are activated when a community member finds him or herself in need (same in the case of illness, sudden death or where a child who is deemed to be intelligent has no resources to go to school). Participation in voluntary associations appears to be high; 95% of survey respondents reported being active in at least one type of association, with the highest participation rates associated with faith based organizations (40% of respondents).

The evidence brought forward suggests that the main elements associated with social capital (institutional trust, high participation levels, and communitarian outlook) are present in the communities assessed. This suggests a good foundation for developing collective action initiatives, which in turn may be linked to some recorded positive impacts of the social accountability initiative. In fact, during the FGDs some of the participants highlighted the fact that positive results can already be observed. Since the training took place, participants said that the relationship between the health centre management and community leaders has improved visibly. Some concrete results include that the health centre now has an open door policy where community representatives have the opportunity to visit the facility to discuss matters of public concern. Another positive fact is that the Nana of Bisease was personally involved in the CSC exercise and participated together with the community representative in the meeting with the health facility management.

6.2.3   Service providers' incentives
Inadequate funding of the health sector remains a significant problem in Ghana. Resource scarcity affects the District Health directorate and, according to the District Director of Ghana Health Service (GHS), this situation besides impeding the required supervision and monitoring of health service providers, also affects funding for human resources, infrastructure and medical equipment. Systemic underfunding generates situations where health facility staff are unable to deliver services as stipulated in the formal rules

and regulations both because of the work load and because they lack adequate supplies.

The problem has been exacerbated by a substantial increase in demand for health services since the NHIS has been rolled out, while at the same time resources have remained at the same level. Consequently, health facility staff, in practice, frequently need to devise strategies to cope with the situations that arise out of the resource scarcity. For instance, it has been reported that health workers often deal with stock outs of essential drugs by prescribing these medicines to be bought privately. This kind of situation naturally generates tensions between medical staff and patients, the latter feeling aggravated for having to pay for medicines that should be provided free of charge under the NHIS.

While resource scarcity in and of itself does not need to entail corruption risks, in the case of Ghana it does become problematic to the extent that it is compounded with the fact that there are no performance-based mechanisms to sanction wrong doing or inadequate performance of health staff. Furthermore, the evidence brought about during the research does not suggest that social capital and cross cutting social networks are providing the type of normative constraints to providers' actions as observed, for example, in the case of Philippines.

6.2.4   Strategies to obtain public services
NHIS formal feedback mechanisms are a suggestion box at the District NHIS office, periodic general education on the radio including call-ins by clients on their experiences at health facilities, and a National Call Centre in Accra to receive feedback and complains from clients. The NHIS also uses community assemblies to receive feedback from users.

However, evidence obtained through the research suggested that, generally speaking, these formal mechanisms are not perceived as effective means through which to address problems with service provision. FGD participants in the control group considered that even though there is a suggestion box, and people are aware of its existence, it is not a relevant mechanism for handling complaints because people

fear the mechanism is not sufficiently anonymous and the nurse can retaliate against them. Another reason cited for the ineffectiveness of the complaints box as a feedback mechanism is that many people are illiterate.

A further somewhat formalized feedback mechanism goes through the traditional authorities. According to the Bisease Chief, the community had agreed that they would report incidents of corruption to him or to the assemblymen, but he also added that in the last two years no reports have been received, suggesting that this reporting mechanism is not very effective.

In contrast, results from the survey confirmed the preference of users to pursue informal mechanisms to address problems with service provision. Figure 6.3. presents the

results of the survey when respondents were asked about preferred problem resolution strategies. What is striking about this result is the fact that less than 5% of respondents feel that denouncing the disservice to competent authorities is the best way to deal with deficient service provision. Rather, the overwhelmingly preferred strategies chosen by survey respondents are informal: 42% chose intervention of an influential person, 31% chose trying several times and 14% chose payment of an informal fee.

Tellingly, FGD participants in the group that received the CSC training demonstrated a comprehensive understanding of the different alternatives citizens could resort to in order to address problems with provision of public services and could enumerate several mechanisms through which a community member may deal with bad service.

Figure 6.3: Strategies for problem solving
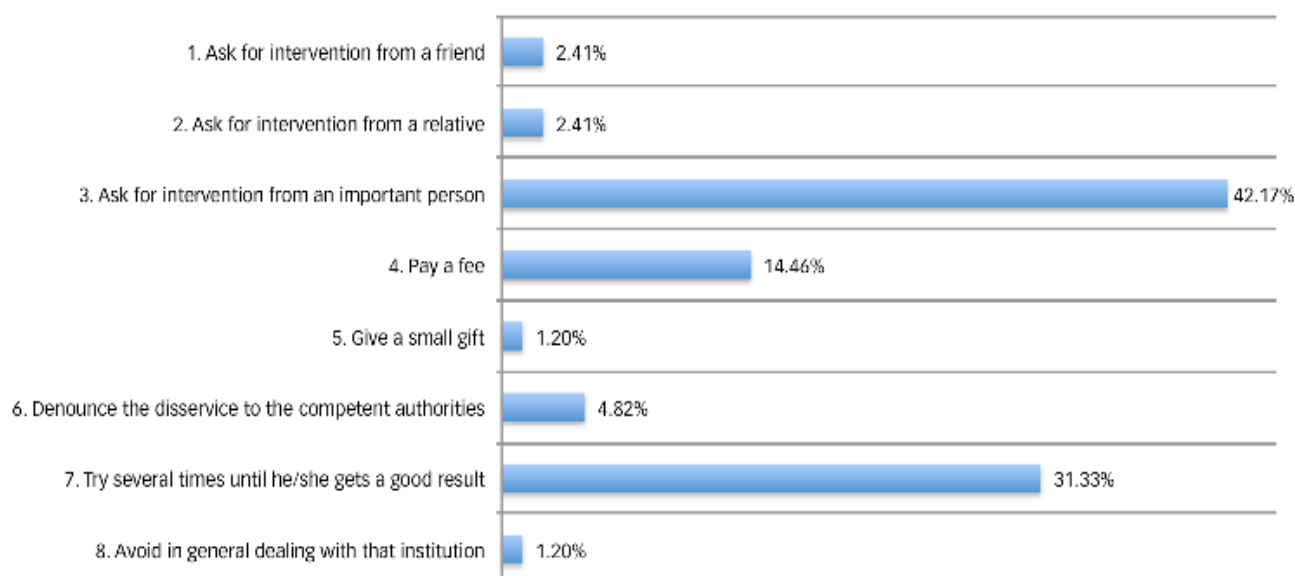
6.3 Project overview: Strengths, challenges and suggestions

In Ghana, evidence from the research suggests that the training methodologies employed in the GII-SA project have been effective in communicating essential information on rights and entitlements, which is the first required step to enable effective citizen participation in social accountability actions. In a context where a sizeable percentage of the population is illiterate, interactive trainings are a suitable tool for citizen empowerment as opposed to other strategies that had been previously pursued.

The CSC methodology has the advantage that it involves citizen participants, not only in conducting the assessment on the quality of health services, but also in discussing, analysing and aggregating the findings. The research suggests that the elements associated to social capital are present, thus suggesting that collective action should be feasible, especially when citizens can observe the impact of their actions. However, one issue that remains to be addressed to further harness the impact of the CSC is that it is not clear how to relay the relevant information to those NHIS authorities at the central level that have the decision making powers to address problems identified. This is especially problematic with regards to those having to do with inadequate medicine supplies and delays in reimbursements to the health facilities.

The problem of lack of adequate monitoring of service providers is another concern in the Ghanaian health system, where accountability lines flow upwards and where, as recognized by the NHIS district manager, sanctions for wrong doing are very rarely applied. Therefore, in order to fully realize the potential of the social accountability actions a dialogue could be pursued probing the feasibility of introducing changes that could somehow link the incentives of service providers to performance.

An additional element that impedes enforcing sanctions in cases of corruption is when the victims of such acts are not forthcoming in denouncing them. The field research suggested there is an unwillingness to talk about corrupt acts in these communities. In view of that, strengthening the educational activities explaining the meaning of corruption and illustrating its effects could be helpful.

A possible strategy to strengthen the impact of the overall CSC initiative would be to more proactively involve service providers. A worker at the Bisease health center complained that the medical staff have not received training on the CSC and were therefore uncertain about the aims and scope of the initiative.

7. Matching social accountability tools to context

This section provides insights to guide the implementer on how to link the characteristics of the target communities to a social accountability tool that is suitable for the specific context.

On the basis that there is no one size-fits-all social accountability tool, the arguments made in this section are meant to be illustrative of how knowledge about the characteristics of the local context may be harnessed to customize the social accountability approach to the greatest extent possible. Following the analytical framework described in section 2, section 7.1 describes different approaches to operationalize each of the social accountability program components,

discusses their suitability for different contexts, as well as relative strengths and weaknesses, and offers examples of established social accountability tools representative of each category.

For illustrative purposes section 7.2 provides a more detailed description of three specific social accountability approaches: participatory budgeting, citizen report cards and citizen score cards. These three specific modalities of social accountability are among the best known and most widely used tools and have been selected after an extensive review of several sources on the topic.[7]

7.1 Types of social accountability approaches: disaggregated by program component

7.1.1 Capacity building

Type of approach	Direct/ Personalised	Indirect/ Impersonal
General description	Information on mandate, rights, entitlements and social accountability approach communicated directly to citizens, typically in relatively small groups and in an intensive fashion (trainings, workshops).	Information on mandate, rights, entitlements and social accountability approach disseminated through publicly accessible material (print, online, media, social media).

Contextual elements associated with effectiveness of approach	• Communitarian settings
	• Presence of horizontal networks
	• Smaller-populations targeted.
	    • Rural communities
	    • Urban neighbourhoods with high levels of local participatory activity
		• Settings where individualistic social interaction patterns dominate.
		• Weak civil society and absence of horizontal networks
		• Larger-populations targeted
		    • Large regions
		    • Urban contexts with weak participatoryactivity

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7   The definitions and descriptions of the different tools included in section 7.2. have been taken from World Bank, Social Development Department, Social Accountability Sourcebook http://www.worldbank.org/socialaccountability_sourcebook/Tools/toolsindex.html and from UNDP (2010).

Strengths	• Provides very detailed knowledge and thus can empower recipients to engage in more complex and potentially more far-reaching anti-corruption activities. • Citizen empowerment maximised.	• Can reach a potentially large number of citizens. • Convenient access, does not require significant time or energy commitment on the part of citizens.
Challenges	• Can only reach a limited number of citizens. BUT can generate positive spill-over effects throughout the community when applied in a context characterized by dense horizontal networks. • Requires significant time and energy commitment from participating citizens.	• The amount of information communicated is limited. • Empowerment constrained by the limitations in the amount of information that may be communicated.
Examples	Trainings associated with: • Participatory budgeting • Community scorecards • Citizen monitoring activities	• Citizens' Charters • Transparency portals • Education campaigns

7.1.2   Citizen participation modalities

Type of approach	Collective inputs	Individual inputs
General description	The social accountability program requires collective and coordinated mobilization of citizens (group actions). Enables citizens themselves to be in charge of aggregating and articulating voice.	Citizens participate in the social accountability program providing their inputs on an individual basis. A third party is required to aggregate and articulate citizens' inputs (generally NGOs or CSOs).
Contextual elements associated with effectiveness of approach	Most pertinent for smaller communities (rural or strong urban neighbourhoods). Significant collective action capabilities required: • High local participatory activity • Communitarian orientation helps BUT not strictly necessary when dense horizontal networks exist.	Most pertinent for larger communities (large urban agglomerations). Appropriate for contexts where collective action capabilities are weak: • Low participation in voluntary associations • Individualistic orientation to problem solving.

Strengths	• Increases detail and scope of the information generated. • Best for citizen empowerment as individuals working together increases social capital.	• Protects anonymity where there are fears of reprisals • Limited time investment required; convenience.
Challenges	• Requires significant time and energy investment.	• Information is limited and quality thereof may be questionable.

Examples	• Citizen monitoring activities
	• Community Scorecards
	• Participatory budgeting
		• Complaints and whistle-blower's mechanisms:
		   • SMS reporting
		   • Online reporting
		   • Official complaint management systems
		   • Citizen report cards

7.1.3   Transmission of Voice to State Actors

Type of approach	Direct	Indirect
General description	The outputs from the participatory activities are relayed directly to state actors; particularly relevant are those who have decision-making abilities to act upon the information received.	The outputs from the participatory activities are disseminated through public channels.
Contextual elements associated with effectiveness of approach	Citizens trust government officials and/or service providers. Political will and responsiveness on the part of public sector officials.	Other actors (media, NGOs) that are trusted in the community have a relevant role to play when trust in state actors is weak. Pertinent when links to state institutions are weak and/or when there is limited responsiveness on the part of the relevant state officials.
Strengths	Most effective means to establish a working relationship between citizens and state actors and to generate the conditions necessary for the exercise of direct accountability.	Increased visibility and awareness among public opinion about the issues uncovered by social accountability mechanism can raise the stakes of not addressing them on the part of key decision makers.

Challenges	May require strategic decision-making about which state actors to engage as a function of ability to act upon information and responsiveness.	Uncertain impact on state actors' incentives.
Examples	• Community score card • Participatory budgeting	• Citizen report card • Media coverage, press release, NGO/CSO webpage, community meetings.

7.1.4   Enforcement mechanisms

Type of approach	Formal	Informal
General description	Key incentives of service providers are directly linked to citizen evaluations through institutionalized and officially recognized mechanisms.	Service providers' incentives are inked to citizens' evaluations through informal means. (Social status, prestige).
Contextual elements associated with effectiveness of approach	Significant political will often be required at higher levels of public office in order to push through legal and formal institutional reforms.	Embeddedness of local government officials and public service providers. Cooperative dispositions on the part of service providers and/or local government officials.
Strengths	Provides solid institutional backing to the development and consolidation of strong corruption deterrence mechanisms.	Creates strong links between communities and their service providers.
Challenges	May involve politically difficult reforms to the legal and regulatory framework.	Difficult to scale up. Effectiveness, at least in the short to medium terms, will likely depend on the sustainability of the social accountability scheme.
Examples	• Pay for performance (P4P) schemes, performance-based bonuses. • Explicit and consistently enforced sanctions for engaging in corrupt actions.	• Citizen report cards

7.1.5 Answerability and feedback mechanisms

Type of approach	Direct	Indirect
General description	Citizens are directly informed of the manner in which the information produced by the social accountability scheme will be acted upon.	Information and updates on the outputs and expected results of the social accountability scheme have been taken up by public officials are disseminated through publicly accessible means.
Contextual elements associated with effectiveness of approach	Smaller communities.	Large populations, urban settings.
Strengths	High potential for empowerment and sustainability as social accountability participants can directly observe and assess the impacts of their actions and the benefits of collective action.	Increases visibility and, when displaying the results of successful social accountability initiatives, can incentivize other communities or application to other sectors.
Challenges	Requires greater investment of time and resources on both the demand and supply sides in order to coordinate meetings and sustain the scheme.	Access to information may be limited among intended beneficiaries especially among low-income groups (lack of internet access, illiteracy). More loosely linked to sustainability
Examples	• Public hearings • Town hall meetings	• Web-based feedback mechanism • Media

7.2 Selected social accountability programmes[8]

7.2.1 Participatory budgeting

Participatory Budgeting (PB) is broadly defined as a mechanism or process through which citizens participate directly in the different phases of the budget formulation, decision making, and monitoring of budget execution. PB can be instrumental in increasing public expenditure transparency and in improving budget targeting. Since it is a useful vehicle to promote civic engagement and social learning, PB has been referred to as an effective "School of Citizenship".

In most cases, the PB process is organized around the annual or multi-year public budgeting process as follows:

The participatory process cycle usually starts with regional meetings, which are public hearings organized in small

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8   The program descriptions included in this section have been taken from the following source: World Bank, Social Development Department, Social Accountability Sourcebook http://www.worldbank.org/socialaccountability_sourcebook/Tools/toolsindex.html

sub-divisions of the administrative territorial units, to bring the PB process closer to the citizens. Government representatives use these meetings to inform citizens about the PB rules and procedures, provide an update of current budget execution, and share government priorities and revenue forecasts. A second round of meetings is organized to enable citizens to identify their priorities and elect delegates to represent their concerns in the Participatory Budgeting Council. Community organizations meet independently to inform citizens about the PB activities, raise awareness, and mobilize participation around specific priorities.

The elected delegates and government representatives form the Participatory Budgeting Council (PBC). The PBC has the mandate to negotiate all priorities voted during the regional meetings, and prepare the final participatory budgeting proposal. The citizen delegates participate in capacity building activities to become more familiar with public expenditure management and to enhance conflict resolution skills. The delegates carry out field visits (PB caravans), to inspect all priorities. In parallel, the government carries out technical and financial feasibility studies for each proposal.

After a series of debates in the legislative council, a final PB proposal is presented officially to the Mayor. The Mayor submits the PB proposal to the Municipal Council who usually holds the legal mandate to approve the government budget. The legislative process is accompanied by strong social mobilization and active engagement by PB delegates to ensure that the final budget text approved by the legislature fully reflects the PBC deliberations.

Once the budget is approved, a PB monitoring committee is established to ensure oversight of the procurement and budget execution processes.

Communication, Information and Capacity Building:

Effective communication strategies, access to information, and capacity building have a direct impact on the quality of participation, and on the overall success of the PB process. Informed citizens are the key to a successful PB process.

Systematic and creative public campaigns can be conducted through the local press, vehicles with speakers, mass mailings, posters, leaflets, outdoor meetings, television, public and cultural institutions, theatre and role playing activities. Such campaigns raise civic awareness and provide citizens with a better understanding of the budget process and fiscal situation.

At the same time, government officials need to be prepared to coordinate, support and facilitate the PB process effectively. While this might involve considerable efforts particularly in large municipalities, smaller local governments face greater challenges in providing their citizens with reliable, timely, and user-friendly information.

What are the resources required?

PB has been implemented with high degrees of sophistication, including professional communication campaigns and skilled facilitators for public meetings. It has also been applied with limited resources in rural settings where there are scarce human, technical and financial resources. Many municipalities can make use of their own staff and communication channels to conduct a PB exercise. Nevertheless, it is fundamental that the process is sustained by reliable information dissemination about the budget forecasts and execution, and continuous public campaigns about PB activities and results.

Where has participatory budgeting been implemented?

PB was pioneered at the municipal level in Brazil in the late 1980s, when the country was experiencing unprecedented social mobilization for re-democratization and decentralization. At the same time, there was a crisis of government credibility. Some newly elected mayors facing serious fiscal constraints and high citizen discontentment with public services realized that engaging citizens in difficult decision making about resources could improve their poor public image. By 2000, approximately 140 municipalities in Brazil had adopted PB. Of these municipalities, 28 per cent had fewer than 20,000 inhabitants, 32 per cent had between

20,000 and 100,000, 31 per cent had between 100,000 and 500,000, and 9 per cent had over a half-million inhabitants.1

While PB has been implemented in Brazil for several years, different forms of participatory budgeting can be found today in many countries, including Brazil, Argentina, Uruguay, Chile, Peru, Dominican Republic, Nicaragua, El Salvador, Mexico, Spain, Italy, Germany, France, Belgium, Portugal, Switzerland, Albania, Bosnia and Herzegovina, Portugal, Switzerland, Cameroon, India, Sri Lanka, Indonesia, South Africa, and the Philippines. Most PB experiences are at the urban and rural municipal levels. Some provincial governments have recently introduced PB in Latin America.

Strengths

Because participation in the PB process exposes citizens to all aspects of the budgeting cycle in their local government, this approach maximises the ability of citizens to identify irregular actions on the part of local government authorities. The presence of empowered citizens thus, in this manner, drastically reduces the opportunity space for corrupt actions.

Popular inputs in the definition of priorities for budget allocations have been associated with effective poverty alleviation outcomes and more inclusionary public policies.

Because PB involves intense interaction between citizen and local government officials it is an effective trust building activity and supports the development of an active interface between the state and civil society.

Challenges

Although PB has been widely disseminated, the mechanism is not a silver bullet that solves all management and governance problems. There are a number of challenges that governments have encountered when implementing PB. These challenges need to be carefully managed:

Raising false expectations: When the government is not transparent about fiscal information or cannot provide a budget forecast, citizens are unaware of the fiscal constraints and can demand services and goods that the government is not able to deliver. In many cases, governments have not been able to execute the PB process due to poor financial management, creating tensions that have undermined the sustainability of PB as a whole.

Quality of participation: It is often challenging to include the most marginalized groups, the middle-income classes, academia, and the private sector. The middle classes and the private sector usually have good access to public services and thus do not see the value added in PB activities. Marginalized groups often encounter a high cost to participating in PB (mainly in time and transportation). The knowledge disparities between the poor and the wealthy also affect the quality of participation and equity of final budget priorities.

Avoiding civil society co-optation: The autonomy of civil society organizations can be undermined if PB practices are misused to increase clientelism.

Overextending government capacity: The government needs to invest resources and time to organize the PB activities and provide budget information. However, many governments lack the capacity to undertake these activities.

Tension with elected representatives: Tension is often voiced by elected members of the legislature who fear losing their power as citizens' representatives. As the budget arrives in the Municipal Council with a substantial degree of popular legitimacy, some legislators fear that their role in the budgeting process becomes a mere formality.

Sustainability: Citizens have a tendency to abandon PB processes after their demands have been met. Election periods usually undermine the quality of participation as discussions turn into political debates. Opposition parties are also less keen to mobilize their constituencies and support the PB process. Political changes in the administrations can potentially disrupt the PB process, particularly when PB is used as a political tool.

7.2.2   Citizen report cards

Citizen report cards (CRCs) are used in situations where demand side data, such as user perceptions on quality and satisfaction with public services is absent. By systematically gathering and disseminating public feedback, CRCs serve as a "surrogate for competition" for state-owned monopolies that lack the incentive to be as responsive as private enterprises to their client's needs. They are a useful medium through which citizens can credibly and collectively 'signal' to agencies about their performance and advocate for change.

Specific CRC methodologies may vary depending on the local context. A clear pre-requisite is the availability of local technical capacity to develop the questionnaires, conduct the surveys and analyse results. There are some basic steps that apply to all CRC methodologies:

* Deciding on agencies/ services to be evaluated;
* Identification of scope and key actors that will be involved;
* Design of questionnaires in a manner that is simple enough for ordinary citizens to understand;
* Careful demographic assessment to select the appropriate sample and size for survey;
* Raising awareness of the survey respondents to the process;
* Providing training to the individuals involved in conducting the survey;
* Analysing the data: compilation and analysis of the responses to survey questionnaires;
* Dissemination of findings with due consideration of the power relationships and political economy of the situation; and,
* Institutionalizing the process of providing citizen feedback to service providers on a periodic basis.

Resources required

The main costs associated with CRCs include the preparation of the questionnaire, the actual execution of the survey; data compilation and analysis, information dissemination,

and mobilizing citizen groups to actively engage with agencies to work on improvement of service quality.

Strengths

* CRCs can be used to assess either one public service or several services simultaneously.
* The feedback can be collected from a large population through careful sampling.
* CRCs are quite technical and thus there may not be a need for a major citizen mobilization effort to get the process started.
* Perceived improvements in service quality can be compared over time or across various public agencies involved in service provision.

Challenges

* CRCs require a well thought out dissemination strategy so that public agencies take note of citizen feedback and take the required action to correct weaknesses.
* In locations where there is not much technical capacity, CRCs may be difficult to design and implement.
* If there is an error in sampling, the quality of service may not be reflected in the survey results.

7.2.3   Community score cards

The community score card (CSC) process is a community-based monitoring tool that is a hybrid of the techniques of social audit and citizen report cards. Like the citizen report card, the CSC process is an instrument to exact social and public accountability and responsiveness from service providers. By linking service providers to the community, citizens are empowered to provide immediate feedback to service providers.

The CSC process uses the "community" as its unit of analysis, and is focused on monitoring at the local/facility levels. It facilitates community monitoring and performance evaluation of services, projects and even government administrative units (like district assemblies). Since it is a grassroots process, it is also more likely to be of use in a rural setting.

The CSC solicits user perceptions on quality, efficiency and transparency. This includes:

- Tracking inputs or expenditures (e.g. availability of drugs);
- Monitoring the quality of services/projects;
- Generating benchmark performance criteria that can be used in resource allocation and budget decisions;
- Comparing performance across facilities/districts;
- Generating direct feedback mechanisms between providers and users;
- Building local capacity, and strengthening citizen voice and community empowerment.

What are the resources required?

The main costs include the preparatory ground work, and conducting focus group discussions. Careful thought needs to be given to the cost of information dissemination and mobilizing citizen groups to actively engage with agencies to work on improvement of service quality. The cost will also depend on the country in which this is being applied and whether the activity is conducted in urban or rural areas.

Strengths

- This approach can be conducted for one public service or several services simultaneously.
- This is a community level process bringing together service providers and users to discuss possible ways of improving service quality.
- Perceived improvements in service quality can be compared over time or across various public agencies involved in service provision.

Challenges
- CSCs rely on good quality facilitators, which may not always be available.
- Reaching out to stakeholders before beginning the scorecard process is critical, but may not always be feasible.
- In locations where there is not much local technical capacity, CSCs could be difficult to design and implement.
- CSCs cannot be easily applied to large geographical areas.

8. Lessons learned

The experiences from Serbia, Philippines and Ghana illustrate a diversity of initial conditions for the establishment of participatory initiatives targeting corruption in the delivery of essential public services and shed light into the manner in which challenges to social accountability are strongly determined by the context.

The purpose of the assessment methodology presented here is to gain an understanding of the conditions affecting the choices made by citizens when they interact with public service providers and, especially, when they are faced with corrupt actions. By structuring the social accountability intervention taking into account the perspective of potential users, it is expected that citizen uptake and sustainability will be optimised. The goal is to make participating as easy as possible, ideally providing an alternative to conventional complaints mechanisms that can be perceived as both safe and effective for the users.

Thus, adopting a social accountability approach that involves a direct dialogue between government officials, service providers and citizens is feasible in contexts where a significant degree of trust among the stakeholders involved is already present as in the cases of the Philippines and Ghana. In contrast, where trust is low and fear of reprisals is prevalent, as in Serbia, an anonymous reporting mechanism, ideally handled by a neutral third party (such as a CSO), will be more appropriate.

Differences between rural and urban areas also play a role in developing context sensitive approaches. In rural areas, as in the Philippines and Ghana, traditional social structures (such as community assemblies) often play an important role in fostering social capital, and therefore the decision making process involved in community gatherings may be incorporated into the intervention. In urban areas, such as Belgrade, this becomes more difficult due to the coexistence of heterogeneous social structures typical of modern cities and the sheer population numbers involved. To further validate this finding, future research could apply the methodology to other urban contexts in different geographical regions.

The cases also demonstrate how establishing social accountability strategies can play a key role in addressing the dilemmas that arise in contexts characterized by resource constraints. Such situations often create a fertile environment for corrupt acts to take place. Thus, raising awareness and enabling a dialogue between citizens and service providers to promote understanding about those resource constraints and their implications for quality of services is a first step to take away the veil of secrecy that enables corruption to become a mechanism to distribute scarce resources.

Social accountability cannot be understood as a silver bullet in the fight against corruption. The discussion of the case studies also illustrates the limits of participatory approaches, especially when it comes to the very key aspect of enforceability. Without sanctions, accountability has no meaning. Voice can only go so far if it fails to generate any costs for the wrongdoers. Triggering sanctions to service providers who engage in corrupt actions can only become a significant constraint when there is a) an institutional framework that regulates when and how sanctions are in order and b) political will to actually enforce it.

For the aforementioned reason, an emphasis should be made on designing social accountability approaches that consider the engagement with state institutions and government officials in a regular and predictable manner as an important element. In other words, defining institutional mechanisms through which voice, enforcement and answerability may become functional and link up to enable information flows across the full social accountability cycle should be an essential aspect of developing a holistic citizen participatory intervention.

In this sense, the assessed projects in Serbia and Ghana shared a significant weakness because of the absence of well defined procedures to relay information to government decision makers, which needs to be seen in the context of a systemic absence of functional institutional structures linking citizens' inputs to the state. The Philippine case is a rare

exception in this regard because, due to the extraordinarily close relationship between the LGU and the communities of San Miguel, feedback and answerability in the BUHLON project are streamlined through the direct involvement of the mayor and key members of the LGU during the various stages of the monitoring exercise. In San Miguel, voice and answerability are linked up almost simultaneously and enforceability is assured through the high levels of transparency and embeddedness with which the LGU operates.

In sum, the conceptual framework and assessment tools that are proposed in this report seek to provide practitioners with a structured methodology to obtain information about the context in order to support the strengthening of social accountability initiatives geared at containing corrupt practices in essential public services. The information that the

methodology yields may also be used to establish baseline data upon which progress and impact may be measured at a later point in time.

The indicators we propose focus on the resources available to communities to embark on collective action and on citizen empowerment. By emphasizing these elements it is hoped that more nuanced attention may be given to the deep process of transforming the relationship between states and their constituents from one of clientelistic co-optation to one of an egalitarian exercise of rights and freedoms, which is ultimately the foundation of robust democratic governance.

9. Annexes: Assessment tools and methodological notes

This methodology is the result of several years of academic research on the topic of social accountability undertaken by the Public Governance Division at the Basel Institute on Governance. In its final version, the methodology is the output from two distinct research stages. The first stage consisted of in-depth ethnographic research conducted in the framework of the Basel Institute's participation in the EU-funded ANTICORRP research consortium. This initial research stage, which involved research in Mexico and Tanzania, contributed evidence about the dimensions that are important to determine the collective action capabilities of different communities and helped to narrow down on the variables to be included in the assessment. The second stage involved the application of the streamlined methodology to a new set of cases. This was undertaken in collaboration with UNDP's Global Programme on Anti-Corruption (PACDE) and involved assessing three social accountability initiatives supported by PACDE in the Philippines, Serbia and Ghana. After the second stage of research activities, the methodology was further refined for ease of use and improved validity.

The methodology consists of a sequential mixed-methods design. In a first step, the survey is applied in order to obtain a first approximation of the characteristics of the community in question. In a second step and building on the survey findings, focus group discussions and semi-structured interviews are conducted to capture more detailed information dealing with the most relevant dimensions of the analysis and to validate the survey findings. At the same time, the focus groups and interviews present an opportunity for the researcher to inquire with greater depth on issues revealed by the survey requiring clarification and to further explore inconclusive findings.

With regards to the sampling, adopting a purposive sampling strategy is recommended. Although this implies that the sample will not be representative of the population as a whole, the choice is justified because of the nature of the inquiry. Social accountability interventions have often been criticized for working to empower groups within their respective communities that may have a privileged position to begin with. Thus, as the basis for developing an adequate social accountability intervention and in order to avoid reinforcing or even worsening power disparities at the community level, it is important to make clear decisions in advance to deliberately target those specific groups whose inclusion and engagement with the participatory mechanism is deemed most relevant. Examples include members of minority groups, the elderly, women of reproductive age, etc. By making such a priori decisions on the groups that the initiative aims to engage, it is then possible to better tailor the research tools, including decisions on sampling, in order to make sure that the positions and perceptions of the priority groups are well accounted for in the research. Narrowing down the focus of the research in this manner decreases measurement error vis-à-vis the indicators associated to the priority groups and therefore serves as a way to maximise the effectiveness of the intervention.

Thus, before initiating the process of tailoring the tools for the assessment, implementers are encouraged to think about those groups within the target communities that are most likely to profit from participating in a social accountability scheme. This initial decision should inform subsequent ones on sampling, the composition of the focus groups, as well as tailoring the interview questionnaires.

The outputs from the assessment are not intended to be quantitative indexes, partly because the nature of the assessment implies that the complexity of the dimensions studied does not lend itself to being depicted through a numerical value without losing its meaning. For this reason, comparability across cases can be undertaken by means of application of this assessment but is to be of a qualitative rather than a quantitative nature.

9.1 Annex 1 Survey: Institutional performance and social values

We are undertaking a study to understand citizen's perceptions and experiences in accessing public services. We invite you to participate in this study by answering this survey. Your participation is entirely voluntary and we assure you of the strict confidentiality and anonymity with which the results of the survey will be handled. None of the answers you provide to the survey will be directly attributable to you.

1. Sex   F ☐   M ☐

2. Age _____

3. Education level _____
   a) Primary ☐   b) Secondary ☐   c) High School ☐   d) College degree ☐   e) None ☐

4. Occupation _____

5. Rate the following institutions according to how important they are for the wellbeing of your community. Please indicate among the listed institutions which one you feel is the most important for your family's wellbeing.

Institutions*	Not important	Fairly important	Very important	Most important
Municipal Government				
Ruling political parties in the coalition government				
Opposition parties				
Ministry of Health				
Ombudsman office				
Unions				
Health care providers				
Health Insurance Fund				

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*   This list should be tailored according to the sector in which the social accountability initiative is being implemented. This template depicts the survey as applied to a study in the health sector. The same criteria to adapt to national and sectorial contexts should be applied throughout the survey.

Health Inspectorate			
Religious authorities			
Police			
CSOs			
Courts/judges			
Patient organizations			
Rights' advocacy organizations			
Media			
International donor organizations			
Others (please specify)			

6. How much do you trust the following institutions?

Institution	Low trust	Indifferent	High trust
Municipal Government			
Ruling political parties in the coalition government			
Opposition parties			
Ministry of Health			
Ombudsman office			
Unions			
Health care providers			
Health Insurance Fund			

Health Inspectorate			
Religious authorities			
Police			
CSOs			
Courts/judges			
Patient organizations			
Rights' advocacy organizations			
Media			
International donor organizations			
Others (please specify)			

7. With which of the aforementioned institutions do you feel that you are not able to settle a matter/obtain a service on your own?

Institution	Unable to obtain the desired service on my own
Municipal Government	
Ruling political parties in the coalition government	
Opposition parties	
Ministry of Health	
Ombudsman office	
Unions	
Health care providers	
Health Insurance Fund	

Health Inspectorate	
Religious authorities	
Police	
CSOs	
Courts/judges	
Patient organizations	
Rights' advocacy organizations	
Media	
International donor organizations	
Others (please specify)	

8. With your knowledge about how things work in your community which do you think is the best course of action for a person who can't successfully deal with public institutions to resolve his/her problem? (Choose only one answer):

a) Ask for intervention from a friend	
b) Ask for intervention from a relative	
c) Ask for intervention from an important person	
d) Pay a fee	
e) Give a small gift	

f) Denounce the disservice:
  (i) to the management of the institution or office in question through the complaint mechanisms
  (ii) to the local government authorities
  (iii) to the anticorruption agency
  (iv) by means of the social accountability tool (if applicable)
  (v) other mechanism (please specify)	

g) Try several times until he/she gets a good result	
h) Avoid in general dealing with that institution	

9. To what extent do you consider corruption to be prevalent in your community?
   a)   It happens all the time
   b)   It happens sometimes
   c)   It seldom happens
   d)   It never happens

10. How would you characterize the impact of corruption on the welfare of the members of your community?
   a)   It has significant impact on the community
   b)   It has some impact on the community
   c)   It has little impact on the community
   d)   It has no impact on the community

11. Do you feel you have the means to express dissatisfaction when the treatment received by your local government/ public service provider is not appropriate?
   If yes, what are they?

12. Do you agree the following statement is true?: "gift giving creates a bond where people know they will receive better service next time they visit the health centre?"

13. Do you agree the following statement is true?: "the quality of the services obtained is associated to the citizen's personal relationship with the service provider or some other influential person?"

14. When there is a problem with provision of public services (if applicable specify sector/area being targeted), to whom would you say community members typically turn to?
   a)   State authorities (through the responsible sector Ministry or office)
   b)   Local government authorities
   c)   Religious leaders
   d)   CSO's
   e)   Family and friends
   f)   Community assembly/ Town hall meeting
   g)   People prefer to rely on their own individual means
   h)   Other

15. From 1 (not similar) to 6 (very similar) can you tell me how similar to you do you think this person is to you:
   1=not at all like me 2= Not like me 3= A little like me 4= somewhat like me 5=Like me 6= Very much like me
   a)   He/she lives his life as a fully autonomous individual, trying to rely on other people's help as little as possible.
   b)   He/she believes that as long as each person looks after his or her own well being and that of their family good social outcomes will be achieved.
   c)   He/she thinks that traditions should be respected and follows the customs handed down by one's religion or family.
   d)   He/she believes that individuals should adapt their actions to new circumstances regardless of how things were done in the past.
   e)   He/she thinks that strangers should not be accepted in the community if most of the people don't want so.
   f)   He/she thinks that it is important to think up new ideas and be creative, to do things one's own way.
   g)   He/she thinks it is his/her duty to help the people in the community; to care for their well-being.
   h)   He/she thinks it is important to always avoid doing anything people would say is wrong.

16. Which of the following affirmations do you find most accurate:
   a)   As citizens we are entitled to basic rights and access to services and nobody can take that away.
   b)   We should support the government in order to receive adequate public services

17. Which of the following affirmations do you find most accurate:
   a)   Our authorities do their best to provide what we need, anything lacking is due to circumstances out of anyone's control
   b)   The government cannot be trusted to provide for our communities, therefore we should stay away from public officers

18. Indicate in which kind(s) of groups you participate regularly and identify them:
   a)   Groups organized and/or sponsored by international or bilateral development agencies.
   b)   Political groups (electoral organizing, political mobilization)
   c)   Groups organized by NGOs
   d)   Organizations based on economic motives (for example, trade unions)
   e)   Faith-based organizations
   f)   Charitable organizations
   g)   Leisure organizations (sports, hobbies)
   h)   Self help groups
   i)   Women's groups
   j)   Other
   k)   I do not participate in any such group
   l)   Because I do not have any time for it
   m)   Because I am not interested

19. People have different views about themselves and how they relate to the world. Please indicate how strongly agree or disagree with each of the following statements about how you see yourself.[9]

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) I see myself as part of my local community	1	2	3	4
b) I see myself as part of the (.......) nation	1	2	3	4
c) I see myself as an autonomous individual	1	2	3	4

20. Choose from the following list the statement that is the most appropriate to you (choose only one)
  a)   I believe my living conditions can be changed mainly through my actions
  b)   I believe only those in power can improve our living conditions
  c)   I believe only our community as a strong group can improve living conditions
  d)   I believe no matter what my actions are our conditions will not improve easily

21. Do you own a mobile phone?

22. Do you own a smart phone?

23. Which of the following social media tools do you use and with what frequency?

	I have an account and use it every day	I have an account and use it at least once a week	I have an account but rarely use it	I don't have an account
Facebook				
Twitter				
Instagram				
Google +				

9   This question has been taken from the World Values Survey 2010-2012 Wave, revised master, June 2012 available at:
 http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp

What's app				

24. Please specify in which of the following areas you would be willing to participate in a project to combat corruption in your community:

Area	I would be willing to participate
Security (Police)	
Health	
Education	
Water	
Land registry	
Electoral fraud	
Youth/Women fund	
Other, not listed (please specify)	

9.2   Annex 2 Focus groups discussion guidelines

For all focus group discussions a project information sheet should be prepared and shared with participants before beginning the exercise. If necessary the information sheet may be read to the prospective participants and the researcher must make sure that all questions arising are answered to the satisfaction of the prospective participants. A sample of an informed consent form is provided as Annex 6.4.

Topic 1: Do people in your community regularly participate in any forms of collective action?
Describe the main institutions and/or organizations in which you participate and how does participation take place?

Guiding questions:
- Do you regularly take part in activities where you come together with other citizens? (Formally and informally). If so, please describe such activities.
- Who participates in these instances? Do all citizens who have an interest in this area have the ability to participate equally or do different groups have different level of access? (Inclusiveness)
- During those meetings, do you discuss any issues of common concern?

- If so, how are decisions made during those meetings where you participate? (Consensus, voting, debate)
    - Decisions are taken elsewhere and communicated to the group
    - Leaders decide and inform group of decisions
    - Leaders ask for opinions within group before making a decision
    - All members of the group express their opinions and participate in debate before collectively finding a decision.
    - Decisions are voted upon by all/some participant

No cases:
- Why not?
    - Inertia
    - Apathy
    - Fear
    - Isolation
    - Self-doubt

Topic 2: Allegiance to the group/individualism
Is the pattern of social interactions is the community characterized by an emphasis on communitarianism or individualism?

Guiding questions:
- Describe what belonging to your community means to you.
- Do you personally feel a sense of community in your hometown or do you function mostly as an independent individual?
- If you do feel a sense of community, in what ways is this expressed?
- Does being recognized as community member give you a special standing or confer special benefits as compared to, say, a newcomer from a different region?
- In general terms, how easy is it to express dissent (around any topic) in the community? Are opposing views easily debated or is open disagreement avoided and other means of resolving conflict pursued?
- When there are problems with the provision of public services is expressing criticism on an individual basis usually a good way to obtain answers or rather is some form of collective action more effective?
- Are there examples of cases when the community as a group articulated a demand vis-à-vis the government?

Topic 3: Relationship of the community with public institutions and local government
How do members of the community see their relationship with government and providers of public services?

- Ask participants to describe experiences accessing public services (health, education, legal)
    - Describe attitudes of service providers towards the public.
    - Are some groups better treated than others? If yes, under what circumstances? What would explain so?
    - Is the interaction with service providers cordial? Is it easy to communicate with them?
    - Are providers of public services considered community members? Do they understand and relate to the needs and concerns of community members?
    - Do people in the community ever worry that public services or benefits (for example health services) might be taken away from them? If so in which cases? (For example, criticizing the local government, affiliation with opposition political party, antagonizing local leaders)

- • Do you know what your rights are and what services you are entitled to and the costs associated to them when you seek to obtain public services?

- In cases of bad service, how do people usually deal with their unresolved problem?
- Are people aware of mechanisms available through the government in order to file complaints and provide feedback about provision of public services? Are they used? If yes with what results, if not, why not.
- When citizens need to obtain services from the government what is typically the best way to achieve the desired result, by strictly following the formal protocols or by making use of other informal means, such as for example, asking for a recommendation from somebody influential?
- In some places it is customary to offer presents to service providers as a way to show gratitude for the services rendered and in appreciation for their effort. Is this something that is valued in this community?

Topic 4: How is corruption understood?
Ask participants to define corruption.
- What makes the difference between a corrupt action and other types of actions? Have them give examples.
- Is corruption an intrinsically wrong behaviour, or is it mainly wrong because it impacts accessibility of essential services? Is it wrong but somehow justified? Are there examples of cases where corruption is permissible?

9.3   Annex 3: Sample semi-structured interview questionnaire: state authorities

Methodological notes
This template is meant only to provide guidance to the researcher on the types of questions that may fruitfully complement the information collected through the other research activities. For illustrative purposes, it has been designed as an interview questionnaire for decision makers in the health sector.

The interview questionnaire may be shared with the prospective interviewee in advance. It should begin with a paragraph describing the project and the reason why the interviewee's expertise is expected to contribute valuable insights to inform the study. If the questionnaire is not shared beforehand, then a project information sheet should be handed out and discussed before beginning of the interview. In both cases a separate informed consent form should be provided.

Suggested questions
1. Please describe, from your position in the health sector, what are the biggest challenges and strengths in the (country or region) health system?
2. Are there specific groups among the population that in your experience face significant barriers in accessing health services and why?
3. What is your perception of the level of patient satisfaction with the quality of services provided in the health system?
4. Please describe the complaints and feedback mechanisms that are currently available to patients. And how do you perceive the effectiveness of (main complaints mechanism)? Do you think there is the need for additional (capacity building/strengthening) of the complaints management system?
5. What is the experience with patients' use of the complaints and feedback mechanisms?

6. How frequently are they used?
7. Do citizens use other means to express and communicate complaints?
8. What would you suggest as a means to improve communication between health sector officials, service providers and citizens, especially for handling complaints?
9. In your opinion, what would be effective ways to provide incentives for doctors and medical personnel to improve their performance?
10. Please describe how you view the role of unions in the health sector in enhancing (or impeding) performance of service providers.
11. Please describe the current accountability mechanisms in place in the health system and your perception of their effectiveness.
12. Do you think there are adequate mechanisms currently in place for decision makers in the health sector to evaluate performance?
13. In the current situation, are the promotion criteria for health workers in any way linked to performance?
14. Similarly, are remuneration criteria for health workers in any way linked to performance?
15. In recent perception surveys on corruption, the health sector is perceived, among others, as one of the sectors with highest corruption risks. What is your opinion about that? If you think there are corruption risks what would those be and how may they best be addressed?
16. In your opinion, how could citizens' inputs be best collected and processed in support of anti-corruption efforts in the health sector?
17. The following social accountability approach is currently being piloted (name of the program). It involves (description of the elements and processes). How would you evaluate this scheme's likely effectiveness and what suggestions would you have for improving it?

9.4   Annex 4: Template for informed consent form for focus group discussion participants

Introduction
My name is ……………………………….. and I am a researcher from (description of researcher's background and institutional affiliation). In collaboration with (names of partner institutions) we are undertaking a research project to support communities' actions that can improve access to basic public services. Today we are contacting community members of (name of the community) to participate in a focus group discussion. We want to learn about the way people in your community organize to find solutions to their problems and about the typical experiences community members have when accessing public services.

Purpose of the assessment
The focus group discussion is meant to help us better understand how things function in the community to support participatory activities for improving public services in a manner that takes directly into account the circumstances of the people who will be undertaking them.

Type of Participation
This assessment invites your participation in a (estimated duration) group discussion.

Participant Selection
You are being invited to take part in this research because as an inhabitant of (name of the community) and (add other selection criteria if appropriate) you are qualified to give important insights in this topic.

Voluntary Participation
Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

Sharing the Results
We want to assure you of the strict confidentiality of this discussion. Nothing that you tell us today will be attributable to you by name or position. The knowledge that we get from this discussion will be used to inform our study by bringing in the perspectives, thoughts, experiences and suggestions of citizens of ……… to help develop participatory mechanisms that are appropriate for your community.

Do you have questions for me please?

Certificate of Consent
I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant   ———————————————

Signature of Participant ———————————————

Date (Day/month/year) ———————————————

Statement by the researcher/person taking consent
I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands what his/her participation in this project will involve. I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered cor-rectly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this ICF has been provided to the participant.

Name of person taking the consent   ———————————————

Signature of person taking the consent ———————————————

Date (Day/month/year)   ———————————————

9.5　Annex 5: Data consolidation matrix

Components of the social accountability (SA) intervention[10]	Yes	No	Observations
Does the SA initiative include actions to make available information on citizens' rights and entitlements?			
Are citizen users involved to some extent in the aggregation/articulation of information generated by the SA initiative?			
If not, is the actor/agency tasked with the aggregation/articulation of information trusted by community members?			
Are there established mechanisms to transmit the information generated through the SA initiative to relevant decision makers?			
Are financial and/or career promotion incentives of service providers in any way linked to the SA assessment?			
Are there any feedback mechanisms to inform citizens of the manner in which their inputs have been processed?			

Summary sample characteristics
Gender
☐ Male　　☐ Female

Age
☐ 15–25　　☐ 26–35　　☐ 36–45　　☐ 46–55　　☐ 56–65　　☐ 66+

Education level
☐ Primary　　☐ High School　　☐ College　　☐ Graduate　　☐ None

10　Taking note of responses to survey question 5 validate that the social accountability intervention targets an area that is considered of the highest importance to community members themselves.

Indicators of citizen attitudes vis-à-vis public officials/ service providers	Cooperative: Empowerment, Trust, Motivation	Disrupted: Vulnerability, Mistrust, Apathy	Observations
What is the disposition of most citizens towards the viability of achieving improvements to services through citizens' actions?[11]			
Do citizens expect to receive appropriate treatment on the basis of their rights and entitlements or rather as a function of their ability to pay/provide a "gift"?[12]			
Do citizens expect to receive appropriate treatment on the basis of their rights and entitlements or rather as a function of their personal connections?[13]			
Do citizens expect to receive appropriate treatment on the basis of their rights and entitlements or rather as a function of their proactive support of the government?[14]			
Are citizens generally aware of their rights and entitlements?[*]			
How do most respondents characterize their feelings vis-à-vis service providers?[*]			
Do citizens trust state officials' disposition to act to promote the welfare of their communities?[15]			
Do citizens fear services may be taken away from them if they denounce bad service?[*]			
Do citizens fear other types of reprisals from denouncing bad service?[*]			
Are some groups better treated than others by providers of public services?[*]			

11   Enter responses to survey question 21 (sum of responses a) and c) coded under cooperative and sum of responses b) and d) coded under disrupted.
12   Enter responses to survey question 13
13   Enter responses to survey question 14
14   Enter responses to survey question 17
15   Enter responses to survey question 18 c) and d)
*   Tick the appropriate response (associated with the features of cooperative or disrupted relations) on the basis the majority of responses obtained through the Focus Group Discussions.

Community collective action capabilities

Example of summary figure institutional trust[16]

Figure 9.1: Trust in institutions
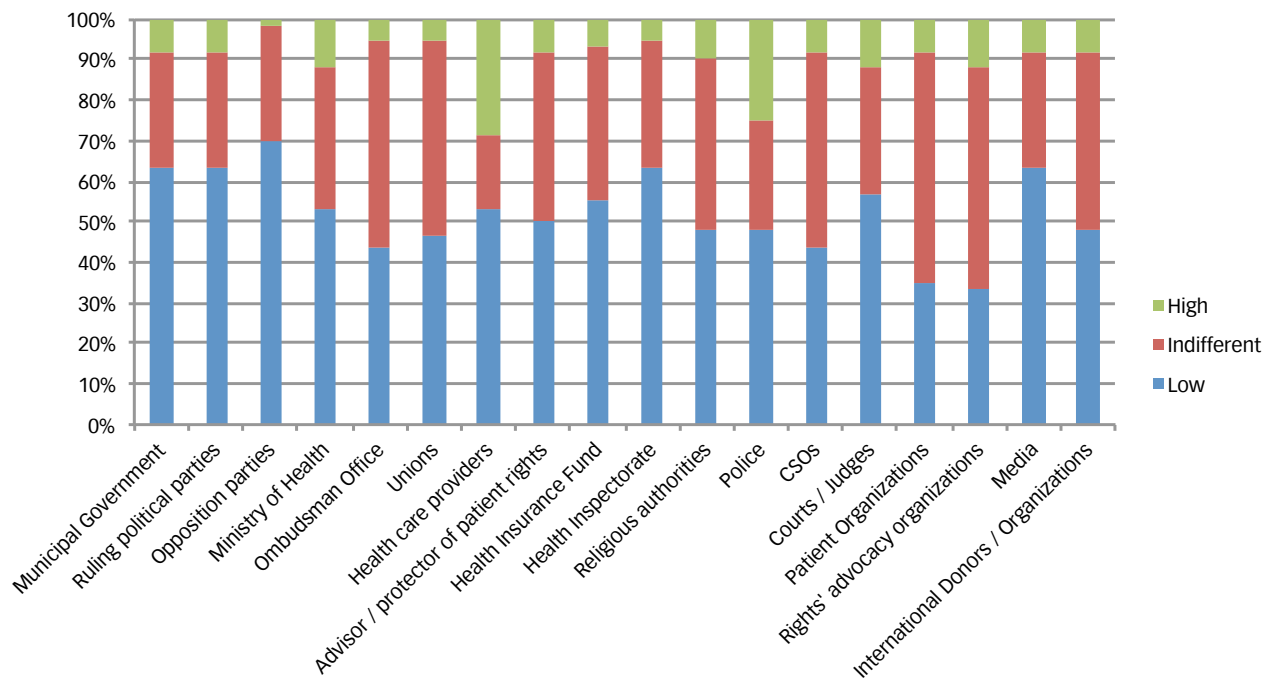
Example of Summary Graph on Participatory Activity[17]

Figure 9.2: Participation in different types of organizations

Legend:
- International, bilateral actor organized/sponsored
- Political groups
- Organized by NGOs
- Based on economic motives
- Faith based
- Charitable organizations
- Leisure
- Self help
- Women's
- Others
- No participation

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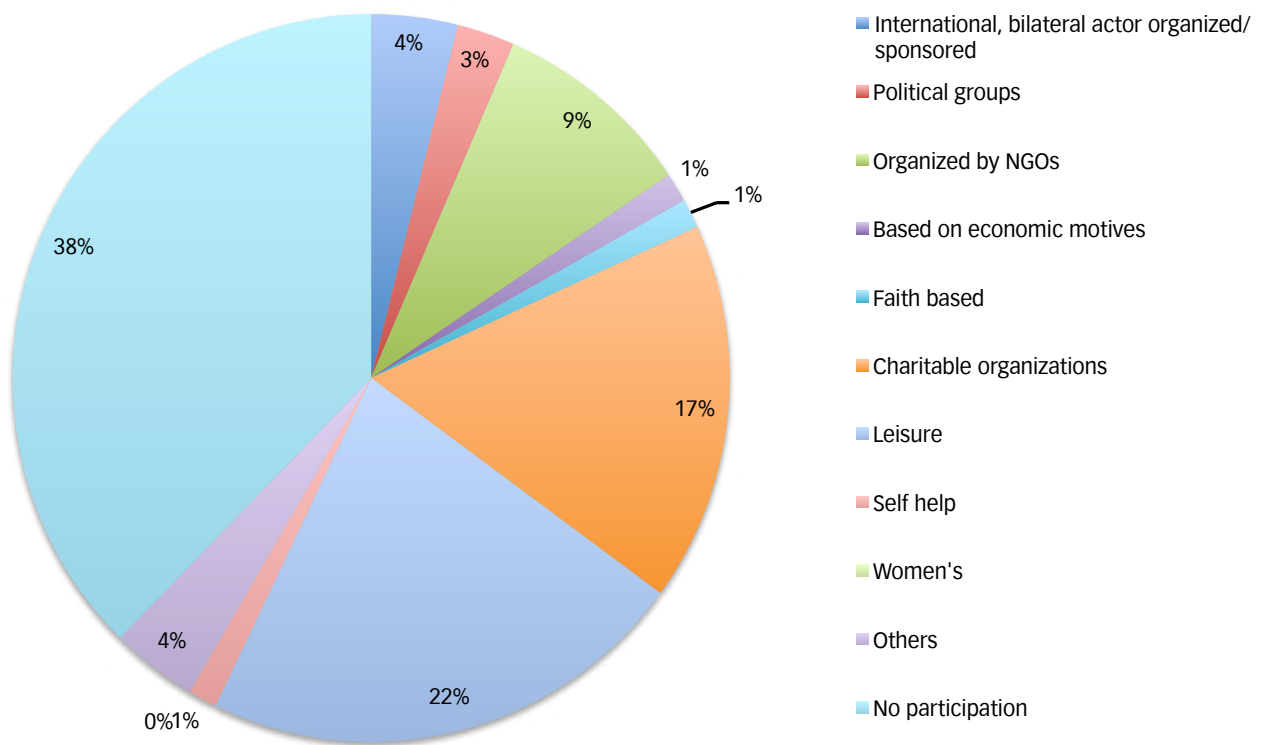
17   This graph is generated on the basis of responses to question 19

65

	Yes	No	Observations	
Evidence on existence of horizontal networks[18]				
	Traditional/communitarian		Modern/Individualistic	
Predominant set of values prevailing in the community[19] Range of 1-6 where 1= weakly adhered to and 6= strongly adhered to				
	Communitarian		Individualistic	
Predominant pattern of social interactions[20]				
	World citizen	Local community	Nation	Autonomous individua
Self-assessment of primary group ascription[21] Range of 1-4 where 1=strongly self-identifies 4=does not self-identify				
	Yes	No	Observations	
Are there observed instances of actual cooperative interactions between public official and citizens?[22]				
Are there formal or informal mechanisms in place to enable communication between citizens and public officials?[23]				

18   Tick yes or no based on responses obtained in Focus Group Discussions

19   Code survey question 16 as follows: questions c. e. g. and h. represent traditional/communitarian values and questions a. b. d. and f. represent modern/individualistic values. Sum numerical values of responses and calculate averages.

20   Tick the appropriate response on the basis of the responses obtained through the Focus Group Discussions.

21   Based on responses to survey question 20, sum numerical values of responses and calculate average value.

22   Tick the appropriate response on the basis of the responses obtained through the Focus Group Discussions and interviews.

23   Tick the appropriate response on the basis of the responses obtained through the Focus Group Discussions and interviews.

Figure 9.2: Importance of social norms
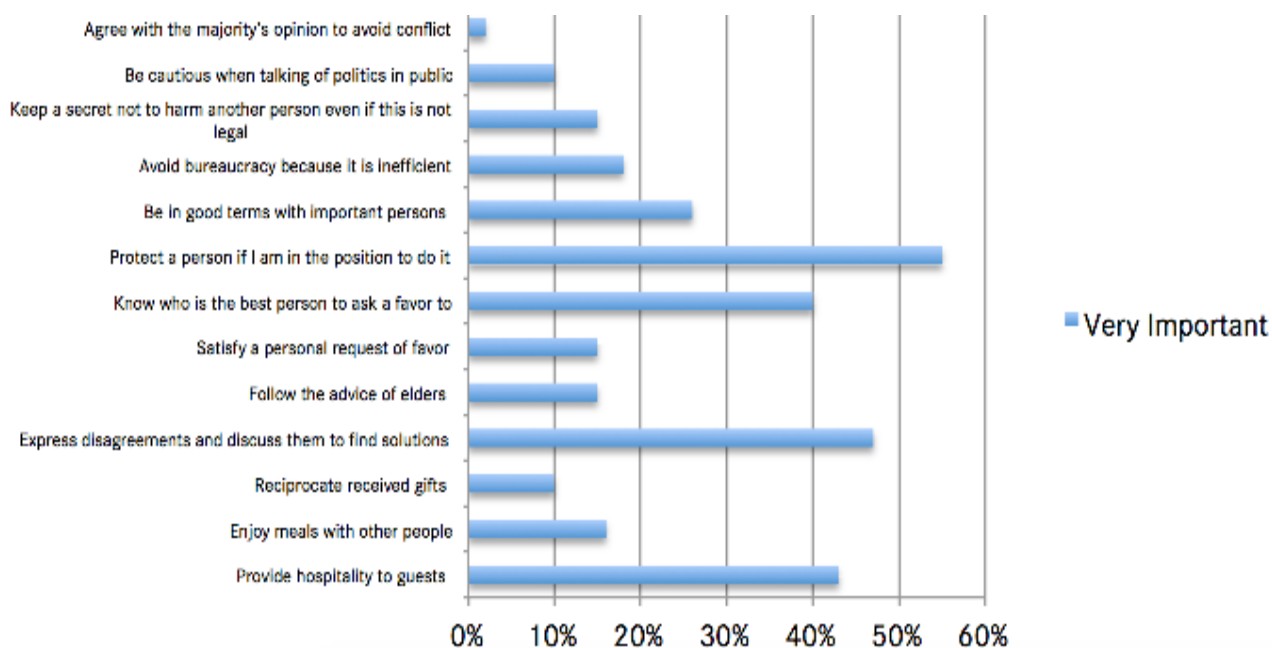
Indicators of service providers attitudes and incentives[24]

	Yes	No
Are financial incentives for service providers in any way linked to performance?		
Are career promotion incentives for service providers in any way linked to performance?		
Are there adequate performance monitoring mechanisms in place for the service providers?		

24   Fill out according to responses obtained during interviews and information from desk review

Are there clearly stipulated sanctions for corrupt acts of the part of service providers?		
Are sanctions for corrupt acts consistently enforced?		
Are local government officials elected democratically?		

Strategies employed by citizens to obtain public services

	Yes	No	Observations
Are citizens aware of complaints mechanisms associated to provision of public services?[25]			

Summary Figure[26]: Strategies for problem solving

- 1. Ask for intervention from a friend — 21.84%
- 2. Ask for intervention from a relative — 9.20%
- 3. Ask for intervention from an important person — 24.14%
- 4. Pay a fee — 8.05%
- 5. Give a small gift — 2.30%
- 6. Denounce the disservice to the competent authorities — 14.94%
- 7. Try several times until he/she gets a good result — 17.24%
- 8. Avoid in general dealing with that institution — 2.30%

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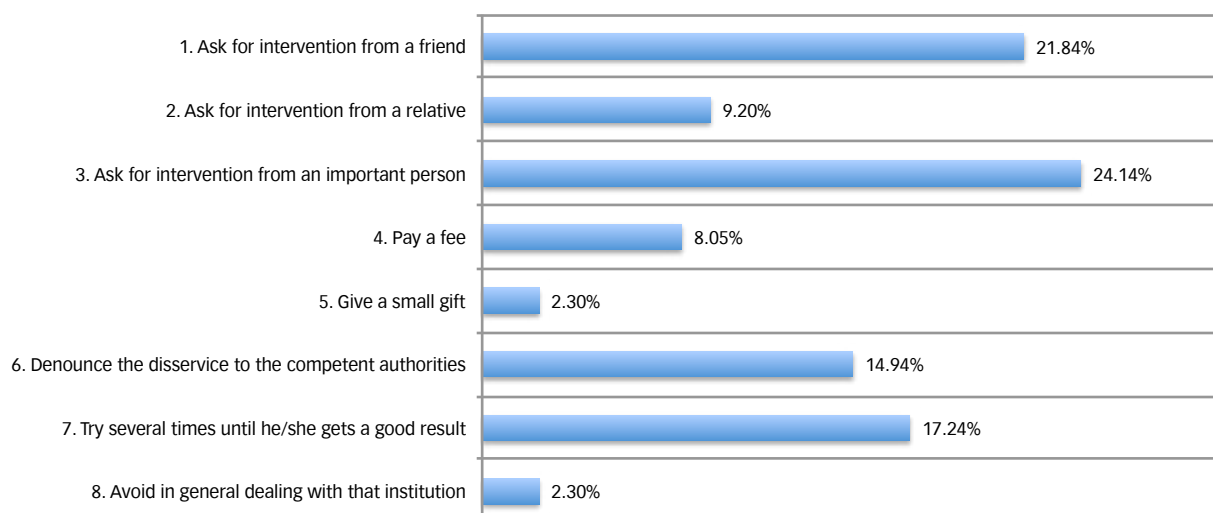
25   Enter responses from survey question 12 (as percentages for affirmative and negative)
26   This figure is generated on the basis of responses to survey question 8

Summary Figure[27]: Preferred problem solvers
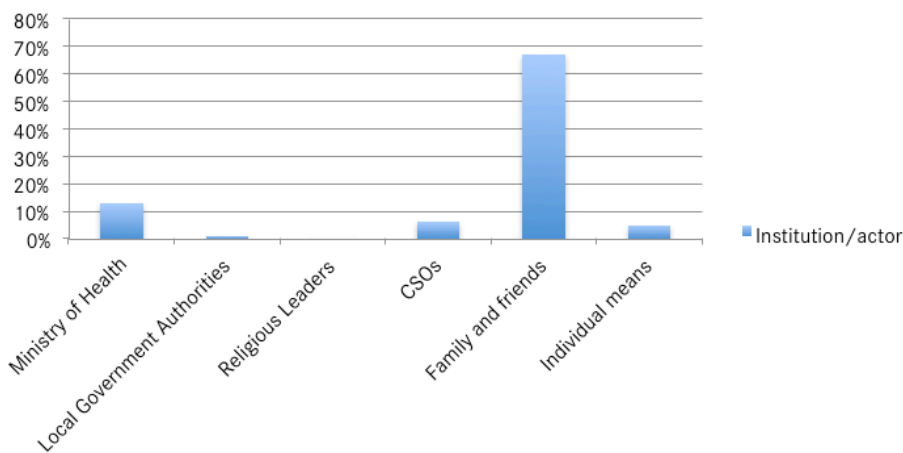
Figure 9.6: Ability to obtain service on your own

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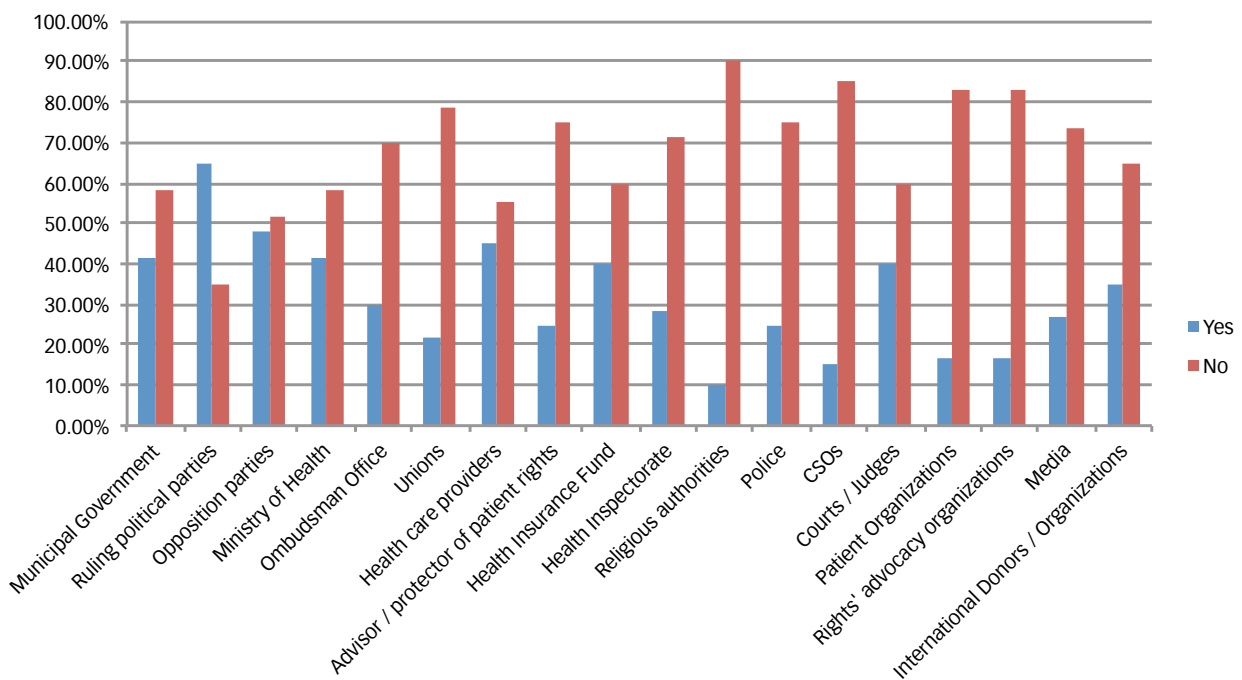
27   This figure is generated on the basis of the responses to survey question 7

	Happens all the time	Happens sometimes	Seldom happens	Never happens
Perceptions of prevalence of corruption[28]	80%	15%	3%	2%
	Significant impact	Some impact	Little impact	No Impact
Perceptions of impact of corruption[29]	62	30%	4%	3%

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11. List of Acronyms

BULHON	Project Bayaniham Undertaking a Healthy and Organized Neighbourhood
CBOs	Community Based Organizations
CSC	Community Score Card
CSO	Civil Society Organization
FA	Farmers' Association
FGD	Focus Group Discussion
GII-SA	Ghana Integrity Initiative Social Accountability Project
GHS	Ghana Health Service
LGU	Local Government Unit
MAO	Municipal Agriculture Office
NHIS	National Health Insurance Scheme
PACDE	UNDP Global Programme on Anti Corruption
SA	Social Accountability
ZTCHSS	Project "Zero Tolerance for Corruption in the Health Sector in Serbia"

Notes

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Abstract

This practitioners' handbook provides the required tools for contextualising social accountability initiatives aimed at empowering citizens to engage in anti-corruption actions. The material herein contained has been developed through a collaborative effort with UNDP and reflects the findings from academic research conducted in the scope of the ANTI-CORRP research consortium (anticorrp.eu). The handbook presents an analytical framework through which the critical dimensions involved in developing successful anti-corruption social accountability initiatives are identified. It also includes concrete research tools that may be applied in order to obtain key information about the communities intended to engage in anti-corruption actions and guidelines to aid implementers in designing participatory schemes that best meet the characteristics of the local context.