

World Vision 



Scaling Social Accountability

Evidence from Africa, Asia and the Caucasus

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Scaling Social Accountability

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Background

Helping citizens in developing countries lobby their governments for improved accountability and performance is at the cutting edge of international development. Since the establishment of dedicated multi-country donor facilities in 2012, social accountability, such as social audits, community scorecards and participatory budgeting, has moved from the periphery to mainstream practice. A macro-evaluation commissioned by the UK's Department for International Development, found that there was now “compelling” evidence that social accountability “almost always” impacted service delivery.¹

Social accountability was initiated by donors and NGOs more than two decades ago to help the poor in developing countries get greater accountability from governments between elections.² It has now expanded across many areas of development practice including water and sanitation, livelihoods, child protection and gender. It is also being used in urban contexts and with the private sector, including the extractive industries. Moreover, there is promise, through early findings, that social accountability can influence the legitimacy of state actors in fragile states and contexts.³

This publication is intended to share World Vision's evidence of the impact of social accountability after 12 years investment in research and application across 48 countries, including 15 designated as fragile contexts/states. The evidence is drawn from studies undertaken by Oxford and Columbia Universities and more than a dozen independent mixed method evaluations across more than 10 countries.

¹ Holland and Schatz, 2016. Macro Evaluation of DFID's Policy Frame for Empowerment and Accountability, Empowerment and Accountability Annual Technical Report 2016: What Works for Social Accountability, DFID.

² Notably after the World Bank Development Report, 2004: Making Services Work for Poor People.

³ Babbitt, E, et al, 2016. Building Legitimacy in Fragile and Conflict Affected States, Institute for Human Security, The Fletcher School of Law and Diplomacy, Tufts University, 2016.

What is Social Accountability?

“ Social Accountability refers to a broad range of actions and mechanisms that citizens, communities, independent media and civil society organizations can use to hold public officials and public servants accountable. ”

World Bank, 2004⁴

World Vision’s social accountability approach, Citizen Voice and Action (CVA), employs targeted civic education, scorecards and social audits of services, where comparisons are made between government standards, such as student-teacher-ratios or nurses per head of population with the reality of service provision. Interface meetings to come up with joint action plans for service improvements include service users, providers, local (and sometimes national) bureaucrats and politicians. The presence of both elected and non-elected arms of government, where groups of citizens are lobbying, is an important trigger for government accountability and response.

The CVA approach, which promotes sustainability by supporting communities to directly engage with their governments, has been used in more than 630 programmes in more than 3000 health clinics and schools, affecting hundreds of thousands of people in 48 countries.⁵

When World Vision began CVA with local partners and communities in 2005, social accountability approaches in more unstable contexts were considered a significant risk to participating communities. Beginning in 2011, World Vision has now successfully adapted this work in 15 countries designated to be fragile or have fragile areas, including South Sudan, prior to the outbreak of the civil war in 2013, and the Democratic Republic of Congo. This work has been reviewed to draw on lessons, which are shared further below. Academics, donors and NGOs are increasingly interested in understanding how social accountability can work in fragile contexts, including a large research program by the UK’s Institute of Development Studies.

⁴ Malena, Forster & Singh, 2004. An introduction to the concept and emerging practice, Social Development Papers, Participation and Civic Engagement, Paper No. 76 December 2004, World Bank.

⁵ CVA has been employed in 700 programs, as at 2017 data, it is currently used in 500 programs in 40 countries.

CVA is a strategic approach, employing cross-organisational and multi-level lobbying efforts to successfully effect national governance change. For example, World Vision Uganda supported citizens to join in a multi-stakeholder coalition, which secured US\$19.5 million in additional budget for more than 6000 health workers nationwide.⁶ World Vision Tanzania, as a member of the White Ribbon Alliance, helped secure a 50 per cent increase in Tanzania's national budget for maternal and child health supported through citizen hearings on health services.⁷ Other success stories include new child protection laws in Kosovo and mandated participatory governance, based on the CVA methodology, across all municipalities in Armenia.

To advocate for ongoing national level governance outcomes, World Vision is partnering with several NGOs to leverage aggregated citizen data. Open Government Partnership (OGP)⁸ and World Vision have also agreed to collaborate on social accountability for improved national and sub national government outcomes through government agreed OGP action plans.

World Vision's experience is that social accountability empowers communities so that, long after the organisation has left, they understand their rights to services and have the knowledge and confidence to lobby for improvements. World Vision staff have also witnessed the impact on government officials - and their greater accountability in response - when they see and hear citizens who are knowledgeable and confident to take collective action to improve their situation.

As part of World Vision's 2016-2030 strategy, Our Promise 2030, there is a commitment to promote social accountability as a driver of sustainability across the organisation's work with communities.



⁶ Uganda Budget 2012/13

⁷ WHO, 2017. 2017 Progress Report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health', WHO.

⁸ OGP is an international initiative to foster improved national government transparency and governance. It was started by 8 founding countries, including the UK and the US, and now has 70 country members who commit to annual action plans.

Results Summary

World Vision has undertaken two major studies with Oxford and Columbia Universities in health and education, which confirm the efficacy of the CVA approach.

The results of CVA in education under a randomised control study⁹ conducted by Oxford and Makerere Universities included:

- An increase in student test scores which would move the average student from the 50th to the 58th percentile
- An 8-10 per cent increase in pupil attendance and a 13 per cent reduction in teacher absenteeism.
- Communities were 16 per cent more likely to take collective action.

The health study, led by Columbia University, found that: “CVA positively impacted the state, society, state–society relations and development coordination at the local level. Specifically, sustained improvements in some aspects of health system responsiveness, empowered citizens, the improved provision of public goods (health services) and increased consensus on development issues appeared to flow from CVA.”¹⁰

The results of the Columbia study are reinforced and expanded by a 2018 impact evaluation of a four year, World Bank funded CVA project in Indonesia, also in health. The evidence from this evaluation breaks new ground in its findings about the way in which CVA works through ‘changing power relations’ and ‘system strengthening’. Significantly, the evaluation also highlights its empowerment effects for women:

“CVA works by **changing power relations**. It does so by using structured and transparent processes to organise collective opinion, which is harder to dismiss than individual opinions; by making the criteria for judgements transparent; by increasing the legitimacy of claims on the system; by empowering women; and by bringing different types and levels of decision-makers into the process, such that different forms of authority are available to address different issues.”¹¹

“CVA works by **strengthening systems**. That is, in this case, the boundaries of the health system at local level were expanded to include citizens and local government; component elements of the system were strengthened; relationships were established between various elements of the system; stronger information and resource flows were introduced within the system; and positive feedback loops supported ongoing action to improve system effectiveness.”¹²

⁹ Zeitlin A et al. 2011. Management and Motivation in Ugandan Primary Schools: Impact Evaluation Final Report, Centre for Study of African Economies, University of Oxford and Economic Policy Research Centre, Makerere University. October. (<http://www.iig.ox.ac.uk/output/reports/pdfs/iiG-D10-UgandaPrimarySchoolsImpactReportFinal.pdf>)

¹⁰ Schaaf, M et al. 2017. From favours to entitlements: community voice and action and health service quality in Zambia. Health Policy and Planning, 32, 2017, 847–859.

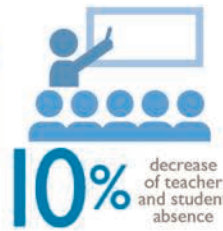
¹¹ Westhorp, G, et al, 2019. Citizen Voice and Action for Government Accountability and Improved Services : Maternal, Newborn, Infant and Child Health Services, Wahani Visi, World Bank, January.

¹² Ibid

The CVA process:
simple and effective



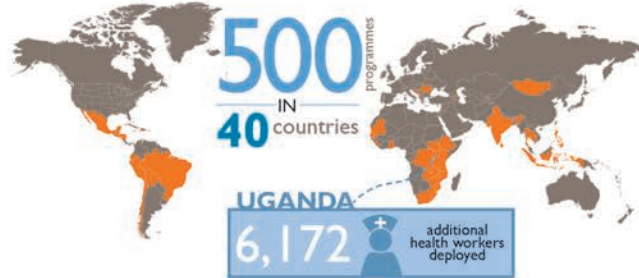
RESULTS



Study of a similar approach found:



Citizens work with high level government to ensure commitments are met



	😊	😐	😞
1			
2			
3			
4			
5			

How happy am I with this service?



Citizens and government improve service



Citizens and government decide on an action plan



Townhall meeting to discuss what community has found with government reps



FOR MORE INFORMATION: cva@wvi.org

Main steps for CVA

<p>Phase 1: Enabling Citizen Engagement</p>	<ol style="list-style-type: none"> 1.1 Research and understand sector governance arrangements including public policies 1.2 Prepare local materials and resources for civic education about key tangible commitments by governments to basic services 1.3 Educate and mobilise local citizens 1.4 Build networks and coalitions 1.5 Establish local relationships and connections between service users and service providers
<p>Phase 2: Engagement via Community Gathering</p>	<ol style="list-style-type: none"> 2.1 Identify and empower CVA voluntary groups, which support local governance mechanisms such as School Management Committees, Parent Teacher Associations, Village Health Committees, Water and Sanitation Committees 2.2 Convene initial meetings with government officials, local service users & providers to provide an introduction to the approach 2.3 Hold monitoring standards sessions - these highlight the government standards i.e. student/teacher ratios - with local service users & providers 2.4 Facilitate score cards session(s) with local service users & providers to elicit, in particular, community perceptions of the performance of services 2.5 Convene interface meeting(s) with service users, providers & local authorities (monitoring standards & scorecard results) 2.6 Local CVA action plan developed and agreed by local stakeholders
<p>Phase 3: Improving Services & Improving Policy</p>	<ol style="list-style-type: none"> 3.1 All of the CVA action plan implemented by local stakeholders 3.2 Implementation of CVA action plan(s) monitored by World Vision staff at least once per quarter (e.g. visiting CVA Working Groups to check progress)¹³ 3.3 WV supports citizens with advocacy training to help lobby for implementation of the action plans and highlight systemic issues that need to be addressed at national level, together with influential local partners and coalitions 3.4 Citizen data generated through the CVA process is captured, aggregated and analysed to achieve improved sub-national and national governance

¹³ This is in addition to Action Plan monitoring undertaken by local CVA Working Groups and others.

What do we mean by government standards?

Most governments have documented governance arrangements through policies and technical guidance, which include specific minimum standards, such as the actual Indonesian Government example below, to ensure quality delivery of public services. Public education policies, for example, can include standards like pupil-teacher ratios whilst in health it may be nurses per head of population or minimum stocks of essential medicines. If met, these minimum standards, or requirements, are intended to ensure better outcomes for service users.

It is common in developing country contexts for government service delivery to fall short of a government's prescribed standards. Usually there is little systematic monitoring of whether standards are met, often times due to; limited resources, inequitable resource allocation, centralised decision-making and/or structural inefficiencies, incoherent or conflicting policies, lack of government will and sometimes, entrenched or localised corruption. However, World Vision has understood that often there is also limited knowledge of the standards by either government officials, service providers or the community. It is difficult to perform or improve against a standard which is not known or monitored. Significant and prolonged gaps in the fulfilment of public education and health service standards can negatively affect service users' quality of life and longer term development.

Village Maternity Post (Polindes) Indonesian Government Standards	
Input Type	Standard
Health Personnel	Minimum 1 midwife
Place	Meet the requirements of a healthy house (have clean water, sanitation system, ventilation, sufficient light, wastewater treatment facility, clean environment) Have a room for pregnancy examination and MCH services
Location	Easy to access by 4 wheel vehicle
MCH services	Pregnant Woman examination / home visit Parturition Neonatal Baby home visit Immunization: baby of 0 - 11 months U5 with sickness Nutrition Counselling Malnourish U5 Family Planning
Equipment	Midwife Kit IUD Kit Basic and Pregnant woman immunisation kit Weight and Height scale Infusion Set Basic medicine MCH and Family Planning Guidance book Simple Incubator Have a room for childbirth and parturition services (minimum 1 bed)

Country Results

From 2016-2018, independent mixed method and quasi-experimental evaluations were conducted of CVA in several countries in East and West Africa and in Indonesia.

UGANDA



Uganda

A mid-sized, regionally strategic, East African country with a population of 38 million, Uganda has one of the African regions' longest serving leaders, Yoweri Museveni. Multi-party democracy was established by a referendum in 2005. Uganda has made significant gains with strong macro-economic growth and public investment in infrastructure, roads and electrification.¹⁴ Income poverty was reduced by two thirds, surpassing the 50 per cent target of the 2015 Millennium Development Goal more than five years ahead of schedule. But 6.7 million Ugandans remain in poverty, and a further 14.7 million remain vulnerable.¹⁵

World Vision has worked in Uganda since 1986. The organisation operates in more than 50 Districts through 33 multi-sectorial programs. CVA was first piloted in Uganda in 2005 and now all 53 programs employ the CVA approach across education, health, child protection, water and sanitation, food security and livelihoods.

¹⁴ Ssewanyana, S, Matovu, JM, Twimukye, E. Building on Growth in Uganda, World Bank, Accessed August 2018 at http://siteresources.worldbank.org/AFRICAEXT/Resources/258643-1271798012256/YAC_chpt_2.pdf.

¹⁵ UNDP 2015, Final Millennium Development Goals Report for Uganda 2015: Results, Reflections and the Way Forward, UNDP.

Key highlights from a quasi-experimental study¹⁶ of CVA against comparison sites include:

- Significant increases in health centre staff, drug availability and quantity of drugs in government health centres in the experimental sub counties than the comparison sub counties as a result of CVA.¹⁷
- Reduction in the time spent at the health facilities and changes in attitude by the health centre staff was reported by 51.4 per cent and 60.3 per cent of the experimental and comparison sample, respectively.
- Almost half the comparison sample (49.5 per cent) evaluated their latest visit to the government health facility to be unsatisfactory compared to only 27.6 per cent of the experimental sample. 62.4 per cent of the respondents in the experimental sub counties reported that they are more likely to access the health facility now than before.
- Attendance to antenatal care is more frequent in the experimental sample than the comparison sample. For instance, of the respondents from the households that reported to have a pregnant woman in the past two years, 71.6 per cent of those in the experimental sample reported that the pregnant women in their households attended antenatal care at least four times and only 45.7 per cent of those in the comparison sample reported attending antenatal care at least four times.
- There were also strong results for increased participation of women in elected leadership at sub-national levels, which the women attributed to the CVA empowerment process, as well as increased participation of women in broader community decision-making roles.



Uganda local politician Fiona Nabadda says her learning as a volunteer using CVA helped her contest and win several local elections as a councillor.

¹⁶ Kibanja, G. 2016. Hear My Voice Project Evaluation 2013-2016, World Vision International and Makerere University, Uganda.

¹⁷ The quasi-experimental design compared like communities where the intervention was used (experimental) and where there was no intervention (comparison).

Kenya

As a main gateway for East African trade, Kenya is a geo-strategic African power of lower-middle income status¹⁸ with a population of 48 million. Multi-party democracy was established in the early 1990s. Despite its apparent stability and a new constitution to address inequality in 2010, significant election violence during 2007 and 2017 have highlighted Kenya's ongoing political fragility.

Kenya has made significant progress in improving universal primary education, reducing child mortality and promoting women's empowerment. However, reduction in extreme poverty has been very slow.¹⁹ More than 42% of Kenyans still live below the poverty line.²⁰

World Vision began operating in Kenya in 1974 and currently has 44 programs working across municipal boundaries, serving 404 Wards, 115 Sub Counties and 33 counties in Kenya. In 2017, World Vision projects benefited a total of 1.8 million children, their families and communities. CVA was introduced in 2009 in four programmes in Kenya and is now used across 36 programmes.

While there have been several successes, including the wider participation of citizens in debates over the government education policy developed in 2013 and the greater accountability of political constituency development funds, the following case study highlights the significant potential for achieving government accountability through social auditing.

KENYA



¹⁸ World Bank 2015, Kenya Country Survey.

¹⁹ UNDP, 2015. Kenya MDG Acceleration Framework and Action Plan, UNDP.

²⁰ UNICEF, 2018. Kenya at a Glance, Accessed June 2018 at https://www.unicef.org/kenya/overview_4616.html

Enhancing Nutrition Surveillance and Resilience (ENSURE) Turkana County North Kenya

The 2012-16 Enhancing Nutrition Surveillance and Resilience (ENSURE) program, funded by the UK Department for International Development, was established to respond to high levels of global acute malnutrition²¹ in three arid counties of Turkana, Wajir and Mandera in the North and North East of Kenya. As part of a consortium led by the International Rescue Committee, World Vision focused on 34 health centres in Turkana County, an arid and semi-arid county with limited access to nutrition services and high levels of child wasting, approximately 30 per cent in 2016.²²



Women in Turkana County North Kenya

One of the activities under the ENSURE project was to support community volunteers to undertake social audits in six health facilities and use the findings to lobby for more qualified staff. In 2014, a government assessment found a shortage of 2000 health staff in the county. World Vision supported five volunteer groups to conduct social audits of the health worker staffing situation in six health facilities: Katilu Health Centre, Lodwar County Referral hospital and Lopur, Namukuse, and Lokwii dispensaries. The groups were trained on conducting social audits and developed tools based on existing government norms and standards for health service delivery of health centres and dispensaries. Key documents that informed the audit and dialogue processes included: the Constitution of Kenya 2010, National Health Sector Strategic Plans, Norms and Standards for Health Service Delivery for 2006, Turkana County Integrated Development Plan and the National Patients' Rights Charter 2013.

²¹ Severe acute malnutrition refers to wasting <-3SD and moderate acute malnutrition is <-2SD

²² Kenya Government et al, 2018. Turkana Smart Nutrition Survey Report. January

Volunteers carried out the audits in collaboration with the health facility staff, area chiefs and ward administrators. The audit results demonstrated an acutely under staffed health system with a 45 per cent gap as shown in the table below:

Health Facility	Staffing standard	Staff available	Staffing gaps
Lowdar county hospital	112	82	30
Lokwii health centre	24	1	23
Lopur dispensary	4	1	3
Katilu health centre	24	8	16
Namukuse dispensary	4	0	4
Total	168	92	76
% staffing	100%	55%	45%

Adopted from approved staff norms by MoH, 2014/15 and National Guidelines on ART PMTCT Infant and young child feeding 2012.

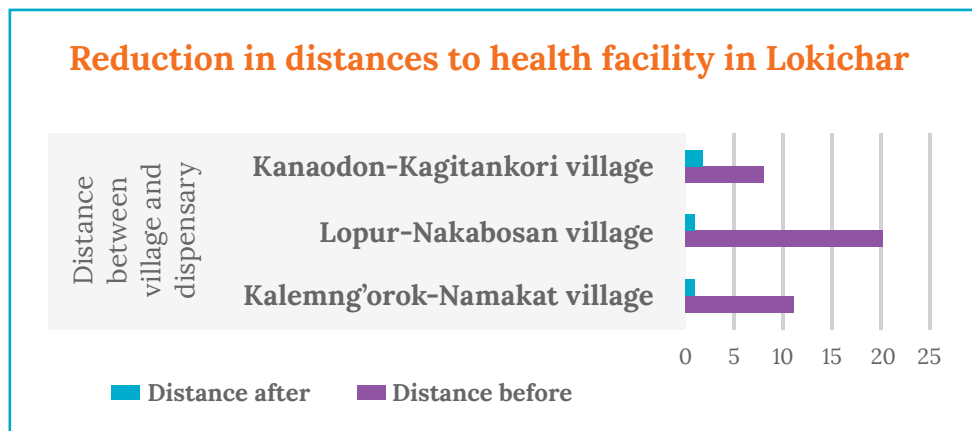
The county recruited an additional 98 health staff to meet the above gaps. Over the three years of the project, community volunteers presented the information from the social audit above to chiefs and ward administrators in large community meetings. Recommendations to the county government were as follows:

- Develop a staff work plan agreed upon with the community members, health facility management committee and the facility health workers.
- Prioritize these health facilities for deployment of additional health workers during the county wide recruitment exercise.
- Facilitate communities to come up with a monitoring work plan to track the progress.
- Develop an MOU with the 5 communities on how to employ qualified personnel to fill the gap.

Between 2013 and 2015 the county recruited 309 health workers with 98 of them posted to the five health facilities. At the time of writing, the county was planning the next deployment of 30 more health workers across the county.

Community volunteers also held quarterly community dialogue and interface meetings with leaders to highlight issues that required action such as not having drugs in stock, anthropometric equipment, vitamin A, iron, folate, latrine coverage and poor handwashing practices due to limited access to water. The volunteer groups then reviewed nutrition indicators in Ministry of Health (MoH) information system tools and identified areas that required attention for community dialogue.

CVA influenced the decision to construct three health facilities reducing distances that communities travel to access health and nutrition services as shown in the graph below.



Three communities were successful in lobbying for the government to improve access to health services through new clinic construction:

- a) Volunteers in Katilu advocated for the construction of a new health facility so that residents of Namakat village would not have to travel 11 kilometres to the nearest Dispensary in Kalemng'orok. The new health facility is just one kilometre from the village.
- b) The closest health facilities to Nakabosan village were Lopur Dispensary and Lokichar health centre, which are 20 kilometres and 19 kilometres away, respectively. Communities successfully advocated for the construction of a static health facility less than one kilometre from the village, which also has a qualified nurse. They further advocated for the construction of a water tank at the dispensary, which always faced serious water shortages.
- c) The community from Kagitankori village had to travel 8 kilometres to the nearest dispensary at Kanaodon. Through community lobbying, a health facility was constructed less than two kilometres from the village.

In addition to increased number of health facilities constructed, CVA groups called for mobile outreach sites for communities that are too far from any static health facility where they can access services. These outreach sites improved access for services in the treatment of severe acute malnutrition through an outpatient therapeutic programme and other integrated mother and child services.

Reduced absenteeism by health workers and reduced waiting times at health facilities were two issues that recorded improvements due to citizen participation in service delivery monitoring, which included a local youth group using WhatsApp to report cases of staff absenteeism and long waiting times to the MoH county and sub-county senior staff.

Increased county budget allocation secured by volunteers

Volunteers in Kawalese in Turkana County undertook a lobbying campaign during the county planning and budget making process in the year 2013-2014. Their objective was to advocate for increased funding for nutrition and sanitation. World Vision approached the clerk of the county assembly to get a copy of the proposed budget for 2014/2015, which the volunteers then analysed.

Based on the analysis the volunteers prioritised a lobbying campaign to get more funds for the government's mandated structures for community volunteers to support Community Health Extension Workers (CHEWs) and public/environmental health allocations, which play a role in promotion of improved sanitation. The volunteers prepared a submission calling for Ksh30million (\$US300,000) and Ksh10million (\$US100,000) respectively for these budget areas to support community volunteers and public sanitation promotion. The submission was delivered and received by the chair of the county budget and appropriations committee during a public forum. The submission outlined the role of these preventive health services and why it was important to fund them as they had not been funded in the past. The submission itself raised awareness of the county legislators on the role of these sectors in addition to existing funding of Community Health Extension Workers positions.

The MoH point person for community strategy present in the meeting said the senior health officials had not understood the role community health volunteers played within the community strategy and how they work alongside the CHEW. "Having the CVA groups present in the budget meeting was useful. It was the first time the village community health workers participated in the process and community strategy was funded." Citizen lobbying played an important role in securing the funding, rather than relying only on Ministry of Health experts to advocate for the funding. The two sectors were funded to the tune of Ksh10million (\$US100,000) and Ksh5million (\$US 50,000) respectively in the 2014/2015 financial year. From this total, each community volunteer unit received Ksh20,000 (\$US 200) as seed funding to facilitate their formal registration and enable them to initiate income generating ventures to sustain them. The other funding was allocated for assessment of the functionality of community strategy, which is critical to improve their services.



West Africa (Senegal, Sierra Leone, Ghana)

Senegal remains one of the most stable democracies in Africa, excluding a low level conflict from separatists in the Casamance in the south. It is ranked 162 of 188 countries in the global 2017 Human Development Index (HDI). It has the lowest stunting rate for children in sub-Saharan Africa and one of the largest safety net programs on the continent covering 30 percent of its poorest households.²³ But improvements to key indicators in maternal, neonatal, reproductive and adolescent health are lagging behind.

World Vision Senegal began operations in 1988 and now has 244 staff working in the regions of Fatick, Diourbel, Kaffrine, Tambacounda, Kédougou and Kolda with 29 long-term development programmes, including 124 projects that benefited 690,000 children and their families in 2017.

Ghana is ranked 139 on the HDI.²⁴ It has been rated by the World Bank as having reached lower middle income status. Ghana's poverty rate is less than half the African average of 43 per cent and Ghana became the first country in Africa to reach MDG 1 by halving extreme poverty from 37.6 per cent in 1991 to 9.6 per cent in 2013.²⁵ Infant mortality declined from 57 deaths per 1,000 live births in 1998 to 41 in 2014 and under-5 mortality declined by more than half.²⁶ Multi-party democracy was introduced in 1992.

World Vision started working in Ghana in 1979. It currently manages 29 multi-sectorial programmes (APs) in all the 10 administrative regions in Ghana.

²³ World Bank Senegal, 2018. Overview. Accessed August 6 at <https://www.worldbank.org/en/country/senegal/overview>

²⁴ Accessed July 2018 at <http://hdr.undp.org/en/countries/profiles/GHA>

²⁵ World Bank, 2015. Poverty Rate in Ghana: Progress and Challenges. Accessed August 4 at <http://www.worldbank.org/en/country/ghana/publication/poverty-reduction-ghana-progress-challenges>

²⁶ Ibid. World Bank, 2015.

Sierra Leone

Despite extreme poverty, corruption and setbacks from the Ebola crisis, Sierra Leone has been re-establishing democracy and economic growth after a 10-year brutal civil war that ended in 2002, leaving 2 million people displaced and tens of thousands dead. Average annual growth rates post the war to 2014 were more than 7 per cent.²⁷ Despite a major slump in recent years, economic growth from iron ore exports started to revive again in 2017.²⁸ Sierra Leone is rated 179 on the HDI.²⁹

West Africa results

CVA has been used across Sierra Leone, Ghana and Senegal for the past five years and more recently introduced to Mauritania and Mali. An evaluation of CVA across the three countries highlighted the value of the social audit process as a way to achieve greater government accountability. Between 2013-16 the results included:

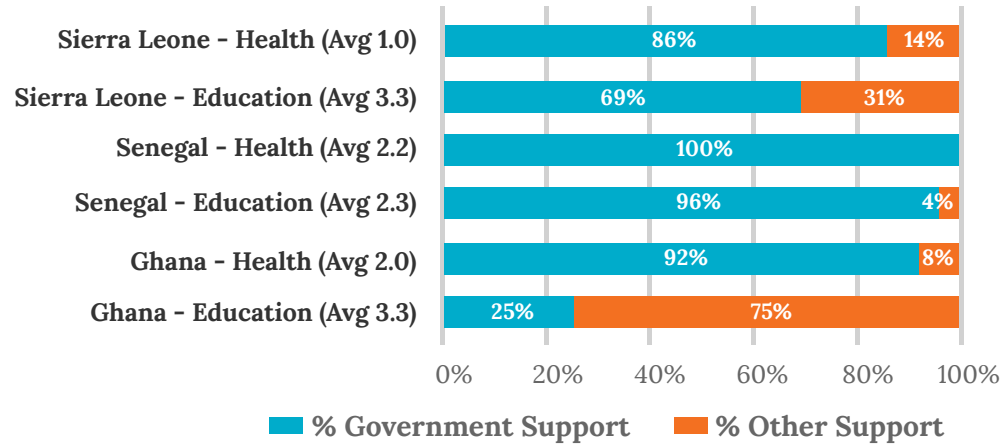
- 214 additional government service standards (such as meeting government required student-teacher ratios or nurses per head of population) were achieved in 58 schools and 28 health clinics in Sierra Leone, Senegal and Ghana.
- 91 per cent of schools and health facilities attained at least one or more additional government standard since the CVA activities commenced.
- 69 per cent of additional government standards were achieved with explicit government support (Other additional government standards were achieved with support from a mix of sources, including NGOs, foundations, private businesses, community contributions, private individuals, including local members of parliament, and other sources).

²⁷ World Bank 2018. Sierra Leone Overview. Accessed August 6 at <https://www.worldbank.org/en/country/sierraleone/overview>

²⁸ Ibid

²⁹ UNDP, 2016. Human Development Report: Sierra Leone. UNDP. Accessed August 6 at <http://hdr.undp.org/en/countries/profiles/SLE>.

Proportion of Additional Government Standards Achieved with and without Government Support - Ghana, Senegal, Sierra Leone



Using a scorecard, women and children vote on the quality of different service indicators they have chosen.

Indonesia

Indonesia is the world's third most populous democracy and the largest archipelagic state, spread over more than 17,000 islands. Indonesia has had sustained economic growth, is the largest economy in South East Asia and an emerging middle income country. However, more than 40 per cent of the population remain at risk of poverty, whilst more than 28 million Indonesians still live below the poverty line.³⁰

INDONESIA



Indonesia's first direct elections were held in 2004 after more than three decades of authoritarian rule.

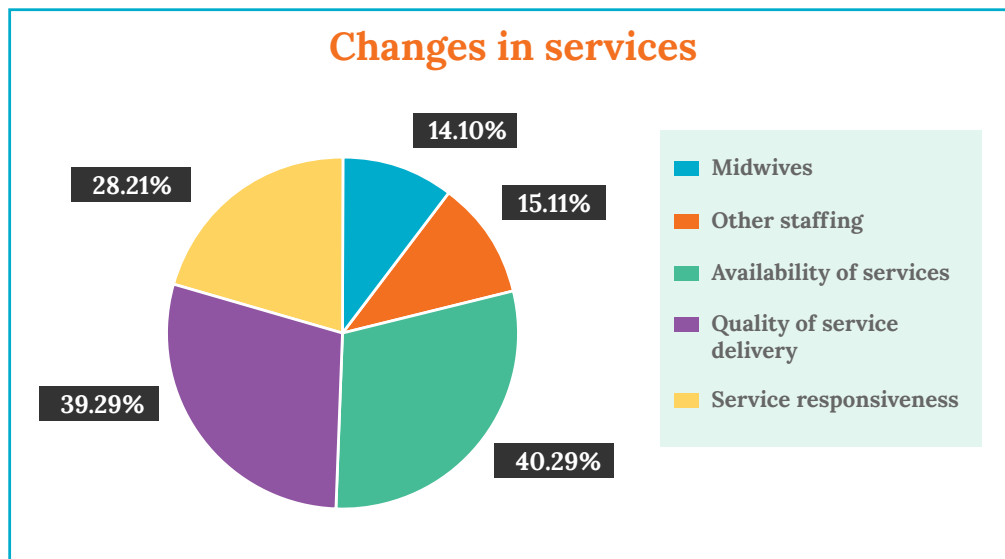
World Vision's partner, Wahana Visi, has worked in Indonesia since 1998 and implements 57 programs in health, education, child protection and livelihoods. CVA was first introduced to communities in 2010. In 2012, Wahani Visi secured the first Indonesian grant provided through the World Bank's Global Partnership for Social Accountability. The 4-year program introduced CVA to three provinces in East Nusa Tenggara. Results from the program³¹ include:

- More than 2000 actions were recorded in Action Plans, signed and published in communities. Of these, 64 per cent have been implemented, 12 per cent are ongoing and 23 per cent had not been done at the time of reporting.
- A 41 per cent increase in the percentage of community members and a 26 per cent increase in the percentage of health cadres and local government officials who have heard of minimum standards for Maternal and Child Health services.
- A 33 per cent increase in the percentage of pregnant women and mothers who reported that nutrition advice was provided at the Posyandu (village maternal and child health centre).

³⁰ World Bank Indonesia, 2018. Overview. Accessed August 2018 at <http://www.worldbank.org/en/country/indonesia/overview>

³¹ Westhorp, G, et al, 2019. Citizen Voice and Action for Government Accountability and Improved Services : Maternal, Newborn, Infant and Child Health Services, Wahani Visi, World Bank, January.

- An 18 per cent increase in the proportion of pregnant women and mothers who were aware that antenatal care should be provided at the public health post at village level.
- A 25 per cent increase in the percentage of household respondents who reported that the Puskesmas (sub-district health centre) provided appointments with medical doctors.
- There was a statistically significant increase from 2016 to 2017 in households' awareness of services either being provided locally, or being required under government standards, for 53 of the 60 services listed in the survey.
- Based on scorecard data, the percentage of respondents who gave ratings of good or very good almost doubled from 23 per cent in 2014 to 45 per cent in 2017 (an increase of 22 per cent)



Behavioural changes or trends identified were found to have 'great significance' for improving child and maternal health:

- Increases in giving birth at health services rather than at home
- Increased immunisation of children
- An increase in use of Posyandu services to provide health checks for infants and children
- An increase in supplementary feeding programs which provide a healthy meal and teach parents how to cook healthy food for their children using local foods

Democratic Republic of Congo

The DRC is a complex mix of pockets of greater stability, instability and extreme violence and conflict, which can rapidly switch from more stable to less and back again. Over 2016–2018, delayed elections have led to state repression against street protesters and the situation remains volatile.³² It is ranked 176 on the HDI.³³

D.R. CONGO



Geographic mapping of services

In Katanga province, staff aggregated information from CVA program areas to show the existing schools and color-coded their performance against government standards. The maps have been shared with government to assist in their governance planning. CVA activities have attracted the attention of provincial officials who have asked World Vision to provide training to District chiefs.

A significant issue for improving service delivery and government performance in DRC is government unwillingness or inability to fund the salaries of key public servants such as teachers and nurses, forcing them to charge user fees to survive. This is compounded by confusion over the decentralization of funds,³⁴ no locally elected representatives, weak and inaccessible traditional leadership; as well as high levels of corruption, reducing citizen confidence to claim rights.

Despite these huge challenges, World Vision DRC support to citizen lobbying has led to an increase in the 2018 education budget in Katanga Province, increased birth registrations, new services and the support of the mining private sector in service provision. In DRC, there have been similar examples of success to that achieved in more stable countries, including road rehabilitation, new qualified health staff, where there were none.

³² At the time of writing President Laurent Kabila had announced he would not stand for re-election, a key point of contention.

³³ UNDP, 2016. Human Development Report: DRC, UNDP. Accessed August 6 at <http://hdr.undp.org/en/countries/profiles/COD>.

³⁴ A government decentralisation law in 2006 included elected local government officials, but this has not been implemented, causing confusion. To date this means elected officials are less accessible to communities, since local leaders are based on the hereditary chieftain system.

In 2013, World Vision DRC negotiated a Memorandum of Understanding to develop a strategy and budget to roll-out CVA with the DRC Ministry of New Citizenship. While subsequent political changes in the ministry left the status of the MOU unclear, in 2016 the MOU was renegotiated with the Ministry of Education. Under the MOU, World Vision DRC will provide support to national citizenship and accountability curriculum to be provided to DRC's primary and secondary school children. The current political impasse has led to a delay in the implementation of the MOU.

Mining company delivers service to communities

The world's largest cobalt producer operates at Tenke and Fungurume approximately 195 kilometres from the capital of Lubumbashi in Katanga province. Tenke Fungurume Mining (TFM) has paid more than US\$200m in taxes and royalties to the government since the first copper and cobalt ingots were produced in 2009, worth a total of US\$1.6 billion in revenues.

World Vision took the principles of CVA and provided civic education to Tenke and Fungurume communities on the obligations of the DRC Government under the Extractive Industries Transparency Initiative (EITI). Information, including through images, was shared on TFM tax arrangements with the government and guidelines were developed to promote a basis for community and company engagement. A range of services, including water access and infrastructure at primary schools, are a direct result of the improved dialogue between the communities, government and TFM. Discussions are underway for the electrification of the two towns. However, more work is needed to support communities to monitor EITI implementation due to its complexity and to ensure greater participation of women and children in the process.

RESULTS AT A GLANCE:

Pakistan, Armenia, Romania, Kosovo, Lebanon

CITIZEN VOICE AND ACTION

01



Enabling citizen engagement.

02



Engagement via community gathering.

03



Improving services and influencing policy.



120,155

direct beneficiaries in 23 communities.

Cost effective



\$2.62 per beneficiary

ARMENIA

47,400 beneficiaries

CVA integrated into the government's 4 year Community Development Plan

national guidelines to benefit 700 communities in their local planning.

“The methodology World Vision helped to develop has influenced the practices of local level planning and budgeting,” shared Ashot Giloyan, the Head of Department for Local Self Government.

In its 2015 awards, the international Open Government Partnership initiative recognised Armenia's legislated online information management system for municipal governance including new participatory reforms.

Government-mandated medical checks of children in 13 schools

PAKISTAN

61,000 beneficiaries
20,000 children

Hiring of

10 medical staff in three Basic Health Units.



30% increase in antenatal care

54% increase in safe deliveries

45% increase in postnatal care

20,000 children benefitting from expanded immunisation



KOSOVO

Proposed amendment of the Child Protection Law

The legal provisions will benefit approximately 1 million children.



ROMANIA

55,063 children in 5 counties

Additional US\$186,000 spent by the government and the private sector for improving

18 schools



with heating, infrastructure, water access, toilets, playgrounds, a school bus and surveillance cameras.

Recognition by the Ministry of Education of the need for

improved pedagogical standards.



LEBANON

Guide for parents on the role of parents' councils in schools.

Visible reduction in school dropout rates in most of the schools.





Pakistan

Pakistan has fought a decades long war against Islamic militants targeting Pakistan's institutions and civilians. It is not listed in the World Bank's Harmonised List of Fragile Situations for 2019 or in recent years. Pakistan has made substantial in-roads into reducing poverty, with poverty rates halved to 29.5 per cent.³⁵ It is the sixth most populous nation after Brazil and is ranked 150 on the Human Development Index.

While a multi-party democracy, in effect, 2013 was the first year that a democratically elected government completed a full term.

World Vision has worked on development and relief projects in Pakistan since 2005 and is currently focussed on health and education activities in Punjab and Sindh provinces.

CVA led to the hiring of new midwives and doctors and improved patient/staff relationships in Muzaffargarh District in Pakistan. During this period, the Muzaffargarh District Health department recorded a 54 per cent increase in safe deliveries, a 30 per cent increase in antenatal care and 45 per cent in postnatal care in the three basic health clinics. More than 47,120 people use the services of these clinics.

CVA is also reported to have contributed to provision of an expanded immunisation program, which was one of the issues that was raised by the community with district health officials. An estimated 20,000 children benefited from this expanded immunisation programme.

³⁵ Asian Development Bank, 2018. Accessed October 9 at <https://www.adb.org/countries/pakistan/poverty>

World Vision trialled CVA in the post-Soviet or Communist contexts of Georgia, Romania and Armenia (starting in 2009), specifically, to counter a strong dependency mentality on the state and a lack of community collective action. It has also been used in the post-conflict environments of Bosnia and Herzegovina and Kosovo.

Armenia

Armenia gained independence from the Soviet Union in 1991 and voted to move from a presidential to parliamentary democracy in 2015. Armenia is ranked 83 on the HDI, shared with Thailand. Approximately 29 per cent of Armenians live under the poverty line.³⁶ Nearly two in three children live without access to basics like sufficient housing and electricity.

ARMENIA



World Vision has been working in Armenia since 1988 and now works in 14 geographical regions of six marzes (administrative territorial units) and the capital city of Yerevan, serving more than 200 communities and directly benefiting more than 35,000 children. The focus of the organisation's programming includes children's health and development, child protection, youth issues and economic development.

Based on World Vision Armenia's practice of Citizen Voice and Action since 2009, World Vision worked with the national government to develop a participatory methodology, the Community Development Methodology Guideline, for government staff to use as part of planning processes for local government administration of services. The Ministry for Territorial Affairs has adopted the methodology, now accessible on the government's website, for use by all local government staff.

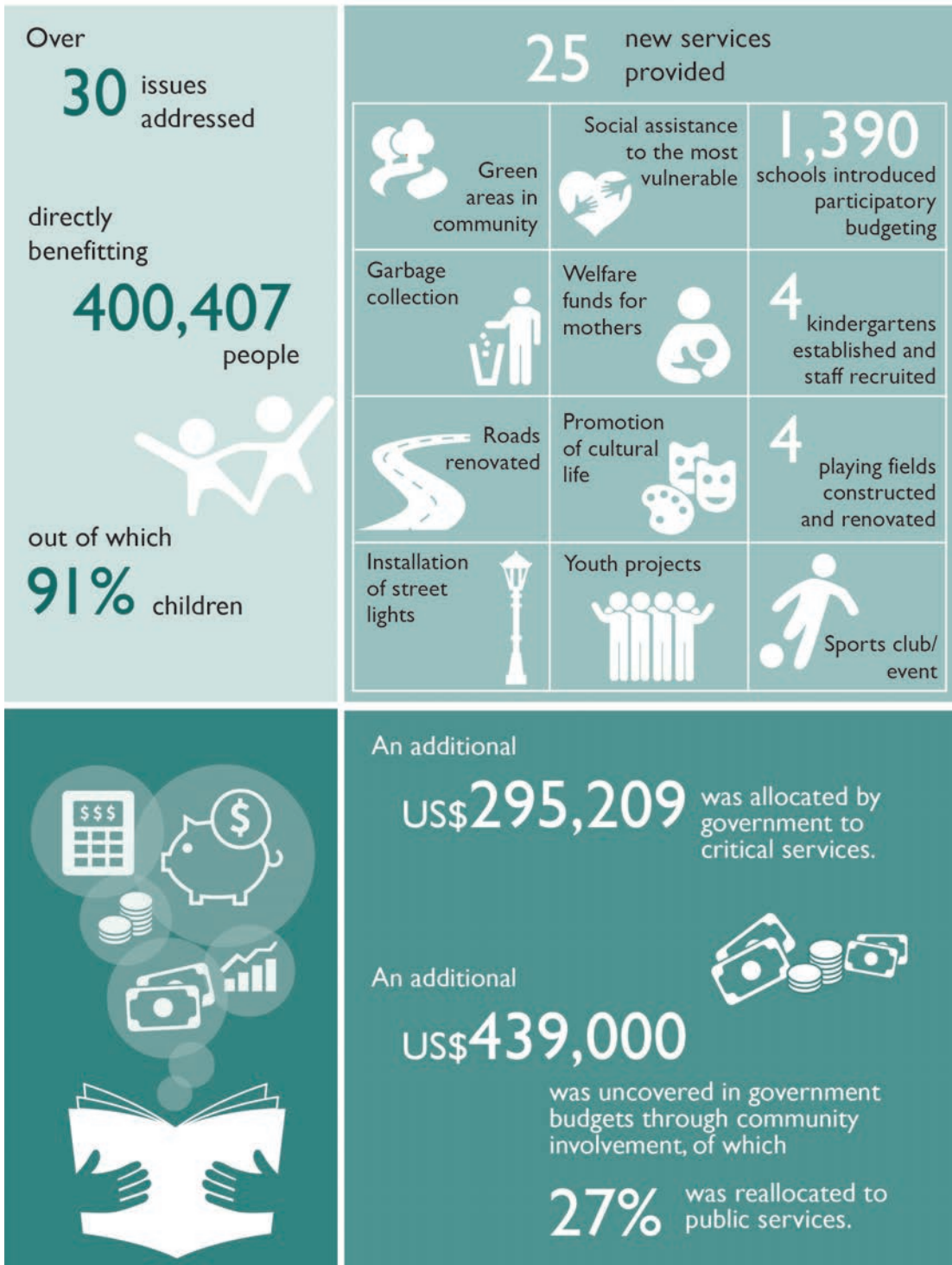
³⁶ <https://www.adb.org/countries/armenia/poverty>

“The methodology World Vision helped to develop has influenced the practices of local level planning and budgeting,” shared Ashot Giloyan, the Head of Department for Local Self Government. “The methodology is very down to earth and applicable.” The guidelines are legally required under amendments to Article 53 of the Local Self Government Act. Mr Giloyan said the department had ensured that all of Armenia’s self-governing authorities now had access to the methodology because of the importance the government placed on effective civic engagement. He added that until the guidelines were developed, laws on civic engagement in planning were “a piece of paper, not a proper planning process.”

Armenia has undertaken a process to amalgamate smaller villages into larger administrative areas to ensure more cost-effective government administration and reach. Mr Giloyan said the amalgamation process meant it had become “more vital” to have an effective development plan to ensure the voice of the merged villages into larger administrative areas.

The guidelines are now on the Ministry for Territorial Affairs website. (www.mtad.am) The 400 Armenian elected self-government administrations are required to use the participatory governance methodology to develop their five-year plans. In 2015 the Armenian Government’s participatory governance measures, based on CVA, were recognised in the Open Government Partnership Awards.

COMMUNITIES SUCCESSFULLY LOBBY ARMENIAN LOCAL GOVERNMENTS TO REALLOCATE FUNDS FOR THEIR PRIORITIES USING PARTICIPATORY BUDGETING



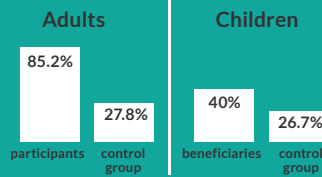
PARTICIPATORY BUDGETING RESULTS

Based on an Independent, Quasi-Experimental Evaluation of 16 variables.
 Adults: 16 of 16 found statistically significant. Children: 14 of 16 found statistically significant.

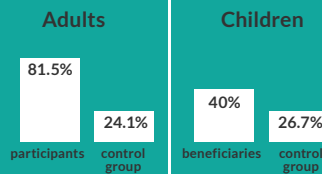
KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

Statistically Significant (p<0.05)

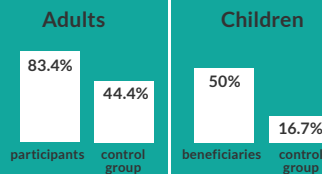
Self-reported improvement knowledge of planning and budgeting



Aware of budgeting process in community



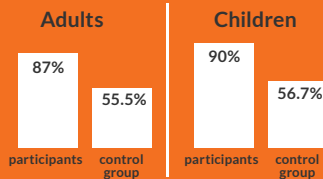
Aware of budgeting process in community



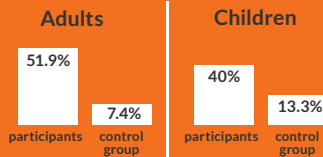
INFLUENCING PLANNING AND BUDGETING

Statistically Significant (p<0.05)

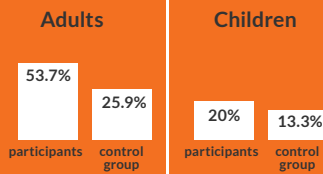
Skills to effectively influence planning and budgeting



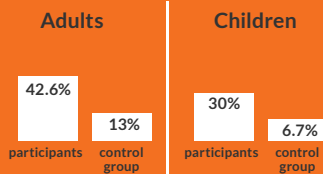
Improved participation*



Self-reported confidence and willingness to engage*



Reporting improved transparency and accountability*



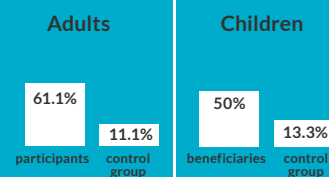
KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

Statistically Significant (p<0.05)

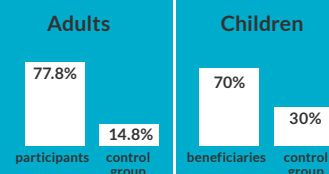
Noticeable government change in responsiveness and willingness to work with community



Noticeable change in proportion of community involved in lobbying for public services



Reported improved services in their respective communities



* reporting 'very true' level only



Romania

Romania was recognised as an independent country in 1878. After wartime Soviet occupation, Romania became a Communist state, but it was not part of the Soviet Union. It was ruled under the dictatorship of Nicolae Ceausescu between 1965 and 1989. The 1990 elections were the first since 1937. The Communist Party dominated the political system up until 1996. Romania is a member of the EU and NATO.

Romania is ranked 52 on the Human Development Index, with one in five Romanians living under the poverty line.³⁷ Romania's infant mortality is double that of the EU average.³⁸

World Vision began work in Romania in 1990 and has programs to improve maternal and infant mortality, child nutrition and economic development. Citizen feedback on teaching quality in schools was facilitated by World Vision in 20 schools and a report presented to the national government. The government disseminated the report to all schools and education authorities in the country's 41 counties. It was widely publicised through more than 13 articles and radio broadcasts, and published on the website of the Ministry of National Education. The head of the government's national education agency on quality assurance for pre-university education, Mr Serban Iosifescu, described World Vision's work with citizens on education as 'best practice'.

At sub-national level, improved infrastructure and heating at several schools was undertaken by government after CVA activities supported school community lobbying for these priorities. Out of 20 school action plans, developed to lobby government for improvements, 18 plans were completed and there were infrastructure improvements in 18 of the schools including water access, roofing, toilets, playgrounds, surveillance cameras and the purchase of a school bus.

³⁷ Romanian Government's National Strategy on Social Inclusion and Poverty Reduction (2014-2020).

³⁸ EC, 2017. State of health in the EU, Romania Country Health profile 2017. European Commission.



Kosovo

The Serbian-Kosovo war of the late 1990s led to the internationally supervised independence of Kosovo, which ended in 2012. 110 countries have recognised Kosovo as an independent state, while the EU continues to facilitate negotiations between Kosovo and Serbia, which does not recognise its independence. Relations between ethnic Serbs and Albanians remain strained and Kosovo is currently listed by the World Bank on its Harmonised List of Fragile Situations.

It is ranked 84 on the Human Development Index and among the poorest countries in Europe. Almost one third of the population live below the poverty line.³⁹

World Vision has been working in Kosovo since 1999. The focus of activities in Kosovo has included peace building, inter-ethnic relationships targeting children and micro-credit initiatives.

As part of a 15-member coalition on child protection, child representatives contributed to reviews of a new child protection law in Kosovo. In particular, street children involved in CVA activities fed back on their experience of the problems with state support and drafted an amendment to improve the situation of street children and child labour. The children presented this amendment as part of a face-to-face delegation with the Prime Minister of Kosovo and it was adopted in the government's final law.

Children's groups also met with the national Ombudsman on a plan for ongoing collaboration with his office.

³⁹ UN Human Development Report: Kosovo, 2016

Stories from the field: Health worker views of social accountability's impact

In 2014, World Vision staff and volunteers began working with Dioffior District Medical Officer in Chief, Dr Moussa Diaw, to collect information on government health standards, which could be shared with community for ongoing monitoring and lobbying. World Vision was working with him in his capacity overseeing the whole District in the Fatick Region of Senegal serving more than 12,000 people. However, Dr Diaw was also doubling as the Dioffior health centre's head doctor. After witnessing the positive service improvements at other clinics in the district, Dr Diaw encouraged voluntary local experts working with CVA to engage communities to lobby for improved standards at Dioffior health centre. The result was that one of the doctors on his staff, Dr. Mamadou Diankhar, was promoted by the National Health Ministry as the permanent head doctor at Dioffior health centre, freeing Dr Diaw to focus on his duties as the district's Chief Medical Officer.



Dr. Moussa Diaw,
Chief Medical Officer,
Dioffior District



Dr. Mamadou Diankhar (second from left),
new Head Doctor, Dioffior Health Centre, with staff

Through the voluntary efforts of the Dioffior community, Dioffior Health Centre has updated its community action plan several times, which in addition to a permanent head doctor, has led to improved management and uptake of family planning services. Community scorecard sessions used through the CVA process highlighted that women were reluctant to access family planning services due to privacy issues:

“The action plan was very useful,” explains Dr. Diankhar. “CVA helped us understand standards. We also learned through CVA that women were uncomfortable being counselled for family planning. This is because we used to do it in a place where everyone else knew what the women were being told. It wasn’t private and the rate was low. Women said they didn’t feel at ease; they said they felt exposed. Here in Senegal, many times women don’t want their husbands to know they’re using family planning.”

After further consultations with local women, both doctors and health centre staff made adjustments to accommodate the needs of women seeking family planning. *“We’ve made it more private now, with special rooms. And we combine family planning with other kinds of services. This way, no one knows if a woman is here for an antenatal visit, a postnatal visit or family planning. Now, more women are coming for family planning. We now also have enough medicine,”* Dr. Diankhar said.

The health centre has attained two additional government standards since 2014 and is on course to achieve more, including additional midwives and infrastructure upgrades promised by the Ministry of Health.

Collective action at work: Sekyere Krobo Community Health Clinic, Wassa East District, Ghana

Sekyere Krobo Health Clinic serves a population of 11,600 people from 11 communities in Wassa East District in Ghana. Five trained community health workers, two enrolled nurses and a midwife provide a combination of services, which include antenatal, delivery and postnatal care, growth monitoring, community-based health and education, minor surgery, family planning and treatment of minor ailments.

Over 2013-16, a community action plan developed from the CVA scorecards, social audits and meetings between service providers and users and government officials resulted in:

- Newly built nurses’ quarters
- Hiring of security guards
- Purchase of a generator to ensure continued power supply during electricity outages
- An on-site water supply
- Motorbikes for health staff, a requisite equipment standard
- Procurement of equipment including scales and a delivery bed

To achieve these actions, community representatives sent letters to the District Chief Executive (DCE) and made delegations to the District Assembly office. Their efforts, according to the District’s Director of Health Services, Dr. Kofi Sutherland, (pictured right) motivated the district government to fund the construction of nurse’s quarters. *“The request came from the communities themselves. They agitated for (the nurse’s quarters). They sent a letter to the DCE and copied me. The DCE asked my opinion about it and I said, ‘That’s right.’ When the community come themselves, it makes it easier to convince the DC.”*



Dr. Kofi Sutherland,
Director of Health,
Wassa East



To support construction, the CVA Working Group mobilised community labour and material contributions, including cement. The chief also granted permission to harvest timber from the forest. In this way, the community and the district government worked together to construct new, on-site accommodation for the facility's nurses. Completed in March 2015, the accommodation block includes six rooms.

In recognition of the facility's catchment population, the District Health Directorate took the decision to upgrade the health facility's status to Community Health Clinic. The upgrade resulted in more health staff and equipment, including additional scales and a new delivery bed.

However, when Sekyere Krobo's nurses shared that they felt unsafe opening the facility to provide services after hours, the District Assembly did not have the budget to engage and pay for security. The health policy standard for lower level facilities is one day guard and one night guard. Again, community volunteers met with community members and health staff to find a solution. Though not permitted under government policy, health facility staff, the community and CVA Working Group members decided to request donations from patients to pay for the salary of one guard. Recognising the importance of security and the implications for service quality, patients now donate one Cedi (0.25 cents) each. With sufficient and regular donations, the CVA Working Group interviewed and hired a night security guard.

Though not fully achieved as a government standard, the presence of at least one security guard has helped improve health staff morale and the quality of services they can provide. *"Before, we lived in town. When there was an emergency, people would dump a patient here and then run to your house in town to get you. But you would fear to come at night. So sometimes, if it took a long time, like someone who needed to give birth, you'll find they have already delivered. Now our security is assured. It is helping us, because the services we can provide are better. We used to lose a lot of patients to the Daboase Health Center."* Cecilia, midwife at the Sekyere Krobo Community Clinic.



Sekyere Krobo Community Clinic

The community continues to work closely with Cecilia and her team to improve services. However, funding issues linked to the reimbursement process, which the clinic must go through under National Health Insurance Scheme, can slow down improvements. Health staff complete a claim sheet for every patient presenting with appropriate identification. These are then submitted to the National Health Insurance Authority (NHIA) for reimbursement. But reimbursement can take up to five months to process, depriving the health facility of recurrent funds needed to restock essential medicines and other consumables.⁴⁰ Limited drug supplies often drive patients to other healthcare providers, creating a vicious cycle of unpredictable operating budgets that are determined by patient numbers and thus, variable service quality.

Key factors that supported the results at Sekyere Krobo Health Clinic include:

- **Knowledge:** People acquiring and using new knowledge about government health policy standards to advocate for improved services.
- **Good coordination and planning:** Regular communication between the CVA Working Group and nursing staff to review, refresh and implement action plans.
- **Traditional leaders:** Using traditional leaders to communicate agreed community priorities to government.
- **Persistence:** Undertaking regular follow-up with government authorities, by letter and in person.
- **Co-contributions:** Engaging with and mobilising the community to invest in the services from which they will benefit.
- **Self-reliance:** If the government does not respond, identifying and implementing locally-resourced solutions.

⁴⁰ Delayed reimbursement is widespread, affecting the quality of healthcare across the country. See Ashigbie, P.G., Devine, A. and Wirtz, V.J., 'Challenges of medicines management in the public and private sector under Ghana's National Health Insurance Scheme – A qualitative study,' *Journal of Pharmaceutical Policy and Practice*, 2016, 9:6.

Katanga Province increases education budget after community lobbying

Gaspard Kasongo Mukeya is blunt: “It’s no secret that DRC has mining wealth and the Congolese are so poor. It’s a scandal.” The Adviser to the Chief of Administration for the Southern DRC province of Katanga, doesn’t like pretence. For Mr Mukeya and other state officials, it’s also no secret that the share of national resources, legally divided as 60 per cent to the central government and 40 per cent to the provinces, is insufficient for basic health and education services. This is aggravated by demands from the centre that provinces send their full revenues, when legally they can retain the 40 per cent, to the centre on the promise the 40 per cent will be returned. The province says it is either returned too late, below the threshold or doesn’t turn up at all.



Gaspard Kasongo Mukeya

DRC has the lowest spend on education of any of the sub Saharan states.⁴¹ Against this background citizen lobbying for a 10 per cent increase would seem an unrealistic goal. However, this is what community representatives of Likasi achieved in the 2018 Katanga Provincial budget. More surprising was the source of the increase. To find the funds, Mr Mukeya explained, the province reduced the expenses of the Members of the Provincial Assembly.

A significant factor to convince the president and his administrators to push the assembly members to approve the increase was a visit to meet school students, teachers and parents in Likasi, about 1.5 hours’ drive from Katanga’s capital of Lubumbashi.

Likasi has been a centre for copper mining and wealth in DRC’s Katanga province since the 12th century, but the municipality struggles to provide basic services. Where there has been political will, this has been blocked by a complex mix of patronage politics, elite capture, overlapping administrative functions, low funding and poor revenue management. In this context, promoting citizen-state engagement can be fraught.

Over two years the communities in Likasi audited 21 schools in Kikula commune against government standards, participated in community services scorecards, developed a report on the state of their schools and lobbied for more funds for teachers and textbooks. Since the report contradicted government reporting, the president and his entourage made a visit to the schools to see the conditions students faced. They discovered that there were three students sharing one school desk and more than 100 pupils a class had been charged illegal fees to attend.

⁴¹ World Bank, 2015. Public Expenditure Review of the Education Sector in DRC. An Efficiency, Effectiveness and Equity Analysis, World Bank, October.

Mr Mukeya spoke directly to the students. He said the visit had convinced him and other government officials the government had to act.

“It has helped us to see those realities, that our children are studying in a bad condition,” he said. “It allowed us to have a dialogue which was very important. We were concerned to improve the conditions. We need this collaboration. If there is no dialogue we are not going to develop. Anyone who is not learning is becoming poor.”

Holding World Vision to account

World Vision supports volunteers to hold the state to account. But NGOs are subjected to the same demands for better performance through social accountability practices. One of the World Vision Kenya project staff said: “They (the CVA groups) were keeping us on our toes” by demanding for specific services. For example, the volunteers in Lolupe village sent a message to the Uajibikaji Pamoja online platform asking why World Vision was not providing mobile outreach services to communities around Nayuu dispensary. World Vision replied on the public platform explaining that the government had set up a static health facility to serve that community and therefore it wasn’t reasonable to run a mobile health outreach service in the same community.

In Uganda, communities have held World Vision to account when World Vision contractors delivered cracked water tanks. It took much courage for these communities to challenge World Vision and staff were surprised by the new sense of empowerment they witnessed. They explained that community members, who had previously been very deferential in their approach, became much more confident and assertive. World Vision is now working to incorporate its social accountability practice with internal accountability practices as a way to ensure ongoing improvement.