MONASH University

Power to the People?:

Learning from the Case of Citizen Voice and Action

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Abstract

Failures in essential public services persist where citizens cannot influence layers of policy decision-making and implementation needed for functioning services. Resigned to low policy influence, citizens disengage. Disengagement enables politicians and service providers to neglect core duties to fund and provide acceptable services. Repeated cycles of these processes destroy constructive relationships and expectations essential for mutual accountability, eventually producing accountability traps. To advance our understanding of these real-world traps, I investigate instances of such traps in health and education systems in rural Uganda, using the case of Citizen Voice and Action (CV&A), a social accountability intervention introduced by World Vision. I study circumstances under which such interventions empower citizens to improve public primary health and education systems in low- and middle-income countries, and ask how CV&A can be improved.

The evidence shows that facilitating the following processes releases capabilities for escaping accountability traps. First, repairing relationships helps unite communities whose rights are being violated by poor services, while increasing solidarity within service-marginalized groups fosters cohesion, collaboration and trusting reciprocity during struggles. Second, subjection to local law reduces inequalities between communities and duty-bearing government and legitimates joint investigation. Third, identifying, measuring and diagnosing policy gaps and contradictions before citizen dialogue with duty-bearing agents promotes agreement on a localized social contract for collective action. Fourth, rapid public feedback about policy gaps between citizens and duty-bearing service providers fosters rights claims on official duty-bearers. Fifth, as resulting public transparency regarding gaps threatens relevant duty-bearers' reputations at each level of governance, there is an increase in responsive behaviours which enhance health and education system performance at multiple governance levels. Releasing cultural capabilities enables people to politically free each other from these traps.

By explaining which capabilities enable citizens to contest and collaborate with various duty-bearing agents in collective action conducive to accountability, I bridge competing normative theories of accountability. These theories emphasize the expected relationships between actors and the collective action these relationships should produce. Using evidence from diverse low-accountability settings where CV&A is practiced, I also geographically generalize and broaden findings beyond rural Uganda.

I conclude that embodying diverse forms of knowledge empowers citizens to increase accountability. Freedoms to contest knowledge arise by subjecting each other to local law, sharing awareness of policy gaps and mobilizing inclusively. When marginalized groups are free

to mobilize each other, set their own agendas, vote, diagnose public-system performance and systematize knowledge they generate, in dialogue with duty-bearers and other mediating agents, they can socially enforce accountability, locally and beyond. Learning about policy gaps increases shared confidence, political will and action to democratically resolve policy failures. Actionable knowledge catalyzed and systematized by dialogue and feedback sustains cycles of collective action. Collaboration between citizens and allied intermediaries extends emancipatory knowledge-generating processes beyond local communities. Together, they advocate to change policies, and the rules by which policies are decided and implemented. Improving practice requires understanding what causes low accountability, appropriating context-sensitive cultural capabilities, civic education which mobilizes marginalized groups, flexible longer-term funding and adaptive programming.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signature:

Print Name: David William Walker

Date: 12/4/18

Publications during enrolment

WESTHORP, G., WALKER, D. W., ROGERS, P., OVERBEEKE, N., BALL, D., AND BRICE, G. 2014. *Enhancing Community Accountability, Empowerment and Education Outcomes in Low and Middle-income Countries: A Realist Review*, London, Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), Social Science Research Unit, Institute of Education, University of London.

Thesis including published works declaration

I hereby declare that this thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

This thesis includes three original papers published in peer reviewed journals and no submitted publications. The core theme of the thesis is governance/transdisciplinary. The ideas, development and writing up of all the papers in the thesis were the principal responsibility of myself, the student, working within the Faculty of Business under the supervision of Dr Tim Haslett and Dr John Barton and subsequently in the Faculty of Arts under the supervision of Prof. Sue Blackburn and Dr Terry MacDonald.

Thesis chapter	Publication title	Status *(published, in press, accepted or returned for revision, submitted)*	Nature and % of student contribution	Co-author name(s) nature and % of co-author's contribution*	Co-author(s), Monash student Y/N*
4	Citizen-driven reform of local-level basic services: Community-Based Performance Monitoring	Published	100		
5	How systemic inquiry releases citizen knowledge to reform schools: Community scorecard case studies	Published	100		
6	Leveraging community capabilities to increase accountability for the right to health: The case of Citizen Voice and Action	Published	100		

I have renumbered sections of submitted or published papers in order to generate a consistent presentation within the thesis.

Student signature: Date: 12/4/18

The undersigned hereby certify that the above declaration correctly reflects the nature and extent of the student's and co-authors' contributions to this work. In instances where I am not the responsible author I have consulted with the responsible author to agree on the respective contributions of the authors.

Main Supervisor signature: Date: 12/4/18

Acknowledgments

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Glossary

AP   Area Program: refers to World Vision-defined geographic areas within which sets of World Vision projects operate within a country

Baraza   a customary East African informal institution in which communities assemble for face-to-face dialogue

CBO   community-based organization: a civil society organization rooted in community

CBPM   Community-Based Performance Monitoring: a community scorecard approach which hybridizes customary and modern approaches in social pursuit of public accountability

CG   Community Gathering: comprises a sequenced set of focus groups and public meetings in CBPM and CV&A for gathering and constructing actionable knowledge of, by and for the people

CSC   community scorecards: hybrid approaches which mimic governmental processes. For example, CBPM includes social auditing, focus group research, voting, performance management, public meetings with deliberative dialogue, and strategic action planning

CSO   civil society organization: an organization constituted by citizens and characterized by civility and substantial autonomy from government; used interchangeably in my thesis with NGO

CV&A   Citizen Voice and Action: a further development of CBPM which embeds it in a three-phase repeatable cycle to increase accountability, and facilitates extending CBPM beyond the local level

EU   European Union

Global Goals see SDGs

HC   health centre

HUMC   Health Unit Management Committee

LMIC   low- and middle-income countries are classified as such by the World Bank

NGO   non-governmental organization: an organization characterized by independence of government; used interchangeably in my thesis with CSO

SAI   social accountability intervention

SDGs   Sustainable Development Goals of the United Nations, also known as the Global Goals

SMC   School Management Committee

UNDP   United Nations Development Program

UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WV	World Vision
WVA	World Vision Australia
WVU	World Vision Uganda
WVUK	World Vision United Kingdom

Chapter One

Introduction and Inquiry Approach

1.1 'Power to the people?': My research problem

Late in 2010, international media began reporting the following story of a Tunisian vegetable seller, Mohamed Bouazizi (Panth 2011, p. 4). Police had been harassing him, alleging that he lacked a permit to sell his vegetables. Apparently however, police were also seeking bribes from him. They confiscated his fruit cart, and assaulted and insulted him. Mohamed repeatedly lodged official complaints. Each time, he was ignored. Refusing to accept his continuing humiliation, in December 2010 he set himself on fire, and in January 2011 died from resulting burns. Others mimicked his tragic action. Soon, many Tunisians took to the streets, protesting against their authoritarian regime. These protests resonated across the Arab world, contributing to a series of tipping points which produced the Arab Spring. What was exceptional in Mohamed's story was not his experience of maltreatment by officials, which seems relatively commonplace, but his response to the brutality, humiliation and indignity he and many other citizens endured under Tunisia's authoritarian regime. Denied his livelihood, and finding that his voice and actions as a citizen repeatedly counted for nothing with officials on whom he depended, Mohamed apparently concluded that life was no longer worth living. Though his response seems extreme, it indicates how powerless many individuals feel when governmental systems malfunction or are repressive or unresponsive.

Despite sparking large-scale collective action and global media coverage, the Arab Spring has since come and largely gone, bringing limited change in some countries, including Tunisia. Yet millions living under repressive or unresponsive regimes continue to share Mohamed's experience: denial of livelihood opportunities, humiliation by rude or abusive public officials, lack of avenues for voice and deep-seated dissatisfaction with unresponsive public systems. In many countries where governments fail to serve, protect and respect their citizens, daily experiences of state maltreatment, abuse and neglect are the norm. As distrust and unresponsive government feed mutual distancing between ordinary citizens and governments, customary forms of accountability decay, and corrupted self-seeking government apparently becomes normalized (Knight et al. 2002, p. 119). Evidence indicates low levels of trust in government in low- and middle-income countries (LMICs), while countries with low health system performance show significantly lower citizen trust in government (UNDP 2002, p. 69; Knight et al. 2002; Rockers et al. 2012).[1] Recognizing major gaps between the ideals of democracy – such as effective and fair government, which many support and expect – and its actual performance,

many citizens are left excluded and marginalized (Mattes and Bratton 2016, p. 5). They think government should respect their rights and dignity as citizens, and it appears this entails not merely providing public services systems but also enabling citizens to participate in improving them.

Impoverished people in LMICs want functioning public primary healthcare and primary education systems for good reason. Both are necessary for their wellbeing, making them 'essential services'. Yet, as my thesis will show, for many, impoverishment often entails being resigned to essential services they cannot access, afford or benefit from. In human rights language, because they suffer from discrimination and health and education inequities, sometimes even being excluded from public healthcare and education altogether, their human rights to healthcare and education are violated. Through my thesis questions, spelled out below, I study conditions under which impoverished citizens hold governments accountable for essential services which function responsively.

I now briefly describe why responses to these shortcomings, especially those aimed at including citizens in government, have often failed, before tracing how my interest in this issue arose.

1.1.1 Historical roots to my research problem and responses to it

In the second half of the twentieth century, democratic states emerging after colonization in many LMICs began introducing decentralization policies. Major rationales advanced for these policies included 'bringing government closer to the people' and sharing power by devolving or delegating power locally to them or their representatives in local governments. With decentralization and the fall of the Iron Curtain almost three decades ago, a succession of formerly authoritarian states also adopted forms of democracy. Rapid moves toward democratization prompted some to herald the dawning of a new age of democracy and freedom (Fukuyama 1989). Sometimes, decentralization and democratization opened civic space for citizens. For example, by creating formal spaces and opportunities and inviting citizens to participate in reforming governance, governments apparently shared power (Cornwall 2004, p. 2). Often, democratic decentralization reforms across many LMICs assumed these 'invited spaces' designed to devolve democratic power to citizens would, through their participation in state deliberative processes, enhance the quality of democracy (Aiyar 2010). However, the outcomes of democratic decentralization were often disappointing, not least to citizens (Stein 2008; Awortwi and Helmsing 2014; Westhorp et al. 2014; Englebert and Mungongo 2016). Sometimes, decentralization even exacerbated the very problems it was intended to prevent, and harmed services for the most impoverished (Stein 2008, p. 103; Robinson 2007b, pp. 4–5).

Meanwhile, realization was growing within the international aid and development system that since its inception after World War 2, attempts to systematically listen to the voices of its supposed beneficiaries – billions of people suffering from poverty – were missing. Alongside persistent questioning about whose reality counts in development, this prompted large-scale research to understand their experiences and aspirations (Chambers 2012, pp. 43–53; Narayan 2000; Knight et al. 2002). These studies gave fresh impetus to earlier attempts to develop a more adequately human-centred understanding of poverty to replace the prevailing top-down, economic one (Max-Neef et al. 1991; Chambers 2012). Repeatedly, participants voiced their disengagement from, distrust of, and alienation from governments, suggesting relationships between impoverished people and institutions were fundamentally broken. Many felt silenced, humiliated and excluded. Dissatisfied with weak governmental performance and responsiveness, they reported that essential public services were often inaccessible or unacceptable (Narayan et al. 2000, pp. 180–186; Narayan 2000, pp. 109–126, Knight et al. 2002). Such high levels of dissatisfaction put in question service reform efforts focussed primarily on improving government and market supply of services. After 2000, 'making services work for the poor' emerged as a key theme for mainstream development (World Bank 2003). Such studies renewed critiques of technocratically engineered delivery of essential services, and prompted responses to overcome their failures, some of which became known as social accountability interventions (SAIs). In the context of essential services which citizens are entitled to receive, social accountability refers to continuing, collective efforts to hold relevant duty-bearers accountable, beyond elections (Houtzager and Joshi 2007, p. 3). This implied creating better spaces for engagement where citizens could influence government accountability for services.

Advancing their claim that a new accountability agenda had emerged, Goetz and Jenkins (2005, pp. 1–4) argued that ordinary citizens had become central actors in governance. Citizen 'impatience with biased, ineffective and downright corrupt institutions' had, they maintained, galvanized them to demand accountability more directly, through diverse avenues and methods and expecting more exacting standards of social justice. They posed these questions for systematically integrating key elements of real-world and normative systems of accountability:

- who is accountable and to whom in these relationships?
- for what are respective parties accountable? (e.g. their performance in serving citizens, decision-making, exercise of authority in accountable relationships)
- how or by what means or methods and against which standards are they accountable? (i.e. by which formal or informal mechanisms?)
- where are they accountable (i.e. in which spaces?).

The question of how democracy can work for the poor and marginalized, had, they contended, radically reinvented the means, methods and standards by which officials are deemed accountable. Subsequent debates and efforts to improve accountability for public services, particularly for poor people in LMICs, have become central to the global aid agenda, exemplified in the Millennium Development Goals and their successors, the Global Goals for 2030, which aim to 'leave no-one behind'. To show how my primary and subsidiary research questions emerged, the next section traces my growing personal engagement with this discourse.

1.2 How my research question was shaped by and emerged methodologically from my research problem

As a World Vision Australia (WVA) employee, from the mid-1990s I became involved in policy campaigning by the Jubilee 2000 movement to end the debt crisis facing many LMICs. While this crisis was often attributed to debtor and lender mismanagement and corruption, deeper root causes included failures by both lending and indebted governments to be accountable to their citizens for loans they made or incurred on citizens' behalf (Walker 2011b, pp. 299–305). My interest in citizen–government accountability grew through engaging alongside campaigners in public debates with academics and private meetings with Australian and LMIC officials, internal campaign debates and private study. Communities in highly indebted LMICs who supported campaigning highlighted how excessive official debt, by starving them of public services, deprived them of their wellbeing. Meanwhile, successful debt campaigning showed that strategies which systematically empowered citizens in their relationships with governments could influence government and multilateral policies (Hunt 2002). However, such campaigning focused on debt, not reforms to or official accountability for public services essential for human wellbeing.

Since potentially promising interventions to enable communities to hold governments accountable for providing adequate services were emerging as my debt-campaigning role ceased in 2003, I began searching for and comparing these. The most promising was a community scorecard practice, called Community-Based Performance Monitoring (CBPM). Developed by the World Bank with borrowing from CARE's Comprehensive Community Score Card, it centres on a rapid intervention whose multiple strategies help foster accountability. Supported by colleagues, I made a business case to my employer, WVA, first to trial and later, to pilot it. After initial field testing in 2005 in Uganda and Brazil, a developmental program piloting CBPM in these two countries began. Chapters Three to Six discuss this piloting and its oversight in greater detail. Between 2006 and 2009, CBPM was developed within World Vision (WV) into a new form called CV&A, which my thesis now studies. Both CBPM and later CV&A are

implemented within Area Programs (APs), the primary localized vehicles WV uses in Uganda and internationally to implement its development, advocacy and humanitarian assistance projects and programs. Typically, each AP has a population of approximately 50,000–100,000 people served by multiple schools and clinics.[2]

The earliest outcomes confirmed that, using CBPM processes, communities rapidly achieved marked changes favouring accountability, prompting official responsiveness to demands by marginalized communities within days. However, recognizing that CBPM was somewhat straightjacketed by its linear, primarily event-based approach, and doubtful whether short-term change would last, the CBPM team agreed to embed it in a more sustainable and empowering framework. Our quest to discover this framework began by embedding CBPM within a cycle of strengths-based processes using appreciative inquiry, led (and later studied) by CBPM team member and then-WVA colleague, Keren Winterford. In early 2006, she introduced appreciative inquiry as the first empowering framework for transforming CBPM in rural Ugandan communities where WV works. Her thesis on CV&A (Winterford 2013) subsequently showed how using the dream-discover-design-deliver cycle of appreciative inquiry had transformed CBPM into a strengths-based social accountability approach. While my doctoral research builds on hers, I investigate subsequent incorporation of rights-based learning processes into CBPM, which like appreciative inquiry, also reshaped CV&A through action research, but as rights-based social accountability. Begun before my PhD enrolment, this action research was focussed on designing more empowering SAIs, using current CBPM practice.

To enable deeper study and questioning, in 2006 I enrolled in my current PhD and continued reflecting, journaling and reading, with supervision and monthly interaction with other collaborative action research students at Monash University. My candidature has been a long one, for reasons explained below. As CBPM scorecards became widely adopted, and apparently empowered citizens to interact with governments, I sought to better understand and explain this empowerment. During my candidacy, CV&A offered me an increasingly large-scale 'case' of practice which expanded from accountability reforms in a few schools and clinics to thousands of facilities and multiple sectors today. From 2007, as citizens took locally unresolved issues to subnational decision-making arenas, it also began spanning increasingly higher levels of governance. I began noticing this increasingly large-scale case of reforms had historical, social, political and cultural roots. For example, underlying Chapters Three to Six are cycles of historical analysis that examined CBPM's historical roots in people's struggles for accountability from their rulers. These are bound up with larger struggles for democracy whose ancient history is often overlooked (Isakhan et al. 2011).

These findings informed further development of CV&A as a more explicitly rights-based approach, in which citizens as bearers of human rights collectively engaged on more equal terms with duty-bearers in their quest for accountability. Initially I presented my action research findings at several conferences, which facilitated external scrutiny and debate by peers. However, to engage more deeply with others wrestling with the same or similar questions, publishing my findings in peer-reviewed journals became a key goal. The Freirean roots of community scorecards prompted me to question the prevailing view that expert evidence is the primary type of evidence required for policy and practice. Reflecting on campaigning processes and reading about the relationship between knowledge and power piqued my interest in exploring how citizens could collectively produce evidence that helped change policy and practice. Publishing findings about the conditions under which citizens using scorecards produce such knowledge offered a public way to do this. Therefore, to enhance the relevance of my thesis to and its engagement with these issues, I opted to change to a thesis by publication. Meanwhile, this search for understanding prompted me to periodically revisit and refine my own research questions, which investigated the design of participatory local governance. The search process yielded my current more open-ended research questions which investigate real-world complexity to advance both practical and academic knowledge (Blaikie 2007, pp. 206–214):

> *Using the case of Citizen Voice and Action, under what circumstances do social accountability interventions empower citizens to improve public primary health and education systems in low- and middle-income countries?*

A practical interest in applying these findings led to me formulate a subsidiary research question:

> *Using the example of CV&A, how can social accountability interventions be improved?*

These questions remain important because recent evidence shows that while public services often exist, many poorer citizens continue to find these services unavailable, unaffordable, inaccessible or of low quality (UNESCO 2015; Scheil-Adlung 2015). To help answer these questions, I recognize that because socially accountable outcomes from applying CV&A entail social learning, they are neither linear nor predictable, but rather involve interconnected and emergent causal processes, sometimes called mechanisms. Increasingly recognized as inherent in development interventions, complexity is characterized by emergent and interconnected processes. These are self-organizing, meaning that CV&A and similar interventions enable citizens to inquire into and engage with complex, real-world health or education systems adaptively by organizing each other to bring these systems under democratic control, using feedback rather than technocratic processes (Blaikie 2007, pp. 209–210; Bamberger et al. 2016,

pp. 6–9). However, since no single research paradigm, associated discipline or methodology suited investigation of such complex, democratically emancipatory interventions, I now fashion my own.

1.3 My thesis inquiry paradigms, philosophical position and praxis

By examining my assumptions about reality, this section justifies, analyzes and integrates the research paradigms I chose and aligns them with the ontology and epistemology of CV&A's Freirean praxis of freedom.[3] These paradigmatic assumptions shape the methodology by which CV&A was developed, my research questions and the methodology by which I answer them through investigating my research problem (Blaikie 2007, p. 5). I begin by grounding my thesis research strategies and methodologies in two paradigmatic complexity-friendly philosophical positions congruent with these assumptions, which I compare, contrast and integrate.

1.3.1 Philosophical positions undergirding my research inquiry

Two philosophical positions, *pragmatism* and *realism*, influenced my choice of research inquiry methodology and research questions. While both pragmatism and realism seem compatible with the emancipatory goal of my research and its Freirean praxis, they do not explicitly support this goal. During and after CBPM piloting, pragmatism, using soft-systems thinking, helped develop stable CV&A practice, and improve it, by enhancing its outcomes, as illustrated by Chapter Four. Increasingly during my lengthy candidacy, social accountability discourse recognized that layers of social, political, cultural and other contextual factors influence citizen agency and emergent outcomes of accountability. As CV&A was applied in increasingly diverse settings, realism helped me to explain patterns of outcomes from it shaped by these factors, using evidence of processes driving these outcomes.

Realism accepts the existence of a world where causes exist mostly independently of our knowledge or awareness of them and to which we have limited access (Mingers 2014, p. 404). It accepts that reality is open, complex and layered or stratified at multiple levels. Further, though what we know about the world is fallible and develops in a non-linear fashion, it is progressively knowable by theorizing using evidence. Realism proposes an alternative framework or paradigm for understanding, distinct from positivist empiricism on the one hand and constructivism on the other. Realism, like constructivism, accepts that reality is emergent. Moreover, like positivist empiricism, it accepts there is an empirical reality. However, it disputes claims that this forms the bedrock of knowable reality, and therefore the prime basis for understanding causality. Realism seeks to explain causality by connecting contextual factors with causal processes, including mechanisms which produce and are produced by emergent outcomes. It thus offers

insight into circular causality (also called feedback), whose processes can be studied by retroductive and abductive inquiry (Mingers 2011, p. 308).

Retroductive and abductive inquiry are key interconnected strategies for answering my research question. Building on existing scholarly theorizing and findings and repeated hypothesizing, retroductive inquiry discovers processes or mechanisms yielding an observed regularity (Blaikie 2007, pp. 8–11). Similarly building on existing scholarly theorizing and findings, abductive inquiry investigates the world of social actors by using abstraction and redescription to discover processes or mechanisms which explain their constructions of reality and actions, and the circumstances under which regularities operate (Blaikie 2007, pp. 8–11). Asking about circumstances involves asking and explaining for whom, when and how regularities operate, which necessitates differentiating between actors and seeking to explain what influences their actions and interactions. Moreover, as I show in Chapters Five and Six, because failures of social accountability can produce accountability traps, from which actors can free each other, praxis must be explicitly emancipatory to escape oppressive systems – such as accountability and poverty traps which reinforce each other. Freeing each other entails using forms of social inquiry which, by penetrating layers of complexity that are being reinforced by circular causality, overcome persistent domination or oppression. Through discovering underlying mechanisms and processes, both social actors' and my reasoning using these forms of inquiry strengthen emancipatory praxis (Blaikie 2007, p. 8).

While also cognizant of contextual factors shaping reality, *pragmatism* approaches reality differently. It strives to uncover actors' and observers' practical knowledge, which proves itself genuinely useful and relevant, and harness it for social change. Historically, C. S. Pierce, a founder of pragmatism, promoted abduction, which Blaikie (2007, pp. 58–59, 104) argues is the basis of retroduction and especially powerful when combined with it. Evident in my subsidiary research question, pragmatism's focus on useful rather than merely theoretically interesting theory yields actionable knowledge and practical learning, including social learning to increase emancipation. This resonates with action research, whose founder stated that 'there is nothing as practical as good theory' (Lewin 1952, p. 169). Pragmatism used in conjunction with realism also welcomes knowledge produced within both positivist and constructivist paradigms, as will become evident in later chapters.

However, while pragmatism offers methodologies for emancipation, it less satisfactorily explains how emancipation is recognized and achieved when facing complex wicked problems, which I define below in 1.4.1. Failure to reconcile pragmatism and emancipation persists in a core methodology I use, action research (Larsen 2013). Chapter Two addresses this issue by introducing Paulo Freire's emancipatory praxis, while Chapter Five shows how communities

apply it. Multi-pronged strategies for systematically investigating and critiquing dysfunctional health and education systems, help communities emancipate each other to collectively seek accountability. I suggest that such systemic inquiry into complex systems is a form of embodied emancipatory realism which is both critical and pragmatic. By seeking to explain the circumstances under which social accountability and citizenship practices produce outcomes, and thus the extent to which and circumstances under which diverse contextual factors matter, I partly mirror the praxis of service-marginalized communities who generate actionable knowledge, embody it in shared emancipatory political capabilities, and seek accountability. Since I have suggested that these communities integrate these philosophical positions and embody them, I now indicate how my own inquiry approach mirrors their embodied pragmatic realism, and complements it by pragmatically explaining the circumstances of their emancipation from accountability traps.

1.3.2 Integrating pragmatism and realism to find my research inquiry approach

I have argued that citizen pragmatism in achieving social change and realism in understanding it can be integrated and embodied in shared capabilities. However, since pragmatism and realism are not automatically associated with each other, I integrate them in an inquiry approach informed by Mingers (2014, p. 404). The inquiry approach he proposes is

- *systemic and interdisciplinary*, because many types of causal mechanism are intertwined and interact in complex, non-linear ways
- *empirical or evidence-based* in accepting data and information of various kinds, while acknowledging their limitations
- *interpretive* in recognizing that individuals and groups guide their actions by using their own perspectives to individually and intersubjectively interpret and evaluate what they know
- *multi-methodological,* because being systemic and interdisciplinary implies being eclectic in choosing methods and methodologies which aid research
- *critical and committed* in seeing that ethical and moral dimensions are intrinsic to all decisions and actions.

I call this approach pragmatic realism, since it combines realism about real-world complexity with the pragmatism of systems thinking.

Such pragmatic realism is, I suggest, akin to the embodied realism of Lakoff and Johnson (1999), who emphasize that metaphors influence how human beings think about the real world. While my research approach makes modest use of metaphors, like Mingers I sometimes highlight their significance for real-world thinking on and within societies. My thesis

interrogating the circumstances of citizen empowerment and accountability and the improvement of CV&A praxis requires pragmatic and emancipatory anchoring, closer to each other and the real world.

To show how I anchor my interrogation, I now define an intellectual approach to theory which facilitates real-world change by using middle-range theory to study practice and improve its results. Merton and Sztompka (1966, p. 41) define theory as logically interconnected propositions potentially yielding empirical regularities. These propositions range from abundant minor working hypotheses which emerge during day-to-day theorizing to fewer unified and often abstract theories. Middle-range theory straddles these two levels. While often more abstract and generalized than minor working hypotheses, it is less so than unified theories. In middle-range theory, observed data is close enough to propositions about social phenomena to be tested and progressively incorporated in them. Developing and enhancing middle-range theory, I argue, facilitates answers to my primary research question close enough to the primary data to be progressively tested and utilized in different settings, and sufficiently practical to improve practice, as my subsidiary research question requires.

In Chapters Two to Nine, I engage with high-range theories where necessary to show how my findings broadly align with, extend or diverge from major relevant theories of or relevant to empowerment and accountability. To facilitate development of middle-range theory from action research on CBPM and its successor CV&A, I utilized Checkland and Scholes' approach to engaging in intellectual inquiry, known as Framework–Methodology–Area (FMA) (Checkland and Scholes 1990, p. 283). This approach proposes that real-world action in specific places or areas (A) implicitly or explicitly appropriates intellectual frameworks (F) containing ideas, values and worldviews, which influence and are influenced by methodologies (M) or approaches used to realize them. Intrinsic to the process of implementing such methodologies in various settings is place-situated learning, which prompts modification of the frameworks and methodologies as well as their contents. Since complexity accepts bidirectional causality and includes degrees and types of influence, when F, M and A interact, the causal relationships shaping them become multi-directional and circular. The interdependence of frameworks, methodologies and real-world settings in which they are applied thus entail bidirectional and circular causality. The first framework (F) in the methodology or approach (M) of CBPM was social accountability, with the areas (A) being the clinics or schools in settings in which it was applied. Repeatedly using FMA in this fashion in many new settings revealed considerable interdependence between social accountability and many other intellectual frameworks underlying CBPM, such as civic-driven change and empowered governance.

Chapter Five explains how intellectual inquiry proceeded by recognizing multiple new conceptual frameworks and ideas *implied* in CBPM's praxis, and subsequently, *explicitly* incorporating them in its methodology with a view to testing outcomes in diverse settings, and thereby enhance recoverability of CBPM and CV&A, as explained below. Applied in cycles of learning using systems thinking, my action research inquiry facilitated discovery of circular causality in processes and capabilities for accountability between citizens and governments, on which Chapters Five to Seven elaborate. Before describing and justifying the primary research methods used in this thesis, I situate my use of them by analyzing my own praxis as an action researcher juggling research processes with competing demands during my candidacy.

1.3.3 The praxis of action research inquiry: Juggling distracted on a tight-rope

Dissertation action research involved me as an 'active agent of inquiry' in planning, acting and evaluating while thoroughly and rigorously engaging in, interrogating and diagnosing issues and situations in my research (Coghlan and Holian 2007). Engaging in action research within one's own organization, Coghlan and Holian said, is challenging and involves integrating multiple identities, especially when acquiring outside academic research credentials. During decade-long research I encountered both the conflicts Coghlan and Holian cite, and others. Not uncommonly, WVA organizational priorities trumped those of my research; support from organizational colleagues, critical friends and supervisors needed to sustain research dwindled; and the organizational viability of my research question for longer-term study proved elusive. Organizational permission and support for researching CV&A was tacit and indirect, leaving its organizational status fluid and contingent. Since thesis field research proved hard to reconcile with work demands, I sought creative ways to circumvent this problem. One solution was to append action research for my thesis outside work hours to a major externally funded workplace desk-research project, for which I became daytime co-principal investigator. This project, which involved WVA collaboration with outside researchers, synthesized a large body of published evidence on community empowerment and accountability interventions in primary education in LMICs, producing a major report (listed on thesis page 6). Its methodology and findings directly influenced my thesis research question and findings.[4] A succession of reorganizations accompanied by new supervisors and management structures made seeking sufficient organizational buy-in to continue my research difficult. Levels of both organizational and university support fluctuated considerably during reorganizations, inadvertently derailing my research. Changed university research priorities which abandoned departmentally supported action research left my research project marooned until an alternative department and supportive supervisors were found. Further, several serious illnesses slowed and sometimes stalled both my research and my work. Adapting to these changes was often difficult, but also rewarding.

Because of the complex nature of my employing organization within a partnership of over 90 nationally based organizations, power to make decisions and enforce them is highly distributed, while organizational power and culture has many variations and ambiguities. Exacerbating this situation was my decision to pursue a thesis by publication, which necessitated finding potential journals, orientating each article to fit these, having some documents rejected before or during review processes, and undergoing lengthy review and revision processes for those ultimately accepted.

In my penultimate section I discuss why and how I deliberately chose to remain an outsider researcher to communities, by refraining from carrying out thesis field research in the communities I was researching. This deliberate distancing from the research processes reduced my opportunities to consciously or unconsciously exercise undue influences over research findings, while also allowing me to be more detached regarding outcomes and issues affecting them. However, being largely detached from them reduced my control over research timelines, plans, priorities, methods and strategies and provision of data. This often delayed or complicated progress on my thesis. My multiple identities, with WVA and my supervisors, office and field colleagues, and external researcher colleagues, entailed ambiguities in my own power, which I variously sought to resolve or live with. For example, lacking formal authority to delegate in my official role prompted me to try, usually unsuccessfully, to influence the flow of CV&A research on which my thesis relied. While these ambiguities significantly complicated my research project, they also helped narrow its ever-expanding scope. Section 1.4 describes the enhanced inquiry methodologies and methods through which I answer my research questions in Chapters Four to Eight, while Section 1.5 explains how each of Chapters One to Nine navigate my journey from my research questions to its answers. Together with Chapters Five to Seven, these sections discuss the key implications of my praxis for what research was initiated, the inquiry methodologies adopted, what data these generated and how I assessed the quality of this data.

1.4 Research inquiry methodology and methods

This section justifies and describes my choice of inquiry methodology and methods for this thesis. Methodology sections in Chapters Five to Eight detail the methodology I used in these chapters.

1.4.1 Choosing action research methodology, in stages

Several reasons influenced my choice of action research, which incorporates systemic inquiry as my primary thesis research methodology. First, although action research is a large global tribe of related approaches embracing diverse inquiry methodologies, they share a commitment to integrate theory with action by generating knowledge which produces social change (Coghlan

and Brydon-Miller 2014, p. xxv). Besides being democratically motivated and emancipatory in purpose, action research promotes empowerment processes which foster equality, learning and critical engagement (Coghlan and Brydon-Miller 2014, p. xxv; Carr and Kemmis, 1986). Second, its system of approaches and diverse inquiry methodologies suit the building and investigation of complex interventions within social systems. It aligns with and supports answers to my research question on the case of CV&A as a complex intervention for overcoming accountability traps, which I define in Chapter Two. In Chapter Eight, I show that CV&A processes for escaping these traps necessitate freedoms from multiple constraints on actors' empowerment and accountability which originate in multiple real-world domains. Third, action-research methodologies can contribute to social science and social change though diverse ways of knowing which integrate multiple forms of actionable knowledge (Coghlan 2007). Fourth, as Law and Urry (2004, pp. 15–16) concluded, no social science methodologies or method can be value free, since all enact value-laden social worlds into reality. Action-research methodologies explicitly encourage not only enacting such worlds, but humane reflection on these values, and in my thesis specifically on values by which people relationally emancipate each other for collective action, or not.

As Chapter Five's section on methodology explains, my doctoral research involved three stages of action research inquiry methodology. Chapter Five elaborates on its first inquiry stage outlined above, which developed CV&A as systemic practice using Checkland's FMA. This stage also contributed to Chapter Four's theorizing on active citizenship and rights-based approaches. In the second stage, World Vision Uganda (WVU) staff used mixed methods before a cycle of CV&A and one year after it at one school, to evaluate the impact of the first stage. By triangulating mixed-methods data from this baseline with CV&A-generated mixed-methods data from the first stage and subsequent school exam outcomes from this school, I developed a 'before and after' case study which posited which processes explained the most significant changes from unaccountable behaviours before, to accountable behaviours after the CV&A intervention. To test these posited processes, I also triangulated the multiple methods used and multiple perspectives that surfaced in this second stage with each other and with those introduced in the first stage.

Using this theory, participants apply action research to understand complex systemic issues and solve entrenched societal failures, variously known as wicked problems, collective action problems or traps (Levin 1994; Packham 2014, p. 752; Ison 2010). Contrary to linear programming logic common in development which assumes activity pathways to a goal are knowable in advance, activity pathways to solving wicked problems cannot be predicted. Rather, they are discovered iteratively by social learning (Edmonstone 2014). Because chains of actor

decision-making and resulting actions are contingent and recursive, reflecting human consciousness, so is the social learning they produce (Edelman 2005). As groups encounter obstacles, their learning and decision-making necessitates periodic reframing and a new baseline (Burns 2014c, p. 1). What can be known in advance by investigating previous successful iterations, I argue, are social-accountability processes and capabilities conducive to accountability, but not specific outcomes from them. These processes entail social learning through which actors alter norms necessary to repair relationships, become answerable to each other and socially enforce new norms of accountability. Social accountability processes are discoverable by inquiry processes which combine abduction with retroduction, because these allow repeated reasoning between observed and measured outcomes and the processes contributing to them, to reach successively better explanations by including diverse perspectives (Blaikie 2007, pp. 101–107). My methodology relied on Blaikie (2007, p. 106), who argues that as many researchers and ordinary people implicitly combine abduction with retroduction in complex cycles of reasoning, when lay accounts are examined critically, they can help build a more complete account of reality than researchers reasoning alone, especially when the latter fail to recognize the existence of tacit knowledge of local systems.

Understanding health and education systems as complex systems highlights properties associated with these systems. These include circular causality, openness, actor interactions, emergent outcomes, self-organizing systems and tipping points (Wadsworth 2008; Blaikie 2007, p. 209). When inquiring into social accountability, which entails social change, systems practice acknowledges that SAIs and the public services to which participants apply them operate as open systems which function as social institutions. For example, a school is an open system which both impacts and relies on inputs from wider systems to which it belongs, such as financial systems to pay teachers. As schools are social institutions, prevailing social norms, relationships and behaviours of school and other actors influence how well they perform. Following Fox (2015), I argue that systemic failures of health and education systems, which are complex social systems, can be traced to persistent failures of accountability called accountability traps. To investigate these traps, I ask which processes cause them and which processes enable collective escapes from them (Blaikie 2007, p. 209). By contrast, approaches that analyze the parts of these systems but overlook the influence of actor interactions on the whole system cannot account for the shared actionable knowledge which interactions can generate, or ensuing collective action (Wadsworth 2008). In Chapter Five I show how by employing an open-systems frame which pays attention to complex relationships between various subsystems and associated actors within them, systems thinking proves to be a purposeful, pragmatically oriented action research

approach which enables systemic actors and outside researchers to make sense of complexity and organize knowledge about it (Barton and Haslett 2007).

While my early research contributed alongside others towards successively piloting and developing CV&A as a SAI, and culminated in my first published article in Chapter Four, subsequently my methodology had to facilitate ongoing answers to my research questions after CV&A practice stabilized. I adopted the same highly iterative methodology I had used to guide systematic adaptation of CV&A's cycles in collaboration with colleagues, Checkland's FMA. As a systemic thinking approach whose intellectual rigor aids the recoverability of action-research processes in social inquiry, it enhances the validity which can be attached to generalizing and transferring findings (Checkland and Holwell 1998, p. 17). While my thesis question is not primarily methodological, I note that part of my action research process prompted awareness that I was moving between interconnected practices of *first-person, second-person and third-person action research*. As this interconnectedness is germane to the quality of my action research, I define these terms and outline their role in my thesis.

First-person action research (FPAR) entails inquiry into one's own intentions, expectations, strategies, actions and behaviours regarding real-world situations (Adams 2014, p. 349). This involves surfacing, articulating, reflecting on and critiquing knowledge intrinsic to and generated by one's own actions, which are always socio-culturally embedded. Because no-one is an island (Donne 1999, p. 120), first-person research is intimately bound up with second- and third-person action research, and each is both singular and plural. Chandler (2003) argues that action-research quality increases to the extent that action-research processes clearly distinguish between and integrate first-, second- and third-person voices, and differentiate past, present and future temporal dimensions. Moreover, to the extent these voices invite repeated feedback and learning which alter the values affecting behaviours, they increase action-research capacity in individuals, teams or communities (Putnam 2014). I will briefly examine the extent to which CV&A and other forms of action research influenced such learning in Chapters Three, Five and Seven. Following Adams (2014), my FPAR has been characterized by sustained and systematic inquiry into my personal practice in researching CBPM and CV&A. During twelve years of diarizing and journaling, I reflected on and summarized day-to-day research findings and insights and my responses to them. This entailed the purposeful pursuit of knowledge for transformation, including investigation of the forms of emancipation sought by communities, based on evidence available to me, which I synthesized in case-study research. In the process, I have found multiple ways of knowing, forms of intelligence and methods of inquiry which contribute to extended epistemologies (Seeley 2014).

My earliest journal entries in February 2006, which began soon after CBPM piloting but preceded my candidacy, reflected on and questioned misalignment between my FPAR and action research by communities. My FPAR began with limited pluralism and insufficient attention to context, but both grew during my candidacy, within the constraints of part-time research and the demands of very rapidly expanding practice. An important method derived from action research uses iteration, interaction and reflection in cycles or spirals of inquiry. These spirals form the core in the admittedly limited description and analysis of FPAR which undergirds my thesis.

Coleman (2014, p. 698) defines *second-person action research* or second-person inquiry as a set of approaches that engage two or more people in inquiring about issues or systems of shared concern. Distinctions between people who do research and the subjects of research, such as citizens or practitioners, disappear because the latter become researchers (Flood 2000). As co-inquirers, all become equal – in other words, all have participatory parity. Together, they identify and formulate research questions and agendas, determine data to be gathered, analyze and make sense of it and authorize action together. Appropriately sized, formed and facilitated groups can generate actionable, transformative knowledge, usually by meeting face to face (Chiu 2003). Collaboration, inclusion of diverse perspectives and fostering of mutual respect characterize second-person action research. Per Coleman (2014, pp. 698–99), second-person action research accords centrality to relational knowing produced by research and inquiry *with* other people, often in face-to-face ways. Second-person approaches recognize the importance of explicitly rational ways of knowing. However, drawing on Deweyan strands of pragmatism, they also accord value to tacit ways of knowing within relationships, which can be surfaced and articulated in conversations. Second-person research thus emphasizes dialogical and conversational means for accessing diverse kinds of knowledge. Coleman argues that, to the extent researchers claim knowledge of each other, they exercise power over each other, hearing and tentatively naming the other's experience *for* and exploring and verifying it *with* them. Second-person research is therefore important for the mutual understanding that arises from and builds shared forms of knowledge. Citizen Voice and Action and CBPM constitute core second-person action research on which my thesis relies. Both enable groups embedded in their political and social contexts and networks to do their own research and generate data on local systems affecting their rights, without needing outside researchers present. This second-person action research has grown over the last decade from three communities in two LMICs to thousands of local communities in almost 50 countries, which has far outstripped my capacity to do part-time action research at any depth in more than a few contexts and country settings.

Gustavsen (2014, p. 781) defines *third-person action research* as the inquiry processes between people whose interaction with each other is indirect. Typically concerned with societal

and systemic change, third-person action research's roots lie in Kurt Lewin's early impetus for action research. Motivated by political concerns for democracy and against authoritarianism, Lewin's proposals and experimentation spawned a variety of third-person action-research approaches. After communities generated local data on embedded health and education systems, and external researchers investigated their research and its outcomes, I utilized third-person action research to learn from the case of CBPM what empowered citizens for accountability, contribute my findings to the CBPM team, and through our dialogue with communities via WV intermediaries, influence how CV&A emerged. Using this same approach after the CBPM team dissolved, my later investigation of CV&A constituted a similar kind of third-person action research indirectly with communities through intermediary WV staff and researchers external to communities, as Section 1.4.3 explains.

Chapter Five outlines how FMA initially provided me with an interpretive framework by which I could learn from, contribute to and make sense of action-research processes which the CBPM team used. These processes were, between 2006 and 2009, successively embedding strengths- and rights-frameworks (F) within CBPM's social accountability methodology (M) by applying CBPM to the geographic and systemic areas of application (A) – namely specific schools and educational systems. Informed by CV&A outcomes in program areas and broader evidence, first-person action-research reflections using FMA enabled me to progressively align the research processes in my own post-hoc case-study inquiry methodology with the CV&A second-person research praxis communities previously used to investigate cases of schools and clinics. Strengthened by multiple kinds of triangulation (outlined in 1.4.4), practical outcomes from many cycles of first-, second- and third-person action research on CBPM in diverse settings facilitated learning, which increased my findings' validity, engendering confidence that I could discover which CV&A research processes empowered communities in a wide range of settings to exact accountability (Burns 2005, p. 67; Champion 2007).

1.4.2 Action research methodology using case study

Action research commonly uses case study-containing methods which vary significantly by which kinds of research question are being answered and the associated type of action research or case study this requires. They are therefore more accurately defined as research approaches or genres than as methods. Five main reasons warrant the integration of action research and case study approaches in my research. First, these approaches complement and have a natural affinity with each other. Second, they share a common goal of integrating theory with practice in a holistic and practically useful fashion, by using methods which mix qualitative with quantitative inquiry. Third, having both emerged as significant during the twentieth century, they have much have longer histories during which they proved their value. Fourth, both are suited to studying

complex units, such as schools and clinics, which function as open, bounded systems. Fifth, these approaches mirror how citizens inquire into CV&A by action-research case study. Chapters Five and Six show how they use systemic action research to study bounded cases of schools and clinics, nested within education and health systems, and the wider systems to which these belong. Action-research case study can thus be applied flexibly and with rigour to facilitate inquiry at individual, group, organizational, community and/or higher-level units. By embracing the evolving nature of real-world human systems or cases, they enable researcher(s) to engage with and be responsive to them (Dick 2014, p. 87).

Action research and case study alike are valuable for building theory (Simons 2009, pp. 18, 166–9). Citizens participating in CV&A use case study of health and education systems by deploying mixed action-research methods to pursue health reforms. I use case study which draws on data they generate to investigate their CV&A practice, with a view to explaining how their action research and case study empowers them with knowledge for accountability. The recoverability of their practice in over 40 countries warrants my use in Chapters Five and Six of forms of analytic generalization which use causal inferences and iterative testing to yield theoretical propositions (Yin 2014, pp. 40–44).[5] These include process generalization, which in Chapters Five and Six enables me to identify portable processes in CV&A, and cross-case generalization, which facilitates comparison of nested cases in Chapters Five and Six (Simons 2009, pp. 164–166). Such generalizing works because rich case data retain my connectedness to the case (Simons 2009, p. 166). Specifically, my connectedness is to Ugandan citizens' interactions with their public health and education systems and to the process-producing strategies they use within CV&A to progressively enhance their capabilities. Since health and education systems are multilayered and embedded in wider societal and other systems, I used nested case studies to evaluate evidence of citizen engagement in Chapters Five and Six. Chapter Three provides the basis for analytic generalization from Ugandan cases, in Chapters Five and Six, to other CV&A case settings, which Chapter Seven analyzes. Using the case of CV&A, Chapter Eight synthesizes evidence of systemic constraints on social accountability.

Yin (2014, p. 16) defines a case study as an empirical in-depth inquiry which investigates a researcher-chosen phenomenon within its real-life context. Often, the boundaries between the phenomenon and its context are fuzzy (Gerring 2004, pp. 346). Because my research question uses the example of CV&A to investigate the generation of real-world power, case study has a relative advantage over other approaches because it better engages real-world complexity. Doing so involves gathering qualitative and quantitative contextual data from multiple sources which help explain complex causal effects on outcomes such as accountability (Yin 2014, p. 220). Triangulating evidence from multiple sources and kinds of data and perspectives, and with

multiple methods of triangulation helps to variously challenge, confirm and corroborate hypotheses when building theory (Yin, 2014, p. 220). Since I previously adopted a realist stance, I use realist case-study methods to answer my research question. This enables me, in Chapters Two to Eight, to engage with rival middle-range theories of empowerment for accountability.

Choosing longitudinal nested cases of primary education and primary healthcare systems and subsystems in Chapters Five and Six provided nested units of analysis which facilitated tracking of systemic linkages between schools and clinics and the wider governance systems with which they interact. I selected cases with sufficient qualitative and quantitative data on contextual factors and layers of outcomes (immediate, intermediate and more distal) that allowed me to trace causal processes and theorize on the circumstances under which CV&A contributes to empowerment and accountability (Funnell and Rogers 2011, pp. 241–292; Grandvoinnet et al. 2015). Moreover, I selected cases where actors were empowered to escape accountability traps to help answer my research question explaining how they do so (Simons 2009, p. 30).

1.4.3 Core sources and quality of data on which my thesis case studies rely

Data-generating methods in this thesis are intrinsic to both objects of study (CV&A methods) and how they are studied. Three distinct kinds of data needed for case study arise from CV&A itself (CV&A-generated data), participatory research on its impact, and secondary research data on the immediate and broader socio-political, cultural and historical context. Because my research relies on the quality of diverse kinds of data generated on CV&A, its outcomes and context, this section begins by explaining provisions to increase their validity and reduce bias. I begin with CV&A-generated data, which refers to data that communities produce during CV&A processes which informs collective action through CV&A.

Since 2005, when teams of WVU staff and local volunteer teams first received intensive hands-on 'live' training in applying CBPM research methods at a primary school and a health centre, WVU staff have trained hundreds more local teams to facilitate CBPM Community Gatherings (CGs) and, since 2008, cycles of CV&A research. Intensive training and periodical learning events in dozens of countries have deepened facilitation, learning and research skills in over 40 countries. Since CV&A training methods were formalized in 2010, each team – often called a CV&A team – has received localized, facility-based training that is practically oriented. This training equips them to facilitate CV&A's accountability-seeking research methods for local public primary school and health systems.[6] Since 2005, citizens have generated increasing quantities of data on the performance of public education and health systems, including their local agendas for service reforms, diagnoses and solutions to local service issues.[7] World Vision selectively gathers, verifies, cleans and selectively stores facility and higher-level data in its

global CV&A database, a core repository of data used for advocacy by CV&A teams and research by WV staff or other researchers, including me.[8]

The reliability of other primary data, on which I as meta-researcher drew, partly depended on WV's systematic approach to training staff in monitoring and evaluation (not only for CV&A but for programs in APs). These staff build trust with officials, local leaders, community members and others able to provide insights and other data relevant to answering research and evaluation questions. Local staff also accompany CV&A teams and offer guidance to them as needed, monitor CV&A in one or more APs, and periodically report on progress and challenges to WV partners and donors. These and other WV staff also learn through online learning groups and periodic learning events, nationally, regionally and globally.

Other key sources of good quality primary data include local CV&A teams who facilitate and track CV&A cycles (as indicated above). As noted in 1.4.3, I enhance the quality of my findings by triangulating multiple data sources, perspectives, methods and theories. Chapter Five explains how I rely not merely on my own triangulation, including data triangulation with secondary data from published sources, but on prior triangulation within communities using CV&A, and on comments by external researchers and evaluators studying CV&A.

Periodically, WV or suitably qualified and capable external consultants, often commissioned by them, routinely evaluate both APs and projects in them. These evaluations use mixed methods and encompass a much wider range of issues than CV&A, but they do provide another key source of primary and secondary data pertinent to CV&A processes and outcomes. The project or program evaluations sometimes evaluate CV&A projects, including resulting reforms at specific schools or health centres. Since external consultants use a significant variety of methods,[9] my research extensively utilized primary and secondary research data generated by consultants and a wide variety of scholarship to help answer my research question. Resulting published articles (Chapters Five and Six) detail specific methods, so they are only referred to briefly here. The next section outlines how my enquiry approach facilitates middle-range theorizing on my research questions.

1.4.4 Why and how my thesis uses middle-range theorizing processes to connect frameworks and methodology in answering the research question

My research question was animated by a search for middle-range theory applicable to empowerment and accountability in the context of health and education service delivery. In Chapter Two, I examine, critique and selectively appropriate relevant high-range theories of accountability and empowerment to help answer my research question. Using early CBPM findings, Chapter Four sketches an initial middle-range theory of active citizenship and civic-driven change as necessary for empowerment for accountability. As health and education actors

use their experience of clinics, schools and various other levels of health, education and other systems to engage in CV&A research, outcomes from CV&A practice reported in my thesis suggest that they develop useful day-to-day hypotheses which progressively empower them in their shared quest for accountability. In Chapters Five and Six, my research uses case studies and action research which draw on their embodied theorizing and the research data they and other observers generate. Synthesizing this data enables me to explain how empowerment for accountability emerges. My research enterprise thus aligns the ontology and epistemology of citizens' systemic inquiry methods, using CV&A, with those of external researchers studying CV&A, including my research's ontology and epistemology, to produce useful middle-range theory, and thereby answer my research questions.

Case-study method described in Section 1.4.4 enables me to 'ground' the abovementioned higher-range theories, which Chapter Two initially appropriates as tentative middle-range theory. Cases keep me engaged with and closer to CV&A practice while retaining my separation from primary research methods and data. By retaining my proximity to primary data but reducing bias this facilitates my relatively disembodied middle-range theorizing in several ways. Firstly, I encourage colleagues and others to triangulate data and investigator perspectives by cross-checking case study data, mutually critiquing each other's interpretations of raw case narratives and encouraging them to invite such critiques from external scholars.[10] Secondly, this approach enables me to stay engaged in longer-term cycles of CV&A and research on it, where I encourage individual and collective perspectives on data and specific research questions, often by email or Skype conversations. Thirdly, I triangulate theory by inviting colleagues to test my propositions in repeated feedback loops.[11] These cyclical processes, by deepening learning and producing insights, can yield useful varieties of middle-range theory (McQueen 1996; Reynolds 2014). Lastly, I also triangulate this case data with published data written independently of it by investigators, in my nested cases in Chapters Five and Six.

In summary, my study of the broader case of CV&A mirrors and draws on the multiple types of triangulation (data, methods, perspective, investigator and theories) which citizens use to study of the 'case' of their facility and the wider systems to which it belongs, and which external researchers use to evaluate their research. Complementary kinds of triangulation thus help generate middle-range theory. Through mixed-methods data independently generated by the participatory research of communities, external researchers and independent investigators and other means outlined above, my theorizing remains within reach of day-to-day learning and reasoning by community members and local WVU staff. However, I remain sufficiently removed from and uninfluenced by their day-to-day reasoning processes to reduce bias in my

reasoning and theorizing.[12] Chapter Seven, which draws on evidence from other countries, uses a similar approach to reduce bias.

To navigate thesis chapters, I conclude here by signposting, chapter by chapter, where and how I address issues needed to reach satisfactory answers to my research questions.

1.5 Guide to thesis chapters

The current chapter (Chapter One) introduced my thesis' origins and the unresolved problem it addresses. To arrive at my primary and subsidiary thesis research questions, I traced what influenced their current form and identified key discourses and themes from which they emerged. After explaining and justifying my choice of philosophical frameworks underpinning my research strategies, I showed how they can be integrated, and their influence on my own research stance and praxis. Next, I justified my choice of thesis inquiry methodology. I emphasized it must be adaptable because CBPM, the object of my early action research, was a moving target, and CV&A, the complex intervention approach which is the primary focus of my thesis research, emerged from lengthy action research. After explaining how I protected the integrity of my research findings, by countering poor-quality data and sources of bias, I end by mapping how each chapter, by progressively answering my research questions, furthers my thesis journey.

To construct a theoretical road, bridges and vehicles for travelling successive chapters, Chapter Two mines and processes existing literature on social accountability and SAIs, including important underlying accountability theories and evidence on them. Because it shaped CBPM and CV&A praxis, a prefabricated theoretical source for my thesis vehicle is Freire's praxis linking empowerment with knowledge, on which Chapters Three, Five and Six elaborate. This enables me to utilize recent social accountability theorizing and evidence which radically recast the terrain of social accountability discourse since Chapter Four, affecting all my other chapters. Accordingly, I use a recent prototype to construct a middle-range theoretical vehicle for answering my research question, which subsequent chapters test, reshape and refine.

After explaining why CV&A in Uganda applied to primary health and primary education systems became core case studies within this thesis, Chapter Three constructs a robust bridge between Chapter Two's literature review, the published articles of Chapters Four, Five and Six, and Chapter Seven's study of CV&A practice in a wider range of country settings. This bridge connects the broader literature on social accountability and empowerment in Chapter Two with contextual factors affecting citizen–government relationships in Uganda and sub-Saharan Africa. By situating CV&A within broader SAI practice and critiques of them, Chapter Three explains

how Chapters Four to Eight gradually become a generalized vehicle for reaching answers to my thesis research questions.

Written in 2007–2008 and published in 2009, Chapter Four consists of a journal article that constructs and learns from existing theory from CBPM, and CV&A practice then emerging from it. As the first of the three published articles incorporated in this thesis by publication, it begins by surveying the 2008 terrain of debates and constructing a baseline theoretical social accountability vehicle based on CBPM. Key theoretical constructs I introduce are of civic-driven change and active citizenship by rights-affected citizens. These influence Chapter Five's explanation of how these active rights-affected citizenries use systems thinking to inquire into health and education systems and make rights claims on duty-bearers. By redescribing CBPM practice in dialogue with then-nascent theory of accountability, Chapter Four poses questions which helped refine my thesis research questions and shifted their focus from CBPM to CV&A. However, this changed focus necessitated waiting for nascent CV&A practice to take root and spread. Chapters Two and Five to Seven respectively explore wider evidence and answers from CV&A praxis to Chapter One's refined and refocused research questions.

Chapter Five contains my second article, completed in 2015 and published in 2016 into the radically reshaped domain of social accountability discourse noted above. To bring a helicopter view to this confusing terrain, an analytical narrative, which links it with Chapter Four's questions and situates CV&A historically, connects people's longstanding struggles for accountability from their rulers with larger, contemporary struggles for democracy. By proposing social-inquiry processes through which citizens collectively inquire and produce evidence which alters policy and practice, Chapter Five also engages with critics of SAIs who question their effectiveness in enforcing accountability.

Like this second article, my third article, published in December 2017 and now incorporated in my thesis as Chapter Six, studies longitudinal nested case studies from Uganda while further engaging social accountability critics. Being both explanatory and illustrative, cases in Chapters Five and Six allow me to identify community inquiry processes and sets of socio-cultural capabilities by which people power or disempower each other to realize human rights to health through social accountability. In studying these, Chapter Six finds that what fuels SAIs is community appropriation of informal institutions, especially those which empowered people historically in enforcing accountability by threatening reputations. While underlining the emergent and contingent nature of social accountability, Chapter Six highlights which cultural capabilities exercised by, for and of the people drive quests for human rights, democracy and accountability.

To show how CV&A has become a generalized vehicle for reaching socially accountable outcomes in formal and informal domains beyond Ugandan health and education systems, Chapter Seven analyzes and synthesizes supplementary published and unpublished analysis from twelve countries. Chapter Eight examines systemic constraints on CV&A within interconnected institutional domains whose actors collectively obstruct or enable social accountability. The discussion, findings and conclusions of earlier chapters, their sources, and wider evidence fuel my analysis. In sum, Chapters One to Eight contribute to understanding which processes systematically enable and systemically constrain citizen-empowerment processes and capabilities which drive social accountability.

Together, findings in Chapters One to Eight navigate me in Chapter Nine to my destination, answering my primary and subsidiary research questions. There I recall learnings from my thesis journey, draw conclusions and elicit their implications for policy, practice, research and evaluation. I show the integrity and coherence of my thesis research vehicle, highlight key questions and issues needing more exploration, and call for improvements to CV&A practice.

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[1] For pragmatic purposes, I use the term 'LMICs' to clearly delimit the scope of my thesis. For emancipatory purposes, elsewhere in my thesis I use the more nebulous term 'global South', referring to places where marginalization can catalyze emancipatory struggles (Chambers 2012, pp. 112–114).
[2] In areas where populations are more dispersed, APs may serve populations significantly less than 50,000. As WV works in over 1500 rural, peri-urban and urban APs in scores of countries, Chapter Seven's cases reflect this diversity of settings, and complement in-depth Ugandan cases in Chapters Five and Six.
[3] I suggest that human freedom unites ontology and epistemology when it is socially exercised and experienced, and therefore known, in praxis.
[4] This report's influence on my thesis is evident from citations in all thesis chapters written since it was published, in 2014. Section 2.3 explains how its findings contribute to my literature survey.
[5] As Chapters Five and Six explain, the form of causal inference is abductive – which entails a rigorous process of testing by repeatedly moving between a hypothesized process in its context and its outcomes. While not central to answering my research question, I suggest that because citizens become researchers, and are not merely researched by others, aligning their inquiry approach and strategies with mine and those of other outside researchers adds rigour to my findings.
[6] Training is cascaded from trained national staff who then train both local WVU staff and community-based organisations (CBOs), with the former monitoring local CV&A teams to see that processes are followed and data is gathered. These teams now support CV&A implementation in about half of Uganda's districts. Through accumulated experience in applying CV&A's approach and its underlying methods, local WVU staff and CV&A teams have learned to translate them into local languages and adapt them for local social, political and cultural circumstances and sensitivities. Both staff and teams have also learned to appreciate important similarities and differences in applying CV&A's research approach and strategies to public health systems compared to primary education systems, while also extending the application of CV&A to other systems. Similar CV&A training systems exist in over 40 countries, though at different stages of maturity. Through an agreement with Uganda's National Training Institute, the government body which trains all Uganda's local government community development officers (CDOs), WVU also enabled training of hundreds of CDOs (firstly in CBPM, then in CV&A). Capacity for using CV&A's approach thus also exists within many local governments across Uganda.
[7] CV&A data is collectively generated and owned by communities who give permission for WV to verify and store it in the CV&A database for advocacy by WV and other allies on their behalf.

[8] Facility-level database information includes the name and type of school or health centre, who facilitated CV&A research and when, the social audit and community scorecard output data, what plans were agreed to, how they were followed up and what resulted.

[9] These methods include focus groups (usually segregated, such as by gender, age and status) and key informant interviews of teachers, health centre staff and elected and appointed officials in various layers of local government; most significant change; document analysis; case studies; surveys and quantitative and qualitative data provided by schools and health centres from their own records.

[10] Such as international scholars of social accountability who provided invaluable critique on raw case narratives.

[11] By Skype or email, because most of my WV colleagues live in different time zones. However, each year or two, at larger CV&A learning workshops, I engaged in face-to-face conversations with CV&A and other social accountability practitioners and researchers.

[12] My contact with community members and officials was indirect, by email through WVU staff. Whenever I needed to probe more deeply, this contact often helped resolve conundrums, such as conflicting data sources which arose as I triangulated data from varied methods and sources.

Chapter Two

What is Empowerment for Social Accountability?

2.1 Introduction

Since social accountability practice began proliferating globally early this century, debates have arisen about what social accountability is, what social accountability interventions (SAIs) are and what role civil society has in them.[1] Consensus is emerging that diverse historical, political, social, and cultural contextual factors shape social accountability at various levels (Grandvoinnet et al., 2015). Yet despite diminishing doubt about these interventions' impact, how they influence outcomes is little understood (Bukenya and King, 2012, Grandvoinnet et al., 2015). Indeed, the theory of how social accountability practices work lags so far behind practice that it remains a 'black box' waiting to be prised open (Gaventa and McGee, 2013; Grandvoinnet et al. 2015, p. xxi). Accordingly, this chapter helps clarify social accountability discourse by analyzing key theoretical dilemmas, questions and concepts arising from my primary research question:

> *Using the case of Citizen Voice and Action, under what circumstances do social accountability interventions empower citizens to improve public primary health and education systems in low- and middle-income countries?*

Here I use several approaches to prise open the black box of social accountability. Since no widely agreed definition exists for the broad range of actions, strategies and methods that constitute the field of social accountability (Grandvoinnet et al. 2015, p. xxi), I begin by analyzing accountability debates and defining social accountability. Next, I examine recent findings on SAIs, including a ground-breaking reinterpretation of accumulated evidence which yields initial middle-range hypotheses on social accountability. Using these findings, I then clarify what SAIs are, and what civil society's role in them is. I survey literature on empowerment and power, and synthesize it by using Freire's theory of empowerment and disempowerment which underlies CV&A. In conclusion, I define empowerment for accountability, revisit the abovementioned middle-range hypotheses on it and indicate which subsequent thesis chapters test, illustrate, explain and refine these.

2.2 What is social accountability?

To advance Chapter One's notion of citizens' non-electoral efforts to hold officials accountable, this section begins by analyzing debates on what accountability means in the broader literature on accountability to reach my own definition of social accountability for use in this thesis.

Bovens (2010) contends that Western discourse defines accountability in two ways which tend to fragment it. The predominant, descriptive approach, he says, emphasizes *formal institutional arrangements*, locating it abstractly and rationally in the mechanisms by which principals hold their public agent(s) to account. Alternatively, normative usage stresses *virtues*, locating these in the morally desirable standards and behaviours by which public agents are held accountable. I will suggest that such fragmentation is counterproductive for citizens, but that social accountability can help overcome it. Duty-bearing agents reluctant to be accountable can, by various means such as fostering formal institutions of accountability, convince citizen principals that they are meeting the formal requirements of accountability, such as producing budgets. Meanwhile, they can covertly deny citizens their substance, including moral obligations they owe them as public servants. Further, when citizen principals are, as Chapter One showed, politically disengaged from policy implementation, duty-bearing agents can manipulate media and use other means to further evade accountability. Chapter Five's case study will illustrate one set of evasion strategies – that of allowing policy incoherence while sending mixed signals through media which obscure accountability to citizens. When such practices become institutionalized, accountability is regularly evaded by various means. Formal accountability mechanisms also bias internal bureaucratic power relations toward upward accountability (e.g. meeting expectations of superiors, complying with bureaucratic imperatives), which weakens provider and policymaker responsiveness to citizens and communities, falling service standards and disenfranchisement of citizens (Cleary et al. 2013; Kwamie et al. 2015). In short, various upward accountabilities further undermine the existing impotence of domestic electoral accountability, which increases marginalization of domestic constituencies, an argument I shall develop and illustrate in Chapters Three to Five.

Others see accountability as embedded in informal institutions (Kelsall 2005; Romzek et al. 2012), in relationships between actors (Joshi 2010b) and in cultures and communal expectations (Jordan 2011, p. 252). Each of these offers valuable insights, which Chapters Five and Six will examine. In arguing that social accountability is power exercised in culturally and institutionally shaped relationships and expectations between civic and government actors, I seek to reconcile and synthesize these insights by emphasizing their dynamic interactions. Using Mulgan's definition, I define accountability as power exercised in relationships, entailing social interaction and exchange, implying rights of duty-bearing authority, and involving public obligations, but also requiring repaired relationships (Mulgan, 2000, p. 555). Implied in his acceptance of the social, relational and dialogical nature of accountability is a recognition that accountability is historically and socially embedded in communities and societies, not merely between individuals.

However, as Goetz and Jenkins (2005) observe, persistently unaccountable governmental behaviour spurs citizens to question the adequacy of standards by which accountability is being judged and to doubt governments' ability to regulate themselves, and their own ability through elections to satisfactorily restrain government power. Joshi and Houtzager (2012, p. 152) observe divergent motives shaping strategies seeking accountability outside elections. Citizens who distrust public officials are more likely to pursue adversarial or confrontational strategies when engaging them. If opportunities exist or can be created, others having sufficient trust engage strategically in joint citizen–government deliberation and problem-solving to reform services. Evidence supports localized approaches which are politically adept at blending collaborative and confrontational processes over time, and learning adaptively from both (Booth and Unsworth, 2014). Conversely, failure to be strategic and adaptive weakens citizen struggles to hold government accountable (Mulgan 2009). Joshi and Houtzager (2012) note that while approaches where marginalized citizens respectively deliberate, and monitor policies to ensure they are satisfactorily implemented imply are influencing policymaking, many approaches to social accountability tend to 'split' around policymaking *or* monitoring rather than unifying them. This split, I suggest, suits unaccountable duty-bearers, because it creates political space either to evade accountable relationships (through monitoring without face-to-face answerability) or accountable behaviours (through deliberation without the knowledge monitoring produces). In this and following chapters I identify layers of processes which change power relations socio-culturally. Alternating periodic monitoring with deliberative dialogue to influence policymaking, I suggest, heightens citizens and duty-bearers' social expectations that duty-bearers will be called to account. Evidence also exists indicating accountability is intrinsically social. It arises from officials' subjection to unwritten rules and informal norms not authorized by the state but established and enforced by social groups in the communities where officials live (Tsai 2007a, p. 4; de Sardan and Ridde 2015). This research indicates that hidden power exists to threaten officials' social reputations in solidarity between citizens, even where democracy is absent. Using case examples of CV&A in Chapters Five and Six, I shall further explain the significance of such research findings for answering my research questions.

I conclude that social accountability is *intrinsically social and relational.* While accountability actors engage with formal institutions governing public healthcare and education, these actors cannot escape their social and cultural embeddedness, since health and education systems are, in fact, social institutions (van Olmen et al. 2012). Longer-term, social institutions are sites of struggles over power and knowledge relations which decisively shape them as citizens contest power and knowledge, while also collaborating in action entailing both power and knowledge. Plausibly, successful struggles strategically harness processes in four

intersecting dimensions of socio-political power to counterbalance hegemonic power. This requires balancing power by subjecting all to the rule of law, raising shared awareness of contradictions, organizing the agendas of marginalized groups back into politics, and generating knowledge (Haugaard 2012). In thesis Chapters Four to Seven, I shall hypothesize core strategies which counterbalance official power with varieties of citizen knowledge embedded in diverse capabilities, processes and spaces.

Born in struggles to deepen democracy by creating new institutional forms, these strategies have yielded methods which Joshi and Houtzager (2012, p. 152) note offer a service-focused 'voice' alternative to atrophied electoral democracy. In this regard CV&A, by incorporating scorecards and social audits, enacts what Anderson (2006) claims are three of democracy's constitutive features: participation by epistemically diverse knowers, interaction between voting and discussion, and feedback mechanisms which update democratic knowledge. Democratic norms promoting 'free discourse, dissent, feedback, and accountability' foster collective, experimentally based learning when it incorporates diverse experiences from different knowers (Anderson 2008, p. 8). My thesis Chapters Five and Six will trace how these originated in CBPM and its predecessors and became incorporated in CV&A.

These conclusions are congruent with how Mulgan (2003) defines accountability. Following him, my Chapter Four will define social accountability as a democratic obligation on duty-bearers which authorizes citizens as the collective principal to exact accountability according to three principles of ownership, affected rights and subsidiarity, on which Chapter Four elaborates. My Chapters Five and Six will show how knowledge and power interact as these principles are enacted. Being socially and culturally embedded, exchanges seeking social accountability involve each side in justifying and answering for their actions and rectifying outstanding issues influenced particularly by informal social and cultural rules. Building on evidence that mutual accountability is key to community scorecards (Westhorp et al., 2014), Chapters Five and Six will advance Chapter Four's preliminary theory by exploring how and why duty-bearers accept social sanctions and act responsively by rectifying issues raised by communities, which also makes communities more responsive to duty-bearers. Mulgan (2003, p. 11) also states parties can also hold each other accountable as moral equals, a proposition whose circumstances I shall explore in Chapters Three, Five and Six with respect to marginalized citizens and their governments.

My definition highlights the importance of government obligations and citizen rights as the basis for citizens to claim entitlements. In recognizing these obligations, Mulgan (2003) argues that citizens can exact accountability through principles of collective ownership of the government and their affected rights. In Chapter Four, I shall outline these principles and link

them to a third principle, subsidiarity, arguing that this is key to citizen-owners' practical awareness of what enables them to collectively call those responsible at multiple levels to account for their performance in meeting agreed standards. I shall identify what is needed to hold them to account, including obtaining redress where warranted and overcoming disincentives. Among major disincentives deterring marginalized citizens from seeking accountability from officials and providers are fears of reprisals or other opposition, of collective action failure, and of feeling powerless when corruption and impunity are rife (Panth 2011; Lieberman et al. 2012, p. 44; Bauhr 2017; Bauhr and Grimes 2014). I shall broach the impact of power differentials and their socio-psychological dimensions in Chapters Three and Four. Case studies in Chapters Five and Six will illustrate how power differentials affect power relations.

Arguably, alternative theories of accountability which emerged from dissatisfaction with principal–agent theory have eclipsed the once-predominant middle-range 'accountability triangle' model, of long and short routes, which was based on this theory (Booth and Cammack, 2013). Forming two sides of the triangle are electoral and bureaucratic accountability, which comprise the 'long-route' to accountability. However, while citizens may vote to elect political representatives and governments as the primary agents for supplying public services to them, their power to hold them accountable is limited. Likewise, governments should hold bureaucrats upwardly accountable to them and to parliaments, but such accountability is often weak. Accordingly, the long route often yields inadequate essential public services to the poor. This prompted a focus on triangle side three, 'short-route' accountability, where citizens demand accountability from frontline bureaucrats (whom I call 'providers'). Yet results were either disappointing or mixed. Among others, Fox (2015) judged the triangle model inadequate to advance ability to categorize, compare and measure the dynamics of the wide array of social accountability approaches. A major theoretical alternative is collective action theory which, Tembo (2015) maintains, rests on multiple types of mutual accountability because it recognizes real-world interlocutors who bridge gaps between agents and principal. In critiquing principal– agent theory as outmoded, Hyden (2014, p. 510) also notes that in Africa the confinement of collective action to local levels is inimical to social transformation. Thesis Chapters Five to Eight explore common ground between these two theories. In Chapter Nine I shall argue that despite apparently being rivals, these two theories frame citizen–government accountability in different ways. While principal–agent and collective action theories explain various outcomes from accountable citizen–government relations, they fail to explain whether or how citizens are empowered in them. Below, I help fill this gap by drawing on theories of empowerment. Following Marquette and Peiffer (2017), Chapter Nine will suggest how dominant theories can complement each other in explaining social accountability outcomes, by theory bridging them.

Reflecting these complexities and controversies surrounding social accountability, Chapters Three to Six of my thesis will follow the call by Joshi and Houtzager (2012) and Hickey and King (2016) to study social accountability in terms of long-term citizen–government relationships, in three ways. Firstly, in Chapter Three I will analyze how some SAIs emerged from long-term experimentation by movements to discover conditions under which transparency, voice, monitoring and feedback promote accountability. Secondly, Chapters Five and Six will test these conditions, using evidence from seven years of experimentation using CV&A applied in public health and education in Uganda. Thirdly, I shall build on wider evidence-based findings which reframe existing evidence, as discussed in the next section.

2.3 A tipping point in social accountability evidence

In this section, I assess findings from major reviews of social accountability evidence since 2010, before drawing on my analysis above to suggest my findings are largely consistent with recent theorizing which analyzes and reinterprets accumulated evidence from SAIs.[2] This reinterpretation, which created a new watershed in social accountability evidence and its interpretation, helps justify my thesis' focus on strategic SAIs, while also explaining the hiatus between my Chapters Four and Five. Having made this conceptual move, I selectively summarize studies of community scorecards interventions, which will be studied in Chapter Five, to introduce them as strategic SAIs.

As social accountability practice proliferated from 2000 onwards, studies began to assess, review and synthesize findings from practice. While many early studies focused on 'best practice' in social accountability, some reviews began noticing the wide gap between theory and practice, and a few critiqued their underlying ideological frameworks. A survey of SAI outcomes in service delivery, primarily in health and education, found that evidence of their outcomes was mixed (Joshi 2010a). Gaventa and McGee (2013, p. s21), reviewed the evidence base of the wider 'dynamic, relatively young but rapidly expanding field' of SAIs, concluding it was underdeveloped, siloed and suffered from insufficient good-quality studies to warrant conclusions about overall patterns or higher-order context-sensitive findings. Gaventa and McGee recommended that instead of studying decontextualized 'best practice', future research methodologies should develop rigorously designed interventions adapted to political, social and the 'long-route' accountability cultural context. Around this time, then-current literature began studying how diverse contextual factors enable or obstruct SAIs and outcomes (Bukenya et al. 2012; Grandvoinnet et al., 2015). Unsworth (2010, p. 77) finds for example, that three mutually reinforcing obstacles block incorporation of political context: intellectual (mental models obscure how development happens at multiple levels), institutional (incentives reinforce the

status quo instead of innovation), and failure to foster locally owned development agendas. She faults rigid methodologies and an 'excessively technical approach' to how accountability relationships work for obscuring the politics of voice and accountability. Using Freire's theory on how to counter status quo-dominating knowledge, in Chapters Five, Six and Seven I shall respond to Unsworth's call for altered mental models by suggesting these arise from local actors' systemic thinking and inquiry, which use informal avenues to reorient an unfair status quo towards more just, locally owned relationships of accountability between citizens and governments.

Brinkerhoff and Wetterberg (2016) emphasize that this unfair status quo dominates relationships at multiple levels – even when governments actively support social accountability and this improves services, government institutional structures and processes dominate citizens. Consequently, such social accountability dampens citizen mobilization and articulation of shared agendas to each other and public officials. By poorly resourcing local governments, central government institutions also deprive citizens of governmental capacities necessary for local responsiveness to them. In Chapters Five to Seven I shall explore Brinkerhoff and Wetterberger's proposition that SAIs alter longer-term government–citizen relationships when energized by social learning which fosters formal and informal institutional capabilities. Complementing this proposition is the finding by Gibson and Woolcock (2008), cited earlier, that 'voice' and 'teeth' (which prompt government capacity to respond to voice) depend both on each other and on their current and historical context. Fox points out that social accountability works differently in different contexts because whenever fear quenches voice, citizen teeth remain dormant (Fox 2015, pp. 353–354). By diagnosing why and how citizens are silenced, Gibson and Woolcock clarify how their voice is freed to deliberate and progressively forge social contracts around particular public goods, a notion combining collaboration and contestation on which I shall elaborate in Chapters Three to Seven.

In 2013–2014, I co-authored a synthesis of evidence on community empowerment and accountability in primary education in LMICs (Westhorp et al. 2014, pp. 58–60). We illustrated our findings using a case study of Galab et al. (2013), where low-caste female parents using community scorecards held Indian school authorities accountable. We found evidence that varied contextual factors, many of which could be enabled, helped key causal mechanisms to operate and produce intermediate outcomes necessary for learning (such as teachers being present, and in classrooms teaching). We concluded that empowering citizens to hold school and educational authorities accountable entailed multiple intervention strategies and pathways. Key processes, all of which linked actors' action and knowledge, included legitimating citizens' collective action; coordinating and building accountability relationships between the government (school and

education officials), citizens, and civil society; the establishment of mutually agreed (not imposed) standards by which parents periodically assessed school performance; a constructive and collaborative approach to building mutual power and knowledge between marginalized women and the government; and the use of dialogue to foster communication and decisions at multiple levels (between women, with local schools and with education officials). We also found evidence that ten types of enabling contextual factors variously triggered eight types of causal processes to produce a range of immediate, intermediate outcomes contributing to learning in primary schools. Our synthesis of evidence from Galab et al. (2013) showed that marginalized parents generated school-specific knowledge by monitoring and measuring intermediate outcomes (e.g. teacher and pupil attendance), prompting responsiveness in dialogue with teachers and officials that helped drive learning outcomes (Westhorp et al. 2014, pp. 58–60). This indicates that using different kinds of knowledge and power, parents build shared capacity to reason together about gaps between reality and desired performance, aspire to a better future for their children, monitor and report performance, and through learning by doing, accumulate shared efficacy from initial social ties. Other processes contributing more directly to accountability included mutual accountability between school actors, exercising authority (reporting findings to officials for action) and social sanctioning via monitoring. An important implication of our 2014 synthesis is that social accountability necessitates multi-pronged strategic enabling of marginalized actors, a conclusion shared with Fox's study below. Our evidence-based theorizing informs my discussions in Chapters Three, Five, Six and Eight, and recommendations in Chapter Nine.

Shortly after, Fox (2015, p. 348) critiqued widely used theories of accountability, finding them inadequate to advance the ability to categorize, compare and measure the dynamics of a wide array of social accountability approaches. He re-examined findings of three highly influential SAI studies. These respectively assumed that information asymmetries are the key to accountability failures (Banerjee et al. 2010), concluded that citizen monitoring often lacks bite (Olken, 2007) and found government-led 'community-driven development programs' prone to capture by local elites (Mansuri and Rao, 2013). A key finding of Banerjee's study which Fox highlighted was that citizens could not exercise oversight because the information they received was irrelevant. He noted Olken's conclusions that top-down and bottom-up approaches were synergistic, and that context-sensitive participatory initiatives show promise when central authority boosts government responsiveness, as found by Mansuri and Rao. Fox concluded that citizens must see information is actionable, that enabling environments are essential to actively include and nurture marginalized voices (such as by gender, status or age), and that such voice needs to be legitimated and supported by governmental and non-governmental allies who

together build the countervailing power required to counter impunity (Fox 2015, pp. 348–350; Fraser-Moleketi 2012). By analyzing 24 leading quantitative studies of SAIs into two groups, he classified them by kind of intervention. A first group assumed that information can trigger enough localized collective action to improve service performance and used limited, single-pronged tactics to project voice. It produced mixed results. Labelling this assumption unrealistic, he noted that remaining intervention studies showed markedly better outcomes. By using multiple tactics and strategies to influence contexts, and coordinating citizen voice with efforts to engender responsiveness, these SAIs yielded accountability through collective action. His study highlights the significance of multi-pronged strategies for institutional change which strengthen both 'voice' and 'teeth' (defined as 'the state's institutional capacity to respond to citizen voice'). The breadth and depth of cited evidence, he argued, support the proposition that strategies which mutually empower coalitions of pro-accountability actors in governments and society can catalyze virtuous cycles. In these, as Wetterberg and Brinkerhoff (2016) also conclude, actors mutually empower each other to escape from 'low-accountability traps', characterized by low citizen voice and government teeth.

A major implication of Fox's study for SAIs is that to be effective, they need to be strategic and they become so by multi-pronged enabling. As Chapter One foreshadowed, my thesis studies one such intervention, CV&A, which strategically builds shared strengths and rights to overcome citizen fear and apathy, because as Chapter Six will show, key officials can evade accountability to marginalized groups with impunity. While accepting Fox's argument for redefining SAIs in strategic terms, I suggest his emphasis on citizens' need to receive short-term information obscures their hidden role in generating strategic knowledge conducive to long-term accountability. Fox (2015, p. 352) himself alludes to the strategic role of knowledge in admitting that giving citizens information is by itself unlikely to overcome impunity. Moreover, he highlights that effective localized knowledge generation through community-based monitoring can be frustrated when officials relocate corrupt activity without reducing its size. However, he seems not to acknowledge that the wider collaboration he advocates to combat corruption entails pooling democratic knowledge. In Chapter Eight I shall suggest that understanding strategies of evasion requires discerning how pro-accountability forces contest with forces opposing accountability but can also, under different circumstances, collaborate with each other in collective action furthering social accountability. As Chapter Six illustrates, these circumstances 'blur the boundaries' between citizens and governments, and between principals and their agents (Benequista and Gaventa 2011).

2.4 Redefining social accountability interventions

As Chapter One indicated, SAIs emerged because the standard governance model, which seeks public accountability via bureaucracies and electoral systems, has a poor success rate in delivering services to poor people and therefore exacerbates multiple types of suffering, poverty and inequalities (Joshi and Houtzager 2012, p. 147). Since these social ills become entrenched, SAIs presuppose *interveners*, sometimes called interlocutors, in relations between governments and citizens. Because power relations with marginalized citizens are usually weighted in favour of governments, governmental intervention has a chequered record (Gaventa and Barrett 2010). Therefore, other interlocutors may intervene to catalyze or facilitate increased accountability. Chapters Five to Eight will analyze the varied enabling roles of CSOs, customary leaders and other interlocutors and conditions under which they empower marginalized citizens.

For SAIs to be coherent, Joshi and Houtzager (2012, p. 151) suggest, they must, at minimum, package three interconnected processes. Processes must produce agreement on prior standards by which accountable behaviour is assessed; means to ascertain and justify what action was taken; and enforcement of appropriate sanctions or rewards by which government is deemed to have met its obligations. Their claim that a 'watchdog' or contesting role is lacking in many SAIs appears warranted, prompting valuable questions about the roles of interveners which thesis Chapters Five to Eight will seek to answer. However, their apparent preference for contestation over collaboration in relationships of accountability appears to contradict others who argue that SAIs require constructive accountability between citizens and governments (Freedman 2003; Galab et al. 2013; Wild and Harris 2011). In Chapters Three to Eight I will enter this important debate, suggesting that contestation and collaboration both matter, since their respective effects on accountability depend on how current and historical relations of knowledge and power between actors foster or undermine accountability.

While observing considerable diversity in SAIs, Grandvoinnet et al. (2015, p. 34) define SAIs more broadly as the iterative interaction between five elements: action by citizens, action by governments, the government–citizen interface, shared understanding and civic mobilization directed at increasing accountability by societal (including social, political and cultural) means. They nominate community scorecards and social audits, which CV&A combines, as two which combine all five. Three broad contextual determinants of SAIs' effectiveness they emphasize are the previously mentioned centrality of power relations in interventions, networks which enable societal and government actors and their relationships, and controlling dynamics driving inequality and exclusion. Governmental actors tend to accept growing obligations as citizens become aware of their rights, while the history of government–society relations and existing social contracts also influence accountability. In Chapter Three to Nine I shall show the

importance of these findings and extend and illustrate them using CV&A, ultimately concluding that principal–agent and collective action theories can complement each other in explaining how accountable relationships emerge.

Kosack and Fung (2014), while identifying diverse service delivery scenarios, find that successful transparency-focused SAIs rely on a four-step process: users are given key information, they act on it by changing their behaviour, providers judge these actions to be consequential, and providers respond constructively. They found that considerable success in diverse countries was linked with both subjective and objective findings, including on inputs (not outputs) being used to develop action plans. Chapters Three to Eight of my thesis will use case study, theory and wider evidence to examine, critique and reshape these propositions as preconditions for empowering accountability.

Donors, governments, civil society organizations (CSOs) and local citizenries are among many different groups who initiate, fund, oversee and implement strategic SAIs, with different goals. While many types of CSO can contribute to forming a plurality of pro-accountability spaces, involving different mixes of strategies and multiple types of actors, I simplify this account by differentiating two kinds of CSOs and their respective roles in empowering citizens through CV&A.

2.5 Civil society organizations' roles in empowering citizens through social accountability interventions

Since in the case of CV&A, SAIs entail partnerships between varied kinds of CSOs, and CSOs perform varied roles, I differentiate between these as follows. World Vision is an international partnership of non-government organizations (NGOs). Civil society organizations which implement CV&A on behalf of WV are local CBOs distinct from WV but trained by WV to facilitate local CV&A processes. Community-based organizations have an ongoing presence in communities, while WV's presence is typically less than 15 years. To help answer my primary research question, the next section surveys literature on conditions under which such CSOs help empower or constrain citizens in SAIs. Case studies in Chapters Five to Seven will explain and illustrate the roles of CSOs, while Chapter Eight analyzes how civil society systems, including CSOs, constrain empowerment for accountability. Hickey and Bracking (2005) among others note that scepticism has tempered earlier optimism regarding CSOs' potential to empower poor people to pursue collective interests, such as accountability for social services. What role aid should play in supporting CSOs continues to complicate debates about their role. In Chapter Four I note that CSOs' role in SAIs raises questions about civil society accountability to citizens, while Chapters Five to Eight will illustrate key roles of domestic and foreign CSOs.

The UNDP (2013) summarized evidence on prerequisites for CSOs to facilitate accountability as follows (Sadasivam and Forde, 2010, McGee and Gaventa, 2010; Hickey and Bracking 2005). They need enough capacity to: legitimately represent communities; manage effective SAI strategies; mobilize citizens' political engagement in making claims via advocacy, social movements and rights-based approaches; build advocacy capacity to leverage and form strong connections with coalitions and networks so as to foster inclusive action; amass capabilities in mustering evidence to bolster accountability claims and in engaging credibly in technical and public debates; strengthen leadership to form and foster alliances for effective engagement with government; and ensure sufficient independence that claims advanced are seen as based on evidence rather than partisan positions. In Chapters Four to Eight I shall investigate conditions under which CSOs facilitating such strategic CV&A processes bridge citizen–government dialogue.

Many CSOs operate within the aid system, but other more locally based CBOs may remain outside it. While the aid system often funds SAIs via CSOs, finances may skew actor motivations, be subject to elite capture and be available only temporarily (Mansuri and Rao 2011). In another aid study listening to six thousand officials and CSO aid recipients in 20 countries, Anderson et al. (2012, p. 20) found negative long-term cumulative effects of aid, where its benefits are compromised by how it is provided. Rather than showing solidarity and improving accountability, aid can increase dependency and powerlessness, exacerbate tensions and conflict, and leave people feeling 'frustrated, mistrusted and disrespected' by how it is provided (Anderson et al. 2012, p. 20). What people want, they found, is an aid system that integrates their strengths, capabilities and resources with those of outsiders to 'develop contextually appropriate strategies for pursuing positive change'. By starting with what local people have, not what they need, it builds on their knowledge and strengths, not the gaps in them, allowing them to find pathways to change rather than having them imposed (Anderson et al. 2012, p. 137). Evidence suggesting that people tend to trust local CBOs and informal CSOs indicates that such trusted organizations may be well placed to promote such approaches (Platteau, 1994). In Chapter Eight I shall further appraise civil society's role in contributing to or undermining social accountability through empowerment.

While CSOs can help mobilize citizens' participation in SAIs, they can also catalyze civic education which places all under the rule of law. Finkel (2011, p. 324) finds that civic education boosts political participation when a trusted source, often a CBO, facilitates repeated interactive group-based face-to-face learning, including with officials, to solve local problems. Arguing that such change is often most effective when sparked *within* marginalized people, Toomey (2011) asserts that CBOs' primary role is to balance community-level power relations by facilitating and

catalyzing changed awareness and acting as allies and advocates for those marginalized. My Chapters Three to Seven will elaborate on strategies which suitably equipped CSOs can deploy to enable citizens to engage with each other and governments. Chapter Eight will analyze limitations on these strategies and CSOs themselves, and recommend steps to overcome them.

Since my thesis centres on citizen empowerment, the next three sections respectively analyze literature on and definitions of power and empowerment, apply this section's theory to marginalized citizens collectively seeking accountability, and examine how Freire's theory of systematic emancipation through knowledge shapes CV&A's praxis, a topic to which Chapters Three, Five and Six will return.

2.6 What is citizen empowerment?

Reviewing development literature, Ibrahim and Alkire (2007) found multilayered, sometimes reinforcing barriers and enablers of empowerment. Among these barriers and enablers are the institutional environment (including for instance access to information, inclusion, participation, accountability, local organizational capacity, decision-making), social and political structures, the implementation capacity and permeability of the government, and how dominating elites and government are. Alsop et al. (2006) conclude that empowerment necessitates changing 'the rules of the game' – the formal and informal institutions affecting human agency. Ibrahim and Alkire (2007) highlight mobilization, ownership and collective action as intermediate drivers of empowerment. For Khwaja (2006) and Bennett (2002), these drivers depend on and produce voice, by which people make demands. Bold et al. (2010, p. 2) observe that citizens require compelling evidence regarding service delivery performance to empower each other to hold governments accountable for reforming public systems. Other literature emphasizes how enhancing human rights and capabilities, furthering social justice and ending oppression empowers and emancipates people for human development (Sen 1999; Friedmann, 1992, Gaventa and Barrett, 2010). Various authors frame empowerment in terms of increasing control or effecting change, often while facing opposition or oppression. Rowlands (1995) categorizes processes and outcomes of power over (resisting oppression or manipulation), power to (capabilities creating new possibilities), power with (acting together), and power from within (fostering self-acceptance and self-respect).

These studies demonstrate that power is multidimensional and suggest empowerment is complex because it often involves opposition, which can vary considerably. Variability in opposition may partially explain why much theorizing is fragmentary rather than systematic. For studies that embrace and reflect deeply on power as systemic, ubiquitous, emergent and recursive, I turn to decades of discourse on multidimensional power which currently posits four

interwoven dimensions of power, in which relations fusing knowledge with power are embedded. Since this discourse has primarily interpreted power as pathological, theorizing emancipatory power has until recently been relatively neglected (Haugaard 2012). As space precludes detailed engagement with sometimes labyrinthine debates, I offer a brief overview. Whether pathological or emancipatory, the four dimensions of power can be visualized as curved domains interpenetrating and causally interconnected with each other.[3] Pathological power's first dimension is power over (1D), involving agency to oppress or dominate. Intersecting this and extending 1D power is second-dimensional power (2D), involving structuring which excludes (but can include) the dominated. In third-dimensional power (3D), 1D and 2D power become reasonable, routine and accepted by systems of thought as the status quo. Lastly, by making individuals subjects of the (pathologically) powerful, four-dimensional power (4D) is characterized by subjugation (Foucault 1982). By enveloping 1D, 2D and 3D power, 4D power institutionalizes agency, structuring and systems of thought in inequalities. Haugaard (2012) observes that these pathological dimensions of power are zero-sum (meaning net power produced is zero) – for example, what a dominated party loses, the dominating party gains. However, he argues that because zero-sum power is intrinsically parasitic on emancipatory power, the very processes which yield pathological power can also engender 'normatively desirable', emancipatory power. Being positive sum, it yields more than the sum of its parts, making it possible to systematically overcome pathological power. In the domain of 1D power, he says, 'power over' can be exercised for the common good instead of oppressively. Second-dimensional power can include the dominated. Interrogating 3D power to expose its pathologies can raise consciousness of contradictions, gaps and incoherence, making 1D power over and 2D inclusion desirable. Lastly, Haugaard says, 4D power can enable people, by becoming disciplined subjects of their own knowledge and power, to order power relations in ways which further 'normative principles of procedural justice and fair concerted power'. Consistent with 4D power, CV&A's enabling phase uses civic education to build civic awareness of equality under the rule of law, thereby nurturing expectations of fairness where all are subject to legitimate authority (Haugaard 2012, pp. 50–51). To aid generalization from CV&A's case, in Chapter Nine my thesis will draw on Haugaard's theory to explain how the zero-sum dominating power which strangles socially accountable relationships is itself vulnerable to, and can be overcome by processes which yield positive-sum, emancipatory power.

2.7 How are citizens collectively empowered for accountability?[4]

While the last section's analysis implies both individual and collective dimensions of power relations in SAIs, few studies analyze the latter. However, one such study is that of Gibson and

Woolcock (2008), who analyze an Indonesian social accountability project. They conceptualize collective empowerment as the capacity of marginalized groups to engage local-level governing elites – and, more broadly to change power relations – using routines of 'deliberative contestation'. Rather than entailing rational problem-solving or seeking reforms, such deliberation involves contesting justice, arguably reflecting positive-sum emancipatory power. They conclude that by mobilizing moral authority, stubborn persistence and refusal to have their voices ignored, weaker groups could mount arguments which prevailed against powerful elites' zero-sum power game. Lasting empowerment, they find, entails deliberately undermining key inequality-producing (4D dominating power which incorporates 1D, 2D, 3D power) processes: *exploitation*, where elites dominate and capture resources they do not own; *opportunity hoarding*, where insiders exclude outsiders; '*borrowing*' culture so inequalities become routine; and *adaptation*, where exclusionary norms silence or force non-confrontational approaches by some groups, and collusively dismiss their voices in decision-making. Recalling that 4D power enfolds power's other three dimensions leads me to suggest that SAIs might be improved by discerning pathological 1D, 2D, 3D and 4D power and countering each of their domains with their positive-sum counterparts.

The pathological processes which match the four dimensions, I suggest below and in Chapters Four to Six, indicate the existence of unfair informal norms by which those misusing power systematically dominate, exclude, deprive and silence people by subjugating them to an unfair and unequal status quo. The persistence of such unfair norms in institutionalized attempts to democratize and decentralize may help explain why evidence of empowerment and other outcomes from these are decidedly mixed, and why successful pathways to accountability seem rare (Mansuri and Rao 2011; Westhorp et al. 2014). This evidence and theory also indicate that emancipatory power is far from automatic, making contemporary struggle and contestation necessary, especially in formal dominating institutions. However, certain informal norms and institution recoverable from historical struggles for justice can alleviate contemporary struggles. Below and in Chapter Three I propose that institutionalizing pro-social informal norms which harness culture can promote corresponding formal norms, a hypothesis I shall test in Chapters Five and Six.

Eyben et al. (2008) dispute the widely held market ideology that empowering social change results primarily from aggregating the unintended consequences of many individuals' actions. Three alternative change processes which they propose and I link are suggestive of emancipatory 4D power. First, altering cultural beliefs and values *can change status quo social norms, expectations and behaviours*, so the latter become legitimated in day-to-day relationships. Second, when marginalized groups *recognize what causes structural contradictions in their*

societies, this (third) can motivate them to *act collectively to alter historically shaped power relations*, if they do so strategically, systematically and purposefully (Eyben et al. 2008, pp. 33–4). Mobilizing, building and supporting groups and movements in struggles also enable pro-social change through collective action (Eyben et al. 2008, pp. 33–34). Sen (1999, pp. 291-292) elaborates further, by asserting that reducing constraints on and harnessing real power of the less powerful relies on increasing opportunities to exercise freedoms with others ('power with'). Chapters Five and Six will illustrate, dissect and critique these processes. While these ideas are analytically important for constructing a theory of empowerment, they remain radically incomplete without a recognition that accountability is being consciously or unconsciously obstructed by 4D power. Chapter Six will seek to fill this gap by identifying and studying collective capabilities for and against accountability.

The often-powerful nature of anti-accountability forces accentuates the importance of citizen strengths. Here I build on the multi-country study by Winterford (2013), who analyzes CV&A as a strengths-based practice for fostering change citizens want, which I infer is emancipatory. She identifies eight facilitated dimensions to strengths-based change: valuing existing strengths, voice exercised in dialogue, collaborative citizen–provider relationships, achieving quick wins which build self-efficacy, multiple accountabilities, strengths-based advocacy and hope about the future. She concluded the first three were critical for enabling change (Winterford 2013, p. iv). Consistent with its staged, cyclical approach, she found that CV&A begins by affirming actors' and communities' strengths, facilitates their release and growth, affirms early outcomes (even if small) as wins, and gradually reduces dependence and paralysis as participants affirm their own emergent strengths. CV&A dialogue, she shows, is a strategic vehicle for building strengths, partly because citizens recognize the strengths of providers such as teachers and nurses. In Chapters Three and Five to Nine, I shall draw on and deepen her findings.

In exploring and extending 3D theories of power, Gaventa and Cornwall (2008, pp. 172–176) maintain that power, being inextricably connected with knowledge, is knowledge-power. This knowledge-power can be – and is – systematically deployed to dominate people by excluding them altogether, controlling their awareness, consciously or unconsciously mobilizing bias which prevents their agendas from surfacing, or, if surfaced, denying them genuine opportunities to shape the boundaries of what is possible. The powerful can, they show, fashion multiple strategies by which they disempower, silence and marginalize others (Gaventa and Cornwall 2008, pp. 173–176). Gaventa and Cornwall (2008, pp. 177–178) also identify how strands of Southern participatory research historically embodied tacit understanding of and action using such knowledge-power. Collective action sought to systematically counter abuses of knowledge-power. In the strand of collective action I investigate, people empower each other by

constructing their own knowledge, using Freirean conscientization (discussed below) to counter dominating, excluding, controlling and manipulating knowledge-power. Consistent with Haugaard's argument, oppressive knowledge-power in relationships can, Gaventa and Cornwall argue, be countered by equalizing power relations between and within groups (e.g. via dialogue and listening), and by reconceptualizing power as a positive-sum or win-win process. Strengthening this strand is the insight of Foucault (1982) that knowledge-power resides in the social stations people occupy, which emphasizes interpersonal domination, often resulting from gender, age or status. CV&A's strengths-based engaging phase applies this theory by organizing people into focus groups based on gender, age and status. These dialogically empower participants by reducing interpersonal domination while setting agendas and priorities, and diagnosing performance. Focus groups also harness participants' tacit and experiential knowledge which surfaces by increasing homogeneity within groups formed by gender, age and status (Hopkins 2007). In Chapters Five and Six, I infer from this praxis processes and capabilities which legitimize voice and action by, with, and for marginalized groups.

While such cultural solidarities are foundational for collective action, other cultural practices can facilitate changed social norms. Various authors (Swidler, 1986; Booth and Cammack 2013) find that social change arises when people harness pre-existing cultural repertoires to collectively change societies and cultures. Harnessing culture can facilitate attempts to alter antisocial culture. An important vehicle which harnesses cultural capabilities to generate knowledge is participatory research. It enables marginalized groups to challenge unfair relationships and systems of power and knowledge through collective research which generates culturally embodied knowledge, thereby fostering the increased solidarity needed for social change (Fals-Borda 2001, p. 33).

Thus far we have an abstract framework and elements of praxis to answer questions of what power is and where empowering social change can come from. Brazilian Paulo Freire's emancipatory empowerment theory helps unify and ground these pieces in praxis. A key twentieth-century thinker, Freire developed his theoretical framework and principles amid oppressive institutional relationships between citizens and governments in the global South. As my Chapters Three to Six will show, the emancipatory processes he theorized inform CV&A's praxis by enabling marginalized actors to pursue accountability in ways which counter what opposes it.

2.8 Integrating theories of power in the real world using Paulo Freire's praxis

Freire's theory differs from alternatives in explaining emancipatory processes by which people who act in solidarity systematically overcome *collectively dominating power and knowledge,*

which he calls status quo 'cultures of silence'. Through collective processes which fuse power with knowledge, oppressors and oppressed emancipate each other, which apparently suggests another dimension of power. He argues that marginalized actors, using dialogical action (dialogue fused with action), build countervailing power relations in cycles which overcome entrenched oppressive institutional entrapment.[5] This section reinterprets his theory to show his ideas prefigure and ground contemporary 4D theories of power, while my conclusion explores beyond 4D power.

In Brazil in 1946, Freire began mobilizing and organizing illiterate, impoverished communities into 'culture circles' as his response to prevailing education systems. These, he argued, perpetuated inequalities by treating learners as knowledge receptacles, thus devaluing their knowledge and perpetuating 'cultures of silence' through fear. By depositing knowledge as 'a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing', teachers reduce learners to receptacles into whom teachers force knowledge (Freire 2000, pp. 72–73). Imposing knowledge, he observed, produces oppressive, dehumanizing socioeconomic and political cultural institutions which resist prosocial change (Freire, 1970). People become objects of domination rather than subjects and creators of their reality (Freire 2000, p. 83). Fatalistic attitudes, low historical awareness and the imperative of survival perpetuate these cultures, so that, as oppressive systems take hold, people internalize, acquiesce and participate in their own oppression. Consequently, oppressors and oppressed jointly reproduce an internally and externally sustained dehumanizing culture of silence (Freire, 1985). By the 1960s, thousands of 'culture circles' in Brazil were using culturally embedded methods of collective research to unmask and diagnose oppressive reality, caused by successive, systemically unjust regimes (Gadotti and Torres 2009). Using dialogue, visualization and generative themes to become literate, they exposed contradictions in their local and national context (Gadotti and Torres 2009). Freire saw that by critically voicing and generating knowledge and acting together to socio-politically change institutions, they ceased acquiescing to domination and began emancipating each other from and dissolving the oppressive 'culture of silence' (Crotty 1998, pp. 147–149). While not recommending 'methods', Freire proposes systematically applying participatory research principles to produce politically powerful democratic knowledge (Freire 1982). My Chapters Three, Five and Six will elaborate on their embedding in CV&A praxis.

Freire noticed that, by creative and critical reflection and dialogue with each other, citizens empower each other. Dialogue in their own language enables them to harness existing cultural capabilities, reflect on real-world gaps and contradictions, imagine a better world, and produce collective knowledge. These capabilities spill over as political and cultural capabilities (of

dialogue, reflecting, acting and evaluating) as they become motivated to close the gaps. Political imagination thus emerges from group interaction, solidarity and collective intention. After his imprisonment and exile to Chile following Brazil's 1964 military coup, Freire used the term 'conscientization' to define a process of cultural action by which people mobilize each other as knowing subjects, build shared awareness of the social and political reality of the contradictions, gaps and traps ensnaring their lives, gain confidence they can escape them, and act accordingly (Freire, 1985). Chapters Three to Six of my thesis will describe and explain CV&A's application of Freire's principles while acknowledging their origins in CBPM and earlier struggles. Freire names apathy and above all fear as primary obstacles to conscientization. As conscientization overcomes fear and apathy, he maintains, groups emerge from the 'culture of silence' by praxis – individually and collectively expressing their voice and acting in socially transformative ways to close the gap between reality and theory (1970, pp. 220–225).[6]

Freire argues that cultural synthesis, which entails dialogue with encroaching culture, elicits local experiences, wisdom and aspirations within customary cultural institutions to energize culturally synthesized collective action and self-determination by people suffering oppression. Unlike cultural reproduction which imposes dominant, exogenous cultural knowledge on marginalized groups, cultural synthesis harnesses locally valued cultural knowledge, including language (Freire, 1987). Following Freire and Southern participatory action research in Chapters Five and Six, I revisit recent findings that local governance solutions change power relations when they 'go with the grain of culture' (Booth and Cammack, 2013). In accepting that freedom from oppressive 'power over' requires engaging with 1D power of oppressive cultures and institutions, Chapters Three and Five to Seven will explore the terms of such 'engagement' through the lens of Freirean CV&A praxis.

Consistent with Freire, Cleaver (2004; 2007) finds that unfair power relations constrain shared interests of marginalized groups. Often, elites perpetuate such unfairness by maintaining status quo agendas, rules and boundaries, resulting in 4D oppressively subordinating power. Yet within this subordination, she observes, small spaces exist which can be enlarged by engendering capacities to exercise collective voice and agency through decision-making. To show such 4D emancipatory praxis is embedded in CV&A, Chapters Three, Five and Six will examine this further. The Freirean praxis of conscientization, which I associate with 3D power, involves facilitating altered consciousness. Conscientization entails visualization, a set of processes for collecting and codifying knowledge in measurable indicators or rubrics, which are often missing in LMIC health systems (Lewis and Pettersson 2009, p. 1). Rubrics systematically incorporate preferences and agendas, which enables diagnoses arising from them to be systematized in a shared mental model of envisaged change (Dickinson and Adams 2017; Martens 2018).[7] By

being inclusive and balancing power, conscientization is democratizing. Community scorecard processes and artifacts, which I study in Chapter Five, exemplify conscientization and its immediate outcomes. Continued visualization redefines and enlarges shared aspirational boundaries grounded in context, from which fresh agendas can arise to critique contradictions and surface diagnoses (Haugaard 2012, pp. 42–47; Shaw 2017). Synergies between emancipatory 3D and 4D power can, through dialogue, further shift status quo rules and boundaries, thus making the collectively unquestioned imagined and possible. Similarly, Gauri et al. (2013) find that capabilities for collective action arise from a 'prior and shared understanding of the constituent elements of problem(s) and possible solutions', while collective action failures are perpetuated by the absence of 'common intersubjective meaning to situations, processes and events'. My thesis Chapter Five will explain what fosters shared intersubjective meaning and actionable, intersubjective knowledge.

There are criticisms of Freire. While Mejia (2002) affirms his praxis of surfacing multiple perspectives on reality, she critiques his principle of equality in dialogue for inadequately addressing unfair power relations of gender, age and status. More powerful participants can, she says, limit free and fair dialogical participation, jeopardizing the validity of resulting knowledge, decision-making and action by suppressing perspectives embodied in gender, age and status. Accepting this criticism, in Chapters Three to Six I shall identify avenues by which CBPM and CV&A balance power more fairly and equally by including marginalized groups' voices. To help answer my research questions, Chapters Three, Five and Six will further explore Freirean praxis embedded in CV&A.

2.9 Conclusion

Over the last decade, social accountability discourse moved from calls to coordinate supply of and demand for accountability towards explaining how governments and citizens can engage constructively while contesting power (Gaventa 2004; Fox 2015). I seek to advance current debates through Freire's finding that emancipation requires ending internal and external causes of institutional domination manifested as a status quo of fear, apathy and disengagement at multiple interconnected levels. Both Freire's diagnosis and the evidence presented here suggest that the roots of systemic accountability failures become socially, culturally and politically embedded as actors historically cement parasitic 4D power. I also argue that assumptions in some SAI designs (that accountability failures are primarily attributable to information asymmetries and can be solved by providing citizens with information) overlook the real-world complexity of 4D power. Recognizing that persistently unfair power relations are complex is consistent with accepting that emergent, cyclical processes of multiple dimensional power

reinforce an unfair societal status quo. Yet, when normatively legitimated, such power is a key determinant for realizing fair power relations as Haugaard (2012, p. 50) concludes. The foregoing analysis leads me to define empowerment for social accountability as:

> a reversible, cyclical process in which pro-social systemic actors mutually empower each other in virtuous cycles, and thus strategically build sufficient countervailing power to contest and escape vicious cycles of low accountability, or accountability traps.

Thesis Chapters Three to Seven will revisit middle-range propositions of Fox (2015) and Westhorp et al. (2014) and Chapter Eight draws conclusions by appraising conditions under which:

- 'user-centred' information fosters collective action for accountability
- interpersonal factors prevent or enable the aggregation and representation of voice
- 'teeth', which spur responsiveness to voice, grow
- voice and teeth reinforce each other, prompting officials to become accountable
- when voice and teeth operate, collective action is scaled up beyond the local level, thus overcoming officials' ability to shift resources and thereby frustrate localized citizen monitoring
- civil society policy monitoring and advocacy is integrated from local to national levels
- mutual empowerment bridges government–citizen divides, by co-producing power firstly among marginalized citizens and then in their relationships with governments.

By engaging current debates on conditions under which accountability emerges in government–citizen relationships, Chapters Five and Six will show how accumulating enough citizen knowledge-power overcomes forces opposing social accountability. Accordingly, Chapters Five and Six use cases to investigate how, as Freire and others maintained, countervailing powerful knowledge, rather than 'user-centred' information, enables poor people, by becoming organized, aware and in solidarity, to know they are equipped to engage with each other and enlist 'oppressors' to contest dominating structures of power (Leach and Scoones 2007). Chapters Three to Six will suggest socio-cultural norms that coordinate voice and teeth, which poses new questions for research. Accepting that knowledge and power intermingle to empower or disempower, my thesis abstracts and redescribes SAI practice (Chapters Three and Four) with case studies in rural Ugandan and other country contexts (Chapters Five to Seven), yielding a theory-based approach for studying the conditions under which these propositions apply. By probing relationships of accountability between systemic actors in public health and education systems, and interlocutors between them, these chapters clarify which conditions block or open accountability channels and the domains in which they are situated.

The next chapter (Chapter Three) forms a bridge to Chapters Four to Seven, which comprise three published journal articles and one chapter of additional evidence in Chapter Seven, which draws on published and unpublished evidence to supplement Chapters Three to Six. Chapter Three will justify my choice of published cases in Chapters Five and Six, develop further grounds for generalizing their findings than that advanced in Chapter One, and explain how processes in the SAI being studied (CV&A) were developed. It also introduces the subsequent three (published) chapters by indicating how they help answer my thesis research questions.

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[1] For example, Joshi and Houtzager (2012) observe that disagreement over what constitutes social accountability and dissatisfaction with the term itself exacerbate problems in defining SAIs.

[2] I note that SAIs can, depending on their purpose, be variously known, for example, as participatory governance, empowered participatory governance, empowerment and accountability, voice and accountability, transparency and accountability, active citizenship, anti-corruption initiatives or deepening democracy interventions.

[3] These processes of visualization of 4D power can, I suggest, create a shared mental model for discourse and learning on how real-world knowledge and power are bound up with each other.

[4] From the vast literature defining and discussing citizenship of different types, Manor 2013 urges solving complex problems of accountability by fostering an active citizenship based on differentiated concepts of citizenship, an approach on which I elaborate in Chapters Four to Seven.

Nobel Prize winner Ostrom (2000, p. 5) contends that democracy empowers citizens when they can solve commonly occurring collective action problems together. She queries the deep-seated assumption that core state-provided institutions are the main bulwark protecting citizens from anarchy:

> Centrally designed and externally implemented rules-based incentives – both positive and negative – are seen as universally needed to overcome all types of social dilemmas … [and] The state is viewed as a substitute for the short-comings of individual behavior and the presumed failure of community. The universal need for externally implemented incentives is based, however, on a single model of rational behavior which presumes short-term, self-interested pursuit of material outcomes as the only mode of behavior adopted by individuals.

Her research shows that sometimes these formal institutions reduce cooperation by 'crowding out' or discouraging citizenship. By contrast, cooperation is encouraged when people use familiar informal culturally embedded institutions. She proposes that, while some people are 'rational egoists' driven by self-interest, many are 'conditional co-operators' who support the group or common good under certain circumstances, especially when they have enough knowledge and communicate sufficiently (Ostrom 2000, p. 5ff). Simply facilitating face-to-face communication improves what can be achieved otherwise, she finds. Though fallible, citizens can learn and evaluate longer-term consequences of their actions while building trust, reciprocity and esteem. Such knowledge-generating civic engagement appears relevant to solving persistent failures of state–citizen accountability, especially in African states where informal social institutions and struggles drive change rather than imposed formal institutions (Mamdani 1990; Ostrom 2007, p. 11)

[5] Nolas 2014 identifies a progression from abstraction to embodiment in Freire's thinking. His earlier more abstract works such as *Pedagogy of the Oppressed* arrived at collective action by mapping ways to reach a destination, while he espoused a 'journey' approach in his later works, particularly *Pedagogy of Hope*, which revisits *Pedagogy of the Oppressed* more than two decades later. 'Journeying' suggests processes of co-discovery where the destination emerges, which Nolas argues has practical value for addressing the messy reality of emancipatory theories of collective action.

[6] Conscientization also requires that those who facilitate conscientizing processes act in solidarity with groups in changing the status quo symptomized by their low literacy and marginalization. Based on an affirmation of human beings' capacities to aspire and have hope, conscientization proceeds by critiquing whatever dehumanising reality they face and rejecting the old rules governing behaviours entrenched by the status quo. In the process, Freire asserts, they can discover, 'announce' and embrace new rules which

implies that together they help create new institutions. Groups critique the status quo by using generative words or themes to surface real-world problems, representing them visually and using dialogue to expose and diagnose gaps between reality and 'theory', such as a policy, standard or law (Freire 1970, 1972, 1994). As later chapters argue, these processes reinforce each other.

[7] Group-generated indicators in CV&A focus groups meet rubrics' three characteristics identified by Martens – they entail and measure criteria of merit, descriptors of performance and standards of performance (2018, pp. 34–38). Rubric use in CV&A warrants further research.

Chapter 3

Background to Citizen Voice and Action and Introduction to Chapters Four to Six

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3.1 Introduction

This thesis by publication incorporates three published journal articles in Chapters Four, Five and Six. Publication enabled me to develop useful theory while engaging with and promoting public debate on still-unresolved questions about conditions under which marginalized citizens can increase accountability in their relationships with governments, and explain how they do so. Chapter Three provides a bridge, in multiple sections, between Chapter Two and these three published articles, as well as Chapter Seven's unpublished supplementary findings.

Section 3.2 explains how and why Uganda became the country for my primary case studies, by complementing Chapter One's description of the moving target of my inquiry in Section 1.2. Sections 3.3 to 3.7 unfold reasons for and solutions to the multilayered accountability traps on which my thesis focuses. Sections 3.3 and 3.4 respectively analyze and identify their historical and contemporary roots, while Sections 3.5 and 3.6 respectively generalize these arguments to and beyond African settings. By conceptualizing how CV&A and CBPM and their precursors harness historically enabling pro-accountability processes and strategies, Sections 3.6 and 3.7 identify circumstances under which culture through informal institutions aids escape from accountability traps. To indicate how Chapters Four to Seven help answer my research question, the penultimate section (3.8) introduces and links the three published articles with each other and Chapter Seven, leading to Chapter Three's conclusion, Section 3.9.

3.2 How and why rural Uganda became my case study of Citizen Voice and Action

World Vision, a global partnership of over 90 semi-autonomous national-level organizations, mostly operates locally through APs in impoverished communities of 50,000–100,000 people. Each program, which contributes to WV's vision of child wellbeing, comprises a set of interconnected projects that locally employed staff manage. As Chapter One explained, in 2003 the WV partnership adopted four 'principle-level' choices which included empowering communities rather than delivering services. Because an enhanced community scorecard social accountability approach, CBPM, which I discovered in 2004, matched these principle-level choices, WVA agreed to consider trialling it. In a reconnaissance trip to several of WVA's WV partners, Jamie Edgerton, who was instrumental in developing CBPM, and I assessed which

countries and geographical contexts would benefit from introducing CBPM. Uganda was the country initially chosen, followed by Brazil. After successful trialling during 2005 of CBPM on rural health and education services within WV APs in south-west Uganda and in a WV Brazil (WVB) peri-urban AP, WVA and WVU agreed to pilot CBPM in Uganda, and a later similar agreement with WVB triggered piloting in Brazil. While learning from Brazilian CBPM ultimately produced two viable models, neither had significant application to primary education, a focus of WV's work elsewhere.[1] This influenced my choice of Uganda. Local CBPM participants and WVU implementing staff informed processes of planning, reviewing and periodic learning from the strengths and shortcomings of CBPM application in Uganda and later in other countries.[2] In 2006, WVA management formalized my role as an adviser to WV's two CBPM piloting projects. By 2007, WV United Kingdom (WVUK) and WVA had funded further CBPM projects in three other countries (Peru, Armenia and India), based on learning from piloting.

Two issues which arose as CBPM practice expanded were uneven community mobilization for CBPM between sites and varying government responsiveness and capacity. Therefore, the Australian-based piloting team, comprising a consultant Jamie Edgerton, a WVA colleague Keren Winterford and myself, agreed to seek a 'broader empowerment framework' for CBPM through Uganda's piloting project. To develop this framework, the piloting team agreed to apply appreciative inquiry (AI), a strengths-based action research approach, to piloting sites. Instead of focussing initially on weaknesses or problems, AI introduces processes which systematically encourage participants to discover and enhance local strengths and opportunities. CBPM's existing linear approach was embedded within an AI cycle of discovering, dreaming about, designing and delivering services to which communities and providers aspired, with CBPM at its core. Modifying CBPM in this way encouraged communities to deploy their own resources, strengths, culture and tacit knowledge to progressively solve problems together. Despite endorsing AI's potential for overcoming major inequalities, Aldred (2011, p. 69) urges complementing it by strategies which overcome silencing of critique by co-optation. Among these are rights-based approaches.

Between 2006 and 2007, my action research (outlined in Chapter One) led me to propose complementing AI by reframing it as a rights-based approach. I successfully argued within WV that Ugandan and other CBPM would benefit from making explicit rights-based practice currently implicit in CBPM. Following Gaventa (2004, pp. 290–291), this involves recognizing local participants are active citizens able to influence policy. Unlike other WVU development projects where participants were treated primarily as beneficiaries whose role is to access benefits produced by WV projects, being an active citizen gives people a dignity and identity

bound up with rights, which changes power relations between them, and with government. Going further, by redefining actors inclusively as citizens with rights *and* strengths meant enhancing recognition of their freedoms and capabilities to influence policy and relationships with governments locally and beyond, not merely in local WVU programs. Piloting staff used cycles of theory-driven action research to foster alignment between strengths- and rights-based theory and practice. In this way theory was both embedded in and shaped by practice. By 2009, WV executives agreed to rename CBPM globally as CV&A. Beside embedding strengths- and rights-based reconceptualizations of CBPM, CV&A *Guidance Notes* replaced CBPM's largely event-based method by incorporating it within a three-phase cycle of practice, preceded by a preparatory phase. Issued in 2009, these notes replaced a 2007 CBPM manual. While this stabilized local-level practice, experimentation with local-to-national practice continued.

By 2007, my role as an adviser to piloting grew to include other countries where CV&A was being introduced. Increasingly, I advised on contextual adaptation of CV&A, using internal and external findings as WV began documenting learnings and evaluating CV&A projects. I accessed this data either by permission or through its publication.[3] Being part of an extended systematic review team investigating community empowerment and accountability interventions for primary education in LMICs between 2010 and 2014 also gave me a broader perspective on wider related discourses, including democratic decentralization, empowerment and primary education in LMICs. Being involved in a major project which synthesized published literature on empowerment for accountability during my PhD candidacy influenced a shift in my thesis research towards synthesizing primary source data which colleagues and external researchers and consultants gathered from communities, and from reports and articles they produced. Such distancing from primary research fostered a more detached role, prompting me to increasingly situate and compare primary research findings from Uganda with those from other countries, and interpret their significance in relation to wider debates about and evidence on social accountability and governance. The spread of CV&A practice reflected WV's predominantly rural presence globally, especially in low-income sub-Saharan African countries. Given the far higher percentage of Ugandans living rurally (84% compared to 14% in Brazil), Uganda is more typical than Brazil of the increasingly globalized 'case' of CV&A, but also of its weighting toward sub-Saharan Africa, a major locus of global poverty. Lastly, Ugandan practice was conducive to systematic learning and case study because it produced a greater quantity and spread of English-language evidence from researching and evaluating CV&A compared to those from other piloting countries.[4]

In summary, multiple reasons favoured Uganda as the setting most appropriate for case study. As the first country to trial a broader empowerment framework while piloting CBPM, the low-

income, rural context of Uganda proved to be more globally influential for WV learning about empowerment and adapting CBPM than the other four piloting countries. Arguably, it was the most representative example of what became the strengths- and rights-based practice called CV&A. After piloting, it was the most intensively studied 'case' of CV&A as WV's social accountability approach globally. A key reason for this influence was that Ugandan communities were the first, using CV&A, to pursue rights claims to primary healthcare and education beyond the local level. As they did so subnationally and nationally, and in coalition with others, a new model of CV&A emerged in Uganda. Called 'Vertical CV&A' to distinguish its vertical model of accountability from more traditional practices of horizontal accountability in CBPM, it also became influential, well-articulated and researched, and more representative of CV&A, as cases in Chapters Five and Six illustrate.

To identify factors which variously enable and constrain rural Ugandan citizens' escape from accountability traps, the next two sections respectively study historical and contemporary reasons for Ugandan accountability traps. Finding what constrains citizen-engagement capabilities sheds light on what would enable them and in so doing, guides Chapter Nine's conclusions on what empowers citizens in struggles for social accountability.

3.3 Historical roots of accountability traps in Uganda

As Chapter Two flagged, I follow Joshi and Houtzager (2012) in tracing historical roots of factors enabling and disabling accountable power relations between Ugandan citizens and their rulers. Before Britain colonized Uganda, localized subsistence economies and strong associational networks facilitated local leaders' accountability to their peoples and checked their power. Weakened government accountability to citizens is traceable, de Coninck (2004) suggests, to the fraying of these informal networks during the rise of authoritarian rule under British colonial powers. When colonizers historically redrew boundaries, they lumped diverse groups together, confusing who was accountable to whom. As Abah and Okwori (2005, p. 73) observe, treating existing meanings of citizenship and accountability as obsolete fuelled nascent conflict by dislocating and distorting long-valued identities and relationships, exacerbating subsequent overt conflict.

Further, by introducing wage labour in the 1920s, colonizers inserted Uganda, as an export-oriented colony reliant on peasant agriculture, into the vicissitudes of the international economy, further eroding existing associational channels of accountability. Within a decade of Uganda's independence in 1962, a steep decline in the economy exposed contradictions inherited from colonial policies. This sparked a coup by Idi Amin, whose reign of terror triggered a dramatic collapse in public services and the economy. After half-a-million people died and his regime

became isolated, Amin was overthrown. While elections in 1980 ushered in a brief semblance of order, their legitimacy was widely questioned, prompting Yoweri Museveni to build his National Resistance Movement (NRM) and use armed guerrilla warfare to contest the ruling regime's validity. To shore up territorial gains, the NRM recruited people in rural areas into localized resistance networks. Moreover, by overcoming persistent fear and distrust hindering participation, they politically mobilized and educated informal networks of citizens. After coming to power in 1986 as Uganda's president, Museveni promised nationwide democratic participation from village level upwards. By also promising a reasonable livelihood to ordinary citizens, Museveni sought to restore trust in all levels of government (de Coninck 2004, pp. 51–57).

Besides heightening political expectations, these promises fuelled often intense public debates in the period 1989–1995, which shaped Uganda's new constitution and legislated key political freedoms (Halsteen 2004). A core debate centred on what human rights and political parties mean for citizens' expectations of and relationships with their rulers (Halsteen 2004). However, participants infused these debates with distinctively African ideas about human rights and political parties. Understanding these and subsequent political debates, Halsteen maintains, relies on notions of which groups are 'eating' or 'getting a share of the cake' (Halsteen 2004, pp. 122–123). This emphasis on realizing distributive justice, sometimes referred to as 'the politics of the belly', continues to influence citizen–government relations and what democracy means in sub-Saharan African countries (Chabal and Daloz 1999, pp. xvii, 144; Harrison 2002; Wrong 2009).

However, HIV/AIDS and other epidemics, exacerbated by protracted war in northern Uganda, ravaged its peoples and frayed their relationships with government. By 2006 when CBPM piloting began, impoverishment and governance failures were threatening to derail the NRM's democratization and decentralization policies. Persistent, wide gaps remained between experiences of democracy and official policies and promises of bottom-to-top democracy and decentralization (Bratton and Houessou 2014, p. 3). Despite its formal institutions sometimes being ranked world-class, Uganda consistently performs poorly in global governance and corruption rankings (Mo Ibrahim Foundation 2016; Transparency International 2015). Since the 1980s, Uganda's ambitious program of decentralization has increased funding of local councils for education and health services and continued to promise grassroots political participation. Yet, as Robinson (2007a, p. 11) reports, citizens' limited opportunities to influence decentralized local decision-making stymied service improvement initiatives and confidence in governmental capacity. Similarly, Namisi (2009, p. 113) finds that although ordinary citizens value fair sharing of power, levels of sensitization, political education and shared political will for reforms by citizens remain low.

In summary, Uganda's history has fostered a politics of fear among ordinary citizens, and bias and unfairness against them. Unable to exact accountability from government for political promises, or to 'eat' their fair share, many Ugandans have become politically disengaged from and disaffected with government (Uddhammar 2011, p. 1168). Among the layers of contextual factors marginalizing citizens I now examine are lack of meaningful opportunities for democratic participation by setting reform agendas, by electoral voting, and by freely associating to claim, monitor and secure valued human rights.

3.4 Contemporary roots of accountability traps in Uganda

In Uganda and other sub-Saharan African nations, democratic institutions which combine voting with political parties supposedly offer formal associational channels, such as free elections and parties, to choose more accountable rulers. However, the unbroken rule since 1986 of President Museveni with the NRM indicates that, despite regular national elections, Ugandans' democratic choices nationally and subnationally remain sparse. Chabal and Daloz (1999, p. 39) argue that limited choice arises because sub-Saharan Africans use communal rather than individual logic to reason when voting. Patrimonial relationships – between patrons and clients – facilitate collective, not individual choice (Chabal and Daloz 1999, p. 156). Instead of encouraging contests over ideas, these relationships encourage citizens to reason that 'if we vote for this political patron, s/he will dispense services to our community'. While patrons *have* dispensed more service facilities to clients, public services remain mired in low accountability.

Such structural constraints on the emergence of accountable democracy extend to political parties, which as Harrison (2002) observes, behave like machines dispensing patronage for votes. Voting rarely translates into improved service performance because citizens cannot hold political patrons and their parties accountable for poor service performance. Because politicians cease expecting they will be sanctioned for poor public-service performance, citizens become more sceptical of them (Uddhammar 2011). Repeated electoral cycles lacking accountability block essential service reforms and associated realization of human rights.

Multiple strategies between elections reinforce low levels of accountability. First, actions justified as tightening 'security' or 'law and order' tend to heighten fear and quench voice because they trigger memories of Uganda's past instability (Anderson and Fisher 2016). Ruling elites thus stifle alternative views. Second, by appealing to citizens' nationalism, which is the dominant ideology in sub-Saharan Africa, elites can entrench their rule as 'in the national interest' (Thomson 2016, p. 37). Third, when public opinion and other forms of voice matter during campaigns, elites can systematically manipulate them, especially through the media. Fourth, rulers become adept at deploying neopatrimonial power. Defined by its overriding goal

of retaining power, such power permeates Ugandan governance (Anderson and Fisher 2016). Because electable opposition parties are lacking, key contests over political power favour the ruling party. By carefully orchestrating these strategies to dominate political contests, rulers secure the status quo.

Consistent with this analysis, some scholars (Liebowitz et al., 2013) find that although Ugandans strongly prefer democratic institutions, they are disappointed that what these deliver is low-quality public healthcare, education and other services. Likewise, research from sub-Saharan countries including Uganda shows that most parents fear government, remain disengaged from public schools and lack opportunities to seek accountability from local public-service providers (Antonowicz et al., 2010; Prinsen, 2007). Widespread disengagement suggests a large mismatch exists between citizens' wish to hold politicians and parties accountable for satisfactory service performance and their effective freedoms and rights to do so.

Probing deeper, a study by Lambright (2010, p. 259) of over half Uganda's local government districts found that informal patron–client linkages between central and local governments consistently undermine subnational government performance and accountability. Top-down linkages undermine local political support for the ruling party which should increase local funding. Instead, these linkages cause budget leakages that undermine council performance and accountability to citizens (Lambright 2010, p. 260). Because citizens internalize their awareness of marginalization while more influential actors internalize their powerful roles, localized cultures of conformism persist (Brock 2004, p. 153).

Patronage constrains many Ugandans' enjoyment of basic rights so that, like many other sub-Saharan African citizens, they rely more on informal institutions for accountability. To allow politically marginalized citizens to seek accountability for reforms, Brock (2004, pp.151–152) recommends claiming spaces separate from the government near the boundaries of the political system, a recommendation CV&A accepts. Provided government control is less pervasive, this enlarges space for marginalized citizens to question official accountability failures. If meaningful, such informal spaces at the margins can spur effective political participation by marginalized groups (Brock 2004, pp. 151–152; Kugonza and Mukobi 2015).

To extend these reasons to support generalizing findings from Chapters Four to Seven, I now indicate why I can generalize from CV&A praxis of citizens in Uganda to the same praxis in and beyond sub-Saharan Africa. Chapters Seven and Eight respectively continue and indicate constraints on such praxis.

3.5 Generalizing accountability traps to other socio-political settings in and beyond Africa

Considerable evidence suggests that many sub-Saharan African nations share exogenously imposed political trajectories (Olayode 2005; Malunga & Holcombe 2014) and cultures of low public accountability (Mo Ibrahim Foundation, 2016). Rapid colonization and domination of traditional cultures began as European nations scrambled for Africa's huge resources, labour and land in the late nineteenth century (Bradley 2011, p. 456). To expropriate resources, colonizers supplanted traditional associational ties and subsistence economies. They imposed policies which reoriented their subsistence economies toward exports, especially to colonizers. Independence prompted an interlude where semi-autonomous governments struggled to emerge. Since the 1980s, however, this emergence was truncated when donors undemocratically imposed decades of structural adjustment policies on citizens. Various writers show how structural adjustment policies entail neoliberal policies whose effect, subtly or otherwise, is to control countries by requiring them to adopt international institutions' ideas as a condition for aid. Elites rather than ordinary citizens capture the benefits of these policies (Harrison 2002). Imposing exogenous ideas results in formal institutions that mimic the forms of Western institutions but lack capability (Pritchett et al. 2010; Pritchett et al. 2012) because they suppress more holistic African approaches conducive to endogenous development (Malunga 2014; Masue and Mollel 2015). Formal institutions and policies, whose functioning should counter poverty and inequalities and ensure governance works democratically for all, remain disordered, hollowed out and exclusionary (Peiffer 2012; Delfeld 2014). Meanwhile, African citizens apparently remain confused and divided over what is causing low accountability and institutional failure (Bratton 2012, p. 22).

   This analysis of contextual factors suggests that since formal Western-dominated institutions lack coherence with the informal institutions, relationships and language of Uganda and other African countries, their imposition has distorted relationships of accountability. By reinforcing fear and apathy they have distanced citizens from, and fostered unfair relationships with government at all levels. Other externally imposed policies, especially structural adjustment policies, have adversely impacted ordinary citizens and undermined citizen–government relationships throughout much of sub-Saharan Africa. Quantitative longitudinal measures support my argument about the prevalence of accountability traps in Africa. The 2016 Mo Ibrahim Index of Governance found that accountability was the lowest-ranking subcategory of governance throughout sub-Saharan Africa (Mo Ibrahim Foundation 2016, p. 32). In the Index's accountability subcategory, compared to the African average score of 35.1 out of 100 and a 1 percentage point drop in the period 2006–2015, Uganda, standing at 31.1 and a drop of 4.4

percentage points over this period, lags the continental average score. This underperformance is also reflected in its accountability ranking of 32nd out of 54 countries. African nations' average score for the Corruption and Bureaucracy indicator fell by 8.7 percentage points over the last decade. This indicator deteriorated in 33 countries, 24 of which fell to their lowest ever score in 2015. Moreover, about two-thirds of African citizens live in a nation where safety and the rule of law worsened in the decade to 2015. Together with other evidence in Chapters Five to Seven, this longitudinal data suggests significant scope exists for generalizing findings from Ugandan case studies to other sub-Saharan countries (Mo Ibrahim Foundation 2016).

To further aid generalization from findings derived from Uganda case studies in Chapters Five and Six, Chapter Seven will analyze additional evidence from CV&A use in twelve LMIC settings: Uganda, Senegal, Sierra Leone, Ghana, Swaziland, Indonesia, Armenia, Kenya, Pakistan, Tanzania, Democratic Republic of the Congo and Romania. The diversity in these added cases informs conclusions regarding how, as contextual factors vary, CV&A affects accountability in citizen–government relationships in varied settings and time frames. Understanding the adaptation of CV&A practice to address these factors supports increased generalization in answering my research question. Drawing on earlier theory and evidence and the sources used in Chapter Seven alongside wider evidence, Chapter Eight analyzes constraints on CV&A and solutions to help overcome them. Findings from both Chapters Seven and Eight also increase and clarify the scope for generalizing in Chapter Nine from conclusions in Chapters Four to Eight.

The next section revisits what constrains citizens, traces the origins of key emancipatory processes in CV&A, argues conditionally for a pro-social role of culture in generating emancipatory citizen knowledge and links knowledge-generating processes to cultural capabilities. The realist approach I use, which recognizes that such capabilities are embodied and enabled, helps reduce the risk of becoming unnecessarily lost in a jungle of disembodied 'contextual factors'.

3.6 Generalizing struggles to overcome accountability traps across the global South

Social accountability practice presupposes relevant citizen freedoms to engage, which requires removing internal restraints on citizens. These include fears, apathy and low self-efficacy, which can be mutually reinforcing. Denied meaningful participation or voice, citizens become politically disengaged and government can be accountable to them for the form but not the substance of functioning services. As Fox (2015) and George (2009) suggest, dissolving multiple

layers causing unfairness requires corresponding strategies which free citizens to engage communally in just and sustainable struggles to alter power relations.[5]

Before WV used CBPM, it was already a well-tested social accountability approach whose methods derived from various struggles in the global South for justice and accountability. CBPM's approach used consistent principles, methods and strategies to overcome kinds of unfair power relations common in public services in other settings in the global South. Many of its principles are Freirean and influenced the adoption of culturally shaped practices in Southern participatory research since the 1970s. CBPM helps marginalized citizens create different kinds of knowledge about service performance and use it to engage with governments. Because Freire's approach to praxis originated in contexts of persistently unfair power relations across the global South, including Africa (Okigbo 1996), and prototypes of CBPM were iterated scores of times during the 1990s in West Africa before WV began using it, it was already well adapted for sub-Saharan African culture.[6]

However, a key impediment to this argument treated only briefly in the published articles is the widely held view that culture primarily blocks development knowledge and accountability. Contrary to this view, Thompson et al. (2006, p. 324) argue that culture matters politically for accountability at the level of solidarity. Citing eminent anthropologist Mary Douglas and others, Thompson and colleagues construct a typology of forms of solidarity (fatalism, individualism, egalitarianism and hierarchy) whose interactions socially influence patterns of accountability. By explaining accountability's cultural roots, they elucidate the complex conditions under which culture, through social relationships, fosters or obstructs accountability for human wellbeing.

Swidler (1986) had already elaborated further. She maintains that, especially in established communities, local culture's enduring effects operate through repertoires, such as stories, phrases, ideas, wisdom, frames and beliefs.[7] From these, communities collectively fashion strategies and tactics for dialogue and action.[8] By recovering repertoires and purposefully deploying them, they can replace dysfunctional formal relationships with more accountable ones. Informal local institutions tend to channel socio-political action and relationships towards using the locally available repertoire, Swidler asserts. In contrast, cultural retooling involves learning new strategies – a costly and inefficient way to reform institutions.[9] I argue that since marginalized citizens' capabilities reside in customary informal institutions, an approach like CV&A's can, by harnessing them, enliven hollowed-out formal institutions.

As Chabal and Daloz (1999) have argued, informal cultural knowledge-producing institutions are critical for reordering unjust and disordered formal institutions in sub-Saharan Africa (pp. 138, 159). Community-Based Performance Monitoring and CV&A use the praxis of Freire, as developed in Southern participatory research, which frees citizens to collectively choose from

and fashion available cultural repertoires to disrupt unfair power relations (Fals-Borda 1987, pp. 337–343). Cases in Chapter Six illustrate how CBPM and CV&A involve mobilizing citizens to perform culturally powered research by appropriating existing customary and modern cultural repertoires from informal institutions. These repertoires, which include dialogue, deliberation, cooperation, organizing, solidarity, celebration, storytelling and customary use of authority, enable citizens to surface and informally legitimize the objective reality of their lived experiences of being marginalized (Edmiston 2015). Using these familiar repertoires enables them to connect these experiences with awareness of relevant rights, freedoms and capabilities, which facilitates socio-political action (Edmiston 2015).[10] Since CBPM incorporated Freire's research principles and processes prior to piloting in Uganda, and CBPM itself was later incorporated within CV&A, the following sub-section outlines how these principles and processes, by bridging knowledge, help alter unfair power relations. Chapters Five and Six elaborate further. I suggest service-marginalized groups emancipate themselves by reasoning with each other and developing other shared capabilities before they influence formal institutions. This section combines discoveries from longer-term learning from which CBPM practice originated in the global South with those from CBPM piloting, especially in Uganda. In Chapters Five and Six I will suggest that causal processes and capabilities for accountability arose from long-term struggles for accountability by marginalized citizens across the global South. On this basis, I will argue that these processes are transferable and recoverable by marginalized citizens who, research shows, long for and are motivated by fairness, recognition, self-determination and solidarity (Kabeer 2005b, pp. 5–8).

3.7 Analyzing the roots of Community-Based Performance Monitoring and Citizen Voice and Action praxis: Freirean and other influences

Influenced by Freire and others, Southern participatory action research grew as marginalized groups deployed their culture to co-create knowledge. Eschewing specific methods, Freire (1982) urges them to adopt emancipatory, democratic ('of, by, and for' the people) principles which breach status quo norms associated with inequalities such as status, gender and age (Freire, 1982; Brennan et al. 2013). In Chapter One, I traced how these principles are embedded in CV&A and CBPM. By comparing CBPM's approach before and after CBPM piloting I outline selected ways in which CV&A's approach retains Freirean and other principles already embedded within CBPM. Chapters Five and Six elaborate further on these principles.

3.7.1 Community-Based Performance Monitoring prior to piloting

When first trialled through WV in 2005, CBPM contained thoroughly tested inquiry methods for monitoring and deliberation, the fruit of decades of applying Freire's research principles. As Chapter Five explains, one such method, social auditing, emerged from movements struggling for justice, who still use its processes to challenge unjust public policy systems. By systematically measuring inputs to government systems and comparing them to government-mandated standards, social auditing helps groups move from false to critical consciousness.[11] *Conscientization* is Freire's name for the group processes which mobilize shared, critical consciousness. By enabling people to question their everyday experiences during dialogue, these processes can, Freire says, publicize contradictions, while empowering each other in collective action to resolve them (Ledwith 2016, pp. xi, xiii).

Community-Based Performance Monitoring is also premised on groups being relatively equal subjects of their own collectively emancipating research, since all are learners. By conscientizing each other, they gain confidence to overcome what constrains their action (Ledwith 2016, p. 164). Local experience with CBPM and CV&A conscientization processes reflects findings by Grossman et al. (2015). They showed that where rural Ugandan communities were mobilized by increasing their internal and external efficacy, resulting mobilization of marginalized groups, particularly women and non-leader villagers, contributed most toward increased accountability. Consistent with findings by Winterford (2013), later chapters in this thesis suggest that incremental moves towards accountability foster shared internal and external efficacy. I further conclude in Chapters Five and Six that such efficacy arises from shared awareness of contradictions which are claimable as collective rights, while Chapter Eight discusses how constraints on mobilizing shared awareness in CV&A's multi-stage processes limit accountability. However, despite the demonstrated recoverability of Freirean emancipatory principles in CBPM, it remained a relatively linear group of processes embedded within a set of events, known as the Community Gathering.

3.7.2 Community-Based Performance Monitoring piloting enhancements from Ugandan piloting from 2006 to 2009

Applying an empowerment framework prompted a key piloting discovery. The piloting team found that processes for changing kinds of unfair power relations were needed to complement those already embedded in CBPM. This sub-subsection traces how cycles of social learning about overcoming unfair power relations became incorporated within each CV&A cycle. Derived from CBPM piloting using methods analyzed by Winterford (2013), and by me in Chapter Five, each CV&A cycle comprises a preparatory phase followed by three phases –

creating an 'enabling' environment, engaging with each other and duty-bearers, and influencing policy. Repeating this cycle helps reinforce underlying processes which remove constraints on and boost collective action for accountability. To encourage all participants to become learners, Freire's democratic research principles infuse CV&A's cycles with processes of reflection, dialogue and action (Ledwith 2016, p. 147). To further balance power and learning between government and citizens, this cycle facilitates citizen engagement with the policy cycle by mimicking it. Mimicry helps demystify government by enabling them to collectively monitor and evaluate systemic issues and inputs they nominate, and strategically planning how to influence and encourage public policy performance they value. As Chapters Four to Eight elaborate on multiple layers of systemic constraints on such influence, this section outlines several of the processes discovered during early CBPM piloting which help overcome such constraints.

In many countries including Uganda, limited or repressed freedoms of association, assembly and expression perpetuate unfair power relations by suppressing voice (Civicus 2017). Yet in these conditions, mobilizing politically disengaged communities to monitor and deliberate on public service performance can spark opposition by officials and providers unused to public scrutiny. Moreover, CBPM piloting repeatedly showed minimal awareness of human rights and duties and associated official standards among rural citizens. To rectify this, organizers used face-to-face awareness raising with officials before engagement. Organizers found that this legitimates citizen participation in CV&A with governments. However, when communities and officials attend, and subject themselves to relevant national and local laws and customs, they found, relations of power and knowledge between them become more balanced and less unfair. Through reciprocity in face-to-face dialogue, communities thus discover 4D power – being subject to processes and norms 'above' them – can paradoxically reduce dominating power relations (Haugaard 2012). Positively, this illustrates Haugaard's argument that since power pervades relationships between governments and marginalized groups, whatever is governmentally powerful, including policies, laws, and authority, but not reciprocal tends to become dominating and thus corrupt their relationships.

While CV&A experience indicated that legitimizing citizen engagement does indeed help pre-empt official opposition, supporting evidence also exists. Since governmental responsiveness falls short of the expectations of impoverished citizens in Uganda and other sub-Saharan African countries (Bratton 2007, pp. 28–29), most local and higher-level African leaders recognize that they can boost their legitimacy by supporting official or unofficial policies which encourage citizen participation (Manor 2008, p. 28). Likewise, by increasing the accessibility, acceptability and quality of services, they can demonstrate accountability for their human rights obligations,

which Bratton (2007) also found increases their legitimacy more effectively than merely increasing service availability. Legitimating processes therefore exist whose enabling can foster civic participation and official responsiveness.

Consolidated learning from several years of piloting CBPM yielded an enabling phase which included three interwoven elements. One element incorporated the social audit from CBPM. By social auditing, citizens and providers measured and evaluated qualitative and quantitative gaps in external inputs to facilities by governments, compared to those specified by government standards. Citizens shared with providers an awareness of multiple legislated entitlements with associated gaps in attaining them. Measuring multiple gaps between legislated standards and reality informed and motivated the second element, civic education. During piloting, communities and WV found that measuring shortfalls in government-mandated service standards increased citizen awareness of their entitlements. Highlighting who was responsible for shortfalls in these entitlements needed explaining, however: otherwise it sometimes provoked unfair 'blaming and shaming' of frontline providers. As later chapters show, service users already tended to blame them for rude treatment, absenteeism and unacceptably poor service quality. Providers, however, felt citizens failed to appreciate that deeper causes of poor service performance lay beyond their control. Distrust was further weakening relationships already damaged by patronage and fear, which was unconducive to long-term, constructive relationships essential for accountability.

Damaged relationships prompted another enhancement, sensitization. To increase actionable knowledge through dialogue, contextualized, face-to-face civic education about constraints on duty-bearers and citizens was incorporated within civic education. Chapters Five and Six show how frontline duty-bearers and users became less fearful and distrustful of each other, which is conducive to more constructive citizen–government relationships. Sensitization was needed for CV&A research because health and education actors had low awareness of their primary legislated roles and duties as active citizens (Blumer 1954). To orient them for such research (to bring a parental, pupil and teacher perspective on school systems) and with permission from Uganda's national government, WVU published and disseminated, in English and local languages, a Universal Primary Education Stakeholders' Handbook. It defined universal primary education (UPE) and its policy objectives, and specified the standards (roles, duties and participation rights) applicable to each of 17 kinds of UPE stakeholder between local and national levels. However, Uganda's 'Guidelines for Health Unit Management Committees, the closest comparable official document to these standards for Ugandan health system actors, was outdated and excluded most of these actors. As actors became aware of their own and each other's roles in health and education, they were equipped to sensitize each other to research and

improve health and education system performance. Chapters Five and Six analyze and highlight different aspects of sensitization processes.

Publicizing school stakeholders' roles also raised community awareness about a key statutory representative school institution, the School Management Committee (SMC). However, neither the UPE Handbook nor Guidelines for Health Unit Management Committees, the health counterparts of SMCs, specified any representation for marginalized groups. The CV&A experience of the defunct state of many of Uganda's SMCs and Health Unit Management Committees (HUMCs) reflects this democratic gap, and is consistent with evidence of seemingly benign capture by small local cliques (Prinsen 2007; Prinsen and Titeca 2008). Unsurprisingly, marginalized citizens do not readily recapture and revive these institutions. Even if they had relevant information, which principal–agent accountability theory assumes is critical, this analysis and that in Chapter Six suggests a deeper marginalization exists, of being subject to an unfair status quo of silence and conformism in service systems and institutions corrupted by capture (Brock 2004, pp. 151–153). Chapters Five and Six indicate how overcoming this culture helps revive these grassroots formal institutions. With its social auditing and civic education enhanced in the above ways, CV&A's enabling phase equipped health and education actors in CV&A's subsequent engaging phase with shared capabilities to aggregate their collective voice. Projecting this united voice within atrophied formal institutions (SMCs and HUMCs) enlivened citizens to hold relevant duty-bearers, including SMCs and HUMCs, accountable.

While Chapters Five and Six explain more about CV&A's third or 'influencing' phase, I note here another important discovery from CBPM piloting germane to these chapters. By accepting that citizen engagement is temporally and spatially embedded in the wider educational, health and political system, CV&A also extended CBPM's unit of analysis and case method beyond the individual school or clinic level. It thus widened the scope for citizens to influence the public-policy cycle. Recognizing that the policy cycle is dynamic and evolving and is implemented at multiple government levels, CV&A's phases provide multiple entry and leverage processes by which citizens can collectively set policy agendas, make and implement policy and influence its implementation at those levels (Bjuremalm et al. 2014, p. 22). Chapter Eight examines further findings about overcoming obstacles to accountability in varied settings where these cycles have been repeated.

The next section introduces published Chapters Four to Six by tracing the thread of questions and arguments arising from my primary research question inquiring into circumstances of citizen empowerment for accountability. Contrary to widespread theoretical assumptions that a primary driver of longer-term social accountability is giving citizens relevant information, this section

introduces the alternative, broader account I argue in the articles, based on changing relations of power and knowledge.

3.8 Introducing the published journal articles

Major shifts in theory and practice influenced my approach to theorizing during my doctoral research. The three published articles below reflect a correspondingly large evolution of my thinking and research question. The reader needs to bear in mind that Chapter Four was written much earlier than Chapters Five and Six, as is inevitable in a thesis by publication studying a moving target. When Chapter Four was published in 2009, much of the evidence and argumentation about contextual factors discussed above was not yet available. I had not contemplated taking a longer-term view of social accountability or understood it in the context of citizen–government relations. Further, Chapter Four's early theorizing about social accountability was sketchy, practice was often fluid and evolving, and debate about its definition and core elements was nascent. Just before Chapter Four was published, moves began in WV to replace CBPM with CV&A. To reflect these changes – which included learning noted above, increased content with explicit emphases on citizenship, voice, dialogue and action, and a change from linear to cyclical practice – CBPM was renamed as CV&A. Because these changes resulted from experimentation to incorporate CBPM into a broader empowerment framework of practice, choosing to make CV&A rather than CBPM the focus of my research question was an appropriate way to help answer it. Soon after CV&A began being applied, social accountability theory began emphasizing contextual factors affecting practice. This, and my growing engagement in realist synthesis, prompted a shift in my research question: I refocussed it on analyzing the circumstances of citizen empowerment in struggles to escape accountability traps. In Chapters Five to Eight, theories which recognize multilayered obstacles and forces for and against accountability deepen this analysis and illuminate the quest by service-marginalized communities for just relationships with government.

In introducing the three published articles, I show below how they unfold answers to different aspects of my research question about citizen empowerment for accountability. Each article traces the evolution of CV&A scorecard practice and discourse through a different set of analytical and theoretical lenses, and at markedly different junctures in the evolution of theory and practice. Chapter Four lays a foundation for social accountability in active citizenship and rights, while Chapter Five explains how rights claims arise through citizen engagement in systemic inquiry and Chapter Six uncovers sets of capabilities by which active citizens press these claims. As Chapters Four to Six show, accountability as a unifying theme emerged as important in struggles for justice in the global South, where tensions arose at the intersection

between the 'struggle' elements of practice which seek fairness and the pragmatic requirement to interface and engage with technocracy and bureaucracy to exact accountability under conditions distancing citizens from government.

3.8.1 How each published article helps answer my research question

Article 1, Chapter Four
Walker, D. W. 2009. Citizen-driven reform of local-level basic services: Community-Based Performance Monitoring. *Development in Practice*, 19(8), 1035–1051.

Chapter Four presents preliminary findings towards the end of piloting CBPM, when practice in different country settings was in the process of transitioning to CV&A. Thereafter, all subsequent chapters focus on the 'new' practice CV&A, not, as in Chapter Four, on a late stage of CBPM piloting.

Since, when Chapter Four was written, social accountability evidence and theorizing were both in their infancy, contextual factors affecting practice were primarily of interest to practitioners and were largely neglected by theory. Implied in then-current definitions of social accountability as civic engagement were notions of active, inclusive citizenship involving rights claims. Chapter Four begins by searching for contextual factors surrounding active citizenship and highlights their significance as preconditions for accountability. It builds on existing social theory to suggest what causes citizens to move from being politically disengaged between elections towards exercising an active 'voice' as agents who shape cultures of accountability and make claims.

However, since CBPM piloting in Uganda and elsewhere fostered voice and associated rights claims only in localized spaces, the scope of claims remained largely limited to local governments and institutions. Recognizing this limitation had triggered a search by the CBPM piloting team in 2006 for a broader citizen empowerment framework to boost subnational and national government responsiveness. In Chapter Four I develop an initial theoretical framework for empowering citizens, as suggested by CBPM piloting, feedback from communities through WVU staff and my own reflections on current literature (Walker 2009, pp. 1036–1039).[12] Chapter Four contains my initial discussion on questions of representation, inclusion, exclusion and marginalization; the realization of citizenship and rights; democratic ownership of the state; the capability and responsiveness of actors; and the institutionalization and scaling up of practice. Chapters Five, Six and Seven examine these further.

Despite increased publication globally of empirical studies of SAIs between 2008 and 2011, attempts to synthesize them concluded that their impact was mixed (McGee & Gaventa 2010; Joshi 2011). While these findings seem to have polarized social accountability discourse, they

also produced calls to recognize the importance of contextual factors on intervention outcomes (Sarker & Hassan 2010) which eventually produced wider agreement about their importance (Bukenya et al. 2012; Grandvoinnet et al. 2015). Yet while multiple, conflicting lists of macro-, meso- and micro-level 'contextual factors' influencing SAIs have been proposed, which ones apply in any given intervention in its setting and how remain unclear.

As Chapter Two indicated, 2015 proved a watershed year for my research – and for wider social accountability discourse. Making sense of apparently 'mixed findings' was important for coherent social accountability theory. A major advance was the derivation by Fox (2015) of substantive propositions from his critical analysis and interpretation of a large accumulated body of evidence on pathways to social accountability outcomes. Among these was one positing low-accountability traps (which I call 'accountability traps'), a type of collective or systemic action problem (Fox 2015, pp. 356–7). Chapters Five to Seven further assess and reformulate his propositions. By elaborating how these traps are created, and how people enable each other to act collectively to escape them, these chapters contribute to and critique a much larger body of social accountability evidence and discourse than that available when Chapter Four was written.

Chapters Five and Six examine other key issues this research highlighted – including how scaling up, institutional formation and intermediaries, often called 'interlocutors', enable citizens to increase governmental responsiveness. Since Chapter Four only briefly alludes to CBPM's origins, these chapters trace its historical roots and how they alter power relations. Since much of CBPM practice predates 2005 and CBPM remains embedded within CV&A, Chapters Five to Seven indirectly study how learning from the practice of CBPM and its progenitors helps alter power relations.

Article 2, Chapter Five
Walker, D. W. 2016. How systemic inquiry releases citizen knowledge to reform schools: Community scorecard case studies. *Systemic Practice and Action Research*, 29(4), 313–334.

A key premise of my thesis is that as citizens together inquire into and systematically diagnose what causes low-accountability traps and build shared confidence that changing their systemic root causes is possible, and solidarity for doing so, their expectations begin changing. More power-balanced and knowledge-informed relationships, and associated norms governing relationships and accountability, emerge. To explore this premise, Chapter Five first uncovers how unfair power relations between citizens and duty-bearers in primary education engender the vicious cycles in Fox's 'low accountability trap' theory and how repairing these relationships becomes possible.

By analyzing longitudinal nested case studies of CV&A use in Ugandan primary school systems, I identify and define sets of process mechanisms by which citizen investigation conditionally generates shared knowledge and action to reorient power relations towards accountability for education and health systems. Cases help explain how citizen voice can constructively influence national solutions to educational policy implementation problems. Chapter Five also introduces, defines and illustrates the key concept of constructive accountability and explains how it bridges rights- with strengths-based social accountability in CV&A practice. A novel argument, developed further in Chapter Five, is that by mimicking official institutional methods, service-marginalized citizens decades ago learned to systematically investigate official institutions, and, drawing on collective capabilities embedded in culture, contest knowledge and power relations which weaken accountability.

Section 3.4 of this chapter showed that because formal avenues to accountability – voting and political parties – weaken rather than strengthen accountability to citizens, individual, marginalized rural Ugandans lack power to effect accountability. A democratic problem persists because they must agree how to do so, who they would hold accountable, and for what. This and other evidence suggests a collective action problem also exists, which requires agreement between and coordinated action by a wider range of actors.

Article 3, Chapter Six
Walker, D. 2018. Leveraging communities' capabilities to increase accountability for health rights: The case of Citizen Voice and Action. *Journal of Human Development and Capabilities,*19(2), 181– 197.

The third published article, in Chapter Six, addresses four questions regarding collective action for social accountability in communities – why citizens' collective capabilities matter, what they are, how they foster collective community action for accountability and how this empowers citizens to claim health and human rights. Collective action, I argue, must be sufficient to escape one kind of collective action problem, called an accountability trap.

Because escaping social accountability traps is difficult, individual capabilities are insufficient. A major reason is that anti-accountability forces operating with impunity undermine capabilities for social accountability, which degrades health systems. Consistent with this and the existence of accountability traps, Uganda's 2012 parliamentary committee on its public health system concluded that its public clinics are 'death traps' (Parliament of Uganda 2012, p. 19). In studying such cases, citizens and other actors harness their collective capabilities by applying CV&A at multiple levels of primary healthcare systems governance in rural Uganda and study cases to overcome persistent impunity in health-rights violations and corruption. To show these collective capabilities are necessary for accountability and that it is intrinsically social, Chapter

Six firstly introduces and defines different kinds of collective capabilities and explains how they arise from individual capabilities. A core question this article addresses is where the power to thicken civil society for such social sanctioning originates. The chapter differentiates various kinds of local capabilities which contribute to accountability and health and human rights. To overcome limitations on locally exercised collective capabilities exercised by communities of place, the Ugandan cases show how vicariously exercised capabilities of other individual and collective actors, called 'interlocutors', build communities of interest which decisively influence health policy.

Collective capabilities include cultural capabilities required for public action. I indicate how cultural capabilities become shared political capabilities which thicken informal associational bonds between citizens for contests with the impunity of anti-accountability forces. This thickening, Fox (2007) concludes, is a key precondition for triggering the active citizenship intrinsic to social accountability. Case studies illustrate how, in different political spaces in Uganda, various kinds of shared customary and modern cultural capabilities contribute to accountability for the right to health. Chapters Five and Six of this thesis progressively explain how, beginning in CV&A's enabling phase, this thickening enlarges space for CV&A's engagement phase and ultimately influences various kinds of duty-bearers. Moreover, Chapters Five and Six progressively explain how the incorporation of Freire's research principles into CV&A's approach systematically enables citizens and governments to bridge distanced relationships between them.

3.9 Conclusion

I chose low-income, rural settings in Uganda for my nested case studies because, as the first country to test and adapt CBPM's broader empowerment framework, it yielded the most learning about empowerment which reshaped CBPM into CV&A. Uganda's CV&A approach to pursuing rights claims to primary healthcare and education locally, subnationally and nationally consequently became the most intensively studied and documented. To complement this study, I analyzed historical and contemporary contextual factors in Uganda to show incoherence between its formal Western-dominated institutions and its informal institutions, relationships and language. Distancing and marginalizing citizens from government undermines social institutions and relationships of accountability between citizens and governments. Similarities between institutional failures causing accountability traps in Uganda and those in many other sub-African countries suggest the need for a consistent set of multi-pronged strategic processes.

To counter the dominating effects of Western and other exogenous discourse and rationalities, as Freire and others called for, Chapters Four to Eight argue that communities in Uganda and

other nations need to recover alternative ways of thinking, being, reasoning and acting which have been significantly marginalized since colonization. As Harrison (2006 p. 320) and Freire (2000, p. 54) suggest, emancipation relies on creating safe institutional spaces to transform formal educational and health institutions. Rights-affected citizens freed to occupy these spaces can, through cycles of dialogue, critical reflection and action, bridge multiple gaps, including those between dominant (governmental and aid organization) and alternative (citizen) social rationalities and imaginaries (Park 1999; Park 2006; Taylor 2004). By studying relations of accountability in knowledge and power between service-marginalized citizens and governments and their outcomes, Chapters Four to Eight test theory outlined in Chapters Two and Three to ascertain conditions under which these relationships accommodate citizens' knowledge within dominant rationalities. The published Chapters (Four to Six) identify what causes citizen ways of knowing and being to be marginalized, and how they can be recovered by building collective capabilities which animate accountable relationships with each other, governments and context-relevant interlocutors.

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[1] Distinctive national and subnational contextual factors subsequently influenced how CV&A models from Brazil were adapted when introduced across a dozen other Latin American countries. For an article reflecting on one of these models see Walker (2011a).

[2] To guide piloting and learning, in 2005 WVA managers agreed to form a CBPM piloting team, which I, as an existing WVA staff member, joined, initially in an advisory capacity, as Chapter One explained.

[3] The main publications were Cant (2012); Hall (2015); Schaaf et al. (2017); Westhorp et al. (2014); Winterford (2013); Winterford (2016); WVUK (2015). Unpublished works which Chapter Seven draws on are listed therein.

[4] Strong indications from initial piloting, confirmed by evidence available later in my PhD, indicated that Brazil would have offered more 'successful' cases than Uganda, especially with youth. However, multiple contextual factors there appeared more conducive to successful outcomes. These factors include the Freirean origins of CBPM and CV&A (which allowed Brazilians to rapidly grasp the Freirean principles underlying them), lower levels of fear of authorities, greater civic awareness of rights and already-enhanced freedoms and willingness to claim them collectively in struggles to exact accountability. For my reflective study on youth-led CV&A in Brazil, see Walker (2011a).

[5] Chabal and Daloz (1999, p. 52) emphasize that in struggles, communal not individual identities define what citizenship and empowerment mean and are.

[6] A World Bank consultant who helped develop CBPM, Jamie Edgerton (personal communication, 4 February 2016), estimated the number of iterations.

[7] At the time of research, WV's APs worked largely with established communities. While programming will increasingly focus on so-called 'fragile settings', and Chapters Seven and Eight touch on these, they are largely beyond the scope of this thesis.

[8] See footnote 10 for examples beyond those in Chapter Six illustrating how CV&A processes recover politically powerful language which reduces cultural retooling and enhances learning in social action.

[9] I suggest that exogenously imposed formal institutions are likely to disregard and may override local cultural repertoires and the informal institutions in which they are embedded.

[10] This topic is largely beyond the scope of my thesis. However, Chapter Six gives practical examples from rural Uganda of the recovery of repertoires connecting language and action, which enhance social learning about accountability and government, as argued in Section 3.6. Local political terms, such as *chakamuchaka* and *siasa*, used to legitimate CV&A's grassroots mobilization, sensitization and political education processes, are the same as those which the NRM used to legitimate its regime during struggles

for power decades ago. For example, the NRM used them to reduce fear of its armed struggle throughout the countryside, which helped it shore up and legitimize its power base as a resistance movement. These terms and associated processes, which retain their politically powerful motivating force, illustrate the significance of existing culture for fostering political change.

[11] Freire asserts that those who accept their subordinate status feel inferior to others, which causes them to become dehumanized (Ledwith 2016, pp. x–xvi). Persuaded that such social inequalities result from their inferiority, not unfair power relations, they suffer from false consciousness. Freire calls the lowest level of such consciousness *magical consciousness* – where people passively accept that fate, not social injustices or contradictions, determine their circumstances. At a second level, *naive consciousness,* people recognize individual problems but blame themselves, not structural causes such as discrimination, for their poverty and inequality. *Critical consciousness* results when people see oppression is structurally, not personally caused. By enabling them to name and deliberate on multiple such contradictions and gaps, I suggest that social auditing fosters critical consciousness.

[12] An important finding by Winterford (2013, 2016) is that because citizens are often disengaged and dispirited, small wins had a disproportionate effect on their depleted sense of efficacy and levels of engagement. This kind of initial 'butterfly effect', which often characterizes complex systems, deserves closer study.

Chapter 4

Citizen-Driven Reform of Local-Level Basic Services: Community-Based Performance Monitoring

Citizen-driven reform of local-level basic services: Community-Based Performance Monitoring

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Amid growing interest in forms of participatory and decentralised governance, increasing efforts are being made to increase the accountability, responsiveness, and relevance of the state through active citizenship. Drawing on the theoretical basis for social accountability, this article explores bottom–up views of active citizenship which highlight the importance of the intrinsic as well as the instrumental value of participatory social accountability, and thus of active citizenship. One approach to social accountability, Community-Based Performance Monitoring (CBPM), is used to demonstrate these instrumental and intrinsic values in practice, in relation to local public-service delivery.

KEY WORDS: Civil Society; Sub-Saharan Africa

Introduction

Concerns about issues of governance, corruption, and lack of accountability in developing countries have come to dominate the development agenda for several reasons. First, as a result of mounting dissatisfaction with the way in which states perform, and a growing awareness of the cost of state failure, there has been increasing interest in how states can function effectively. Responses emphasise improving governance, strengthening democratisation, and increasing capability to deliver inclusive services.

Essential public services are critical for human development. Yet these often fall far short of even basic standards of access, affordability, quality, and relevance to major sections of a country's population. Their breakdown has serious impacts, often creating a vicious circle, damaging the welfare of citizens who depend on them, and thus entrenching poverty. Citizen–state relationships also decay, undermining the efficacy and credibility of processes considered essential to democracy (especially voting). This, in turn, tends to weaken the legitimacy of the state itself (Fukuyama 2007). Lastly, in the process, it reduces the meaning and relevance of the state and of citizenship, particularly for the poorest: there is often a serious disconnection between state and citizens.

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Second, existing means for ensuring public accountability often fall far short of resolving problems of governance and accountability. Aware of this, donors have made efforts to increase accountability, strengthening electoral systems and encouraging decentralisation. Related to these has been the push for 'country ownership' via Poverty Reduction Strategy Paper (PRSP) processes. In each case, the results have been disappointing. For example, a recent global survey of government accountability found that 'although elections are seemingly the linchpin of Western governance reform efforts around the world, there is little evidence to suggest they are strongly related to improved government accountability' (Global Integrity 2007: 3). The quest for development effectiveness is thus jeopardised.

Third, at the same time, civil society has also been advocating increased public accountability. A variety of models for accountability to citizens have been emerging, beyond formal donor-initiated methods. A key challenge now is how the state, civil society, and sometimes the private sector, working together, can deliver better governance and essential services.

Despite the extent of failure and citizen disenchantment, most citizens continue to expect state institutions to provide basic services, efficiently, effectively, and equitably (Narayan *et al.* 2000). They want governments to be accountable to them, and responsive and relevant to their basic needs. Particularly where grand corruption is rampant, they want it stamped out. Mulgan (2003) notes that there is now a worldwide movement in favour of increased accountability, which reflects a growing democratic assertiveness, and an unwillingness to accept previously tolerated standards of secrecy and unaccountability. But what do we mean by accountability, and how is it important, together with voice, as a way for marginalised citizens to pursue change on these fundamental issues?

Towards justice through accountability for ordinary citizens

Only in recent decades has 'accountability' become popular as a generic term for scrutinising and controlling authority. The meaning of accountability as *an obligation to be called to account* has broadened to overlap with 'responsibility', often focusing on making powerful institutions responsive to less powerful publics. Citizen–government relationships are the primary domain for public accountability. Citizens are collectively authorised to exact account-ability according to two broad types of justification (Mulgan 2003).

The principle of ownership

The principle of ownership involves rights of prior authority, based on relevant ownership by citizens, and is thus linked to concepts of democracy. Citizens can be said in an important sense collectively to have ultimate ownership of the state and, in a limited sense, authority over it. In theory at least, this can be exercised in a variety of ways, but in practice many of those methods that matter most to marginalised citizens are easier to implement locally.

States exist to serve and protect their citizens. This stewardship is fairly universally accepted as entailing the provision of basic services. Democratically elected governments accept and owe a duty or obligation to their citizens for the provision of such services. In virtually every country today, governments continue to espouse goals not merely of protecting their citizens, but also of ensuring that all, including the poorest, have access to basic services.

However, within nations, this ownership principle is often poorly understood or promoted through governmental notions of citizenship. For the poor and marginalised it is often largely ignored, and so all too rarely enacted for or by them in their practice of citizenship. Rather, the practice of citizenship tends to become excessively confined to electoral processes, which represent a weak route to accountability. Significant awareness of the ownership

principle, among citizens, civil society, and governments, is needed for accountability to become operative among impoverished citizens.

The principle of affected rights

The principle of affected rights involves the principle that those whose rights have been adversely affected by the actions of someone else have a right to hold that person to account for the way they have been treated. Alongside this, it is necessary to set right what is wrong. In an increasing variety of ways, some basic rights of citizens to health care, education, water, and sanitation have been or are being recognised.[1] What is often lacking are effective means of redress which can provide accountability when, for example, a service provider infringes a citizen's right to health care.

This dual rationale for accountability forms the basis for citizens to call the state to account and to seek redress for wrongs for which the state holds responsibility. However, little power remains with the people, particularly at the local level, compared, say, with bureaucrats. More effective means of realising accountability are needed. Relationships of accountability need to be transformed so that the collective will of communities can be expressed, heard, and heeded, and these twin principles thus become enacted.

The principle of affected rights is closely linked to the principle of subsidiarity – the idea that the most local agent(s) who are capable of making a choice should decide. This principle underlies some decentralisation initiatives, but it deserves to be more central, given the importance of basic services for the well-being of marginalised citizens. In other words, the principles of affected rights and of subsidiarity support the democratic decentralisation of service delivery.

In theory, the poor as citizens are the 'masters', and government officials such as service providers are the servants. In practice, among impoverished communities entrenched inequality and imbalance of power may lead to a perverse reversal of roles, undermining accountability.

Three ways in which affected, enabled citizens-owners become authorised, and thus empowered, to exact accountability are the following:

1. Calling those responsible to account, for their performance against agreed standards: thus making them answerable. This requires voice, dialogue, and responsiveness.
2. Holding the responsible to account: thus requiring accountable action, which may include sanctions.
3. Obtaining redress, if due, from them. In essence, this is about setting to right what is wrong. This step is essential where significant broken relationships need restoration, or compensation is due. The importance of redress is shown by its prevalence in accountability institutions oriented to the less powerful.

These elements can also be rephrased in the language of rights: citizens are rights holders, and the powerful are duty bearers. In practice, realising each of these elements of accountability is often most difficult for the powerless, and the marginalised. The possibility that wrongs or failures will be remedied or sanctioned often becomes remote. Lack of opportunities or capacities to make demands for remedies or sanctions entrenches the weakness of marginalised citizens – often the very reason for needing accountability in the first place. In practice, these three elements intermingle. For example, obtaining redress usually requires providing answers, which may require enforcing action.

What becomes apparent from this examination of accountability is the extent to which it consists of notions that are central to justice, such as power, equity, rights, and distribution. The powerless are thus authorised to quiz the powerful. Where oppression rules, impunity of

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the powerful is likely to be rife: the cycle begins to be broken when the powerful are called and held to account, and redress occurs. Also implicit in our discussion is the importance of equitable treatment for affected citizens to whom it is due, and greater equity in distributing basic services to which affected citizens are entitled.

Social accountability

Social accountability refers to an 'approach towards building accountability that relies on civic engagement'. Thus, ordinary citizens participate directly or indirectly in exacting accountability. It encompasses the broad range of actions and mechanisms, beyond voting, that citizens, communities, civil-society organisations (CSOs), and independent media can use to hold public officials and servants accountable.

In this sense, it is a relatively recent term.[2] However, the *notion* of social accountability has been around for millennia (Goetz and Jenkins 2005). With the emergence of the modern nation state and more centralised bureaucracies, social accountability declined. More recently, with a stronger focus on decentralisation, especially with devolution of decision making closer to those affected, the question of how to effect this arose. Decentralisation is particularly challenging where government capacity is lacking. Successful decentralisation requires a functioning, responsive state, empowered local authorities, and 'voice' from a strong civil society. With some notable exceptions, all three have been difficult to achieve, particularly in the context of states built on colonial models.

During the 1980s and 1990s, varied models of social accountability emerged, initially in countries with strong pre-existing civil societies such as India and Philippines, and in Latin America. The Right to Information movement in Rajasthan in the 1980s in India helped to create the conditions for the balanced scorecard and social auditing. In Brazil, participatory budgeting processes, which started with neighbourhood consultations to review local government budgets, have led to profound changes in the operation of local government and encouraging human-development outcomes. It has also spread to other countries.

Diverse models and applications for social accountability have evolved. These include various forms of participatory approach to budgeting, processes of participatory planning and policy making, public scrutiny to hold elected representatives and government officials to account, public-expenditure tracking, citizen monitoring and evaluation of public-service delivery, citizen engagement via public commissions and hearings, and citizen advisory boards and oversight committees. These are to a large degree about public accountability. Each recognises or assumes, to varying degrees, the rights that citizens collectively have as owners to exercise authority over those accountable to them.

International NGOs (INGOs) began to become involved in these processes initially through funding some of the local groups and CSOs. As the legitimacy and mainstreaming of these processes grew, INGOs sought to be more directly involved. Some initiatives, such as the various scorecards, involved CARE International and the World Bank. Oxfam International's One Programme sought to link advocacy on policy directly with programmes. Meanwhile, heightened interest in accountability has put INGOs under increasing scrutiny for their own performance in their enlarged role in service delivery, which in turn has led them to seek mechanisms to demonstrate their own effectiveness and accountability.

According to the World Bank, a good social-accountability mechanism involves the following:

- citizen or CSO monitoring of government actions, which requires and generates publicly held information

- citizen feedback on, and advocacy for, specific government actions, both of which require voice and free media
- negotiation of the issues
- government response and responsiveness.

All facets of citizen engagement in social-accountability processes – whether in obtaining or producing information relevant to them, or in monitoring, feedback or negotiation – are most plausibly grounded in the principles of *citizen ownership* and their *affected rights* as citizens in relevant arenas. Likewise, the onus on government to respond and to be responsive is grounded in these dual principles.

Conceptually, and in practice, social accountability has some limitations. It assumes that some form of citizen engagement, as outlined above, is possible. But sometimes this may be difficult or impossible. By emphasising social rather than political accountability, it can both in theory and in practice be accused of not taking the political seriously enough. Major proponents such as the World Bank have been faulted for de-emphasising the enforceability side of accountability and for depoliticising it (Goetz and Jenkins 2004).

Despite its shortcomings, social accountability serves as a useful conceptual framework and increasingly diverse body of practice. By adopting an appreciative stance which builds on its strengths and insights, and makes justice more foundational, alongside a critical one which analyses its weaknesses and compares it with other discourses and bodies of practice, we see scope to enhance practice of, insight into, and theory about active citizenship.

A closer examination of the significance and meanings of accountability and voice that are central to social accountability is needed before applying theory and principles of citizenship from perspectives of marginalised citizens themselves to a selected social-accountability practice.

Accountability requires voice

'Voice' refers to the capacity to express views and interests, and also to the exercise of this capacity (Burnell 2007). It has wide applicability, and is central to many contemporary notions of democracy and citizenship.

The exercise of citizen voice is premised on the ownership of citizens and their affected rights. Rights to exercise voice, and associated rights (such as the right to associate) enabling citizens, acting together, to claim those rights, inhere in or arise from their *collective ownership* and their affected rights as citizens: in this instance, ownership of, and rights in relation to a local public-service facility.

Further, citizen voice and the exercise of accountability tend to be mutually connected: the voice of citizens as owners requires actions and responsiveness of an accountable agency, and it also calls for sanction: this is how the agency becomes accountable (Goetz and Jenkins 2004).

Voice does not *necessarily* lead to or increase accountability (Foresti *et al.* 2007). Yet public accountability cannot often be achieved without citizen voice, especially in circumstances where citizens most want and deserve it. 'Voice and accountability' interventions need to be tailored to the political context, and to address causes of poor governance.

Bottom–up and top–down perspectives on voice and accountability will usually vary and require negotiation and contesting, in the interests of seeking justice. The intersection between voice and accountability provides an important potential bridge between those with a top–down perspective (e.g. state and institution building) on the one hand, and those with a bottom–up view (e.g. focusing on active citizenship): where these two 'traditions' meet provides a crucial locus for forms of participatory governance which take engaged citizenship seriously

(Foresti *et al.* 2007). Without state responsiveness or capability, encouraging citizens to engage is a recipe for frustration and eventual citizen disengagement. Similarly, capable states offering responsiveness require active citizens to *become* responsive and accountable.

Why voice matters so much to the poor

Hirschman's (1970) classic typology of exit, voice, and loyalty provides a useful framework for understanding why voice matters to the poor, in the context of essential public services. He argues that any customer of such services has broadly three options for response to the service: e*xit, voice, or loyalty*. For example in relation to any concerns about a local essential public service, such as a health centre or school, citizens' options are to:

- leave the service in favour of an alternative (i.e. *exit*);
- *voice* their concerns (usually entails seeking change from within); or
- remain loyal (*loyalty*) to the service.

The poor typically lack both 'voice' in regard to basic services and the means to 'exit' to alternatives, such as to privately provided services open to those who can afford and access them. Thus, they may remain 'loyal' users of public services despite major shortcomings, or simply cease to use them. As Narayan concludes (Narayan *et al.* 2000: 100), 'It is not surprising that poor people so often simply do not go for treatment'.

Whether trapped in 'loyalty' or forced into 'exit' from essential services, the poor recognise that the politics surrounding the provision of public services frequently exacerbate inequities (Narayan *et al.* 2000: 82). The very services critical to them are those least likely to provide information about performance relevant to voting and credible political promises about their reform (Keefer and Khemani 2005: 52). This further weakens answerability, enforceability, and redress. Whether through factors they are aware of, or in the systems whose functioning they may not grasp, the poor are often trapped.

Providing 'voice' options for citizens to engage with government and exercise their rights is essential for them to have a meaningful influence over local public-service delivery. Such voice is both intrinsically and instrumentally important for human development.

Arenas for and benefits of citizen voice

Forms of democracy that rely too heavily on elections for accountability have been found wanting as the primary route to accountability and for voice. Briefly, this is because the electoral route to accountability, via political representatives who legislate and make policy, and then rely on the public service and others to execute it, is long and often fragmented (World Bank 2004). Citizen voice is often not adequately represented or is lost *en route*, leading to a breakdown in accountability. While elections are essential to democracy, additional methods of pursuing accountability that entail voice more adequately are required.

Citizens, especially the poor and marginalised, must be able to hold service providers more directly accountable, preferably face to face. To achieve this, citizens require deepened understanding of active citizenship and capacities to practise it. This way, their collective concerns, perspectives, and aspirations can find voice and register with relevant power-holders at various levels. Such voice then must meet with responsiveness and capability from government.

There are also important benefits to be gained by governments from increasing genuine citizen participation and voice. A recent study of political-democracy trust and social capital found that increased government legitimacy resulted when citizens were meaningfully engaged (Andrain

and Smith 2006). There is growing evidence that citizen-engagement initiatives promoting accountability, transparency, and information flow can also have a considerable impact on improving the delivery of key services.

One social-accountability approach being applied to local service delivery which shows how these issues matter in practice is Community-Based Performance Monitoring (CBPM), which World Vision (WV) is piloting.[3] CBPM shows promise in deepening understanding and practice of active citizenship, particularly in promoting voice, accountability, dialogue, and transparency.

An example of a social-accountability approach: CBPM

CBPM is a hybrid community-based monitoring tool which combines elements of three other social-accountability approaches: social audit, community monitoring, and citizen report cards. It seeks to bring about and model constructive dialogue between state and citizens at a local level, where space for voice, mutual understanding, and the development of social contract exists or can be claimed. Central to CBPM is a 'Community Gathering' (CG), a set of facilitated meetings which focus on assessing the quality of services and identifying ways to improve delivery, with active citizen participation. CARE International in Malawi developed the first generation of CBPM, and the World Bank further enhanced it in the Gambia and elsewhere.

World Vision's emerging CBPM practice involves the following features.

Preparing and enabling for citizen engagement

A key initial step is to identify a suitable facility and ascertain that citizen users and service providers wish to trial CBPM there. It is important to prepare citizens both to engage at CG meetings and to sustain subsequent advocacy by them. Citizens become aware of relevant public policies and associated rights and entitlements, particularly in relation to the operation of the facility. Other conditions conducive to the CG are also initiated or fostered.

The Community Gathering

Using a community-auditing process, community members discover any gaps that exist in relation to actual inputs to which the facility is entitled. Drawing on their existing knowledge of the service facility, both citizen users and service providers, in focus groups, then assess, rate, discuss, and agree on action regarding the services by:

- voting and discussing 'standard indicators' of performance (such as overall performance of the facility);
- voting and discussing 'group-generated' indicators – indicators which reflect specific issues of concern to community members;
- generating initial proposals for reform.

The information thus collected is given as immediate feedback to a plenary community meeting for a stakeholder dialogue about the service's performance. Together, participants develop an 'action plan' to reform the service.

Following the CG, community members typically take responsibility for selected reform actions. They are also involved in on-going monitoring and follow-up of decisions taken, e.g. though further community meetings. Processes following the CG are discussed further below.

Sensitivity to gender and social diversity is provided for or can be incorporated in varied ways. Rights training currently being developed includes awareness of the rights of marginalised groups, and seeks more inclusive practice. Focus groups capture the views and voices of specific groups such as women and children, in their roles as local service users. Where possible, CG voting occurs separately, according to gender. Gender-disaggregated data are routinely captured. Specific provisions aim to reduce undue influence by men during voting. The methodology is flexible enough to allow for increased gender sensitivity in specific contexts, but does not routinely foster specific redress by individuals.

Provided that it captures the plurality of community views, including those of the most marginalised, the CG can help to articulate collective voice about the service. Periodic CGs can provide on-going feedback to service providers and pursue waves of reforms. Citizens can thus, over time, work together to improve the quality, level, reach, and targeting of a range of services, and thus address shortcomings in access to them.

World Vision's involvement with CBPM

Late in 2004, World Vision Australia decided, in collaboration with other WV offices, to start piloting CBPM, in the context of a growing emphasis on advocacy within the World Vision Partnership. In particular, CBPM attracted interest because it appears to offer a route to citizen empowerment, starting at the grass-roots level, and potentially also to policy influence – both central elements of WV advocacy.

'Citizen empowerment' in WV resonates strongly with notions of active citizenship. Where injustice exists, it involves enabling individuals and groups to understand their rights and responsibilities, understand who has power to bring about change, build their capabilities, and navigate systems and structures to tackle poverty and injustice.

To date, piloting has yielded encouraging results. In Brazil, India, and Uganda, for example, communities employing CBPM have successfully pursued a wide range of reforms. These include obtaining new health clinics, extra health workers and teachers, and improving performance of schools and health centres. Citizens show signs of increased sense of ownership of public facilities, attributable at least partly to CBPM processes. Communities have self-mobilised to effect reforms. Some communities appear to have greater unity, self-help and self-esteem, and an increasing sense of civic responsibility. For example, several communities pooled their energies and resources to build new classrooms or service-provider housing. Local accountability institutions such as school education committees have been revived, and others, such as health councils, created. There have also been 'ripple' effects. In Uganda, reform actions such as introducing school lunches, resulting from CBPM activities, have been copied by schools in neighbouring communities.

CBPM is being adapted for quite different contexts, and thus taking different forms. In Brazil, it is being applied to monitor participatory budgeting processes and enhance understanding about budgeting. In Peru, WV is seeking to enhance citizen voice prior to CGs by preparing communities, especially children, through extensive rights education.

Evaluating/assessing CBPM

Various frameworks can be used to assess the CBPM CG and ascertain ways in which it may be adapted or re-shaped. Here I emphasise two contrasting frameworks for active citizenship, social accountability, and inclusive citizenship: good social-accountability practice and inclusive citizenship.

Good social-accountability practice

Comparing CBPM CG practice with elements of good social-accountability practice referred to earlier, we see that it entails the following:

- citizen monitoring of a local public service, which requires and generates publicly held information about it;
- citizen users collectively providing feedback on service performance, and advocating specific reforms, via voice and dialogue;
- negotiation of issues about the service among users, service providers, and other stake-holders;
- more immediate answerability by service providers during the CG, and calls for response and responsiveness from relevant officials to reforms resulting from the CG. This last step, government *response and responsiveness*, cannot be guaranteed by CBPM. Recognising this, our latest CBPM practice involves a broader framework (referred to below) which seeks to enable citizens to pursue answerability. However, sometimes answerability can be notoriously difficult to obtain.

Inclusive citizenship

Citizenship and social accountability can be, and often are, constructed by citizens themselves. Inclusive citizenship is such a framework

Inclusive citizenship: from 'below'. What do impoverished citizens especially look for in citizenship? Kabeer (2005: 3–8) concludes, from a multi-country study, that citizenship as seen through the eyes of the poor relates to four core values or principles:

1. Fairness – when it is fair to be treated the same, and when it is fair to be treated differently.
2. Recognition of the intrinsic worth of all human beings, but also of their differences.
3. Self-determination – people's ability to exercise some degree of control over their lives.
4. Solidarity – the capacity to identify with others and act together in claims for justice and recognition.

Together, these principles seem to express the longings of citizens living in poverty to experience a more just world. Whereas the principles of ownership and affected rights authorise the engagement of citizens in relation to the state, these core values arguably highlight something perhaps more intrinsic to citizenship: a citizenship conceived of in terms of justice *as a human and community value*, rather than one limited to democratic theory. Still, there seems to be a natural affinity and complementarity between the two, since expression of the core values also has instrumental value in realising ownership and pursuing affected rights.

CBPM's contribution to and embodiment of active citizenship

How does emerging CBPM practice contribute to realising or increasing understanding of active citizenship which includes these core values? To answer this question rigorously would require exhaustive research. The observations below point to some possible answers, based on what we have been observing and hearing from the piloting of CBPM in increasingly varied types of localities and countries.

We can appreciate strengths in CBPM, while also critiquing it. In so doing, we highlight ways in which, through developing it, we are learning about and can foster new expressions of more *active* citizenship.

First, an important inherent strength of the CG is its focus on a local service facility which is readily identifiable and can provide public space for meaningful participation. The institutionalised provision of such space for citizens is uncommon – despite the importance of local service institutions to and for human development.

The CG, in allowing users to express voice on felt concerns about services, may engender fairness. Together, they seek information on facility inputs due from authorities (e.g. textbooks for a primary school or drugs for a health centre). Through auditing, they ascertain how far these inputs are in place. Knowledge gained informs relevant action to address major gaps. The state-provided standard inputs due to a service arguably approximate to an initial (sometimes minimum) baseline for an equitable distribution of that state's resources needed to operate that service. While achieving these standards is usually not an end-point for fair service provision, it can be a significant step towards it. What the CG process lacks, but could incorporate, is an assessment of how equitable the 'standard inputs' for a given facility are, for instance in relation to aspirational national or international goals.

By assessing how capably the facility is performing in relation to *actual* inputs, it also provides some process fairness to service providers, who commonly work under major constraints. The facility provides an immediate and natural locus for local 'citizen ownership'. Citizen 'users and choosers' become citizen 'makers and shapers' through processes which pursue fairness by calling and holding to account both government and service providers (Cornwall and Gaventa 2001).

Second, CBPM provides several avenues for citizens to become aware of, claim, and realise key rights. The CG not uncommonly represents a significant claiming of an important public space – that of an essential public facility – by citizens. In it, citizens appear to claim recognition of affected rights. This is expressed through their exercise of collective voice: in discussing, voting, and agreeing on action plans for facility reform, including demands on governments to fulfil their obligations. Above, we also saw that, through greater transparency about its inputs and functioning, they also claim the right to know about the service. Exercise of these rights rest on local citizens' collective 'ownership' of the facility.

The CG helps to bring key rights closer, although by itself it does not guarantee or necessarily sustain an adequate claiming of those rights. Many citizens lack a clear awareness of basic rights. Widening and deepening awareness of these prior to the CG is important in emerging CBPM practice. While citizenship entitles poor people to receive basic services, they often lack ways to access necessary enabling rights, such as rights to association and civic participation. Further, groups such as people living with HIV and AIDS or with disabilities may be unaware of specific services to which they are entitled. Raising awareness of these prior to the CG is important in emerging CBPM practice. CBPM practice will need further provisions to include other groups suffering social exclusion, and to better incorporate peace-building principles. The realisation of various rights usually depends also on an appropriate level of government capability and responsiveness. Citizens often gain confidence through the CG to claim rights and exact accountabilities in other arenas, beyond service reforms. The spotlight of accountability is sometimes even turned on World Vision.

Third, the CG has significant value for diagnosis, discussion, and deliberation. Community awareness of the gap between facility inputs to which they are entitled and what actually is present can inform discussions on how services have performed, how citizen users have been treated, and whether access to services is reasonable. This is important, to ensure that calls for reform are appropriately directed. The CG is centrally concerned with citizens monitoring a specific local public service. The CG allows a fairly open-ended choice of what community and service providers each monitor about a given facility. Together, they canvass and choose their own indicators of quality service delivery, and measure the performance of their facility

or its staff against that. Citizens may focus, for example, on service-provider performance, or on enhancing specific features of the facility. Ordinary citizens with simple tools can make a meaningful measure of service performance and use this to negotiate local reforms with service providers on a more level 'playing field' than previously existed. More generally, because, according to accountability principles, throughout the CG communities generate, own, and use information about the facility, this can become publicly owned 'content' which can further fairness.

Fourth, by emphasising immediate response and joint decision making, and joint preparation of specific, agreed, time-bound reform action plans, the CG can engender citizen-initiated reform and give it purpose and direction. Agreeing on service reforms through dialogue between key stakeholders can enhance the legitimacy of reforms, while providing a forum within which stakeholder views and proposals for reform can be heard. Outcomes considered fair by citizen users may be diverse in their scope and timeframes. They may be more immediate, or anticipated by citizens, e.g. the answerability and level of responsiveness of service providers or government officials. Or they can be unexpected or cumulative with other change processes. Conversely, outcomes seen to be unfair may discourage citizen engagement.

Fifth, an ownership seems to be emerging which unites communities, provides direction, and generates energies for and a focus on reform, with an emphasis on collective self-help or solidarity. In taking responsibility via the CG for reform of a public service, and in investing their time and effort in it, communities take important steps towards controlling it. Knowledge, discovered or generated in solidarity, helps in this process. The sense of self-help or solidarity seems to provide a springboard for new forms and expressions of active citizenship, entailing both rights and responsibilities. This may include agreeing to joint community action to enhance services, using whatever funding, energies, and other in-kind resources they can muster. Scrutiny of government performance and power in turn raises healthy questions about WV's use of power, accountability to the community, and role in service delivery, and who should monitor projects. Active citizenship thus extends to non-state actors. In placing citizens at the centre of a newly created political space, it appears that, acting in solidarity, they make collectively important discoveries about a facility and its performance. Most CGs culminate in a community meal and cultural celebration, often song and dance. This appears to reward their active engagement and confirm a sense of joint achievement, discovery, and ownership. In the process, participants often affirm their cultural identity, perhaps indicating the steps they have taken towards being recognised. Yet these expressions of solidarity may be fragile, even fleeting, and need to be nurtured.

Sixth, there appears to be potential, with appropriate sampling techniques, for parts of the data generated at local level to be aggregated and used as evidence to *influence policy*. In many countries there is a dearth of evidence expressing grassroots voice about and monitoring of local public-service delivery. CBPM therefore may help to allow more genuinely pro-poor and responsive policy-formation processes and thus, over longer time frames, it may help policy implementation across many local communities to better respond to and incorporate collectively expressed priorities and aspirations. The development of local, citizen-owned information systems is a huge challenge ahead.

In each of the six contributions, we note that there is both *intrinsic* democratic value and *instrumental* value, e.g. to reform services. CBPM seems to provide spaces for communities to enact a form of active citizenship in which voice, accountability, transparency, and dialogue are enhanced, with scope for them to be further enhanced. It has given WV itself the opportunity to engage and learn from citizens alongside whom we work.

Yet we have also recognised that focusing too heavily on the CG has major limitations. The process is completed after a few days, and may even soon be forgotten. We are turning more

attention to factors which enable longer-term citizen voice and accountability: civic awareness, capability, and responsibility. These are intrinsic to exercising citizenship, as well as necessary for democratic and development outcomes.

What seems to be emerging is a broader model for practising civic-driven advocacy, not just CBPM. Heightening awareness, particularly among children, about rights and responsibilities is critical for realising active forms of citizenship. Practical understanding of how governments, their budgets, and local public services operate, and exploring options for social and political change, are needed to equip them for peaceful, purposeful, and persistent advocacy.

Large challenges remain: such as how to build more inclusive forms of practice and to address exclusion; how to ensure that a representative range of voices are heard and heeded; how to pursue accountability for government service inputs critical to major rights (such as rights to health care and education); and how to increase capability and responsiveness of service providers and governments (Tender 1997).

CBPM is still in varied phases of development and contextualisation and is yet to be fully evaluated. As the approach continues to broaden beyond the CG process, and to expand with more pilots in a growing range of country and local contexts, we continually incorporate and consolidate learning. More challenging governance contexts will require patience, flexibility, and broader collaboration.

Some key shifts in WV's thinking, language, and practice

Piloting CBPM has already taken us on a remarkable learning journey. Here are a few relatively early reflections from that journey.

Shifting paradigms?

CBPM provides a new set of lenses for WV's grassroots development and advocacy. It is showing potential to create new local arenas for impoverished communities to articulate their collective voice for reform, beginning with local service institutions. In CBPM we recognised that we need to intentionally shift our thinking.

In contrast to the project or programme as the organisationally defined arena for participation, in which the poor are understood as being 'beneficiaries', the creation of new public spaces for participation entails different sets of actors, new dynamics of engagement, and new types of participation by marginalised citizens. A key shift is from beneficiary-driven towards citizen-driven forms of participation, in which citizens influence government policy and decision making in local arenas affecting their lives (Gaventa and Valderrama 1999: 6).

Such shifts emphasise the importance of enhancing citizens' collective and individual political capabilities. This in turn raises searching questions about many of WV's current modes and models of operating. It opens up possibilities for broader approaches to change. It also prompts other questions, for which we have very incomplete answers: What are the essential capabilities that citizens need in order to engage with the powerful? How do they exercise these, and to what extent are they contextual? How adequately do we understand power, including our own?

Learning from broader experiences of social-accountability approaches

An important recent survey and analysis of case studies in social accountability in Asia (Sirker and Cosic 2007) identified five key enablers for social accountability: responsiveness and voice, the power of information, local ownership, local capacity building, and political buy-in. These variously reflect our emerging practice of CBPM and areas to which learning is being directed.

Sirker and Cosic (2007) highlight the 'potency of blending state responsiveness with voices of the community' as opposed to taking adversarial positions, with a view to developing strategic partnerships. Influential evidence from elsewhere emphasises the importance of state responsiveness (Tendler 1997; Grindle 2007) for good government. Locally, we see signs of increased understanding between service providers and citizens emerging from CGs, along with increased partnership and collaboration between service providers, as they share commitment to improve delivery. Beyond the CG, we also see a key challenge of how to magnify the impact of community voice from many CGs, so they can collectively influence policy. One possible avenue involves aggregating performance information from multiple CGs and analysing this to influence policy. However, the success of this hinges on sufficient state responsiveness.

When a local citizenry learns about a facility's entitlements to inputs, we have observed 'the emancipatory and empowering potential of information to usher in accountability' (Sirker and Cosic 2007). But their voice can become muted if government withholds or cannot provide key information. Discouragement may set in. Other means may be needed to pursue the transparency to which citizens are entitled. These vary with context, including political space available to citizens, and the strength of their motivation, capability, and constituencies. Beyond state-provided information, the power of evidence-based, citizen-generated information to influence policy change is also increasingly being highlighted in various studies (Robinson 2006).

A key goal of CBPM is to encourage principles of local ownership, which undergird public accountability. For example, data gathered and generated about a local service and the associated processes are to be community-owned, from inception. Staff facilitate community action and learning ahead of the CG and follow-up community processes.

Fostering local ownership is critical. For social-accountability processes to become self-sustaining, enhancing local capability to assume ownership is important. Equipping local volunteers and organisations to lead CBPM processes is an increasingly important part of CBPM practice.

Ways to institutionalise and scale up social accountability are identified as important issues in the literature (Grindle 2007). As already indicated, the development of strategic constituencies is likely to be important in gaining wider political buy-in and leverage for greater government responsiveness. An important role in exacting accountability is being recognised for traditional local leaders, as well as for local elected representatives (Ananth Pur 2007).

Each of these also presents fresh opportunities for WV as a child-focused organisation, whose vision is 'life in all its fullness for every child', and 'the will to make it so'.

Our journey with CBPM: where to from here?

Over the first 18 months of piloting, it became apparent that our early approach to the CG was strongly instrumental. As our vision and practice for CBPM enlarges beyond the CG, we are seeing CBPM as having both instrumental and intrinsic value. As an intervention to encourage collective reform by citizens, its instrumental outcomes are emphasised. Yet intrinsic value is apparent from democratic participation and voice, citizenship, and public accountability. As citizens claim and enact their citizenship in new ways in familiar contexts, they also potentially realise and constitute it afresh. Yet change, whether of intrinsic or instrumental value, can be fragile, so can nurturing its intrinsic value as well as its instrumental value help to sustain the change process?

WV's traditional focus on local service delivery could become a limiting factor, because of its tendency to direct community attention towards WV's actions, funding, and need to see specific outcomes, rather than towards a more open-ended set of processes in which an

important focus is on the community as citizen actors and rights holders, and government as primary duty bearer.

Community Gatherings are not enough by themselves to sustain momentum for active citizenship. Contextualisation, relationship building, awareness raising, and mobilisation need to precede the CG, and processes following it need to sustain the collective community energy and amplify the voice that CGs typically generate. Drawing on our multi-country practice, we are now developing a broader framework of processes that seek to build the *capability* of citizens to engage with government prior to the CG, in ways appropriate to local context.

Active citizenship following the CG

The CG culminates in an action plan for reform. While some reforms will be under community control or influence, typically at least one of the reforms critical to service performance relies on governments or providers being responsive, which may not be forthcoming. What can a community do? In any given context, two broad dimensions may offer opportunities to address such blockages and sustain participatory social accountability:

1. government and institutional functioning;
2. citizens' collective aspirations, energies, resources, and capabilities.

I consider both these factors briefly in turn, in relation to community action to pursue accountability post-CG. Although both will include both enabling and disabling factors, the focus here is on the former.

Government-provided avenues

Various avenues for accountability may be provided, or indeed encouraged, by governments. These may include relatively institutionalised forms of representative governance or mechanisms for voice, accountability, or both, such as School or Health Management Committees. Constitutional, legal, or rights mechanisms may be available to exact accountability in some instances, and selected rights may be justiciable. For example, there may be a constitutional right to participate, or transparency may be pursued by using suitable freedom of information legislation. Overall, we frequently observe that these avenues are inaccessible by or ineffective for ordinary citizens. However, when citizens gain collective voice, they may reform local institutions or be able to gain access to wider avenues.

The global trend towards decentralisation can open up spaces and opportunities, especially if accompanied by voice. However, evidence is mixed on the efficacy of decentralisation. On the one hand, overall decentralisation has not delivered on the promise and hopes that it generated (Tambulasi and Kayuni 2007). Evidence suggests that 'decentralised service delivery has not improved poor people's access [to services] and improvements in quality have not resulted from a transfer of power and responsibilities to local authorities'. On the other hand, a recent study concluded that 'many of the problems with decentralised service delivery lie in the design and implementation of reform initiatives and insufficient attention to the feasibility of achieving major improvements without commensurate changes in broader governance structures and underlying socio-economic conditions' (Robinson 2007: 2). To understand what potential decentralisation offers in any context, it is important to appreciate its purpose, and specifically whether and in what ways it devolves power to citizens, and fosters local government responsiveness.

We conclude that decentralisation may offer a route to accountability, but often a slow one. Particularly where government will and capability exists, we see signs that it provides enabling conditions for participatory governance.

Beyond formal government-initiated avenues

Using their collective initiative and imagination, citizens can pursue available and created avenues to build constituencies for change. In finding their collective voice and engaging in dialogue, they can pursue reforms in public-service delivery. We have seen that the imaginative, bold, and peaceful 'weapons of the weak' to seek reforms can produce surprising and amusing stories about forms of community action to enforce accountability.

Collaborating in constituencies to advocate for change, whether by linking up with or by creating related grassroots NGOs, campaigns, or movements, is often effective. Co-opting important allies to strengthen these constituencies, such as the middle class, the media, or public servants, can be useful.

Our earlier more instrumental, problem-centred approach to building organisational capacity in CBPM proved inadequate. We have found that a much broader, appreciative, strengths-based framework, emphasising collective citizen agency within the governance context, is essential. Within this, the role of local staff is shifting towards being facilitators of change driven by citizens, rather than implementers of programmes in which beneficiaries participate.

Conclusion

The change process in CBPM shifts the focus from implementing mainly sectoral projects with participating beneficiaries towards facilitating processes in which citizen actors become enabled and authorised to exercise collective rights intrinsic to their status as local citizen owners of local government services. These include rights to associate, to know, to participate – rights needed to discover and exercise voice in the process of dialogue, and to use that voice to claim rights to health care, education, and other essential services. Without sufficient capabilities *and* awareness of rights, citizen action risks being co-opted or losing direction or momentum. In CBPM practice, capabilities built on rights-based awareness of citizens, to monitor basic local services, and as rights-holders to exact accountability for relevant rights, such as the rights to basic health services and education, from the relevant duty bearers, are becoming paramount.

Combining different forms and types of social accountability so as to enhance levels of transparency and accountability owed to citizens and their collective voice and agency seems to offer significant opportunities to deepen democracy and citizenship. Meanwhile, increasing government responsiveness to citizens' most basic rights also entails addressing structural imbalances of power between government and ordinary citizens. Lastly there seems to be potential to influence the formation of more equitable policies affecting the poor, such as those in health and education.

By progressively imbuing CBPM with more deeply justice-and-rights-based thinking and thus transforming it, and providing a more enabling environment for it, we hope to nurture and generate more inclusive praxis of active citizenship, and thus, as we are beginning to see, realise more equitable distribution of state resources to marginalised citizens. Such praxis will be of both intrinsic and instrumental value if it helps citizens to reconnect with government, realise their ownership of it, and exact accountability from it. This entails citizens collectively understanding and discovering their voice and taking their place as citizen actors. It will require practices to claim inclusion, entitlement, and collective exercise of power, particularly in their civic relationships with state duty bearers, but also with non-state duty bearers such as WV.

WV began with CBPM as a social-accountability tool to be adapted and refined for different contexts, to achieve specific goals connected with 'community empowerment'. As we began to introduce the CG to communities and staff, stories of empowerment from it encouraged us, but

staff struggled to make sense of CBPM as part of existing development practice. It seems that our rather instrumental approach encouraged a view that our aim was to enhance existing practice. We have concluded that CBPM and, we suspect, other social-accountability tools will not deliver their full potential in the project-based development frameworks that WV commonly uses.

Processes of organisational learning helped us to see that a paradigm shift was needed. This entailed new lenses through which to view seemingly familiar spaces and processes. Such lenses focused our attention on different relationships and issues. CBPM processes appear to place collective initiative in citizens' hands in ways that project participation often does not. But they also pose questions about how collective citizen voice and dialogue can be sustained and amplified.

In this process of discovering new lenses, we saw that WV's mission to seek justice can provide values and commitments important for shaping CBPM practice as empowering. In particular, enabling citizens to engage in governance meaningfully requires that they can address power in key institutional relationships.

We can say that governance is *good* only when the systems of governance are capable and accountable to ordinary citizens, and responsive to them and to their voice. This means that governance needs to be 'democratic in both form and substance – for the people and by the people' (UNDP 2002). The challenge ahead is to realise this. CBPM as an emergent expression of active citizenship is opening up an encouraging pathway ahead.

Acknowledgements

Notes

1. These are explicit in human-rights instruments, and strongly implicit in major international declarations and goals.
2. 'Social accountability' is frequently used in the context of corporations to refer to *accountabilities owed by corporations to society* (sometimes relatively narrowly), whereas here the focus is on the broad range of accountabilities involving civic engagement with government.
3. Since the time of writing, CBPM has been renamed Citizen Voice and Action (CV&A). I have retained the programme's original title because this is what was in use during the period referred to in the article.

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Chapter 5

How Systemic Inquiry Releases Citizen Knowledge to Reform Schools: Community Scorecard Case Studies

ORIGINAL PAPER

How Systemic Inquiry Releases Citizen Knowledge to Reform Schools: Community Scorecard Case Studies

David William Walker[1,2]

Abstract Despite the relevance of systemic practice for repairing broken public systems, documented instances where it empowers marginalised groups *en masse* to be action researchers are rare. Public school systems that fail to educate millions of pupils are ripe for systemic inquiry. Using evidence, this article identifies conditions under which such inquiry fosters school system accountability and increases pupil learning. By tracing the emergence of a type of community scorecard practice called Citizen Voice and Action (CV&A), it explains how and why marginalised groups use CV&A's systems-enhanced participatory research to engage with and reform unresponsive public systems. It also shows how soft systems thinking and further action research enhanced scorecard methodology. Brief case studies of CV&A use in Ugandan primary schools illustrate and explain how communities reform schools by using CV&A to systematically foster accountability. Discussion identifies how processes free them to create and use systemic knowledge. This theorising helps explain conditions under which systemic inquiry into school and other public systems is being generalised and scaled up.

Keywords Participatory research · Systemic action research · Primary education · Social accountability · Policy change · Case study · Uganda · Community scorecard · Systemic Inquiry

Introduction and Background

Despite greatly expanded enrolment, on a global scale primary schooling is failing to teach basic skills. Of the 650 million children of primary school age, almost half cannot read, write or do basic mathematics by the time they graduate (UNESCO 2014). Learning

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outcomes are deteriorating (Pritchett 2013, p. xii). Recent government pledges to support education for all children, as reflected in Sustainable Development Goal 4 on quality education, are empty rhetoric unless schools promote learning.

A central challenge of systemic practice and action research is reconciling emancipatory and pragmatic strands seamlessly within action research practice (Larsen 2013). Applied to schools where pupils are not learning, emancipatory principles such as inclusion, fairness and use of dialogue can energise systemic inquiry and help effect reforms. However, a key issue is who is entitled to discern and decide what needs to be reformed, and be practically accountable for ensuring reforms happen. The prevailing assumption that systemic inquiry needs external expertise overlooks the democratic legitimacy of rights-affected citizens to reform public school systems. It may be that citizens motivated to engage in systemic inquiry could facilitate such reforms.

This article argues that when citizens are enabled to collectively analyse systems, deliberate, take collective action and learn from it, they can generate knowledge and capabilities to change education systems. Yet systemic practice largely ignores these latent capabilities. This paper therefore examines the conditions under which school actors apply action research-informed reasoning to school systems, in order to improve accountability and overcome learning failures.

Citizen Voice and Action (CV&A) is one widely-implemented form of community scorecard intervention using action research. Community scorecards enable citizens to diagnose performance of public systems, dialogue with each other and duty-bearers and take collective action to reform them. Through the exploration of CV&A case studies, this article identifies conditions under which citizens become systemic inquiry practitioners. Three questions are addressed: (1) *Under what circumstances do school actors create accountable and effective school systems?* (2) *How did scorecard-style systemic inquiry emerge as a viable approach for systematically reforming school systems?* (3) *Under what circumstances can marginalised citizens generate sufficient school system knowledge to improve school accountability and quality?* To answer the first question, the next section surveys existing literature. Beginning with evidence from empowerment and accountability interventions to show why community scorecards warrant closer examination, it illuminates how school actors reason, develop accountability to each other, and cooperate to promote pupil learning.

Accountability in School Systems

A systematic review by Westhorp et al. (2014) on community empowerment interventions in primary schools in low- and middle-income countries identified multiple causal mechanisms and categories of contextual factors in education systems which affect school accountability and learning. Community scorecards, one such type of intervention, rely on multi-pronged strategies that enable school actors to improve school quality by increasing their awareness of roles, rights and capacities, enabling community monitoring of school performance gaps, building expectations of mutual accountability between school actors, and influencing the exercising of authority (ibid., p. 51). Instead of imposing external 'best practice' knowledge on schools, community scorecards allow school actors to discover localised 'best fit' reforms for their school. They harness local aspirations and capabilities to reform schooling. Engaging actors in systemic inquiry releases and develops their capabilities, generating public action directed at improving school systems. Westhorp's

review showed that accountability and empowerment interventions require considerable contextual tailoring in order to facilitate local actors' reasoning and action. Its findings are consistent with evidence that 'best-fit' interventions that foster systemic and organisational changes are far more effective and affordable than increasing resources or applying 'best practice' responses to improve schooling (Pritchett 2013, p. 122).

A study by Barr et al. (2012) measured outcomes by comparing expert and community scorecards in 100 Ugandan rural public primary schools. 'World best practice' scorecards were used in 30 schools, citizen-driven CV&A community scorecards in another 30, and a control group comprised 40 schools with no intervention. After 1 year, schools using 'best practice' scorecards resembled the control group: they produced no significant improvement in learning. In contrast, school communities using the CV&A participatory scorecard (hereafter, simply 'scorecard') substantially increased learning and other educational outcomes. Participants who used their own action research agendas to create actionable knowledge far out-performed those using expert-imposed knowledge. This corroborates a study by Nyqvist et al. (2014) of scorecards for primary healthcare in rural Uganda that resulted in large reductions in child mortality and other measurable health outcomes, which were sustained over 4 years. However, neither study explained *how* scorecards actually address persistent accountability failures.

Approaches—including scorecards—that restore accountability do so by engaging school actors. A substantial body of evidence now shows that they do so by using multi-pronged strategies and methods to leverage local sources of knowledge and power. Fostering collaboration contributes toward synergies in accountability between state and citizens (Fox 2015; Wild and Harris 2011). These approaches draw on collective capabilities 'stored' in culture, politics, history and language to enable citizens to organise, mobilise, deliberate, and think systemically, thus spurring social learning and collective action (Booth and Cammack 2013; Swidler 1986; Ison 2010).

It is clear from the studies mentioned in the previous paragraph that exercising accountability requires multiple capabilities. Accountability is therefore defined here as the exercising of three capabilities which are embedded in relationships: *answerability* (power to give and get answers, entailing dialogue), *enforcement* (power to align behaviour, including using sanctions and authority) and *redress* (power to set relationships right) (Walker 2009). Thus accountability is contingent and relational, because it emerges as people with different capabilities, roles and perspectives interact responsively. However, who is required to give account, to whom, in what ways, or with what capabilities depends on the local context. Within school systems, accountability is typically exercised face-to-face in classrooms and other interpersonal interactions, where power is often unequal.

Systems thinking conceptualises a public school as a bounded, open system adapted for learning. It is open because it depends on public and private inputs (e.g., budgets), policies, laws and standards from education and other systems to which it belongs. Pupils, teachers and parents as distinct types of systemic actors each have roles essential for learning.

Various authors have shown that systems thinking is valuable when studying and discussing school accountability. Here I draw particularly on the work of Pritchett, whose recent study of the relationship between schooling and learning amassed considerable evidence that effective and adaptive schooling emerges as schools become open, coherent systems, with sufficient local self-determination for school managers, teachers and parents. Managers and teachers are mutually accountable to each other and to children and parents for transforming relevant parental, professional and technical inputs into measurable school performance (Pritchett 2013, p. 195).

Mutual accountability requires clarity about how effective schooling happens, who is going to do what and why. Clarity about roles fosters expectations, motivations, and behaviours that contribute to effective learning. Pupils enjoy learning in adequately resourced facilities, through effective pedagogies and appropriate curricula that result in learning. This gives them a reason to attend school willingly and punctually, because there is a connection between their school experiences and their life aspirations. They and their parents expect the school to be sufficiently staffed with trained teachers, who are present, supervised, and teach competently enough to foster learning.

Authorities responsible for education systems, with parental support, ensure sufficient classrooms, water, sanitation, transport, food, trained teachers and other inputs for learning. School actors also have sufficient understanding of standards to ensure they are being met. Virtuous cycles of accountable relationships and fulfilled obligations each school day within and beyond the school produce an effective learning environment (Pritchett 2013, p. 203).

However, while resource-deprived communities recognise such school systems are necessary, Pritchett (2013, p. 195) notes that they face acute difficulties in realising them. Within schools, low parental literacy, unequal parent-teacher and gender power relations and patronage politics differentially exclude some parents and weaken school accountability to them. Where elites capture school management committees (SMCs) or interventions, they exert undue influence over school affairs, further squeezing out poorer parents who are rarely organised to exert influence. Community norms which discriminate against marginalised groups deter children from attending or exclude them altogether (Kingdon et al. 2014, pp. 55–56; Westhorp et al. 2014, p. 160). Poverty, mismanagement and corruption endemic in external systems create vicious cycles that reinforce poor school system performance. These vicious cycles perpetuate school mismanagement, under-resourcing, actor disengagement and falling expectations of accountability in schools and the systems they depend on.

As school actors observe schools are deprived of the material inputs necessary for effective operation, they lower their expectations and adjust their behaviours accordingly. Eventually what was once unacceptable by actors becomes what they expect, accept and collectively practice as the daily norm. Since actors at multiple levels collectively expect, create and accept vicious cycles, they overdetermine them.

Participatory systems inquiry allows actors to systemically counter these cycles with virtuous cycles. Virtuous cycles depend on repairing unfair power relations, recapturing political space, restoring accountability, promoting learning and raising expectations that such reforms are possible. Knowledge of rights to participate and to be educated creates awareness of legal entitlements and associated expectations. This legitimates and motivates rights claims by both parents and their children, and acceptance of these claims by duty-bearers. When parents become sufficiently mobilised that their collective demands are made public, this raises expectations that school and other duty bearers will act accountably by performing their duties. Parent-teacher power relations become more equitable as parents participate in dialogue regarding reforms, provided participation itself is fair.

School actors are often aware that their school lacks important inputs. However, CV&A experience is that few of them are aware that these inputs are entitlements specified by national education policy. Even fewer can quantify what the gaps are between these entitlements and what exists at the school. Sufficient systemic knowledge about entitlements and gaps is therefore needed before expectations regarding the content of accountability for these entitlements—and quality which results from it—can be restored. Changed expectations about accountability change power relations between school actors.

Changed power relations are the outcome of cycles of research in which information on entitlements becomes public, actors monitor entitlements, measure gaps, deliberate on them, and take action to close them. Power relations change iteratively. Actors accumulate sufficient knowledge, socially and politically transformative capabilities and action (Gaventa and Cornwall 2006, pp. 77–78) to hold duty-bearing government representatives—and each other—accountable for helping their school improve. Ultimately, how transformative outcomes are will depend on how each school's and other systemic actors either enable or constrain power relations that release knowledge.

Having identified what the literature reveals are conditions under which accountable and effective schools emerge, we now answer question 2 by tracing how CV&A's systemic inquiry methods originated. Unlike much systemic practice, these methods results from longstanding Southern struggles. Impoverished citizens experimented with methods until they yielded enough systemic knowledge-power (systemic knowledge that changes power relations) to establish accountability for and control over public systems.

Introducing CV&A

Origins

Impoverished citizens want practical results that free them, and the dignity of achieving these themselves. However, when external experts bring their own agendas and expertise, external pragmatic considerations can trump citizens' emancipatory aspirations, especially where experts dominate rather than facilitate the emergence of local research agendas, action and ownership.

Because poverty and inequality characterise contexts where scorecards are most often used, CV&A draws on a family of Southern action research called participatory research (PR). This hands power over to communities. They create, generate, control and use their own agendas, data and knowledge in cycles of dialogue, critical reflection and collective action. Using collective research, monitoring and evaluating capabilities, communities discover causes of dysfunction in public education systems and create actionable knowledge to engage at multiple systemic levels.

PR was created among and by communities and groups suffering and seeking emancipation from oppression and marginalisation under authoritarian regimes. They recognised that these regimes retained dominating power over them by inculcating cycles of fear, ignorance and despair—'cultures of silence'. According to Brazilian Paulo Freire (1972), these cultures keep marginalised people mystified about social, legal, political and economic arrangements. Cycles become vicious whenever they guarantee an oppressive status quo riddled with contradictions between public policies, laws and systems. This contradictory status quo is maintained by causally overdetermining cultures of silence. Broken political promises reinforce contradictions.

Mohanty (2010) has argued that emancipation requires marginalised groups to understand and critically engage with laws, policies and systems, to unmask and publicise their contradictions and to hold officials accountable. By mimicking state methods for generating policy knowledge to control systems, they create countervailing knowledge-power over them (Mohanty 2010). *Auditing methods* reveal systemic contradictions by measuring gaps. *Performance monitoring* furnishes actionable qualitative and quantitative policy knowledge. *Strategic planning and deliberation methods* force officials to be answerable for discrete policies in public hearings.

However, broad-based emancipation from the status quo has proved elusive. Continuing experimentation has produced new hybrids that combine PR with other methods. Two such hybrids are incorporated within community scorecards. Social audits measure gaps in systemic inputs, while using public hearings to expose bureaucratic mismanagement and corruption. Scorecards engage citizens in rating and diagnosing the performance of public systems.

CV&A and other scorecards also incorporate methods similar to systemic action research (SAR) that originated in the North, based on systems thinking and complexity theory. Leverage and entry points (hereafter, simply 'leverage points') help actors to engage with and change the dynamics and equilibrium of dysfunctional systems. Inquiry along multiple avenues engages many diverse stakeholders simultaneously, creating parallel inquiry strands. Visual representation allows the whole system to be captured and seen from many viewpoints, fostering a sense of equality and shared understanding. Burns (2014a, b) has shown how fluid inquiry groups track emergent issues, using feedback loops in which new knowledge triggers individual and collective action. Data, perspective and method triangulation help validate inquiry group findings.

PR struggles have used two closely interrelated knowledge-power processes, *conscientisation* and *systematisation*. Combining them creates multiple emancipatory leverage points. Conscientisation progressively demystifies power relations by raising awareness of contradictions; its cycles of mobilisation and dialogue harness community creativity, critical awareness, reflection and learning. Resulting knowledge-power helps dispel fear and trigger informed collective action (Macedo 2014). By reducing requirements for formal literacy, visual and oral methods allow disparate experiences and knowledge to be systematised into shared mental models.

Systematisation of knowledge is a collective participatory process in which citizens, using mixed research methods express, critically analyse and organise their experiences into shared mental models: actionable hypotheses and action plans based on them. Subsequent monitoring, reflection and modification of these plans update and refine this knowledge. By iteratively testing and proving their hypotheses, citizens can produce enough knowledge to influence public policy and to promote accountability for policy outcomes (Fundación para la Cooperación SYNERGIA 2001, p. 75). Dialogic forms of inquiry and decision-making use local languages and cultural methods to summarise, enact and celebrate learning. This deepens shared understanding and galvanises action (Fals-Borda 1987; 1988, pp. 93–94; Freire 1972). As citizens systematise their knowledge of public processes, they gain confidence to engage with authorities and instigate reforms. Marginalised groups set their own research agendas and use their own ways of knowing to measure public policy performance and interrogate duty-bearers. When marginalised groups are repeatedly included in dialogue on equal terms, they gain dignity and voice. This reinforces norms of inclusion, changes power relations and reduces social inequality (Arnold 2011).

In Sierra Leone in 1996, the World Bank, in partnership with a local team, incorporated conscientisation and systematisation processes within a hybrid approach to guide national planning of public services. Rapid voting on a single scorecard using a graded 'smiley face' Likert scale created an inclusive, accessible process, allowing low-literacy focus group participants to participate as equals in quantitatively rating service performance. Using dialogue and voting, they evaluated and measured trends in eight public service areas for strategic planning and action. In 2002, aid agency CARE International further refined this prototype, calling it the Community Score Card (CSC)—a hybrid of social audits, focus groups with scorecard voting and dialogue, and democratic public hearings.

This was successful in improving health services in Malawi and many other countries, demonstrating their methodology was replicable in diverse settings (Post et al. 2014). Later, the World Bank enhanced the CSC, calling it Community-Based Performance Monitoring (CBPM). CBPM is designed to hand power over to communities. Citizens using CBPM were able to increase accountability for public services (Thindwa et al. 2005). In 2004, the non-government organisation World Vision (WV) became aware of CBPM and decided to test it within its programs.

Background to CBPM and CV&A Use by World Vision

World Vision is an international partnership of organisations engaged in community development, humanitarian work and advocacy. Working with local organisations in 100 countries, World Vision enables communities to increase child wellbeing. Its guiding principles aim to address systemic root causes of poverty by empowering citizens and integrating developmental, advocacy and humanitarian work at the local level. Attracted by CBPM's systemic approach to poverty, World Vision Australia (as the donor office), partnered with WV Brazil and WV Uganda to pilot its use beginning in 2005. Encouraging results from these trials led World Vision Australia (WVA) to extend the piloting of CBPM and record its methodology in an operational manual. The action research and systems thinking changed practice so substantially at the pilot sites that, in 2009, CBPM was renamed Citizen[1] Voice and Action (CV&A).

What is CV&A?

Figure 2 summarises CV&A's primary cycle. It shows key facilitated methods and strategies that foster conscientisation and systematisation of knowledge in marginalised communities.

As detailed accounts of CV&A exist elsewhere (Walker 2009; Winterford 2009), this account briefly identifies its core practice as applied to school accountability. Staff prepare by obtaining the permission of school actors and authorities and by equipping WV staff, who train local facilitators to engage and equip school actors for CV&A action research cycles.

Phase 1

This *enabling* phase comprises five mutually reinforcing processes for creating a school system ready for school actor engagement. Staff and facilitators research relevant public policy, and contextualise CV&A educational materials. They mobilise and educate school communities in meetings where parents, pupils and teachers become aware of relevant laws, policies, budgets, standards and school-relevant rights and responsibilities. As the community's collective awareness of how their school system should work grows, behavioural, financial, material and attitudinal gaps and contradictions become apparent.[2] Using social auditing, they monitor school inputs and measure or assess gaps. Relationship- and

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[1] 'Citizen' in CV&A refers inclusively to actors having affected rights and responsibilities in relation to specific public services (Walker 2009).

[2] E.g., in Uganda, the Universal Primary Education Stakeholders' Handbook outlines specific roles of systemic actors.

network-building enhances community strengths and sensitises actors regarding the constraints others face, thereby reducing misdirected blame.

Phase 2

When organisers assess that the actors are ready to collaborate, they enter the *engaging* phase, known as a 'community gathering'. In a concentrated day of fieldwork, community participants rapidly research their school. Focus groups use a range of PR techniques to collect and analyse specific information about school performance, which is triangulated across the findings of other groups. In analysis, they use dialogue between each other to systematically formulate knowledge for action (Chiu 2003). Using previously measured gaps between inputs and government material and behavioural standards, each focus group uses scorecard processes to determine research priorities, develop performance indicators for these priorities, vote on the indicators, diagnose gaps that emerge and propose solutions.

Facilitators analyse the scorecards and summarise scorecard findings to present at a plenary public hearing ('interface meeting' in Fig. 2). After deliberating on this and other school data at this meeting, organisers facilitate participant decision-making on an action plan to implement research findings. The day includes a community meal and cultural activities, affirming local culture and celebrating local knowledge.

Phase 3

An *improving and influencing* phase entails ongoing collective citizen action, in which groups of citizens, in repeated cycles, monitor and evaluate the actions from their action plan and those which emerge from subsequent monitoring, produce feedback and learning, and adjust action plans to reflect new knowledge. Advocacy for, and influence on, public policy design and implementation emerge from cycles of planning, action and reflection.

Throughout these phases, mobilisation and conscientisation iteratively build capability. The action plan aligns school actors' accountability for school reforms, and its implementation is aided by local facilitators who accompany them and build trust. 'Quick wins' in achieving small plan items build collective self-efficacy, encouraging successively more ambitious reforms (Winterford 2013). These processes foster ongoing systemic inquiry at school sites.

The CV&A guidance notes (Winterford 2009) provide generic, dominant-language meanings (e.g., English) and illustrations. However, applying these in highly diverse contexts requires appropriate contextualisation. Illustrated versions of these notes have been produced in many languages to adapt practice according to local politics, policies, laws, culture, language and history.

The next section presents three stages of methodology for developing, case studying and building theory on CV&A.

Methodology

Stage 1: Action Research Methodology for Developing CV&A as Systemic Practice

My insider–outsider research began in 2007, when I was a WVA employee facilitating CBPM piloting and a part-time academic action researcher. A CBPM piloting team
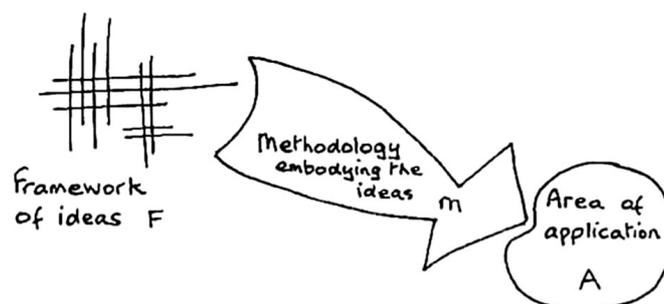
Fig. 1 A Basic Conceptualisation of Systemic Inquiry (Checkland and Scholes 1990, p. 283)

comprising an external consultant and two staff, including me, oversaw piloting. Checkland's 'FMA' systems approach to intellectual inquiry (Fig. 1) aided my personal critical reflections and journaling on, and team redesign of CBPM. World Bank CBPM documentation identified social accountability as its conceptual framework of ideas (F). CBPM practice or methodology (M) was prescribed in an operational manual embodying these ideas, and the contexts in which communities in Uganda and Brazil implemented CBPM were its initial areas of application (A).

The CBPM team's key aim was to enhance CBPM by embedding it within a community-empowering framework that changed power relations locally and beyond. Instead of treating FMA as a one-way process (F → M → A), I first reinterpreted it as a multi-directional *interaction* between changing F's, M's and A's, with empowerment and accountability as outcomes of their interaction. Framework enhancements resulted from reflecting on theory and evidence and wrestling with themes emerging from piloting. Modified versions of 'M' resulted from training WV colleagues who then facilitated CBPM community-level piloting, applied to localised A's (communities interacting with public systems). Thus multiple iterations of Checkland's FMA enabled action research to identify and integrate strengths- and rights-based 'themes' within CBPM methodology, which communities in Uganda, Brazil and elsewhere (areas of application) showed to be recoverable (Burns 2005). This process generated ideas for reimagining and contextualising CBPM for diverse contexts.

Two major enhancements to CBPM's initial framework emerged: 'strengths-based' and 'rights-based' social accountability. First, in 2006 we incorporated appreciative inquiry into CBPM's social accountability framework so it became explicitly *strengths-based* (F1). Second, in 2007 we integrated a citizenship and human rights framework, or *rights-based* framework (F2).[3] We recognised that all CBPM actors were citizens, possessing human rights—including social rights[4] and political rights to participate, exercise voice, and engage in dialogue. These human rights become real when citizens experience and enjoy them. To create a sequenced whole from F1, F2 and existing CBPM methodology, we started to reconceive CBPM's strongly *event-based*, largely linear scorecard.

By recovering CBPM's essence as action research, we jointly recreated it as an *iterative cycle of empowering inquiry processes*. This retained existing CBPM methodology as one phase in the cycle (Fig. 2). Because CV&A is PR, its three phases correspond with PR's

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[3] On strengths-based social accountability and CV&A, see Winterford (2013).

[4] E.g., pupils have a direct right to education, while parents enjoy this right through their children. As the primary rights-affected citizens, they have different types of rights to participate in schooling compared to parents.
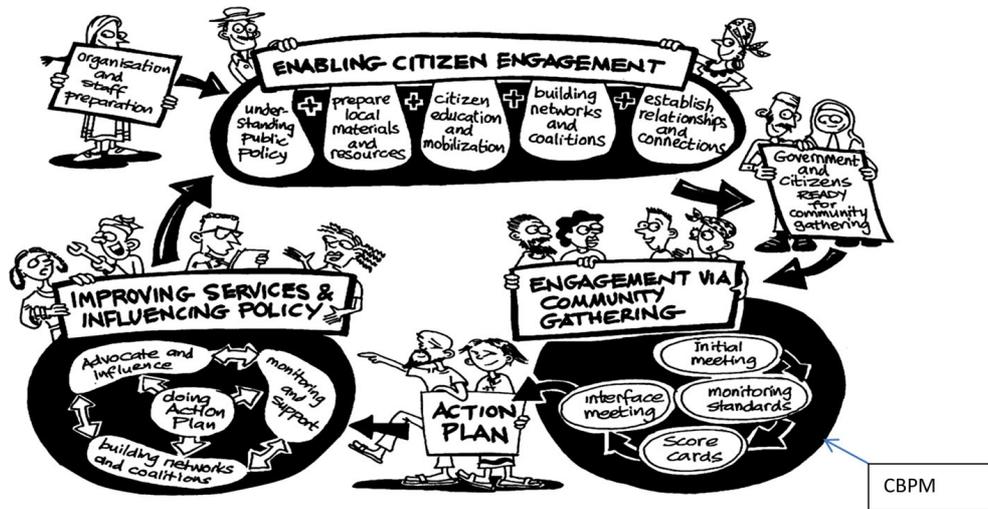
Fig. 2 CV&A cycle (Winterford 2009, p. 18)

three phases (civic education, collective research and socio-political action) (Fals-Borda 1988). Its three phases are designed to enable citizens as core democratic actors in public systems to engage in rapid collective research on causes of system failure and, in dialogue with each other and authorities, take action to systemically influence reforms. Its three active citizenship phases are named according to these systematic purposes of 'enabling' citizens for 'engagement' and 'improving services and influencing policy'. Reflecting this citizen-empowering approach, we renamed CBPM as Citizen Voice and Action.

Stage 2 Studying CV&A: Case Study Methodology

One year after school actors used CV&A to generate knowledge and action on their school's reforms, WVU researchers employed mixed methods research to create data regarding CV&A's impact at one school. When this extensive mixed methods data and the school community's own CV&A-generated data was made available to me, I could perform my own case study of this school. Case study that built theory about school systems was appropriate because, as the literature review indicated and background evidence below shows, failures in accountability at this school are systemically caused and typical of many Ugandan public schools using CV&A. Using multiple focus groups and key informant interviews furnished diverse perspectives of multiple types of actors on conditions at the school both before and after CV&A. This included quantitative learning data in the form of public examination results both before and after the intervention.

Explanatory case study could then account for reported qualitative and quantitative outcomes at the school in a relatively unbiased fashion, by triangulating diverse perspectives with the case study context and relevant evidence about school systems. The quantitative and qualitative before-and-after data allowed me to perform a two-stage case study of the school (Part 1 and Part 2). A subsequent review (Part 3) illustrates how the CV&A processes address systemic root causes beyond school level.

A single school system anchors Parts 1 and 2, while Part 3 is drawn from a larger set of school cases to which the anchor case belongs. Adding Part 3 aided generalisation beyond

a single school case. These case studies constitute a 3-part set of longitudinal nested case studies on state-citizen engagement, ranging from school to national level. Cases nested in space and times facilitate study of how citizens think about and engage with the state at different levels, which permits theorising on citizen-state engagement (Delfeld 2014, p. 3). Nested cases help answer research question 3, permitting such theorising at school level and beyond. A fictional name, K School, was assigned to the anchor (case-studied) school system. School staff, community members, and officials provided the primary data to WVU staff.

Part 1 demonstrates how marginalised citizens associated with K School applied CV&A to build hypotheses and take collective action by using participatory case study research. The first phase ('enabling'), trained local leaders, prepared research participants, and completed social auditing fieldwork. Citizens then completed the second, concentrated phase of fieldwork data collection ('engaging'), culminating in agreed reform plans which they immediately began to implement.

Part 2 presents findings from the retrospective study conducted by World Vision Uganda (WVU) staff in April 2010 of the third CV&A phase ('improving and influencing'). The study used mixed methods research, including evaluations, case studies and WVU program evaluation data from school actors, officials and WVU staff. Researchers from WVU convened separate focus groups for parents and pupils. Meanwhile, school actors and officials gave key informant interviews. Multiple participants nominated the most significant changes at K School since CV&A was introduced. To confirm its findings, case Part 2 triangulated qualitative data from school reform actors with each other and with quantitative data on pupil attendance and learning outcomes.

Because there are multiple, interconnected causes of school under-performance, including overarching education or budgetary systems, Part 3 presents a broader case, showing how CV&A research data generated at Ugandan schools (including at K School) by citizens led to freedom to implement education policy more appropriately.

Stage 3: Action Research Methodology for Analysing the Ugandan Case Studies

Abstraction, generalisation and causal analysis of outcomes aligns what is common in CV&A's historical development, intellectual framework, methodology and application in the cases (Sayer 1992, pp. 99-107; Checkland and Scholes 1990, p.283). Iterative redescription of CV&A inquiry using retroduction then yields meta-processes—sets of interacting processes that contribute to citizen empowerment—within CV&A's purposefully empowering design. Retroduction—the mode of inference which postulates and progressively identifies what can regularly produce outcomes (Sayer, p. 107)—identifies how citizens collectively produce outcomes from CV&A systemic inquiry and action. When contextualised so as to enable collective action directed to accountability, these meta-processes have proved to be portable across multiple sectors and diverse communities in dozens of countries. They help explain the circumstances under which citizens, whose locally-embedded ways of knowing and acting are needed but often marginalised, can democratically generate sufficiently valid, reliable, legitimate, and actionable research findings to improve school accountability and quality. Discussion thus builds theory from the cases to answer question 3 regarding conditions under which citizens improve school accountability and quality.

Ugandan Case Studies

The Ugandan Context and Pre-reform Context at K School

Uganda has some of the largest disparities in primary education in the world (UNESCO 2010, p. 147; UNICEF 2014). Despite national standards, around 40 % of public primary classrooms have no trained teacher and 86 % of public school classes use no textbooks (Wane and Martin 2013, pp. 2, 7). Pupil funding and salaries in public primary education are low, and there are high rates of misappropriation of school funding (Lewis and Pettersson 2009, pp. 16–17). Teacher absenteeism is high, resulting in an average teaching time of about three hours per day (Wane and Martin 2013, p. 4). Rural schools often have no or low-quality drinking water or sanitation facilities (Adams et al. 2009, p. iii). These gaps, symptomatic of poverty and corruption, create high-risk environments in schools, yet the norm is for people to stay silent rather than take public action (Panth 2011).

While households and politicians support education as a priority (Stasavage 2003), parents are the 'least informed and least powerful stakeholders in Ugandan education' (Najjumba et al. 2013, p. xvii). Despite their constitutional right to do so, only 50 % of parents think they can influence school decision-making (Antonowicz et al. 2010, p. 15).

K School is a rural public primary school in central Uganda, typical for its district. Until 2009, it faced most of the issues noted above and more. Dismal learning outcomes led parents to label the school as 'dead'. Neither parents nor SMC members knew their roles. Few parents attended school meetings or came to school to check on their children's progress. Relationships among teachers, pupils, parents and the SMC were poor. Teachers felt parents did not value their children's education. Pupils were often disrespectful towards teachers. Teachers would punish pupils in degrading ways. Absenteeism and lateness was rife among both pupils and teachers, and the average daily teaching time was 3 hours. Children would arrive late, absent themselves from class without permission, and even run away to avoid being disciplined.

Many parents commented that before 2009 the school had not been worth sending their children to. Dropout rates were high—and even higher among female pupils (particularly due to pregnancies). As in much of rural Uganda, confusion over responsibility for school meals meant that no lunch was provided (Najjumba et al. 2012, pp. 3–7). Older children escaped to nearby gardens to forage for food, while younger children left school around 1 p.m., hoping they would get fed at home. School facilities were also deficient and in disrepair: there were no access ramps for children with disabilities, and boys and girls shared filthy, and too few, latrines. Lacking security, school facilities were often damaged by vandals.

Over the 3 years prior to this intervention, more than two-thirds of pupils who sat the national Primary Leaving Exam (PLE) failed. Fewer than 5 % of these achieved the second-highest grade, while none achieved the top grade. Only 20 % of girls who sat the exam passed—a result consistent with data showing girls in Uganda are particularly disadvantaged by school systems (UNICEF 2014).

Part 1: Citizen Research and Evaluation of K School ('Enabling' and 'Engaging')

It was apparent from the 2010 research collected on K School that the community was well aware of school failings. Having gained permission to introduce CV&A from communities

and relevant authorities, WVU equipped local community-based organisation (CBO) members as CV&A facilitators. These members, some of whom were on the school's SMC, were familiar with the school's issues but, like the rest of the school community, felt powerless to address them. In March 2009, the CBO introduced CV&A at K School. Using key resources in local languages, trained local volunteers sensitised citizens—including children—on public policy inputs for schools and on human rights and responsibilities. The CBO helped the school community conduct an unusually thorough social audit that measured 53 specific school inputs in 22 categories covering school personnel, infrastructure and services, teaching and learning materials, and management documentation. Those involved in the audit recorded dozens of significant gaps (see Appendix).

Equipped as researchers to view their school as a 'case' for reform, the sensitised children, parents and teachers were mobilised for a concentrated day of research fieldwork, the community gathering. After an initial briefing on the audit, participants who represented male and female parents, pupils and teachers formed homogeneous focus groups according to gender, age and status.[5] Each group used CV&A methodology to analyse and identify school performance issues and propose possible solutions. The audit allowed them to study the school systemically, first identifying those inputs that it was entitled to according to public policy standards (e.g., teachers, textbooks, parental participation), then measuring gaps between these and what was actually present, and finally judging, according to context, inputs that were politically and practically feasible to control or influence.

The interface meeting, facilitated by the CBO, brought together staff, pupils and parents, the District Secretary for Health and Education and the sub-county chair to discuss focus group findings. Ensuing discussion attributed the school's poor performance to midday school meals not being provided; late arrivals and unauthorised absences during the day by teachers and pupils; poor relationships among teachers, parents, pupils and the SMC; and a lack of active parental school engagement and interest (e.g., low meeting attendance).

Table 1 summarises the resulting action plan (March 2009)[6] and its outcomes.

Part 2: CV&A Third Phase at K School ('Improving and Influencing')

Part 2 synthesises data from retrospective mixed methods research undertaken at K School in April 2010 in order to explain outcomes of its CV&A scorecard monitoring cycle. Respondents were asked to nominate the most significant changes they were aware of at the school since March 2009. The following responses indicate that multiple gaps between government standards and K School's operating realities had been closed or bridged and accountability had improved:

- The SMC chair, using skills learnt through CV&A, lobbied education authorities to replace underperforming teachers. Authorities replaced these teachers. Pupils and parents said that teachers' attendance and punctuality had improved markedly (Table 1).
- Pupils, teachers, parents and SMC reported that their relationships improved significantly. Parents and pupils said they understood their role better. Parents'

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[5] Homogeneity and the fact that participants already know each other can facilitate discussion on matters of common concern such as school performance (Hopkins 2007, pp. 530–531).

[6] Action plans often include agreement to seek accountability externally, e.g. for school inputs or budgets, or policy changes.

Table 1 CV&A action plan for K School and early outcomes

Issue	Agreed action	Reported outcome
No midday meals	Hold parent meetings to find a solution	Parents agreed on a new method of team school meal contributions, and then provided these regularly, so that a cook was employed to provide midday meals
SMC capability	Train the SMC	The SMC was trained and started monitoring the school's performance
Attendance and punctuality of teachers and pupils	Sensitise teachers and learners on why they must attend punctually, and monitor this	Improved attendance and punctuality
Latrines not numerous enough and in disrepair	Construct enough separate latrines for boys and girls	Parents supervised the construction of latrines

attendance at school meetings reportedly increased fivefold. Parents contributed towards school construction by making 10,000 bricks. They also began contributing funds to employ a cook who prepared midday meals for pupils, with ingredients harvested from a garden they and their children established in response to the CV&A process.

- Parents contributed towards funding the construction of two six-stance latrines (completed by mid-2010). Parents were monitoring the contractor's work to ensure its quality. Girls and boys now have separate latrines, and children with disabilities have access ramps. Parents hired a night watchman to secure school premises.
- Parents monitored both their children's behaviour and the attendance of the teachers more closely. Within a year, average pupil attendance increased by 73 %. School dropout rates reduced considerably and enrolment increased. Parents also funded a supply of textbooks. To help children practice for final exams, the school began examining pupils each month. Some teachers said that their attitude to teaching had improved.
- Pupils reported that teaching and learning, and their own confidence about passing exams, had improved. They said teachers treated them better and had stopped using degrading forms of punishment. Teaching and learning outcomes as measured by PLE results improved dramatically in just 1 year. The pass rate soared to 83 % of pupils who sat in late 2009, 20 % of whom achieved the highest grade.
- The local CBO coordinated with the school's SMC in facilitating and leading CV&A processes.

Since this research, changes have been sustained. In 2009, the number of pupils sitting the PLE increased by 50 %. Twenty-four of twenty-nine students passed, compared to seven out of eighteen in 2008. By 2012 pass rates reached 100 %, with around 30 % of pupils achieving the highest grade. The school vice-principal reported in late 2013 that community sensitisation and the lunch feeding program had reduced dropout rates. This case, consistent with the theory outlined previously (see *Accountability in School Systems*) helps explain how local citizen research on K school exposes contradictions in the status quo and fosters accountability and learning.

The problems of K school exemplified those of many other schools throughout rural Uganda. The next section briefly examines research on CV&A applied in Ugandan schools more generally, and one case of its application sub-nationally and nationally.

Part 3: Wider Experience and Impacts of CV&A

In 2010, WVU interviewed 323 community members, CBO representatives, civil servants, service providers and elected officials from four districts across Uganda where citizens had been using CV&A to assess its impact in other settings. The interviewees reported comparable reforms following CV&A's introduction. The following discussion examines one reform at K School that involved much wider action: school lunch policy.

Over 90 % of rural pupils in Uganda have no breakfast at home, while about 70 % do not get a midday meal (Najjumba et al. 2012, p. xv). This affects their concentration, capacity to learn and academic performance (Adolphus et al. 2013). Using data from CV&A community gatherings, WVU worked with 20 CBOs and many SMCs and citizens to collect evidence regarding failures to supply a midday meal for Ugandan schoolchildren and its relationship to absenteeism. They found that many rural children lived too far from their school to go home for lunch. When asked, both pupils and parents said pupils would be more likely to attend school regularly if they were fed there.

In response to this information, communities and governments joined in district- and province-level meetings, extending CV&A dialogue beyond school level to explore ways to provide children with a school lunch. However, sustained solutions remained elusive. National standards for school actor roles, though remarkably comprehensive, were ambiguous regarding responsibility for lunch provision. Worse, Uganda's 2008 Education Act expressly prohibited schools from collecting any fees from parents, even for meals, and government funding was insufficient to cover meals directly. Despite good intentions, laws and standards were actually encouraging pupil absenteeism.

A nationwide solution was feasible if prevailing confusion about the policy was cleared up by revising the Education Act, and if parents subsequently understood and accepted responsibility for funding midday meals. Therefore, advocacy by the Forum for Education NGOs in Uganda (FENU) including WVU, bolstered by widespread citizen support, successfully sought revision of the 2008 Education Act. With changes to this Act now explicitly permitting schools to collect fees for midday meal program, parents at K School organised lunches in 2009. School representatives reported that this legislative change contributed towards a 72 % increase in pupil attendance that year. While communities at K School and other schools using CV&A took action to become accountable to each other for providing lunches, many other schools have not resolved this problem. Since poverty and cultural factors affect public school actors' reasoning and expectations regarding lunch provision, more flexible policies are needed to support localised solutions (Najjumba et al. 2012).

Each instance of exercising CV&A illustrates how accountability in relationships and systems are interconnected and emergent. Knowledge and power emerge in feedback loops that transform power relations between citizens, civil society and government. In the case of K School, changed national laws allowed parents freedom to adapt plans and reach locally appropriate solutions to school feeding (Najjumba et al. 2012). Other instances from different countries show how localised scorecard knowledge can systematically research and change education, health and other public policies at multiple levels.[7]

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[7] In a sample of 50 schools that used CV&A, WVU found that 51 % of schools received extra teachers, with half of these receiving two or more staff and 8 % receiving four new teachers; enrolment increased in 74 % of schools, by between 32 % and 400 % in two years; in 60 % of schools, more pupils passed exams and achieved better results; in 14 % of schools, pupils achieved Grade 3 and Grade 2 (one grade below distinction) results for the first time in the schools' history; in 8 % of schools, pupils achieved distinctions; and in 11 % of schools, 100 % passed the PLE.

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Discussion now builds and refines theory from the literature review, methodology and cases to identify meta-processes which contribute to school accountability, and explain how they do so.

Discussion

Examining CV&A's roots revealed how its hybrid methodology of Southern and Northern action research frees marginalised citizens to systematically change power relations by claiming fundamental human rights. Systemic inquiry that draws on familiar cultural and political repertoires to do so enables them to engage with and transform schools and other state systems. However, reducing systemic inquiry to technocratic bottom-up tools ignores the influence of the long-term political, social and cultural context in which local actors implement change (Joshi and Houtzager 2012). To reconcile top-down and bottom-up approaches, discussion explores leverage points CV&A offers to help realise the promise of systemic practice to fuse emancipation with pragmatism.

Case studies of school reforms presented qualitative and quantitative evidence that CV&A scorecard designs enabled citizens to empower themselves to increase accountability and learning within school communities. Informed interactions between school system actors create a complex adaptive system that relies on at least six mutually reinforcing meta-processes in CV&A that spawn multiple leverage points, as explained below. These meta-processes release and generate valid, actionable knowledge and power in socio-politically embedded actors.

First, locally-owned CV&A requires formal and informal local *legitimation*. This includes prior local consent by authorities for citizen participation, civic education and claiming of rights in CV&A according to law, local culture and history. Using local languages for civic education in local law and policy aids interaction, understanding and motivation. Legitimating such citizen participation furnishes the basis for conscientisation and other meta-processes that complement and sustain it. The cases indicated how local authorities, trusted CBOs and participants democratically legitimated localised citizen research and action. Legitimate authority also lends credibility and leadership needed for constructive accountability (Westhorp et al. 2014, p. 53).

Second, each CV&A phase required sufficiently skilled and trusted *facilitation* (Westhorp et al. 2014). Interviews showed that the local CBO aided outcomes by facilitating thorough, locally-owned, fair CV&A processes. The crucial role of facilitation resonates with WV experience of CV&A over a decade in each CV&A-implementing country and accords with extensive systemic practice and community accountability evidence (e.g. Burns 2014a; Westhorp et al. 2014; Romzek et al. 2012).

Third, c*onscientisation* both depends and builds on legitimation and facilitation to change consciousness about unfair power relations in each school. By knowing how K School's system should work according to law, participants exposed numerous contradictions and gaps (see Appendix). Experience at K and other schools was consistent with evidence showing that face-to-face, repeated civic education by local CBOs deepens political participation (Finkel and Smith 2011). By increasing awareness of what citizenship and rights mean, citizens can better exercise their responsibilities and exact accountability. Conscientisation helps balance inequitable power relations and foster mutual accountability for learning by requiring that *all* become learners (e.g., school pupils, parents and teachers). And, by repeatedly mobilising participants, conscientisation

in action and research progressively gathers and makes it possible to systematise their knowledge.

Fourth, *systematising knowledge* entails organising it to influence the content and implementation of policy. This changes power relations between school actors (case parts 1 and 2) and between school actors and Ugandan authorities (case parts 2 and 3). By studying their school system as a bounded 'case', actors generate evidence regarding how and why it can work (Ragin 1999, p. 1139). Rapid triangulation of perspectives, methods, data and theories helps produce this.

Focus group dialogue produces diverse perspectives regarding what aspects of school system performance to measure, and refines the choice of indicators to evaluate these aspects. Voting on the chosen indicators creates a shared mental model of the multiple perspectives within each group regarding these aspects of performance. Subsequent focus group dialogue on this mental model produces tentative diagnoses or hypotheses regarding school performance (Yin 2003). Group participants triangulate multiple perspectives, using multiple methods (choosing and setting indicators, scoring performance, visual representation and dialogue). They generate objective, subjective and intersubjective diagnostic data (respectively using social auditing, completed scorecards and deliberated diagnoses based on both).

Plenary dialogue further triangulates this data with knowledge held by authorities responsible for the system, making it possible to agree on an evidence-based action plan. This plan provides a platform for collective action (Kemmis 2006; Koliba and Lathrop 2007; Gauri et al. 2013). The outcomes from case part 2 suggest that K school actors, by appreciating their own motives, expectations and relationships were better informed and had a more feasible plan for reforming their school than if external experts had directed research, as evidence from the literature review suggested. Enacting reforms however, entails continuing processes of experiential learning based on action plans.

Fifth, therefore, this learning relies on *iterative monitoring and evaluation of action plans, using feedback loops*. In the case study, school actors monitored and evaluated school feeding practices. They generated real-time information over many months to ascertain how school feeding policy was being implemented. This allowed them to refine and retest hypotheses, motivated by their concern for pupil wellbeing, and freed by changed legislation. Using cycles of monitoring, dialogue and action, they successively 'closed in' on localised solutions that matched each community's expectations. This accords with other evidence that by deploying inquiry and feedback systems, scorecards motivate and sustain accountability (Jacobs 2010).

Last, because accountability requires capabilities that are elusive for resource-deprived school communities, *nurturing collective self-efficacy* helps build confidence and expectations regarding reforms throughout CV&A cycles (Winterford 2013; Bandura 1995).

For knowledge to generate citizen action and accountability the rights-affected citizenry must understand it; it must also challenge their prior beliefs and assumptions and be connected to a vital issue. Citizens must be sufficiently capable and knowledgeable to act on it and believe that their action can be effective so that others will follow (Lieberman et al. 2013, p. 3). Outcomes from Barr's study (2012) indicate that Ugandan citizens using CV&A scorecards actually generated such knowledge and self-efficacy in many schools. The six meta-processes above offer a more nuanced and generalised explanation of how systemic inquiry increases accountability in schools. This explanation is consistent with generalised evidence which found that multipronged approaches such as community scorecards that build citizen capabilities increase accountability far better than single-pronged approaches supplying expert information (Fox 2015).

CV&A's cycle uses mutually reinforcing, multipronged leverage points to cumulate countervailing power over multi-pronged interacting vicious cycles that delegitimise, disable and marginalise citizen knowledge and action. Because they are generalised ways to cumulatively create virtuous cycles of empowerment, they have many applications beyond schools for increasing capabilities, collective action and self-determination.

Consistent with Westhorp's findings (2014, pp.2–3, 43) connecting empowerment of school communities with accountability and learning outcomes, the cases here showed how CV&A enabled school actors with sufficient understanding of systemic gaps causing dysfunction to be collectively motivated to reform their school system, by being accountable to each other. The local CBO, the SMC and school leaders used formal and informal authority to foster accountable relationships within and beyond the school which spurred actions necessary and sufficient for school reforms.

The cases also showed how citizen systemic inquiry can be scaled up at multiple levels to transform public policy. This is consistent with studies showing that governance systems solve systemic problems when they use face-to-face dialogue to build trust and collaboration in small units or subsystems nested within larger systems (Ansell and Gash 2008; Ostrom 2008).

However because empowering marginalised groups for governance is multifaceted and contingent, it is hard to predict how successful or rapid change will be. Because CV&A's design features aim to counteract vicious cycles that overdetermine weak accountability, implementation of meta-processes must be sufficiently strong to avoid disappointing overall outcomes. Implementing actors and agencies require sufficient capabilities, including understanding of contextual factors, to facilitate processes that promote accountability. As CV&A is being adapted for increasingly diverse settings and applications, its limits are still being explored.

Conclusion

Many pupils are being left behind or completely excluded by school failures. This paper identified vicious cycles of accountability failures causing this. By identifying meta-processes from case studies to explain how citizens address these cycles, it proposed conditions under which people can solve these failures. Freedom to 'work with the grain' of their language, culture, politics and history proved decisive, rather than relying on exogenous expertise. Part 2 of the case study outlined how systemic inquiry engages parents, children and teachers as active, interdependent learners and systemic thinkers. Face-to-face, constructive accountability proved to be significantly motivating, sustainable and effective in improving learning. Part 3 showed that citizens freed to use these and other meta-processes can systematically address causes of failure beyond school systems.

In a world disenchanted by what democracy delivers but still attracted to its ideals, the potential of systemic practice to release multiple varieties of democratic knowledge which help citizens to empower each other remains largely untapped. In addressing an increasingly wide array of entrenched and unruly social, economic and environmental problems, CV&A and other scorecard practices show the value and recoverability of well-systematised action research in the hands, minds and hearts of conscientised citizens. Sustainable Development Goals that aspire to 'leave no-one behind' by 2030 offer opportunities for inexpensive, scalable, civic-driven systemic inquiry approaches. These can build synergies

in accountability between citizens and between citizens and states necessary for lasting reductions in poverty and inequality.

Appendix

Monitoring Standards (Social Audit) at K School

Many gaps that actors documented in K School's inputs are common in other Ugandan schools:

- Teachers not recruited, absent from classroom or absent from school;
- No desks for lower primary pupils;
- Inadequate latrine stances for girls; teacher stances not separated;
- Inadequate offices, kitchen and teacher accommodation, and no library or staffroom;
- Lack of water source, safe drinking water point, or rubbish pit; a garden was disused;
- Missing or insufficient teaching and learning materials;
- Copies of only half of 12 key education statutes, regulations and policies;
- Six out of eight other key documents (curriculum/syllabus sets, programmes of activities, duty schedules, legal documents, etc.) missing or not appropriately displayed.

Selection of monitored standards at K School

Input Type	Standard	Actual	Remarks
Desk: Pupil Ratio	1 Desk: 3 Pupils In Upper Primary	1 Desk: 5 Pupils	More desks are needed
	1 Desk to 1 Pupil in lower Primary (Enrolment divided by the number of desks)	0 Desks	Desks for the lower Primary are needed
Classroom: Pupil Ratio	1 room: 40 Pupils	1 room: 99 Pupils	More classrooms are needed
Toilets	1 for teachers but separated < M and F)	1 but not separated	1 more stance is needed for the staff
	1 for boys, 1 for girls	1 Stance: 63 Boys	
	1 stance: 40 pupils	1 Stance: 79 Girls	More stances are needed; located separately
Other structures	Head teacher's Office	1	Only an improvised room
	Staff Room	0	Needed
	A Kitchen	1	There is a shed
	A Library	0	Needed
	A Classroom per group taught	7	More classrooms need to be constructed
	General Store	0	

Input Type	Standard	Actual	Remarks
Staff quarters	Accommodation of at least 4 teachers within the school	4 teachers are accommodated	Some teachers don't want to live at the school
Other facilities	Well-equipped first aid box	0	Needed
	Washing water (after toilet)	0	This was improvised
	Safe drinking water	0	Is not available
Teaching and learning aid materials	At least one core subject text book for each teacher of the subject	4 Core Subjects	Are available
	Teacher's guide for each core subject book	2 for Science and Mathematics	More needed
	A simple weather station (rain gauge, weather thermometer & wind vane)	0	Needs to be put in place
	A school bell/gong/drum/badge	1 bell, gong, drum	Available
	At least 10 hoes, 10 slashers, 10 pangas	10 hoes, 10 slashers, 2 pangas	More pangas needed; hoes/slashers get lost

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Chapter 6

Leveraging Communities' Capabilities to Increase Accountability for Health Rights: The Case of Citizen Voice and Action

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Leveraging Communities' Capabilities to Increase Accountability for Health Rights: The Case of Citizen Voice and Action

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ABSTRACT *Citizen Voice and Action (CV&A), a rights- and strengths-based social accountability approach developed in the global South, helps communities marginalized by unfair power relations to counter low accountability. By creating a dynamic of entitlement within communities and obligation by duty-bearers, it improves power relations and frees communities to build shared agency through reciprocity which advances health rights claims. After outlining capability theory and linking it to human rights, this paper explains CV&A's origins in democratic struggles for rights and its current praxis. Using Ugandan case studies, it examines how people suffering its low accountability claim health and human rights by culturally engaging with each other and with duty-bearers. When interpreted as a set of collective freedoms and capabilities to struggle, social accountability helps explain how democratic action with and for communities at multiple levels aligns policy implementation with service performance to produce standards of public healthcare that community members value.*

KEYWORDS: Collective capabilities, Social accountability, Citizen Voice and Action, Uganda, Right to health, Human rights, Marginalized communities, Reciprocity

Introduction

Violations of health and human rights deny billions of people dignity and well-being, especially in low- and middle-income countries (LMICs). In 2015, the United Nations adopted Global Goals which aim to close accountability gaps so that *no one* is left behind. However, the non-binding nature of the Global Goal for improved health, and the failure to specify who is accountable for achieving it, has intensified scepticism about the Goal's substance. The UNDP (2013) promotes strategic rights-based social accountability interventions, which build accountable community relationships with official duty-bearers.

Community Scorecards ("Scorecards"), one such social accountability intervention, emerged from grassroots struggles for rights and accountability (Walker 2016, 317–318). World Vision (WV), a global partnership of non-governmental organizations (NGOs)

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working for increased child well-being and rights, introduced a scorecard approach across the global South. Known as Citizen Voice and Action (CV&A), it facilitates community and group exercising of civil, political and cultural rights, progressively moving beyond the local level. Communities build *constructive accountability*—a "dynamic of entitlement and obligation" between rights-affected communities and duty-bearers within health systems (Freedman 2003). This article focuses on those communities whose impoverishment is deepened because adequate, affordable healthcare is unavailable.

As a World Vision Australia (WVA) employee engaged in developing CV&A, I was able (with permission) to access WV data on CV&A for this article. Using case studies, this article analyses CV&A's local-to-national approach to answer the question: "Under what circumstances do marginalized rights-affected communities leverage social accountability for their rights to public health care, using CV&A?" While my cases will identify both collective and individual capabilities for accountability in health systems, I primarily focus on the former, which are less studied.

Through relationships of accountability, actor groups such as governments, taxpayers, health workers, and patients co-produce functional public health systems and human well-being. Because dysfunctional public health systems are also co-produced, collective agency is necessary to overcome them. Such systems become entrenched through self-reinforcing cycles, called "low accountability traps" (Fox 2015), which I suggest arise when groups lack mutual concern. Duty-bearing policy-makers deprive the poor of essential healthcare by skewing public health spending away from them (Yazbeck 2009, 15–17), causing many providers to deprive patients of professional care (Hafner-Burton 2013, 29–40). Patients respond by trusting and using providers less, preventing their agendas from surfacing. They pursue alternative healthcare, often with immiserating outcomes (Bakeera et al. 2009, 6; Yazbeck 2009). Such moves reduce the availability, accessibility, acceptability, and quality of healthcare—core international standards for realizing the right to health (UNCESCR 2000).

I develop Deneulin's argument (2006, 80–84) that structures of mutual concern induce shared well-being to suggest that Scorecards rehumanize collective agency towards social accountability through reciprocity. Following Mulgan (2003, 7–20), I define social accountability as entailing three capabilities: exchanging questions and answers (answerability), formally or informally enforcing behaviours producing duty-bearer responsiveness (enforceability), and repairing relationships. Practised together, these increase collective agency for healthy well-being (Joshi and Houtzager 2012; Wetterberg, Hertz, and Brinkerhoff forthcoming). As sub-Saharan African rural communities are especially deprived of adequate primary healthcare (Scheil-Adlung 2015), this article recognizes capabilities *for* and *against* human rights, and proposes how communities using CV&A's praxis build enough of the former to overcome the latter. Study methodology and nested local-to-national case studies of accountability for human rights follow. The article ends with discussion and conclusions about conditions affecting rights-based social accountability.

Capabilities for and Against Accountability for Health and Human Rights

While mainstream human rights emphasize government's legislative agency as primary duty-bearer, governments themselves often perpetrate structural injustices. Following others highlighting this legislator–perpetrator contradiction, I suggest that human rights are not merely legislated, but achieved through socio-historical struggles where people as subjects of their human rights act collectively to counter injustices (Freire 1998; Darrow and Tomas 2005). Human rights violations arguably entail being deprived of reciprocity (Deneulin 2006, 140–209). Conversely, when reciprocated with human responsibilities,

human rights cease being "things" individuals possess and instead engender shared solidarity and agency in co-producing them (Ife 2009, 38).

When individuals use their shared agency to reproduce collective capabilities, these can be emancipatory or oppressive (Sen 2002, 84–85). Following Deneulin (2006, 54–86), I understand that collective capabilities socio-historically reproduce "structures of living together." Depending on whether they build or undermine community or group agency to achieve well-being, these structures, which I call power relations, are either emancipatory or unjust. Unjust power relations deny communities opportunities to evaluate, deliberate and make claims regarding policies affecting them, or when opportunities arise, they undermine these processes (Deneulin 2006, 68, 207–209). While capability theorists largely agree that individual capabilities produce and arise from collective capabilities (Ibrahim 2017, 199; Smith and Seward 2009, 222), few studies explain what overcomes unjust collective capabilities. I therefore describe communities suffering unjust power relations as marginalized, and communities (including groups within them) marginalized by poor public health services as "service-marginalized." Among root causes of being service-marginalized, I propose, is being persistently deprived of reciprocity, which contributes to rights-violating accountability traps. When discussing community rights and agency, I assume these encompass individual and collective rights and agency.[1]

Collective capabilities and agency fostering well-being arise in group spaces where individuals: raise awareness of, mobilize and learn as equals from each other and thus conscientize each other for struggles (Freire 1993, 61; Kabeer and Sulaiman 2015); help and support each other (Ibrahim 2006; Deneulin 2006, 76); contest knowledge culturally using deliberation (Rao and Sanyal 2009, 35–39); build solidarity with each other (London et al. 2015); collectively publicize rights claims (Kabeer and Sulaiman 2015); and collaborate by coordinating their capabilities (Ibrahim 2017). Further, Ostrom (2005, 265) found that by using fair procedures which engender mutual trust groups flourish more than rational ego-seeking individuals because their members prove themselves trustworthy reciprocators. Trustworthy reciprocity, I suggest, also facilitates interpersonal transparency and "thickens" associational networks—two of three critical preconditions for social accountability identified by Fox (2015). Such "thickened" communities plausibly possess more "teeth" (capabilities which prompt governmental responsiveness), a third precondition for engendering increased accountability.

Origins and Impact of Community Scorecards

By tracing how Scorecard methods originated in democratic struggles by communities to translate abstract health rights into collectively claimable entitlements, this section helps explain their effectiveness. To overcome weak government responsiveness during the 1980s, communities and movements in India suffering gross injustices collaborated in mimicking government accountability processes (Walker 2016, 317). One outcome, *social audit* methods, involved systematically auditing gaps in policy-mandated "inputs" to services. To equalize agency, communities interpreted these objectively measurable inputs as their democratic entitlements and deliberatively contested with governments to claim them as community rights (Rao and Sanyal 2009, 35–39). Hybridizing social audits' contesting with collaborative group methods yielded Community Scorecard approaches. Using evaluation case study research (Yin 2014, 220), rights-affected communities and duty-bearing public servants ("providers") constructively evaluate and deliberatively contest performance of public systems to co-produce a social contract.

Mounting evidence indicates that civic-driven Scorecards approaches can, by generating shared knowledge, reform services and overcome rights violations (Wild and Harris 2011;

Fox 2015). When communities used survey-based Scorecards at rural Ugandan primary health centres (HCs), centre utilization increased and child mortality fell markedly, outcomes sustained four years later without further intervention (Björkman-Nyqvist, de Walque, and Svensson 2017, 34). However, in a parallel intervention where communities lacked performance baseline data and freedom to share Scorecard knowledge with each other, provider behaviour changed little (34). Scorecards also boosted public service performance in Ethiopia, Tanzania, Rwanda, Tajikistan, Democratic Republic of Congo and Afghanistan (Edward et al. 2015; Wild and Wales 2015; Ho et al 2015; Bauhoff et al 2016). Nonetheless, a shortcoming of the knowledge localized Scorecards generate is its failure to secure community rights over centralized inputs essential for realizing social rights (Wild and Wales 2015).

Developing CV&A Praxis from Community-based Performance Monitoring

Securing community rights over these inputs was a key goal in enhancing one localized Scorecard, Community-Based Performance Monitoring (CBPM). Following CBPM's initial development in Africa between 1995 and 2004 using Freirean principles (Walker 2016, 317–319), WVA funded World Vision Uganda (WVU) to introduce CBPM to rural communities as an approach for improving rural public health and education systems. Between 2006 and 2008, WVU and WVA collaborated with these communities in cycles of action learning to modify CBPM. During the first piloting cycle, communities discovered strength in their capacities to associate, network, and "thicken" local civil society, a precondition critical for social accountability (Fox 2015). Re-embedding CBPM Community Gatherings into cycles of strengths- and rights-based social accountability enabled marginalized communities to build their existing group capabilities for accountability. Aware of each other's rights and responsibilities to associate, express voice, act collectively, and claim rights, they could, as an active citizenry, distinguish various kinds of duty-bearers and seek answers from them, thus boosting collective capabilities for answerability.

To increase CBPM sustainability, WVU built capabilities in teams from local community-based organizations (CBOs). Reflecting these changes, which also incorporated CBPM within an ongoing three-phase cycle, World Vision renamed CBPM as "Citizen Voice and Action" (CV&A) in 2009 and began mainstreaming it. Rights- and capability-based elements of its repeatable, three-phase cycle (see Appendix) applied locally to health and human rights are outlined below. Cycles presuppose prior permission from authorities and local contextualization, including community appropriation of local culture. The *baraza*, one of many such appropriations in Ugandan CV&A, historically connected community decision-making with accountability. Appropriated for performance accountability purposes in CV&A, *barazas* empower community members or groups to publicly raise performance issues face-to-face with duty-bearers. As part of Africa's political culture of reciprocity, *barazas* create a strong social expectation that duty-bearers will be answerable by the next *baraza* (Chabal and Daloz 1999, 158; Pegus and Rono-Bett 2017, 10).

Phase One: Enabling citizen engagement: Phase One enables communities to engage by mobilizing each other. Teams "thicken" their existing prosocial networks and alliances and promote understanding of abstract human rights as claimable governmental commitments in law and policy (Fox 2015). To reduce mutual blaming and community fear that exposing gaps would prompt official reprisals, they sensitize providers and patients about the constraints each faces, through dialogue encouraging mutual responsiveness (dialogical action) (Freire 1993).

Phase Two: Engagement via Community Gathering: The "Community Gathering" (CG) comprises four interconnected sessions where communities repeatedly collaborate to

discover, track and evaluate pledges for, and performance of, government services, and take remedial action to realize rights (De Feyter 2011): In these sessions, "dialogue" (a deliberative method) aids inquiry in contests over knowledge (Gibson and Woolcock 2008).

The four face-to-face sessions comprise an initial meeting, where citizens and providers learn about CV&A; a "monitoring standards" public forum where community representatives monitor the health clinic to find quantitative and qualitative gaps, compare these against official government standards, and record both as baseline data for use in subsequent meetings; focus group meetings, where separate service users and providers groups use "community scorecard" processes to review the gaps, develop indicators for rating service performance, visually record voting and diagnose performance. The Scorecard becomes a shared mental model of performance and proposals to improve services; and the "interface meeting," a public, *baraza*-based forum where participants present their focus group findings to the community, deliberate on them and agree on a local social contract ("action plan").

Phase Three: Influencing policy and improving services. Using cycles of dialogical action, communities follow up and elaborate on these action plans in order to align policy with practice. They extend alignment beyond local level, by appropiating cultural capabilities to systematize evidence regarding performance (Walker 2016, 329) as Case Part 2 explains below.

Focus groups are designed to alter unequal power relations. They free marginalized groups to leverage lived experiences of violations of health rights as agendas for change before engaging with duty-bearers. As social audits enable communities to make abstract policy entitlements concrete, so focus groups and *barazas* enable them to translate human rights principles into rights-based accountability practices they have reason to value (Merry 2006; Unnithan and Heitmeyer 2014). They thus conscientize each other about community rights to self-determination specified by the African Charter of Human and Peoples' Rights (OAU 1981). However, the indivisibility of human rights necessitates community freedoms to exercise cultural rights.

Swidler (1986, 284) maintains that local culture energizes communities when they appropriate stored repertoires containing cultural capabilities. For example, CV&A practice encourages shared wisdom, stories and metaphors, powerful language and power-equalizing processes like visualization, voting, and deliberation. I suggest Ugandan communities, by appropriating powerful language capabilities during CV&A, trigger memories of historical collective action and political education (e.g., by the NRM ("siasa")) which justify exercise of political capabilities, and reduce fear of arbitrary use of official power ("chaka muchaka") (Dibie and Rashid 2001, 174).

Methodology

This section outlines the methodology I used for studying nested Ugandan cases of CV&A's model which illustrate and explain collective processes typical of those contributing to accountability. The model warrants investigation because theorists propose that sustaining successful accountability processes requires struggles which link the local and the national in ways which not only effect policy change but also empower citizens and deepen democracy (Gaventa and McGee 2010, 33).

As noted, CV&A is itself a well-tested form of community evaluation case study action research, where communities use mixed methods which systematically generate knowledge and action by inquiring into cases or "bounded systems"—in this instance, health systems and their subsystems (e.g., clinics). My nested case study of CV&A in Uganda seeks to explain multiple cycles where communities perform action research, with feedback

loops. I track three primary cycles of this community-led research illustrated in the Appendix. Each localized cycle interconnects with a sub-national or national cycle of action research which similarly enables engagement and influencing policy. My case sections thus comprise a larger, longitudinal evaluation which broadly follows the same three-stage cycle between 2009 and 2014. I use predominantly realist and interpretivist case study orientations (Yin 2014, 17). Respectively, these assume that realities exist independent of observers, and that people, whether they engage as duty- or rights-bearing citizens, researchers, patients, or producers of culture interpret them via multiple perspectives (220–222). By aiding understanding of how marginalized communities engage with governments at different scales, nested cases facilitate theorizing of community-state engagement in post-colonial settings (Delfeld 2014, 3).

I used two types of evaluation case study method to help answer the research question on conditions surrounding collective capabilities: *illustrative case study* (Part One, where I evaluated community case study using CV&A applied to health subsystems, to generate local-level evidence) and *explanatory case study* (Part Two, in which I built theory on how rights claims are pursued at multiple levels). To aid analysis and theory-building, both relied on triangulation of and retroduction from outcomes data and findings obtained by multiple methods, and perspectives on the same dataset (Yin 2014, 120–121; Sayer 1992, 107). My research also drew on multiple prior stages of community triangulation both in CV&A and in subsequent research on CV&A's outcomes. "Community" in Part One refers to communities served by a clinic (usually a local government area), but in Part Two includes communities of interest mobilized by campaigning.

The cases utilize data in the public domain and transcripts of interviews by WVU staff available to me as a employee. Interviewees included elected community leaders, community members, and the CV&A team after Community Gatherings, interviewed between 2012 and 2017. The Ugandan health clinic which I refer to as "H" supplied utilization data. I also extracted data from: the CV&A global database, which captures recorded data from CV&A Community Gatherings and follow-up to them, with communities' permission; WVU and consultant research on CV&A (primarily using focus groups and key informant interviews of CV&A participants and officials), and CV&A case studies based on these; and other referenced sources. Cases also draw on WVU analysis of qualitative and quantitative data aggregated from multiple health clinics which identified patterns in input gaps or clinic performance.

A Nested Ugandan Case of Claiming Health Rights

Background Context and Preparation for Claiming Health Rights

Following political upheaval which destroyed Uganda's health system, health indicators have stagnated (Larsen 2015, 3), particularly maternal, newborn and child mortality rates (UNICEF 2015, 3). One reason is that Uganda's government has failed to honour its pledge under the Abuja Declaration to spend 15% of its discretionary expenditure on health (Zikusooka et al. 2009, s52).

Health system decentralization, important for Uganda's mainly rural population, began in the mid-1990s. Uganda's National Minimum Health Care Package specifies a wide range of decentralized health services in three tiers: the district health system (village health teams, health centres [HCs] II, III and IV and district general hospitals), regional hospitals, and national hospitals. Service standards specify multiple government inputs for each level of HC, determined by the population it serves. The Ministry of Local Government manages

the district health system, but delegates responsibilities for HCs (clinics) to district and sub-district governments (Zikusooka et al. 2009, s55).

However, limited devolution of decision-making power to communities and entrenched corruption deprive them of voice to influence healthcare policy (Faller 2015). Many facilities are poorly maintained and barely functional (Parliament of Uganda 2012, 4–6), and low public health spending and system ineffectiveness financially burden already impoverished communities (Zikusooka et al. 2009; Konde-Lule et al. 2010). After highlighting widespread understaffing, absenteeism, low staff pay, morale and competence, poor infrastructure, and lack of drugs and other health supplies, a major Parliamentary Inquiry concluded Uganda's clinics were "death traps," largely abandoned by better-off patients (Parliament of Uganda 2012, 4–6, 19). Since fear of reprisals stifles complaints, providers sometimes behave with impunity (Katusiimeh 2016). Judged either by global right to health standards requiring accessibility, availability, acceptability, and quality of healthcare or by Uganda's own laws, standards and policies, large-scale violations of rural Ugandans' health rights are apparent (Wenene, Steen, and Rutgers 2016).

Although CBPM and CV&A, which was developed from it, revealed and closed many gaps in healthcare at Ugandan clinics since 2006, WVU noted consistent patterns of health system failure which could not be addressed locally—many of which the Parliamentary Inquiry later publicized. WVU therefore enabled local communities to systematically gather evidence on health system failure.

The following two-part nested case reports and interprets how CV&A was implemented. Part One studies CV&A campaigning cycles at one HC exemplifying many conditions documented in the Parliamentary Inquiry, while Part Two links this with wider, scaled-up campaigning with partners to progressively realize health rights, before examining the impact of campaigning on this HC.

Part One: an illustrative case of community capabilities for localized collective rights. Serving a rural district of 80,000 people, "H" is a government clinic where WVU has programmes. (To preserve anonymity, actors' names are not used and I assign the clinic a fictional name, "H"). Before 2011, expectant mothers relied on H as the only HCIII clinic in its district mandating delivery facilities. In 2009, several groups of women using CV&A focus groups identified and publicized illegal charging of 5000 Ugandan Shillings (about US$3) for laboratory services at H. By 2010, H no longer charged any fees, suggesting charging was a sensitive issue.[2]

Uganda's official standard for HCIIIs was then 19 staff including a midwife. However, community members were unaware of these or other official standards applicable to H, or of their responsibilities for promoting public health. These gaps were later identified and documented, including provider charging of illegal fees to compensate for low salaries.

Because H was poorly utilized, authorities downgraded it to a HCII in 2011. Expectant mothers in labour walked long distances to give birth at the district hospital or relied on traditional birth attendants, causing the suffering and death of babies and mothers.[3] The local councillor charged with improving public health reported being unable to mobilize any community members to monitor and supervise H's facilities and services or to advocate for reforms.

Intent on regaining H's earlier HCIII status, community leaders welcomed WVU's offer to introduce CV&A in April 2012. Led by a locally trained team, community members used social auditing to monitor H as if it were an HCIII. Among gaps they documented were a shortfall of 12 staff; major deficiencies in equipment, supplies, essential medicines, buildings, training, transport and staff accommodation; illegal user fees; staff failure to wear uniforms and badges; and absence of lighting. Next, focus groups of women, men, boys, girls, leaders, and clinic staff chose their own performance indicators, rating and diagnosing

aspects of H's performance. Equipped with evidence (scorecard outputs, including diagnoses), the CV&A team presented findings from each group and the social audit at the interface meeting, where local duty-bearers and community members had been invited to publicly deliberate on the findings. Given the performance was rated as poor, participants agreed on an initial social contract (action plan) to improve clinic performance: the local Council accepted responsibility to re-elect and retrain H's Health Unit Management Committee (HUMC), raise community awareness of its function, and refresh H's staff knowledge of their roles and responsibilities. Meanwhile, community members agreed to mobilize building materials for a new maternity ward.

To address regrading of H, the CV&A team lobbied the Sub-County Council to authorize a Sub-County dialogue (*baraza*) of officials and community representatives. This May 2012 *baraza* discussed the initial action plan items, clinic regrading, and community dissatisfaction. It delegated officials to contact District duty-bearers and insist they fill vacant positions and explain why essential drugs were unavailable. Sub-County council representatives also pledged to fund transportation of community-donated materials for the maternity ward.

The District's Chairman recounted in a WVU evaluation interview, "We took up the issue [of staffing] at the District and resolved to ensure we get medical workers, especially midwives, and we wrote to the Ministry of Health and Public Service." In response, District officials regraded H to an HCIII that same month. Staffing increased, sub-county and district councillors revived the HUMC, and the CV&A team regularly monitored H's activities. Illegal fees ceased; immunization expanded and became regular at mandated locations; and allocated staff arrived on time, exercised care in relationships with patients, attended regularly and wore their uniforms. To enable improved examining of patients, the local parliamentarian donated a solar lighting system.

These outcomes encouraged community leaders to begin a full CV&A cycle at the regraded clinic in September 2013. Trained local CBOs began by translating the government-endorsed Patients' Charter and government health policy documents into rights-based tools to raise awareness about individual patient and community entitlements. The Charter (Uganda Ministry of Health 2009) entitles everyone needing medical care to enjoy access to it without prior charge, to be treated by a named healthcare provider, and to participate in developing health policies. To ascertain progress in closing gaps since the last Community Gathering, they again monitored quantitative and qualitative criteria in Uganda's national commitments to health. Aided by Human Resources for Health campaigning (Case Part 2), staff had increased from 7 (in April 2012) to 17, compared to the standard of 19. An October 2013 Community Gathering adopted a new action plan which agreed to secure the clinic premises with a fence, press for official action to build a new maternity ward and obtain a water tank from the District.

This case illustrates the continuing struggle to improve poor standards at Uganda's rural clinics. Many HCs revealed persistent unfilled gaps in key inputs, especially clinic staffing. To address these systemic shortcomings, WVU collaborated with communities to create "Vertical CV&A."

Part Two: vertical CV&A's four-stage strategy.   Vertical CV&A continues the cycles of enabling, engaging and influencing policy beyond local CV&A. Decision-making feeds back to rights-affected citizens in four overlapping, interconnected stages which represent and amplify citizen voice. In Stage 1 ("scaling across"), communities diagnose systemic accountability traps and pursue solutions via an agreed action plan, upwardly delegating unresolved issues which cannot be resolved locally including those requiring central-level inputs. In Stage 2 ("scaling upwards"), community representatives raise unresolved issues at sub-national forums (*barazas*) and feedback decisions to communities. Sub-

national dialogues deliberately match strategic decision-making government levels, in sub-counties and districts. In Stage 3 ("scaling together"), community representatives take remaining unresolved issues to national forums (*barazas*), while NGOs support community claims in wider campaigns. Stage 4 feeds back answers, and outcomes of action from these forums to local communities. Monitoring and feedback systems interconnect Stages 1–3, while Stage 4 feedback reinforces local duty-bearers' democratic answerability for promises made in Stage 3.

Stage 1: Scaling Across

Noting Uganda's pledges under the UN Secretary General's "Every Woman Every Child" initiative in 2010 and increased Ministry of Health interest in staffing, WVU staff reviewed health policies influencing local Ugandan health services in 2012 and began recruiting hundreds of community-based teams for year-long training in facilitating local-level CV&A. With community permission, these teams facilitated abbreviated local-level CV&A processes at 120 public HCs and district hospitals in 40 of Uganda's 111 rural districts. Each gathering had an estimated 100–200 participants.[4]

Using social auditing, communities recorded drug and transport availability and accessibility, health worker staffing and availability, and conditions of facilities. With WVU, CV&A teams aggregated, analysed and presented the data to policy-makers at sub-county and district level. In one typical district having seven HCs, they found an average 35% shortfall in staffing. Audits revealed shortages of drugs, no malaria medication when needed, and no anaesthetics for dentists. All HCs lacked vehicles and spare parts, as well as operational solar panels needed for lighting. Despite requirements that at least 80% of core staff have basic accommodation, few did. WVU and other members of the Coalition for Maternal, Newborn and Child Health (CMNCH) analysed evidence from CV&A processes in the 120 clinics mentioned above.[5]

Stage 2: Scaling Upwards

CV&A teams staged sub-district and district-level dialogues where they and other community representatives presented Stage 1 data as evidence to generate accountability between duty-bearers and communities. After presenting their evidence, they reported back to communities. Initially, dialogue between CV&A teams and WVU produced an agreement to focus on improved health funding, staffing, and drug availability.

Stage 3: Scaling Together

In 2011, NGOs including WVU agreed to work together to increase official answerability (Larsen 2015, 14–16). When Uganda hosted the March 2012 Inter-Parliamentary Union meeting of parliamentarians, WVU encouraged Ugandan coalitions campaigning for women's health issues to advocate for these at the meeting (Larsen 2015, 17–19). Larsen (2015, 17–21) believes this coalition partnering and a common platform were critical catalysts for the Human Resources for Health Campaign in May 2012.

The collaboration involved CMNCH, CV&A and eight other coalitions and peak bodies (Larsen 2015). After they agreed that staffing shortages leading to preventable child and maternal deaths would be their top priority (Larsen 2015), in June 2012 WVU convened a national dialogue with key decision-makers, where policy-makers agreed to increase funding for health and monitoring of clinics, improve staff accommodation, revise HUMC guidelines, and secure drug supply.[6]

Citizens sent text messages to parliamentarians demanding an increased budget for midwives, which prompted national television stations and newspapers to visit rural clinics, interview citizens and engage duty-bearers. As public awareness and support from parliamentarians grew, campaigners and communities lobbied and gained an audience with parliamentary committees and ministerial officials to discuss clinic conditions. Senior government officials were shamed by revelations that public funding they received to obtain healthcare overseas was on par with the increased health budget requested by campaigners (Larsen 2015, 33).

Stage 4: Feedback Systems Using Knowledge to Reinforce Health Rights

Next, communities were mobilized to send SMS messages to parliamentarians, saying "We are watching you: Refuse to pass the budget unless it includes the increase you promised." Although opposition from the government's Executive and other parliamentarians (Larsen 2015) forced Parliament to reduce the level of requested funding, in September 2012, parliamentarians united to block passage of Uganda's annual budget until an extra 49.5 billion Ugandan Shillings (US$19.8 million) was added to retain and recruit an additional 6172 health workers for over 1000 HCs, including 1014 midwives. Uganda's NGO Forum followed up these pledges, yielding better HC staffing, improved drug supplies, and revised guidelines for HUMCs (Parliament of Uganda 2013; Larsen 2015, 34). By 30 June 2013, 5039 extra health workers were on the payroll (Parliament of Uganda 2013, 8).

The September 2013 CG at H showed that this multi-stage, multi-level social accountability alliance increased clinic staff by 250%, greatly boosting utilization of its services, now around-the-clock. Four outreach sites provided immunization (previously zero in April 2012); clinic records showed mortality rates of mothers and children fell by one-third. The vigilance of communities maintained social accountability.[7] A CG in 2014 indicated these changes had been sustained, although the maternity ward was not yet constructed.

Discussion

Low accountability traps persist because duty-bearers and marginalized communities deprive each other of the reciprocity needed to produce socially accountable relationships. The Ugandan case study shows how it is possible for communities and duty-bearers to dismantle such traps by conscientizing and collaborating with each other in a multi-staged process.

CV&A follows Freire's praxis, in which groups conscientize each other until their solidarity produces collective emancipatory action (Freire 1974, 29–30). Using culturally sensitive Freirean visualization and dialogical processes to generate shared group knowledge, in Part 1 local communities conscientized collective action on health rights. Likewise, groups concerned for these communities, including CBOs, NGOs, media, and parliamentarians collaborated in solidarity with them in health rights struggles which, I suggest, increased communities' expectations and actions to publicize, advocate for and deliberate on health rights. As a set of collective capabilities, conscientization prompts communities to change unfair power relations by expecting that their solidarity and shared knowledge of entitlements, will increase social accountability (Walker 2016, 328–329).

In the Uganda case relating to H, the agreed plans and subsequent action reflected shared awareness about root causes of accountability traps. For example, the first CG focused on collective entitlements by ensuring providers knew their responsibilities, reactivating the HUMC and constructing a maternity ward. Consistent with CV&A's approach, conciliatory

rather than blaming or excluding processes were evident, plausibly reflecting Africa's political culture of reciprocity to which *barazas* belong.

When reciprocity, dialogue, agreement, and collective action work together, communities empower each other to overcome injustice, according to Freire (1993).[8] Dialogical action, as Freire calls such collective agency, was apparent in local government's rapid response to community concerns raised during CG dialogue. First, they agreed to revive and train H's HUMC to represent the community, and did so. Second, they agreed to convene a sub-county dialogue and substantively responded to its action plan. Third, authorities rapidly regraded H from HCII to HCIII. In addition, community expectations of and support for successful advocacy by interlocutors contributed towards more productive and accountable relationships between communities and higher level governments. Given reciprocity's importance in African politics, more research is needed to clarify how it influences cultural and socio-political capabilities affecting health rights.

The dialogical action which increased public knowledge regarding the reasons for H's poor performance apparently also jeopardized duty-bearers' reputations. Transparency was evident in duty-bearers' increased answerability and responsiveness to communities regarding H, the speed of their response suggesting increased public knowledge embarrassed them into action. Similarly, providers may have changed their behaviours after the first CG because their reputations were in jeopardy. Such change is consistent with findings that what providers want is to be recognized as professional and to cooperate with communities (Kyaddondo and Whyte 2003; Christensen, Paarlberg, and Perry 2017). Similarly, communities want providers is to see them as responsible (Wenene, Steen, and Rutgers 2016). When H's community discovered they had failed to perform their civic duties, they started monitoring the clinic. Monitoring in solidarity arguably contributed to aligning inputs more closely with government-mandated standards for a HCIII in 2013 and 2014.

Recent research on social sanctioning confirms that alternately threatening and being concerned for actors' reputations alters expectations and behaviours (Busuioc and Lodge 2016). In Uganda, parliamentarians who broke promises could be exposed through mass media, risking their reputation and prospects for re-election. Case Parts One and Two illustrate the link between reputational accountability and impunity at multiple levels, with communities diagnosing modes of impunity evidenced more widely in Uganda: *quiet impunity* involving illegal fees at H clinic, *hidden impunity* involving drug shortages, and *promise-breaking impunity* by duty-bearers (World Bank 2010). In his 2010 State of the Union address, President Museveni threatened to visit clinics unannounced to personally catch those acting with impunity (Museveni 2010), and public awareness of this threat may have helped discourage this behaviour.

Arguably, growth in H's staffing from 7 in May 2012 to 17 in September 2013 resulted from collaborative efforts involving dialogical action by the community (seeking clinic regrading and extra staff), sub-national and national dialogues, and the actions of the Campaign and its predecessors in prompting government responsiveness. Localized success seems best understood in relation to the overall Campaign success that Larsen (2015, 36–38) credits to longer term collective capabilities involving collaboration, organizing and communicating, win-win campaigning with officials punctuated by opportunistic confrontation, and evidence-based advocacy. As Tembo (2012) found, rights interlocutor communities acting in solidarity enabled health rights claims by place-based communities on duty-bearers.

Campaign success also illustrates how Scorecards enable broken democratic feedback communication loops between communities and duty-bearers to be repaired, enabling rights claims (Jacobs 2010). Feedback enabled place-based communities to realize their claims by alternately contesting duty-bearer communities regarding their obligations and

collaborating with them to further community entitlements. This reciprocity of power relations between rights holders and duty-bearers, I suggest, influences how constructive interaction between contestation and collaboration can be. Consistent with findings by Rand, Yoeli, and Hoffman (2014), enough trustworthy reciprocity makes collaborative power relations and answerability more likely, while unfair reciprocity jeopardizes trust and makes resignation or disengagement more likely.

For example, while illegal fee charging at H ended in 2010, it resurfaced—arguably because providers' low wages prompted them to seek bribes. Lacking power to raise wages, the community found common ground with providers over their shared plight (e.g., a downgraded, dilapidated clinic). Next, giving priority to a maternity ward in the first action plan (April 2012) over other pressing issues registered shared patient *and* provider concerns. Similarly, by showing community solidarity with workers over their pay, the 2012 HRH Campaign apparently increased weak provider–community solidarity (Larsen 2015, 26; Wenene, Steen, and Rutgers 2016, 169). In Stages 2–4, the breadth and depth of collaboration encouraged local community mobilization and advocacy, while national media and civil society were key non-state duty-bearing communities co-advocating changes to policies and budgets.

Part 1 illustrated Winterford's (2016) finding that building confidence and relationships among marginalized communities relies on modest action plans and corresponding successes which enable more ambitious action plans. Processes of gradually building collective belief in effecting change are also apparent in dialogical action at sub-county, district, and national levels, suggesting that adequate collective efficacy is a key precondition of social accountability. Collective efficacy appears important for shaming recalcitrant parliamentarians into action. Through acting in solidarity with and conscientizing each other, parliamentarians collaborated across party lines to support community and interlocutor claims for budgeted staff increases (Larsen 2015). Collectively oppressive capabilities were apparent in retaliation by authorities, who punished NGO and parliamentary health rights protagonist groups for their campaign successes by reducing their power (37–38).

Marginalized communities sought accountability by using social auditing and media publicity to expose and shame economic hoarding; by borrowing traditional and contemporary culture in campaigning to routinize inclusion of marginalized communities in the health system; and by increasing their inclusion through informed deliberation and networks, locally to nationally (Gibson and Woolcock 2008, 154–156). Through *baraza* deliberations and phone text messaging with powerful language, marginalized communities appropriated and synthesized traditional with contemporary cultural capabilities to conscientize and socially sanction varied duty-bearers, including parliamentarians.

Sustaining CV&A's local to national praxis depends on blending socio-cultural and political capabilities. Since capabilities and freedoms depend on socio-historical context, the blend needed to enable community and group emancipation varies. Community capabilities to facilitate, adapt and experiment with CV&A processes are key determinants of outcomes in different sectors (Molina 2013; Hall 2015). Further, Schaaf, Topp, and Ngulube (2017) suggest that WV's long-term community presence, partnerships and reputation boost community capabilities fostering health rights.

Strengths- and rights-based social accountability approaches offer a viable response to low accountability traps. When communities harness and develop enough solidary capabilities, they dispel each other's fear. This enables them to mobilize each other and raise each other's awareness through inquiry capabilities, socializing community knowledge and collective action. Repeated reciprocity thus "thickens" community and interlocutor capabilities for escaping traps (Fox 2015). Reciprocity also appears important in encouraging mutual accountability (Westhorp et al. 2014, 47), as instanced in the three CG action plans as well as the sub-national and national dialogues actively followed up. As London et al.

(2015) argue, solidary capabilities are essential for health and human rights in marginalized communities. Increased solidary capabilities between and within communities and interlocutors are plausible sources of thickened civil society, which by helping build conscientized and united communities, "thicken" bonds needed to collaborate together (Ibrahim 2017).[9]

Conclusions

This article argues that reciprocity is a core underlying driver of community capabilities affecting rights-based accountability. Using CV&A cases, I have suggested that translating health rights as policy entitlements due to individuals *and* communities enables community claims on duty-bearing groups. When coordinated with community and duty-bearer responsibilities, these claims increase community–duty-bearer reciprocity. Cycles of dialogical action at multiple stages and levels facilitate community and duty-bearers' fulfilment of their rights and responsibilities which, outcomes indicate, engenders more transparent, equal, and fair power relations. By combining objective, subjective, and intersubjective (dialogical) language and knowledge, dialogical action also encourages expectations that action will accompany agreement to improve public healthcare. The cases suggest that communities and groups which cooperate with, support, conscientize, and collaborate with each other enable and become preconditions of thickened civil society.

Going beyond existing social accountability theory which sees actionable information as necessary but insufficient for accountability (Fox 2015, 349), communities using CV&A's Scorecard praxis generate actionable knowledge by combining their prior community experiences of rights violations with conscientization on gaps to enable diagnosis of agendas for change. By generating actionable knowledge, marginalized communities and groups conscientized with inquiry capabilities gain "teeth" to deliberatively contest power in *barazas*, where their voice exposes duty-bearers' reputations, thus increasing their willingness to respond, and their answerability. Reciprocity, I propose, enables the exercise of capabilities to be procedurally and instrumentally more just. Further, as duty-bearers and rights-affected communities are freed to co-produce better quality, more accessible, available, acceptable healthcare, they build health and human rights which both value. This argument suggests that key schools of thought which conceptualize human rights as just entitlements, costly struggles, powerful language, and deliberative contests belong together in a collaborative approach (Dembour 2010). Becoming subjects of their legal entitlements enables service-marginalized communities and their representatives, through conscientizing, deliberative capabilities employing powerful language, to engage in struggles over social accountability for rights.

The cases also illustrated that collective capabilities of interlocutory groups between governments and communities facilitate struggles over entitlements, when they represent (broker, translate, communicate, deliberate and advocate for) community health rights claims, and thus fulfil their responsibilities. However, transforming rights-violating systems requires sufficient shared countervailing democratic power in and for rights-marginalized groups and communities to emancipate them. This indicates that blending socio-cultural and political community capabilities can democratize accountability practice at multiple levels while also enhancing struggles to reach Global Goals and furthering accountability as a human rights principle.

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Disclosure statement

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Notes

1. On collective dimensions of the right to health, see Chapman (2016).
2. A 2010 photo shows a local official proudly displaying a sign at H stating no fees were charged.
3. Clinic records showed that in the first quarter of 2012 alone, 17 mothers served by this clinic died perinatally.
4. To facilitate comparability between findings from all clinics, WVU staff chose two "global criteria" (overall satisfaction with the quality of HC staff and satisfaction with the overall services and structures), which each community rated. Some communities also rated criteria they chose.
5. For Coalition details, see http://wrauganda.blogspot.com.au/2012/04/civil-society-coalition-on-maternal.html.
6. Previously WVU had catalysed coalition-led national CV&A dialogues in education (Walker 2016), indicating the importance of collective learning capabilities—not explored in this article.
7. The local CV&A team, together with local WVU staff supplied evidence in this paragraph.
8. CV&A calls dialogical action "dialogue." Freire (1993, 125–183) says dialogical action emancipates communities when they are organized and cooperate with each other to appropriate and synthesize culture, opposing processes of anti-dialogical action which conquer, divide and manipulate the oppressed to entrench the status quo. This article and CV&A are indebted to Freire's praxis.
9. While Ibrahim (2017) argues that collective capabilities are subject to being co-opted, the Case suggests that sustained focus on shared objective and intersubjective knowledge allied with solidary capabilities reduced such co-optation.

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About the author

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Appendix. CV&A phases
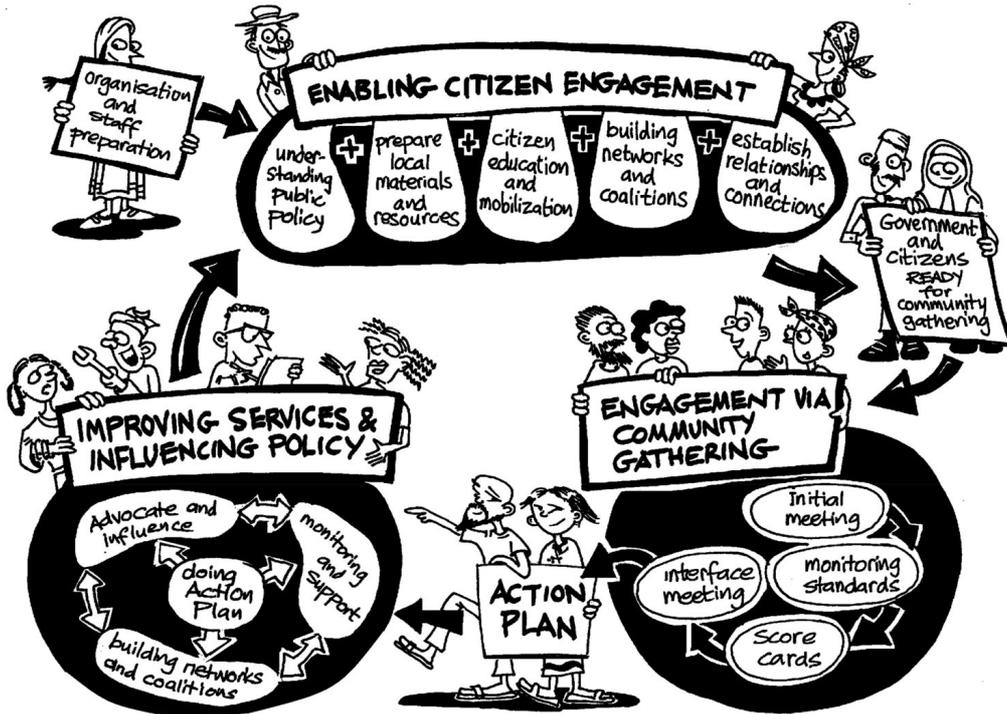
Figure A1.   CV&A phases. Used with permission of Julie Smith.

Chapter Seven

Additional Evidence on Citizen Voice and Action in Uganda and Other Countries

7.1 Introduction

In Chapter Four, studying how CV&A emerged from CBPM allowed me to outline key elements of an initial theory of social accountability. To build on this theory and my consolidation of later theory in Chapter Two, Chapters Five and Six rely primarily on case-specific evidence from local to national level to explain how CV&A enables marginalized Ugandan communities to engage in seeking accountability for health and education reforms. Chapter Six also explained how Ugandan communities of place and interest overcome opposition to accountability-seeking processes at multiple levels. However, what now enables and constrains citizen agency, including opposition, and the historical influences on them vary between settings and over time. As social accountability may not necessarily increase or last, generalizing my findings requires wider evidence to show how lasting change is achieved. Accordingly, Chapter Seven studies evidence from other settings in Uganda and a diverse set of other LMICs in which marginalized communities have been implementing CV&A for periods ranging from 18 months to eleven years. To address limits on generalizing from cases in Chapters Four, Five and Six, this chapter's findings inform discussion in Chapter Eight on CV&A practice shortcomings and Chapter Nine's conclusions on my thesis research questions. By answering my research questions on how marginalized citizens become empowered for social accountability, study of this wider 'case' of CV&A can inform how CV&A and similar interventions can be improved. Chapter Seven utilizes CV&A research and evaluation evidence in nine reports, one article and one conference paper spanning twelve countries, supplemented by other published sources and the CV&A database.[1]

In three ways conducive to generalization, evidence of CV&A outcomes provided in this chapter further illuminates how, using CV&A cycles, marginalized citizens empower each other and others to increase accountability through trusting reciprocity. Firstly, since increasing social accountability entails social learning, I analyze how citizens' trusting interactions with each other and others over time create knowledge through adaptive, collaborative social learning processes. Secondly, CV&A evidence over different time frames and across varied countries and settings supports generalizing sets of accountability processes identified in previous chapters. Being free to engage in longer-term social learning processes, I argue, changes imbalanced power relations, which fosters more sustained collective escapes from accountability traps. Thirdly, by studying CV&A cycles beyond Uganda involving scaling up beyond local level,

known as vertical integration, I enlarge the scope for generalizing findings about vertical integration in Chapters Five and Six. These generalizations suggest that repeated engagement among citizens and between citizens and governments builds trusting reciprocity between them, which should be considered a key norm of accountability.

The next section offers a comparative overview of the country contexts for CV&A that this chapter studies. 'Country context' refers to local, national and sectoral contextual factors or characteristics affecting CV&A implementation. The country cases which follow draw primarily on quantitative and qualitative findings from evaluations of CV&A practice in Uganda and seven other LMICs (one each from South-East Asia, Central Asia, southern Africa, eastern Africa and three from West Africa). To help generalize answers to my research question, I include evidence from three other countries, making a total of twelve different kinds of small, medium and large polities from over 40 LMICs where CV&A is being used.

7.2 Comparing country contexts

To introduce the country cases, Table 7.1 compares key national characteristics of their polities alongside those for Uganda. To indicate the scope of service delivery challenges and nominally available country financial resources for addressing them, columns two and three give each LMIC's population size and income classification. Column four indicates each country's broad political context by type of governance. For a comparison suggesting how each country's norms of accountability perform, column five gives its accountability score (out of 100%) and ranking among African countries, using the Ibrahim Index, an annual measure of aspects of governance performance of African countries (Mo Ibrahim Foundation 2016).[2] As norms vary in rural, urban or peri-urban settings, column six lists the settings in which CV&A is being applied. Except for Uganda, cases below add further country-specific background.[3]

7.3 Further evidence on Citizen Voice and Action practice

7.3.1 Case One: Further Citizen Voice and Action evidence from Uganda 2005–2016

Since testing CBPM in Uganda in 2005 and subsequently piloting it to produce CV&A, Ugandan communities using repeated cycles of Community Gatherings have continued to produce waves of reforms. To augment Chapters Five and Six's cases linking clinic and school reforms with local to national reforms, this section traces other post-2005 health and education reform outcomes from CV&A. Tracing longer-term outcomes helps ascertain whether and how accountability has been institutionalized (Joshi and Houtzager 2012). In some Ugandan facilities, continuing CV&A use yielded ongoing waves of impacts since CBPM testing began in 2005.

Table 7.1: Comparison of country contexts for Citizen Voice and Action

1	2	3	4	5		6
Country	Population (m) 2015 Population Reference Bureau 2015	World Bank income classification 2015	Governance type	Ibrahim Accountability Index 2015		Scope of case study within the country
				% score	Ranking in Africa	
Senegal	14.7	Low	Stable multi-party democracy	51.1	10/54	Rural
Ghana	27.7	Lower-middle	Stable multi-party democracy	50.2	11/54	Rural & peri-urban
Kenya	44.3	Lower-middle	Stable multi-party democracy	44.7	15/54	Local to national
Swaziland	1.3	Lower-middle	Absolute monarchy	40.5	19/54	Rural, peri-urban & urban
Sierra Leone	6.5	Low	Democratic; fragile state	34.2	27/54	Rural
Tanzania	52.3	Low	Stable multi-party democracy	36.9	28/54	Rural & subnational
Uganda	40.1	Low	Democratic-authoritarian; single-party rule since 1986	31.1	32/54	Rural & local to national
Democratic Republic of the Congo	73.3	Low	Fragile conflict-affected state with elections deferred	26.2	38/54	Rural & local to national
Indonesia	255.7	Lower-middle	Stable multi-party democracy with shared military rule	Not applicable (non-African country)		Rural & peri-urban
Armenia	3.0	Lower-Middle	Democratic, conflict-affected state			Local to national
Pakistan	199	Lower-Middle	Recent multi-party democracy			Rural
Romania	19.8	Upper-Middle	Stable multi-party democracy			Local to national

In primary education, the school communities in Mpigi district who first trialled CBPM and later piloted it have generated data from periodic CV&A CGs indicating sustained impacts (WVU 2013). The following analysis utilizes evaluations alongside citizen-generated and secondary evidence regarding CBPM and CV&A outcomes, each of which contrasts with pre-2005 conditions. 'Before' and 'after' photos together with other cumulative evidence indicate major changes. In May 2005, WV's first CBPM CG showed classes were being held outdoors because a large classroom building had collapsed, with no plans to rebuild. Through the CBPM action

plan and follow-up, the school community urged local government to replace derelict classrooms. By 2008, two classroom blocks had been constructed with collective financial and in-kind contributions from the local MP, local government, parents, pupils and community members. The number of teachers increased from 4 in 2005 to 5 in 2006 and 8 in 2010. Meanwhile, after dwindling to 60 in 2005, pupil enrolment grew to 180 in 2007, 258 in 2010 and 320 in 2013. Whereas previously few pupils had a school uniform to wear, by 2013 all were wearing uniforms. Unlike previously, lunch is provided at school, encouraging 80% of pupils to eat it there, while lower-primary pupils receive porridge at an earlier break. Since parents were educated about the significance of girls' early pregnancy for their education and life chances, and perpetrators were arrested and prosecuted, the rate of school dropouts due to pregnancy fell steadily from 5 in 2009 to zero in 2013. Lastly, whereas in 2005, 75% of pupils finished school 'ungraded' because they failed final exams, this had dropped to zero in 2012. Meanwhile, during these years, the school reported that pupils scoring in the top three rankings at this final exam rose from 25% in 2005 to 96% in 2012. These findings indicate that when service-marginalized rural Ugandan communities are freed to leverage their collective capabilities for mutual accountability, significant school reforms and learning ensue (WVU 2013).

In 2016 this same district, Mpigi, was one of two widely separated Ugandan districts where an experimental study by Makerere University evaluated the impact of citizen use of CV&A in public health and education systems on child wellbeing and gender relations. They compared two sub-counties in each of these districts which had been using CV&A since 2009 or earlier as the intervention sample areas, with two sub-counties in the same district having no WV intervention as control areas (Makerere University 2016, p. viii). Communities implemented CV&A's cycle of enabling, engaging and influencing processes. Citizens including decision-makers mobilized each other for CGs. CV&A teams mobilized local leaders and government technical staff, while SMCs and Health Unit Management Committees (HMCs), aided by police, mobilized service providers and community members. Police participation reflected CV&A's emphasis on legitimizing participation by ensuring everyone is subject to law. Sub-county officials who participate in all CGs and help implement action plans were (and are) key community mobilizers. Similar mobilizing at sub-county, district and national dialogues, described in Chapters Five and Six, involved relevant community and elected duty-bearers whose domains of authority spanned all levels. Consistent with Chapter Six's findings about CV&A's use of the *baraza*, the study indicated that its dialogical processes influenced officials to perform their specific roles and responsibilities as communities heightened their awareness that their performance shortcomings undermined services and child wellbeing. Among impacts of CV&A in education were increased parental awareness of legislated responsibilities and

children's rights, reduced corporal punishment by teachers, increased child awareness of why they should attend school alongside better actual attendance rates, greater monitoring of schools by SMCs and parents, and better-quality education attributable to an improved school learning environment (Makerere University 2016).

In health, CV&A contributed to significantly increased clinic staffing, quantity and availability of drugs, reduced patient waiting times, and more responsive and rapid health provider behaviours. Compared to control group households where half reported their latest visit to a clinic as unsatisfactory, 27.6% of the experimental group reported this. Of the latter, 62.4% said they were much more likely to use a public clinic than before, and 76.7% reported decreased travel distance to the nearest clinic. New clinics built following CV&A decisions reportedly boosted accessibility. A study to assess how many mothers met the required standard of attending antenatal care at least four times found that in the experimental sample, 71.6% of mothers reported meeting the standard, compared to 45.7% of the control (Makerere University 2016).

Citizen Voice and Action focus groups evaluating child protection outcomes in experimental sites, some of which were child-only, reported falling child marriages and teenage pregnancies, less sexual abuse of children by teachers and less corporal punishment by teachers and parents. While disciplining by physical and psychological violence was still prevalent in some experimental-group households, their knowledge of child rights was greater than at control sites, which may explain why 80.9% of this group said they knew where to report child abuse, against 49.2% of control households. Moreover, children reported participating more in household decision-making, collecting water less often, and enjoying increased freedoms to attend school and choosing when they marry (Makerere University 2016, p. xi).

Makerere University (2016) found that by empowering women, CV&A processes had structurally altered household gender norms and relationships. However, men felt their traditional roles and power were being threatened. Further, by boosting the strength of women's groups formed since it was introduced, CV&A had reduced women's fear about competing with men for political positions. Women stated that during public meetings they were now listened to and their contributions were now valued. Consequently, some felt enabled to accept community positions and responsibilities. More generally they reported being able to vote without male interference (Makerere University 2016, p. xii). Most women recently in senior political leadership (up to LC3, the third layer of local government) said that they 'cut their teeth' politically in CV&A working groups, where CV&A built their capacity and confidence. These findings support the importance of individual (Winterford 2013) and collective self-efficacy for

empowerment, and indicate that while some entrenched gender norms can be changed, male norms regarding power are less easily altered.

An earlier study of CV&A in Uganda by Cant (2012) indicated the emergence of trusting reciprocity. Ugandan school children, while surprisingly ready to raise their concerns during CV&A meetings, chose to override their shared priorities by urging collective priority setting. During a 2007 CV&A school CG in Mpigi district, schoolgirls accorded higher priority to their school's lack of teacher accommodation than ending their own hunger at school, even though CV&A and wider evidence, studied in Chapter Five, showed that pupil hunger is a widespread national problem undermining learning and school attendance (Najjumba et al. 2012). Following action plans agreeing to construct teacher housing, community members began contributing their labour to build staff quarters. Community engagement surprised district officials so much that they funded two extra teachers. When later visiting the school, Cant (2012) verified that not only had communities, local government and parliamentarians collaborated to build teacher houses, but teachers were living in them. Chapter Five found that through a campaign backed by teacher unions, teachers apparently reciprocated children' s concern for their welfare by supporting collaborative advocacy ('vertical CV&A') which changed the Education Act in 2009. This reform facilitated mobilization of and collaboration between school communities to prepare daily school lunches, in culturally acceptable forms, thereby enabling pupils to learn (Najjumba et al. 2012). I suggest that processes which build trusting reciprocity are conducive to community norms which enable communities including duty-bearers to increase answerability and enforcement and repair relationships by social means.

These avenues also indicate how political will arises from forms of reciprocity at multiple levels. For example, community members and teachers apparently reciprocated moves to provide teachers' quarters by giving priority to providing school lunches for all pupils. Far from being confined to this school, this initiative, as Chapter Five showed, became a national campaign to (ultimately successfully) change Uganda's Education Act to facilitate culturally contextualized provision of lunches by parents and schools, under school supervision. In the short-term, these early CBPM reforms also triggered initiatives by local schools to provide lunches to their pupils.

Consistent with my argument about the centrality of knowledge in accountability processes in Chapters Five and Six, these findings reinforce how communities learn together through dynamic feedback processes which shift power relations from government towards marginalized communities. Since action plans are community-generated localized agreements to hold each other accountable as outcomes unfold, they are plausibly theorized as dynamic social contracts conducive to localized ownership. Citizen Voice and Action practitioners note that, as communities collectively make their decisions and action together through local social contracts,

they begin saying they 'own' public facilities. While the outcomes above need further study to evaluate what else has contributed to them, they suggest that strategic social accountability may yield longer-term democratizing impacts through changed community norms embedded in dynamic ongoing social contracts (Holland 2017, p. 3).[4]

7.3.2 Cases Two, Three and Four from West Africa 2013–2016: Ghana, Senegal and Sierra Leone

By global standards, poor governance, corruption and meagre citizen opportunities to participate meaningfully in the West African countries of Ghana, Senegal and Sierra Leone weakens their legitimacy, institutional capacity, and political and bureaucratic accountability of elected and appointed officials (Krawczyk and Sweet-Cushman 2017). A study of African primary education governance (Antonowicz et al., 2010) found that 85% of schools surveyed across all countries had either no or deficient accounting systems, with Sierra Leone, Ghana and Senegal being among the worst. Resulting funding uncertainties, which meant schools could neither plan nor exercise meaningful financial oversight, limited public transparency, which discouraged parental participation in schools. Lacking education or literacy, many parents felt ill-equipped to oversee or monitor schools (Antonowicz et al. 2010). Financial information was rarely displayed either at district offices or schools, despite rules mandating its public display.[5] While parents were entitled to access school records through officials, research found them usually poor in quality and incomprehensible without proper training, while also presuming literacy whose absence Westhorp et al. (2014) find limit social accountability. Like Ugandan school conditions studied in Chapter Five, these suggest low-accountability traps are prevalent.

Many decades of systematic underinvestment, poor policy implementation, understaffing and failure to pay staff have degraded Sierra Leone's public healthcare system, causing patient distrust in Sierra Leone's health services and workers and health staff morale to plummet even further throughout the Ebola epidemic (Pieterse and Lodge 2015). Despite the introduction of free universal healthcare in 2010, accompanied by removal of ghost workers and hiring of 1000 new staff, dysfunctional disciplinary procedures encouraged significant levels of impunity in health worker behaviour, with women and children reporting routine charging for 'free' services. Pieterse and Lodge's (2015) investigation of disciplinary interventions in the public health system found that none initiated rectifying feedback loops or required health workers accused of petty corruption to change their behaviour. By the time of the Ebola outbreak in December 2013, volunteers were supplementing understaffed clinics. In agreeing that 'nobody could work for nothing', all interviewees, many of them patients, accepted illicit payments to workers as justified.

In Table 7.1, Ghana and Senegal rank significantly higher in measures of accountability than Sierra Leone and many other African nations, while they suffered little from West Africa's Ebola epidemic. Yet as noted in Chapter Six, long-term systematic underinvestment in public health, poor policy implementation, understaffing, and low morale and patient trust make accountability traps likely.

World Vision national offices in Ghana, Senegal and Sierra Leone have long-term relationships with local governments in impoverished areas which enable WV to undertake APs in local government areas. Since CV&A offered constructive opportunities for citizens to participate in improving services, these local governments welcomed the opportunity to host Australian government-funded CV&A country projects, offered through WVA and the respective WV national offices, in partnership with them and local communities. The three West Africa projects spanned nine of WV's APs – four in Senegal, three in Ghana and two in Sierra Leone. Communities led by trained CV&A working groups used CV&A to tackle reforms at 58 schools and 28 health clinics serving a combined population of 226,000. Introduction of CV&A began in Ghana and Senegal in September 2013. In Sierra Leone, however, the Ebola epidemic delayed CV&A implementation until April 2015. An external consultant's evaluation of this program in April–June 2016 concluded that except at five schools in Sierra Leone where one preparatory step was omitted, all local-level CV&A phases and essential steps were implemented.[6] Participants in Ghana and Senegal interviewed after CV&A engagement – including students, teachers, health staff and government officials – demonstrated significant understanding of relevant government education and health policy standards. They often attributed collective action to specific items in their local CV&A action plans. Assessments of the projects concluded the quality of their implementation was good and strongly participatory, and yielded

> clear evidence demonstrating that [CV&A] activities benefitted service providers, community members and duty bearers. Moderate to significant improvements in the quality of school and health services led to increased cost-saving, comfort, convenience, privacy, time-saving and pride for teachers, health staff and students; increased confidence among community members to engage directly with local authorities; as well as improved learning for children and anecdotal evidence of health improvements for women and young children (Dunham 2016, pp. 8–9).

Moreover, the consultant noted that WV Senegal staff attributed heightened community involvement in WV's planning and budgeting processes to CV&A processes, while in Sierra Leone WV-trained CV&A groups 'played a critical role in health awareness-raising during the Ebola emergency' (Dunham 2016, p. 8). At 91% of participating schools and health clinics in

Ghana, Senegal and Sierra Leone, at least one additional policy standard was largely or completely achieved. An additional 214 policy standards (or an average of 2.5 per facility) were achieved, with 69% being achieved with government support. However, despite these outcomes suggesting significant government responsiveness, community members reported widespread dissatisfaction with government tardiness, prompting many communities to pursue clinic and school reforms via alternative means. Of policy standards achieved without government support, community contributions, NGOs, foundations, private businesses and individuals and parliamentary representatives were the major sources of support. In at least seven instances, WV materially supported action plans for meeting policy standards by providing infrastructure for clinics and boreholes for schools. By country and sector, the number of such policy standards changed ranged from an average of 1.0 in Sierra Leone schools to 3.3 in Ghanaian schools and Sierra Leone health clinics. Unanticipated changes attributed to CV&A included a decision by Ghanaian citizens to nominate people with a disability as district CV&A members, prompting increased government investment in disability-friendly health and school infrastructure in several districts. One Ghana health centre where CV&A was implemented was upgraded to district hospital status, resulting in a major increase in staffing and services. The Ghanaian government also responded positively to action plans calling for greater focus and relevance of its district budgeting processes (Dunham 2016, pp. 7–8). While diverse outworkings of citizens' action plans may plausibly represent emergent local social contracts, their significance deserves deeper, longer-term research.

To illustrate the rich qualitative data and outcomes collected, and suggest pathways by which they were achieved, Dunham (2016, pp. 95–106) included a series of seven case studies (three from Ghana and four from Senegal; four from CV&A for health, one from CV&A for schooling, and two cross-sectoral). His study identified the following six contextual contributors to better public education and health services. *Strong community cohesion*, reflected in a shared sense of identify and place, helped increase shared propensity for local, collective action through mobilizing around commonly held concerns and efforts regarding poor services. Consistent with wider evidence that scorecards trigger accountability by many different avenues (Wild et al. 2011), one case illustrating community cohesion involved community initiative in building nursing quarters in Ghana independently of government. Such collective mobilizing helps in accepting or reducing risks or investing in initiatives, with a view to individual and collective benefits. Community cohesion also assisted each implementing community to agree on a set of *clear, realistic actions in plans actionable by government, service providers and the community. Community members and groups who were knowledgeable, engaged and persistent* aided struggles for accountability by coordinating collective efforts to realize tasks agreed to in action

plans, and mitigating associated risks. When such mobilized *groups and members have avenues to influence subnational government decision-makers*, such as through the district CV&A committees in Ghana and management technical committees in Senegal, this facilitated claims on and influence over local governments. By speeding *land registration and acquisition to secure title over land* for expanding or upgrading facility infrastructure, such as further classrooms, maternity wards, staff housing and toilets, they enabled public schooling and healthcare to become more available, accessible, acceptable and of better quality. Lastly, *participation by or interest of government officials appeared positively linked to the extent and kinds of government standards achieved in schools and health facilities.* At the two local-level programs which the evaluation rated most successful, at Talensi in Ghana and at Lour/Ribot in Senegal, more district chief executives (in Ghana) and mayors (in Senegal) displayed familiarity with and appreciation of CV&A. These officials demonstrated strong awareness both of community-discovered gaps in standards through CV&A and ensuing action plans. Consequently, they behaved responsively by exercising available authority or influence over local government resources and decisions needed for education and health service reforms (Dunham 2016, p. 9). While conceivably such officials could use their knowledge and power to frustrate such reforms, increased transparency about reasons for poor performance would be likely to heighten existing dissatisfaction with government performance and socially threaten their political and professional reputations, as I argued in Chapter Six.

Dunham (2016, p. 9) observed that when any of these six variables were lacking in a community, the number of extra government standards achieved in facilities was reduced. He highlighted several key synergies arising from social learning about service governance. Social learning in the process of achieving one standard can contribute to achieving other standards. Together, citizens learn that service reforms relating to staff entail more than merely having sufficient qualified personnel posted to under-resourced facilities. They discover that when extra teachers are posted to schools and trained health staff to clinics needing them, varied health and education infrastructure upgrades become necessary to retain staff and motivate them to perform better. They also learn that services can improve when a government policy standard is not fully achieved at schools and clinics. Even when no additional standards were completely achieved, users still reported better experiences of services. Consistent with recent governance theory and evidence (Andrews et al. 2012, Booth 2012) and findings about feedback and control of services in Chapter Five of my thesis, they learn that achieving additional government policy standards and improving service quality involve adaptive, incremental processes of critical reflection, where continued feedback and social learning create scope for improvement. Congruent with my findings from Chapter Five and other evidence, thoroughly systematized knowledge, by

promoting social learning through critical reflection, fosters accountability for policy outcomes (Mantilla 2010). CV&A practice shows that citizens can systematize their experiences and knowledge in participatory processes. Capabilities to express, critically analyze and reflect on shared knowledge and organize it into useful hypotheses which can be communicated to others, and updated in further assessments of social change enable them to influence public policy for justice (SYNERGIA 2001).

The evaluation by Dunham (2016, p.10) found 'clear and compelling evidence that the West Africa Regional CV&A program strengthened community capacity to more effectively engage with local government to improve service quality'. The quality of education and health services has improved because of community pressure generated through CV&A. Key interrelated conditions for improving CV&A program's quality and sustainability included attendance by official decision-makers at interface meetings, consistent with the importance of legitimation and authority identified in Chapter Five. This, Dunham (2016, p. 11). suggested, is likely to encourage local communities and duty-bearers to own and therefore maintain CV&A processes, as I indicated in Chapters Four and Six.

As these Chapters noted, CV&A processes require WV staff to ensure that CV&A working groups delink from WV so that local communities become self-supporting and self-organizing. Meanwhile, consistent with my findings in Chapters Five and Six, WV should ensure other sponsorship and grant-funded activities are aligned with CV&A and associated empowerment-oriented development models and approaches. Further, WV focuses on collecting data across many schools and clinics and using it to support citizen and civil society efforts to influence national level policy, systems and practice affecting essential services, as demonstrated by the nested local-to-national cases in Chapter Five and Six. This is apparent in Swaziland, whose small geographical size, together with government buy-in means that four-year funding offers enough time for multiple cycles of local CV&A and 'scaling up' across the country.

7.3.3 Case Five: Swaziland 2015–2018

While Swaziland has the unique governance characteristic of being the world's only absolute monarchy, in other respects it resembles some smaller African nations having an Ibrahim accountability ranking closer to the average for African nations. With a population of 1.3 million, this landlocked lower-middle income country whose population is about equally rural and urban, has growing resources and apparent official willingness to improve services. Evidence from recent Swazi use of CV&A's constructive approach can enhance understanding of conditions affecting citizen struggles for accountability.

Under a 2015 memorandum of understanding with the government of Swaziland, WV Swaziland and local partners, the European Union (EU), funded a project using CV&A's

scorecard approach. In the project, 24 communities are applying the approach to ten rural and peri-urban health clinics serving them, located in eight political constituencies across Swaziland. Under this project's design, each clinic will repeat the CV&A cycle four times, allowing for initial preparation and eight months for each cycle. Both health providers (staff) and community members are using core CV&A methods including community scorecards in focus groups, social audits and interface meetings to generate joint community–provider action plans. However, to meet donor requirements, 'standard' CV&A was modified by shortening the enabling phase. Instead of the usual enabling steps of building community cohesion, each community simply maps networks, coalitions and user groups. Optimistically, this approach assumes that cohesion, learning and effectiveness will emerge and grow as communities repeat CV&A cycles.

This section draws on early findings from an interim report (EU 2016a) and a summary of findings (EU 2016b) from the first cycle of this project at targeted clinics. After initial planning and preparation, communities served by all ten clinics identified that for about 18 issues, or about half, national standards existed. Of these, communities sought accountable action by various levels or arms of government for 17 applicable to health clinics. Most frequently, communities identified problems concerning the unavailability of medication, drugs, ambulances and staff; inaccessibility of local clinics; poor-quality patient care; unfair treatment and discrimination; poor-quality facilities and toilets; and dysfunctional clinic governance. By comparison, of the 29 problems which providers raised, the most commonly cited were staff shortages, no functional clinic oversight committee, lack of working tools, shortage of houses for staff and poor-quality infrastructure. As each community group translated the issues they chose into performance indicators and scored them, consistent patterns emerged across Swaziland. Communities scored much the same indicators as between acceptable and best ('best'), and negative or worst ('worst'), suggesting significant agreement between them. Community scoring of how adequately clinics performed in making recommended drugs available, and on several other issues, indicated large variations in performance between clinics located across Swaziland (EU 2016a; EU 2016b).

Consistent with broader evidence contrasting rural and non-rural health standards and outcomes, especially in Africa (Scheil-Adlung 2015), this and other data suggest that rural communities are significantly more disadvantaged than non-rural areas on issues citizens nominated as important for clinic performance. Social audits by clinic staff revealed and publicized major gaps in clinic infrastructure, equipment and other necessary supplies; in drugs, staffing, frequency of physician visits; and in staff training. At interface meetings for their clinic, facilitated dialogue between clinic staff and communities produced action plans. Each interface meeting agreed on and ranked five priorities needing action. Communities agreed on one set of

priorities and clinic staff on another. Communities assigned top priorities to rectifying the unavailability of staff, infrastructure, medical and non-medical supplies, transport, services and systems, as well as the unacceptability of services and infrastructure which caused continuing inaccessibility and poor-quality healthcare. While staff also wanted to rectify personnel shortages, their other four priorities differed: lack of adequate tools, infection control services, nurse accommodation, and communication systems for obtaining expert advice for treatment or other assistance.

Although some Swazi communities shared similar priorities, each had its distinct set of issues and diagnoses, making it unlikely that citizens would deem top-down, across-the-board policy solutions as effective in reforming primary healthcare.[7] This accords with a growing body of evidence that locally acceptable solutions to development problems rely firstly on locally agreed collective action, before moving beyond (Booth 2012; Gaventa and Barrett 2012; Andrews et al. 2017). However, all 32 issues which communities raised are encompassed within international standards of availability, accessibility, acceptability and quality of healthcare deemed necessary by the United Nations to realize the right to the highest attainable standard of health. Consistent with the progressive realization of the right to health, communities and staff respectively made recommendations for follow-up action on these priorities in subsequent cycles (EU 2016b).

As I have argued in Chapters Four and Six, this evidence further highlights the importance and feasibility of according rights-affected communities the political and civic freedoms to collectively articulate and democratically determine what realizing the right to health means. Swazi practice corroborates findings from Chapters Four to Six which showed that, when freed to do so, each rights-affected community can, in collaboration with local providers, intersubjectively determine priorities for health reforms as the basis for health rights claims. Social contracts containing agreements on these allow them to make legitimate claims on governments and, when accompanied by ongoing monitoring, advocacy to and dialogue with governments, see claims realized. Apparently, these accountability processes increase official political willingness to be accountable.

The interim Swaziland report suggested that official and cultural legitimation of CV&A was high, with buy-in across a wide range of official stakeholders (EU, 2016a). Strong support from government and traditional leaders at all levels officially legitimated CV&A processes and utilization of local traditional cultural and community structures, including the recognition and use of traditional leadership in community sensitization (EU 2016b, p. 4). Publicizing findings in reports and mass media and through word of mouth appears to reduce risks that project benefits will later be captured. Questions remain, however, regarding the extent of medium- and long-term government responsiveness in increasing clinic staff and supplying expensive drugs, as well

as providing nurse accommodation and adequate ambulance services, especially for rural communities most needing them (EU 2016a, pp. 21–22). Official responsiveness seems likely to be constrained by budgets.

Swazi CV&A practice illustrates the importance of another leverage and entry process for increasing accountability to communities – the consolidation of public opinion data on essential service performance to influence policy and seek its implementation. From CV&A experience across diverse polities, it appears that there is no standard method or approach for such consolidation from data generated by communities and providers using social audits and community scorecards. While accountability processes appear portable between systems of governance, the methods and legitimation underpinning them vary dynamically over time. Accordingly, transferring underlying processes rather than methods of analyzing and consolidating evidence seems more desirable. Since Swaziland is the world's only absolute monarchy, it is unlikely that externally imposed forms and systems of health and education governance would initiate and sustain reforms. Rather, actionable reform solutions are more likely to arise endogenously, and CV&A may contribute toward these.

Although scaling up of CV&A practice in many countries remains in its infancy, opportunities to enable governance reforms and curb constraints on governmental responsiveness are apparent. While Ugandan cases discussed in Chapters Five and Six and the above Swaziland case involve small- and medium-size African countries, wider generalization requires non-African countries. The following case of a four-year CV&A program in the multi-island nation of Indonesia, the world's second-largest democracy, allows comparison.

7.3.4 Case Six: Indonesia 2014–2018

As a populous country emerging from poverty and in the early stages of democratic rule, Indonesia's democracy, thus far, has remarkable stability, which Lussier and Fish (2012) attribute to unusually high levels of interpersonal sociability conducive to civic engagement. Following Indonesia's recent legacy of harsh militarized rule, less constrained political space is accompanied by official policy which legitimates constructive political participation by ordinary citizens in decentralized self-government. However, in studying social accountability in Indonesia, Gibson and Woolcock (2008) noted systematic opposition to accountability reforms by elites – a topic addressed in Chapter Six for Uganda.

In each province, Indonesia's public health system is decentralized by providing health facilities known as Posyandu at village or sub-village level, Polindes for village maternity care and Puskesmas at sub-district levels. Puskesmas, by offering more advanced and varied services, facilitate patient referral from Polindes and Posyandu. To rectify Indonesia's underperformance in maternal and child health, decentralized budgets include large-scale incentivized block grants

(Olken et al. 2012). These budgets are backed by national laws aimed at empowering citizens to influence budget spending by incentivizing effective government use of these grants for better healthcare. Laws also legitimate citizen monitoring aimed at better public service performance. Yet while substantial grants have boosted the number of health facilities, national-level evidence of improved service quality and provider effort remains inconclusive (Olken et al. 2012, pp. 53–55).

In 2014, Wahana Visi (WV Indonesia) began a four-year World Bank-funded CV&A program to improve government accountability for public healthcare in 60 villages in the impoverished eastern Indonesian province of Nusa Tenggara Timor. In 20 villages in each of three districts of Kupang, Sikka and Timor Tengah Utara, the program targets enhanced maternal, newborn, child health and nutrition (MNCHN) services by improving the quantity and quality of midwives and District Health Office services for MNCHN. This section draws on a recent evaluation of this program's year-long first phase.

After baseline study, in 2015 CV&A-trained female and male facilitators enabled 4332 villagers (32% male, 68% female) to participate in CGs yielding village, sub-district and district-level action plans. After monitoring clinic standards and producing scorecards, they developed village and sub-district action plans. Each village and subdistrict presented its plan to sub-district, district health service and other officials.[8] The largest community-identified gaps, at Posyandu, highlighted the physical conditions of services.[9] Consistent with the project's premise that considerable scope exists to improve service quality, less than half the respondents at Posyandu rated standards as good or very good, but they rated higher levels of the service system (Puskesmas and Polindes) more favourably.[10] The nature and range of village-proposed reforms in action plans indicate that village communities were aware not only of reforms to which they were entitled, but, empowered to believe they could legitimately achieve them, they actively pursued them. Wide-ranging Puskesmas-level social contracts sought to close major local gaps in health system performance. For example, plans specified agreements to build, equip or upgrade clinics; provide a house equipped for expectant mothers and houses for doctors and reconstruct substandard clinics; raise villager awareness about infant nutrition and national health insurance; provide staffing (such as medical doctors or village midwives) and ensure Puskesmas staff visit Posyandu); build local capacity (through local community committees and cadres to support Puskesmas) and; initiate 'Desa SIAGA' (Indonesia's model for devolving responsibility for healthcare to communities). While the evaluation was too early to assess realization of these contracted plans, most appear achievable through and legitimated by decentralization policies, including Desa SIAGA (Sihotang et al. 2016; Hill et al. 2014).

To complement these findings, Sihotang and co-researchers used the 'most significant change' method to ascertain user perceptions of changed standards or other drivers of accountability.[11] About one-third of reported changes related to services, with respondents slightly more likely to nominate a service change as the most significant – the most commonly reported being improved availability and quality of services. The next largest category, citizen knowledge and attitude, was nominated in approximately 25% of all changes and about 25% of all most-significant changes. After reported changes in use in services, the next most frequent reported change concerned citizen knowledge of services. In keeping with the early stage of this project, few respondents reported changes in policies and budgets, and almost all these concerned village, rather than sub-district or district levels.[12] This research indicated that in the process of practical learning about health systems and health standards, citizen became more confident and effective in using and benefiting from health systems. For example, citizens nominated heightened health-related awareness and reduced health-related financial trouble as the most significant outcomes alongside better services. Surveys of officials and cadres before and after CV&A also showed a statistically significant percentage increase of those surveyed in the three districts who said citizens were more aware of health insurance (important for Indonesians to access health services); more aware that minimum standards for maternal and child health services exist; better able to correctly identify the closest Puskesmas (but not Posyandu or Polindes); and more satisfied with Polindes services, but not those of Posyandu or Puskesmas. Moreover, officials said that citizens reporting financial difficulties in accessing maternal and child health services fell from approximately half in 2014 to around one-quarter in 2015, suggesting they had learned how to exercise their rights and be healthier (Sihotang et al. 2016).

Of the most significant outcomes to which participants said CV&A contributed, half concerned service access, around one-quarter concerned service quality and one-eighth concerned community participation and empowerment.[13] Stories most frequently identified as contributing to such broad change were citizen engagement, catalyzing leadership, and improved knowledge and awareness, which suggests that local actors perceived these as primary mechanisms entailed in CV&A processes effecting change (Sihotang et al. 2016). In summary, overall citizen knowledge of services improved, while knowledge about services specified under standards improved more than knowledge of services being provided. While these three themes are broader than the CV&A meta-processes I identified, they are consistent with citizens' role in generating knowledge for accountability and the catalytic role of facilitating leadership.

Reflecting CV&A's underlying constructive accountability approach, Wahana Visi played key roles in facilitating knowledge-generating, interconnected processes of conscientization

(mobilization and awareness-raising about health system gaps), systematization of citizen knowledge to influence policy, dialogical action from CV&A action plans, feedback to citizens, and interlocution to citizens by their representatives. Fowler (2014, p. 13) defines interlocution as the context-specific process of altering unfair power relations by changing the 'terms of the contest' embedded in various actors' incentives and disincentives. To facilitate such change, Wahana Visi mobilized other NGOs to discuss MCH (maternal and child health) service provision with district officials, liaised with various government personnel regarding CV&A at different levels, analyzed MCH policy and budget provision and shared this analysis with NGO and government staff.

Like findings from the five African countries above, those from CV&A's first cycle in Indonesia are tentative. Whether a country is small or large, a democracy or not, these knowledge-generating processes, through social learning, alter the terms of contests over accountability between communities and duty-bearers. While the systematization of evidence is mainly localized and feedback systems to influence policy are emerging, formal institutionalization of CV&A within decentralization policy reduces the need to formalize CV&A processes aimed at influencing officials to behave accountably. Findings point to an important, underexplored aspect of feedback processes and systems which may help answer an unresolved puzzle: how to combine both backward- and forward-looking accountability and learning, respectively, to rectify past problems and be proactive in changing policy (Fox 2015). Using periodic dialogue, citizens already feed their regular monitoring and learning back to duty-bearers by calling them to rectify existing problems. However, this single-loop feedback process can tend to treat symptoms rather than deeper root causes and fail to proactively influence policy reforms. Such outcomes require periodic double-loop reflection, feedback and learning processes between citizens to proactively inform their dialogue with governments and so influence government accountability and policy. Arguably, cases I discussed in Chapters Five and Six, studying longitudinal changes respectively to national education and health systems, reflect such deeper proactive social learning about and accountability for addressing root causes of accountability traps.

7.3.5 Introducing Cases Seven to Nine: Vertical integration of Citizen Voice and Action in Kenya, Armenia and the Democratic Republic of the Congo

A report (WVUK 2015) entitled 'Changing Lives through social accountability' documented evidence of cases from nine countries (Armenia, Zambia, Kenya, Malawi, Nepal, South Sudan, Bolivia, Senegal and Uganda) where CV&A had been applied in health and/or education. In each country, research showed significant, sometimes marked local improvements in health, education or other service systems. Outcomes from applying CV&A's approach across these countries

indicate that underlying processes of social learning through feedback loops, as identified in Chapters Five to Seven, can be generalized. At a minimum, communities use the simplest form of learning feedback processes, called single-loop learning. It promotes learning and change by each single cycle or loop of monitoring, simple reflection and dialogue to agree on further action which involves incremental changes. Such changes do not arise from deeper questioning of systems affecting communities which double- or triple-loop learning involve, as explained below.

Several of the longer-standing cases reported more deep-rooted policy changes, which suggests that double- or triple-loop learning processes were activated. The former enable citizens to learn and influence what a public system's goals are, making the latter possible – being able to alter rules by which health-system goals are achieved or implemented (Reynolds 2014). As Chapter Six's case study of Uganda's 'death trap' clinics showed, being armed with evidence from such learning processes can galvanize nationwide action to influence changed health-system goals and their local implementation. Of the WVUK cases, three which studied vertical integration of accountability, two from Kenya and Armenia in the WVUK report, and a separately documented case from the Democratic Republic of the Congo (DRC) involved similar processes of local-to-national, system-wide change to those in Chapters Five and Six. As each of these five cases (Armenia, Kenya, DRC and two in Uganda) study CV&A several years after its introduction, they entail repeated cycles of learning and reflection by citizens and interlocutors between citizens and governments. Mostly successful outcomes of these processes, so far, suggest that double- or triple-loop learning processes triggered collective action to overcome root causes of systemic failures, including those which originate and require solutions beyond the local level. However, failure to change the rules by which policy is implemented is likely to jeopardize such successes.

7.3.6 Case Seven: Vertical integration of accountability processes to institutionalize the right to education in Kenya

Because Kenya's 1968 Education Act contained no guaranteed right to education, until 2010 over a million Kenyan children remained out of school. Often-impoverished households and non-state actors largely financed early childhood education. Together with low-quality infrastructure and inadequate staffing, these factors produced low pupil participation rates, denying children a future and marginalizing their parents. As Chapter Five showed, this constituted an accountability trap. While Kenya's adoption of a new constitution in 2010 enshrined every child's right to free and compulsory basic education, implementing this right required a new Education Act (WVUK 2015, p. 10).

In 2009, World Vision Kenya (WVK) had begun introducing CV&A in many schools in its program areas across Kenya. These school communities, which generated data that highlighted many localized gaps in implementing education policy, motivated WVK to act. To organize this data into persuasive evidence for influencing Kenya's new Education Act, in 2011 WVK began to systematize its evidence in the form of a published position paper on the Act. Then, to influence the official draft report of the Education Act Taskforce, WVK and its partners in the Elimu Yetu Coalition, the national civil society coalition campaigning for education for all, brought together community-generated knowledge with other evidence. To do so, WVK sought further information nationally from CV&A teams, which mobilized and facilitated local dialogue among communities on the Taskforce draft report. World Vision Kenya also organized and hosted a national-level dialogue on education reforms, facilitated agreement within the Coalition and mobilized CV&A teams as active participants in the government's national conference to influence the draft national education bill. With its Coalition partners in over 100 CSOs, WVK led the review and analysis of the bill, and made submissions to the national parliamentary committee on education. The Coalition also lobbied 222 national members of parliament with evidence drawn from communities about education policy failures (WVUK, 2015).

The amended bill, which was passed by parliament and received presidential assent as the Basic Education Act in 2013, contains the following fruit of advocacy. Besides entitling every child to public primary education, the Act formalizes provisions which increase accountability for children's attendance at school, accountability by education providers, and feedback to citizens and civil-society interlocutors. Non-state actors learned that advocacy efforts by civil society gain democratic legitimacy by amplifying citizens' voice. Collective action survived major challenges, including governmental failure to incorporate input from remote rural communities, and initial apathy, lack of organization and coordination by non-state actors who demonstrated little understanding of what realizing children's rights entailed (WVUK, 2015, pp. 11–12). However, the ongoing impact of implementing Kenya's changed laws requires further action research.

7.3.7 Cases Eight and Nine: Vertical integration of accountability processes to institutionalize participatory governance in Armenia and the Democratic Republic of the Congo

To further its goal of increasing child wellbeing in its nation's impoverished regions, WV Armenia introduced CV&A in 2008, with encouraging localized outcomes in public health and education standards. In November 2009, it began connecting local- and national-level CV&A monitoring and advocacy processes. Campaigners established goals by deliberating with key stakeholders across Armenia, including international NGOs, United Nations agencies, the

Ministries of Health and Finance, and its national assembly. A critical influence on goalsetting was CV&A evidence from communities who identified limited healthcare financing and geographical barriers as root causes of poor healthcare. This evidence enabled collaboration by World Vision Armenia with partners to form the Maternal and Child Health Forum, which united over 140 key stakeholders in a campaign for increased nationwide financing for MCH. Ministry of Health officials recognized the Forum, as well as the robust, grassroots-informed evidence supporting it. During a World Health Organization regional meeting on paediatric care, campaigners highlighted gaps in government funding of paediatric hospitals and their impact on the accessibility and availability of district-level paediatric care. Building on global learning about effective health advocacy, campaigners organized activities which educated key decision-makers in civil society and government on gaps in maternal newborn and child health issues.

To support their creation of a Child Health Now Advocacy Alliance, campaigners systematically organized evidence in a position paper whose findings WV presented to local-, district- and central-level decision makers. The paper, which drew on community-generated evidence from CV&A, highlighted deficiencies in Armenia's healthcare financing compared to other countries. Campaigners also hosted petition-signing and other events and a parliamentary reception where speeches urged parliamentarians to increase healthcare funding. Subsequently, the Ministry of Health began lobbying to boost child healthcare financing. In October 2010, the Armenian government approved the increases and in November it gave the Ministry of Health permission to double national funding for children's health from US$10 million to US$20 million. This budget increase enabled the Ministry to initiate the Child Health Certificate program and ask WV to support its implementation. The program seeks to increase the accessibility and availability of healthcare for children. Among its measures were increased hospital staff salaries and an end to informal out-of-pocket payments (WVUK 2015, pp. 4–5).

Yet major policy gaps remained. Despite local-government laws requiring civic engagement, WV Armenia and its civil-society partners repeatedly encountered low levels of community participation and lack of government planning. They diagnosed that the major gap was in implementing the law. In dialogue with government, they drew on their experience with CV&A to advocate for and advise national government to adopt participatory planning and budgeting processes to close this gap. In 2015 the Armenian government incorporated CV&A processes in a package of participatory governance reforms and mandated its implementation in all its 700 self-governing authorities. These reforms were recognized in awards by the Open Government Partnership in 2015 and 2017 for improving public services by enhancing open governance and rural services. In 2016, Armenia's parliament passed amendments to its 2015 Local Self Government Act which require all local government to adopt this participatory approach.

These achievements contrast with a 2017 evaluation of CV&A in Armenia whose survey of local government officials showed that they were unaware of communities' priorities before participatory planning and budgeting using CV&A was introduced. Moreover, they said they were unaware that local-government salaries dwarfed spending on essential services. Meanwhile, communities unaware of their right to access budgets or participate in decision-making before CV&A registered substantial increases in knowing how to claim their rights, by monitoring standards and lobbying duty-bearers to implement these standards. For example, students at 13 schools successfully lobbied politicians and officials for appropriate textbooks, medical check-ups and internet access. Using CV&A processes, previously marginalized communities gained a voice which influenced governments to allocate greater spending, improve quality of services and enhance open governance. As with the success in boosting health budgets, these system-wide reforms were the result of processes which legitimated citizen participation; enabled collective action by citizens; built coalitions with agreed goals; organized and represented citizens' voice through interlocutors in local, subnational and national forums; and collaborated to see their rights realized. The outcomes of these processes so far, which require ongoing monitoring, went beyond large budget increases and improved local services to proactively address deeper causes of failures in governance of essential services.

In a similar approach in DRC, local-level CV&A was scaled up subnationally. Building community capabilities to monitor and increase official feedback and responsiveness on community- and subnational-level budgets fostered increased transparency and accountability through strategic advocacy alliances with CSOs, supported by responsive interlocutors in media and government. In 2014, the government pledged to double the national health budget from 3.9 to 7.8% of gross national product. Working relationships of Ministers of Health and Finance with CSOs also became more constructive (WVUK, 2015 pp. 14, 19). However, lack of success in monitoring budgets nationally to ensure they were disbursed produced, on average, no localized increase in clinic budgets.[14]

The scope, nature and time frames of the Kenyan, Armenian and DRC reforms beyond local level differed from those to reform Uganda's national Education Act and health budgets and systems analyzed in Chapters Five and Six respectively. Yet, the processes by which citizen and government actors in each nation vertically integrate their knowledge to shape policy on rights, governance and budgets resemble each other. Vertical integration becomes effective when actors, scaling and collaborating from the community level upwards, fuse enough cultural, political and social capabilities to trigger tipping points in power relations which enable them to hold government duty-bearers accountable. However, the channels along which they choose to project these capabilities through advocacy beyond local level vary, even though the capabilities

are similar, as the following evidence synthesized from studies of CV&A in diverse country settings shows.

7.3.8 Analyzing cases illustrating channels of social accountability

A recent conference paper (Walker et al. 2017) analyzed evidence of CV&A's impact on community capabilities for accountability up to national level, using case studies from seven countries. While four countries – Uganda, Armenia, Senegal and Ghana – have been studied above, the paper assists further generalization by adding three others – Tanzania, Pakistan and Romania. Since CV&A processes of facilitation, legitimation, conscientization, interlocution and systematization of evidence which project citizen voice are common to all these cases, our paper corroborates findings from Chapters Five and Six. Advocacy is, we conclude, another critically important local-to-national interlocution process. We find that, using CV&A advocacy, communities project their voice through capabilities along at least four channels. Through these channels, citizens help each other to realize universally recognized human rights standards (which promote the accessibility, availability, acceptability and quality of healthcare or education) by practicing universal human rights principles (of participation, non-discrimination, accountability and equity).

In Channel One, illustrated by all seven cases, marginalized communities, by integrating informal norms (e.g. customary norms) with formal norms (e.g. laws), learn to exact normatively accountable behaviours from official duty-bearers, motivated in cycles which by closing gaps in rights and performance also build confidence that their collective action will succeed. In Channel Two, citizens recognize the limits of making claims exclusively on governments. Either by including other interlocutors or collaborating with them independently of government, they pool resources to enhance citizen enjoyment of rights or services. Illustrating this channel, CV&A processes enabled impoverished Romanian communities to critique the inhumane conditions in unheated schools during its often-harsh winters. Publicizing these conditions prompted collaboration with the private sector to fund heating in scores of schools. In Channel Three, which involves vertical integration, citizens (directly in groups and through civil-society organizations) collectively influence national or subnational government policy to institutionalize CV&A's social accountability processes. Armenia's 2016 national laws formally enabling all citizens to participate in national planning (noted above) provides one example of Channel Three. Nationwide coalition advocacy in Romania, which produced national standards to accredit all schools, and subnational government agreement to informally institutionalize CV&A in parts of rural Tanzania provide two further examples. In Channel Four, communities' critique of official service standards reveals major gaps, prompting collective action independently of government, as in the abovementioned example from rural Ghana of building

local housing to retain nurses required for public healthcare. In another example, rural Pakistani women critiqued government failure to employ any female doctors at their clinic. As employing female doctors was not an official entitlement, essential healthcare by male doctors remained unacceptable and unused. By recovering various local cultural forums (not unlike the *baraza* in Chapter Six), including informal cultural norms and religious institutions that guaranteed independent decision-making free of male bias, locally adapted CV&A processes enabled them to create local rules. By informally institutionalizing local employment of female doctors, public healthcare became culturally acceptable to and used by women, as required by the United Nations human rights standards for the right to health referred to above.

Channels evident in these seven cases illustrate the diversity of interlocutors and their roles. They also highlight that, to facilitate progressive realization of human rights, interlocution processes must not only change policy, but the norms by which policy is implemented. I suggest that when marginalized citizens are free to collectively critique existing policy goals, they learn both how little they benefit from them, and who benefits. Double- and triple-loop dialogical learning fosters public knowledge, which prompts deeper agreement and political will to close gaps in policy and its implementation. Engaging in collective action with diverse interlocutors, which grows through publicity and feedback processes, helps to close these gaps.[15]

7.4 Conclusion

Chapter Seven's arguments and evidence on the impact of CV&A in diverse other-country contexts are consistent with and extend those in Chapters Five and Six from Uganda, one of many nations where limited civic and political freedoms constrict space for democratic learning and action (Civicus, 2017). Despite such constricted democratic space, longer-term historical drivers heighten expectations by ordinary citizens that they will engage more directly in demanding accountability and official responsiveness in implementing public policy (Goetz and Jenkins 2005; Jha 2014, p. 701). Rather than simply voting to elect representatives whose actions, they hope, will reflect their rights and aspirations but may not, they monitor how policy affecting them is implemented and amplify demands arising from their monitoring through advocacy (Goetz and Jenkins 2005; Keane 2009).[16] By illustrating a sample of the diverse LMIC polities where, despite constricted political freedoms, spaces have been enlarged and legitimated by cycles of citizen inquiry using CV&A, Chapter Seven has shown how social learning by marginalized communities boosts accountability processes. Building on Winterford's (2013) finding that CV&A facilitates modest localized successes which expand citizen confidence to make more ambitious claims, Chapter Seven concludes that as single loop-learning produces small incremental changes in local public systems, citizens' confidence in their collective ability

to advocate for claims increases. Growing confidence stimulates wider cycles of double- and triple-loop learning in which communities of place or interest widen and deepen political space for social learning. As social learning enables them to discover how national budgets and more democratized systems of governance affect their enjoyment of rights and builds their shared confidence, they collectively seek these reforms.

Like the findings of Chapters Five and Six, those of Chapter Seven accord with wider evidence that since citizens learn best by doing, social learning increases accountability when NGOs or other interlocutors in collaboration with grassroots organizations bridge citizens' collective action with that of local to national government by democratizing knowledge (Banks et al., 2015; Brown et al., 2003; Gaventa and Barrett 2012). By cumulating evidence from twelve diverse polities, these three chapters suggest that engaged, systematic social learning and inquiry tends to reduce unequal relations of accountability between marginalized communities and governments. Chapter Seven's evidence indicates that some learning cycles spill over into and channels of collective action independent of government, including household, civic, corporate and customary spaces.

Protecting these spilled-over prosocial norms from elite capture requires networks or alliances which build solidarity between marginalized groups and pro-social (conscientized) interlocutors (Baez-Camargo and Ledeneva 2017, pp. 74–75). Such solidarity arises from informal processes which enforce the social contracts needed for social accountability. These processes sufficiently foster norms of trust and reciprocity between social actors that those contemplating unresponsive or corrupt behaviours are checked by threats to their reputations (Baez-Camargo and Ledeneva 2017, pp. 74–75), as Chapter Six found. By collaborating in vertically integrated spaces to institutionalize these informal norms, community and interlocutor groups recapture formal accountability channels by which they can influence policy and realize their rights. Consequently, as informal channels of collective action renew formal channels, space for struggles over norms and institutions affecting wellbeing grows. Since Chapters Five to Seven also identified that quests for accountability by marginalized actors and groups are constrained, Chapter Eight analyzes these constraints and suggests possible solutions.

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[1] The nine reports, journal article and conference paper on CV&A are Cant (2012, 2017), Dunham (2016), EU (2016a, 2016b), Makerere University (2016), Sihotang et al. (2016), Walker et al. (2017), Winterford (2016), WVU (2013) and WVUK (2015).

[2] Statistics are for 2015, the year nearest to when the CV&A cycles were studied in most countries, between 2013–2016. Uganda's performance and ranking was lower for the period 2005–2014 than in 2015.

[3] Since Chapters Three, Five and Six offer extensive background on Uganda's case, Chapter Seven's is abbreviated.

[4] Extending my argument from Chapters Five and Six, I suggest avenues both dependent and independent of government rely on feedback processes (Jacobs 2010) which foster constructively accountable, trusting relationships by repeated reciprocity. During early years of CBPM piloting, parental freeriding (in this case, avoiding responsibility for ensuring children were in school, though plausibly in response to low-quality schooling) suggested that parents deemed the terms of reciprocity with government unfair. An important early enhancement of CBPM to reduce freeriding entailed ensuring that all school stakeholders were aware of their legislated roles, responsibilities and rights. Shared awareness rose after WVU secured government permission to publish its official guidelines specifying education stakeholder roles, responsibilities and rights, in English and in local languages. Parents also realised the benefits of participating in their children's education and seeking to change government policies affecting them and their children. Such community-wide awareness facilitated broad-based mobilization of communities using CBPM, and later, CV&A, which increased school attendance. As Westhorp et al. (2014) found, when communities appreciate their responsibilities, shared awareness that there are gaps in practicing them increases social pressure through mutual accountability. Freeriding falls because apparently shared awareness, social pressure and mutual accountability reinforce each other, enabling stakeholders to socially sanction each other to be subject to legislated requirements, which entail their participation.

[5] The percentage of schools displaying no budgetary information (80% and 85% of schools in Ghana and Senegal respectively) exceeded the average (64%) of all sub-Saharan countries schools surveyed (Antonowicz et al. 2010). Yawning gaps between policy and its implementation apparently persist across sub-Saharan African countries, whether they rank higher or lower in accountability on the Ibrahim Index.

[6] Using data from participatory exercises and semi-structured interviews with relevant service providers and users, local government officials, WV staff, CV&A working groups and other local volunteer groups, Dunham qualitatively assessed CV&A implementation in four of the nine program locations in Senegal and Ghana. Of 527 evaluation participants, 39% were women, 30% men, 17% girls and 14% boys. Unlike Senegal and Ghana, Sierra Leone's Ebola epidemic delayed CV&A's processes, so the evaluation of CV&A in Sierra Leone included quantitative but no qualitative assessment.

[7] Even the issue of staff shortages, which staff and communities agreed needed rectifying, requires case-by-case analysis of gaps in health staff to be filled, not a blanket, top-down approach.

[8] Posyandu facility scoring was arranged so that for these to meet standards, they had to open at least once a month. However, Posyandu in Sikka scored lower on average, mainly due to lower scores for main and additional activities. World Vision staff and the village facilitator also facilitate this process, using scorecard processes described in Chapters Four to Six.

[9] The number of responses from Polindes varied greatly across the three districts – overall, there were 1287 responses in Sikka, 696 in Timor Tengah Utara and only 56 in Kupang.

[10] Whether villagers more closely examined standards at or applied them in more ways to these more ubiquitous village-level clinics is unclear. Subsequent evaluations may clarify this.

[11] To do so, they analyzed and coded a sample of stories from patients, providers and officials followed by questions to indicate both awareness of changes and how highly respondents valued them.

[12] Patterns of change across the districts reflected both similarities and differences. In Kupang, changes were more commonly reported in the categories of services and citizen knowledge and attitude, whereas in Timor Tengah Utara, changes were more evenly distributed across categories than in the other districts. While mothers and cadres most often reported better availability and quality of services as changes, other stakeholders most often frequently reported use of services and features of their own work supporting availability, quality and use of services.

[13] As expected at such an early stage, changes contributing to maternal health, child development or community futures received no mention.

[14] WV DRC Advocacy and Communications Officer (personal communication, 21st March 2018).

[15] It appears that in this case, communities used Channel Four's informal institutions to open the official Channel, One.

[16] Demand-making is shaped by diverse jurisdictions and polities and expectations of transparency which heighten expectations of social justice, as discussed in Chapters Four, Five and Six. In the West, Keane (2009) argues that these processes, which he calls 'monitory democracy', began after World War 2, while colonization and its aftermath were among the factors delaying them.

Chapter Eight

Constraints on Social Accountability and Solutions to Overcome Them

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8.1 Introduction

To answer my research questions on what empowers marginalized citizens in SAIs and improves outcomes for them, Chapter Eight analyzes constraints on such empowerment and how to overcome them, incorporating illustrative examples from CV&A practice. Constraints variously block, limit, deter or oppose the emergence of CV&A accountability processes in WV APs, while also reducing government responsiveness to such claims. As Chapters Three to Six argued, multiple factors unfairly deprive citizens of social justice and accountability. This chapter draws on research and evaluation sources used in Chapters Four to Seven and other published and unpublished evidence. For reasons outlined in Chapter Seven, my analysis is weighted towards Uganda and other countries having relevant field data about constraints and solutions.

Chapter Eight analyzes systemic constraints at and between local and global levels on health- and education-poor citizens in rural areas. Since the WV partnership chooses such impoverished areas to establish its many APs in scores of LMICs, findings about constraints on SAIs implemented in these areas can help to generalize Chapter Eight's findings. In Chapters Three to Six I examined layers of health and education systems which constrain marginalized groups and communities and concluded that norms which unfairly deprive them of reciprocity also undermine health and education systems, as well as the wider formal and informal governance systems to which they belong. Through unresponsive and unaccountable behaviours, these unfair norms reproduce marginalization, primarily by duty-bearers towards citizens, which citizens often reciprocate toward duty-bearers. Building on existing theory and evidence, Section 8.2 introduces an analytic framework of six systemic domains where constraints on accountability operate. Sections 8.3 to 8.8, each covering one domain, dissect layers of constraints on them. I show how overlaps with and interconnections between domains reinforce constraints on citizen empowerment, while solutions which can remove or reduce them arise by teasing apart and removing layers of constraints.

8.2 Theory and methodology for analyzing systemic constraining factors and solutions

Chapters Two to Four included theorizing by Sen, Freire and others about constraints on marginalized groups, which I recap briefly. Sen, who assumes various constraints curtail individuals' freedoms, distinguishes between opportunity and process freedoms essential for impoverished individuals to pursue wellbeing (Sen 1999, pp. 291–292). Without opportunity freedoms, individual human capabilities required for wellbeing cannot be chosen, and without process freedoms chosen capabilities can neither be exercised nor grow. Probing deeper, Freire finds that interconnected layers of external and internal constraints marginalize and paralyze people. Paralysis begins when elites impose their 'superior' knowledge on people in ways which gradually exclude them and deprive them of power and resources. 'Divide and rule' policies entrench paralysis and marginalization and enlarge space for elites to manipulate populations by emphasizing their backwardness and combining a trio of fear, disunity and apathy. As this trio permeates systemic domains, it reproduces and is reproduced until people become subject to dehumanizing and unresponsive 'cultures of silence' (Freire 2000, pp. 135–160). Elites who manipulate and shape such cultures unfairly bias public debate, decision-making, opinion and action against some communities and groups, diminishing their confidence, hope of change and readiness to engage (Gaventa and Cornwall 2008, p. 174).

By applying Hirschman's typology of exit, voice and loyalty to how service-marginalized communities engage essential services, Chapter Four further developed theory about how systems of unfair relationships constrain whether and how they use these services. Since unfair systems deprive these communities of access to affordable private service options (*exit*) and spaces where priorities for service reforms can be *voice*d and heeded, their remaining choice is *loyalty* to dysfunctional systems, an unsustainable option which I attribute to suppressed awareness of rights and aspirations, as well as avenues to claim them. As such spaces empty, elites can capture and use them to unfairly access, control and manipulate resources, in vicious cycles of impunity and corruption (Cammack 2007, p. 605).[1] Consistent with such cycles, local level Ugandan citizens, like many of their counterparts in sub-Saharan Africa, experience and accept entrenched cultures of corruption. For example, Peiffer and Rose (2013, pp. 23–24) concluded that marginalized and impoverished Africans routinely perceive service providers to be corrupt yet still expect to pay – and service providers expect to receive – bribes for public health and education services. Rather than being indignant at being deprived of their right to free healthcare and education, individuals accept and become part of a status quo where systematic corruption with impunity is normal and accepted without complaint (Bauhr and Grimes 2014).[2] The promises of 'democracy' made to citizens decades ago, of better services and livelihoods,

instead produced bribery, dysfunctional services and exclusion. For many, democracy has therefore proved to be illusory. Electoral vote-buying and patronage corrupt representative channels of public accountability for services (Tsoka, 2002; Cammack, 2007). Thus, blocked representative avenues compound existing systemic constraints which perpetuate an unfair status quo. Chapter Four concluded that restoring accountable citizen–government relationships requires facilitated processes, which release and tap shared capabilities and willingness within communities and by government actors to promote socially accountable relationships, a critical thesis finding whose implications I highlight in the next chapter.

Drawing on O'Meally (2013) and Grandvoinnet et al. (2015), Chapter Eight locates systemic constraints on social accountability in LMICs in six intertwined relational domains. The first of these, between government and citizens, is central because within it lies what most directly restrains or enables citizen–government accountability. Each of the other five domains – within political systems for governing, intra-society relationships, inter-elite relationships, civil society and aid-system relationships – are important because they impinge on citizen–government relationships. Within each of these systemic domains, I accept the argument of O'Meally (2013, pp. 30–31) that SAIs are subject to both pro- and anti-accountability forces. However, constraints are not merely on SAI processes but on what necessitated them and on what they produce. Therefore, in each section below I prefer the broader term 'social accountability', which includes relationships of accountability prior to SAIs, the processes entailed in SAIs and outcomes SAIs produce, such as altered norms and behaviours critical for accountable relationships. Boundaries between these six domains become increasingly blurred as marginalized actors occupy and influence spaces in them from which they had been excluded (Benequista and Gaventa 2011). By including examples which illustrate constraints in varied countries and levels, I increase scope for generalizing thesis findings, allowing this chapter's analysis and discussion to guide my thesis findings in Chapter Nine.

The next section analyzes the domain of relationships between citizens and governments and links it with the other domains.[3] It begins with a three-point summary of Chapter Three's conclusions on the historical trajectory of hindrances to government provision of essential services to marginalized communities in Uganda and other LMICs.

8.3 Constraints on social accountability in the government–citizen domain

Firstly, historically damaged relationships that have contributed to cultures of silence and conformity in socio-political domains include those which successively originate, for example, in the violence and oppression of mass slavery; rapid and brutal 'dispossess, divide and rule' policies of colonization; since independence, oppressive rulers who long ago promised but failed

to deliver various reforms or step aside when they failed to do so; and structural adjustment policies which also deprived people of functioning essential services. At large scale, all these exemplify being unfairly deprived of reciprocity. Often, these involved failures by elites to treat fellow human beings with dignity, and as lacking culture, emotions and reasoning.

Secondly, reflecting these failures, when colonial government was imposed on many African nations in the nineteenth century, modern civil society began emerging. However, only the colonial elites belonged to civil society and enjoyed the full rights of citizenship (Mamdani 1996, p. 19). They apparently considered others incapable of or unentitled to interaction with government.

Thirdly, this series of failures whose focus was on holding or imposing power continues in a different but historically linked guise today – that of neopatrimonial power regimes, evident for example in Uganda. There, multiple levels of decentralized government, rather than facilitating citizen–government accountability, allow duty-bearers to evade being accountable to each other or citizens for wellbeing outcomes. Being without collective voice further deprives citizens of the right to hold providers or officials accountable. Because voting by marginalized citizens in national elections rarely effects regime change, people lack collective power to discipline national politicians by voting them out of office. Consistent with being marginalized, non-elected officials are critical of citizens for being disengaged (Wenene et al. 2016) and see people as clients rather than citizens with rights, and public services as favours rather than entitlements (Schaaf et al. 2017).

These attitudes influence norms unconducive both to officially responsive behaviours and citizen engagement. A recent systematic review of LMIC evidence regarding health-provider responsiveness to citizen demands (Lodenstein et al. 2016) found that low responsiveness of providers and officials discourages collective action and advocacy, suggesting that a vicious circle is perpetuating disengagement, though not necessarily the political will for engagement. The review found that official receptiveness to demands for improved healthcare depended on how legitimate they perceived citizen groups to be, and how far these groups supported them professionally and personally, while their self-perceptions of their capacity to make a difference affected responsive behaviours.

In a related finding in primary education, Westhorp et al.'s systematic review of community empowerment and accountability in LMIC schools found that negative attitudes of school staff deter parental participation, while non-transparency about respective roles apparently exacerbates teacher–parent conflict (Westhorp et al. 2014). Evidence from Uganda also indicates that teachers and health workers face incentives which undermine their performance but over which they have little control (Wane et al. 2013), making it likely they feel unsupported in

resolving these by disengaged citizens. Tembo's review (Tembo 2012) of African citizen voice literature found that local problems are more likely to be resolved when communities engage public-service workers and reforms constructively together, using culturally appropriate means. Likewise, Freedman (2003) and others emphasize 'constructive accountability' between citizens and duty-bearers in improving healthcare provision. This evidence accords with Chapter Six's argument that being unfairly deprived of reciprocity, at many levels, obstructs social accountability.

Further layers of constraints also arise within communities and between citizens and duty-bearers as they engage in CG meetings and ensuing monitoring of the action plan. Removing these involves facilitating engagement between them (Molina 2013). Overall, my findings accord with Molina et al. (2017) who found citizens become motivated to voice shortcomings when constructive engagement with providers is facilitated, thereby influencing better service performance. Conversely, when citizens and providers are poorly mobilized the latter are likely to be unresponsive to citizens' claims. Section 8.4 explores societal origins of these blockages.

One systemic constraint in many LMICs is the use of informal political patronage and clientelism which produces unfair budgeting for and distribution of decentralized government services. In Chapter Three I traced the marginalization of many rural Ugandan communities from government to such constraints. Rather than devolving genuine fiscal, administrative and representative power to local governments, decentralization has effectively silenced ordinary rural citizens in local governance. By engendering mixtures of fear, bias and unfairness, national and subnational governments deter citizens from exercising their legal rights to participate, curtail public accountability and lower citizen expectations of local governments. Yet citizens seem aware of contradictions between the promise and reality of decentralization policies, and they retain aspirations for changing national government fiscal priorities to fund more effective decentralized health and education services (Kewaza and Makanga 2017).

Using empirical data and other evidence, Chapter Three then extended this argument elsewhere to much of sub-Saharan Africa, where similar longer-term patterns of unfairness are apparent. Among factors contributing historically to prevailing citizen disengagement and low accountability are repeatedly raised and dashed political hopes, constrained civic space and growing rural service marginalization since independence (Scheil-Adlung 2015). Yet the success of persistent CV&A mobilizing across many districts in rural Uganda since 2006, and in other LMICs, indicates widespread opportunities to increase political space for exercising hidden cultural capabilities to aspire and learn (Appadurai 2004). As Chapters Five and Six showed, collective socio-cultural processes can build enough shared capabilities and political will to restore norms of accountability which overcome prevailing norms of political disengagement and

opposition. Together, insufficient will and capabilities prevent the emergence of citizenries at multiple levels able to restrain government, thus impairing democracy itself (Ostrom 2006). These pro-accountability citizenries include local communities and nationwide coalitions. If these citizenries act in solidarity and collaborate with each other to reform public services, their shared capabilities can influence reforms in the political and inter-elite domains.

However, the success of such pro-accountability citizenries depends on engagement and bargaining between citizens and governments and resulting agreements between them (O'Meally 2013, pp. 36–37). Known as social contracts, to varying degrees such agreements include or exclude communities and groups. Usually considered tacit socio-political agreements between governments and citizens, agreements can also be explicitly articulated through local and higher-level deliberation (Commonwealth Foundation 2004, pp. 53–54). Consistent with my argument in Chapter Six and CV&A practice, O'Meally (2013, pp. 36–37) urges that processes for developing social contracts be locally driven, 'taking cues from local narratives of accountability and legitimacy'. In CV&A these deliberated agreements, which systematically include service-marginalized groups, are called action plans. Multiple studies in Chapters Five to Seven connected the production of these localized explicit social contracts with socially accountable outcomes, including responsive official behaviours towards marginalized groups. These initially agreed action plans (and those which later emerge from them through subsequent monitoring, feedback and advocacy) engender accountability because they specify what action is to be taken, by whom and by when. Cases in Chapters Five and Six, respectively linking advocacy for changed legislation with school feeding and better maternal healthcare with national clinic staffing, are traceable to multiple localized action plans. In Indonesia and Swaziland, studies of CV&A indicated strong follow-through on action plans (Sihotang 2016, EU 2016a). However, in West Africa, Dunham (2016, p. 9) found greater variability in following them up.[4] He observed that better action plan follow-up was well correlated with which government decision-making officials participated face-to-face or were interested, and the number and kinds of standards which subsequently improved in schools and clinics. This suggests that civic capabilities and responsiveness arise from interacting with and learning from each other, especially face-to-face. Further research to understand what drives effective and just social contracts can enhance empowerment and accountability. While not standard CV&A practice, mobilizing citizens to periodically evaluate action plans, as suggested above, could clarify how they evolve and contribute to wider social contracts.[5]

Although CV&A is being used in rural, peri-urban and urban settings, my thesis has focused primarily on rural communities because these are often more service-disadvantaged. The extent to which thesis findings may be generalised beyond such settings depends (at least) on how

constraints on government–citizen accountability vary across and within different types of rural, urban and peri-urban settings. In urban and peri-urban settings, different factors may enable and constrain social accountability. Cummings et al. (2016) found that in rural areas where community members, government or CSOs encourage citizen participation, communities are more readily mobilized than in urban areas. Small and larger-scale studies comparing different settings could illuminate what constrains and enables social accountability. The next section discusses constraints on social accountability arising from within society.

8.4 Constraints on social accountability from the intra-society domain

Degrees of underlying fragility and/or conflict arguably exist in all impoverished communities, not merely in 'fragile states'. Limited or no participation by communities, including appointed, elected and customary leaders and providers, is likely to weaken community confidence that monitoring service providers or advocating for policy change can succeed, thus dampening the width and depth of mobilization (Fox 2016). Therefore, CV&A practice involves stages which include and build shared confidence in various marginalized groups within society before engagement. However, as Commins (2018, p. 18) urges, processes of inclusion must be systematic, thorough and sensitive to context. Because including all marginalized groups in face-to-face political participation when CV&A begins can create overload for local facilitators, some WV offices use a more gradual, staged process.

Face-to-face political participation provides opportunities for engagement but also entails significant conscious and unconscious economic and social risks and costs to local households. Especially in rural areas, participating may entail foregone social and economic opportunities to pursue other activities needed for survival, transport costs and time lost in travel to and at meetings. Consciously or not, fears that participating in CV&A and ensuing action may trigger reprisal, such as being subsequently denied access to treatment by providers, deter participation. Moreover, when LMIC households have some (even low) levels of access to public services, they have higher levels of political participation and engagement than those having no access (Hern 2017). Consequently, mobilizing the latter – who may lack access because of their physical remoteness from services – can be especially challenging. Various studies of CV&A, including those in Zambia (WVUK 2016, p3) and Kenya (WVUK 2015, p. 12), cited difficulties in mobilizing geographically remote, rural and dispersed communities. In Bolivia (WVUK 2015, p. 36) for example, widely dispersed rural communities prompted WV to allow more time for communities to mobilize, learn from each other and educate authorities. Citizen unwillingness to participate also thrives in disunity and disengagement. In Kenya, vested interests, apathy and lack of shared agendas among education-sector actors frustrated or weakened grassroots

mobilization to influence national education legislation.[6] This prompted successful wider collaboration through awareness-raising processes and successful efforts to collaborate in a coordinated, national coalition-wide approach (WVUK 2015, p. 12). As Chapters Five to Seven illustrated, becoming mobilized or increasing existing mobilization for social accountability also requires trust by communities in community mobilizers. While some evidence suggests that WV induces trust through its local presence and partnerships (Schaaf et al. 2017), trusted local CBOs offer a longer-term solution.

A related intra-societal restriction on both mobilization and collaborating is free-riding, where some citizens let others bear the costs and risks of participation, while hoping they will enjoy its benefits. By reducing citizen mobilization, free-riding can weaken accountability by undermining the legitimacy of claims on government, and collective action to monitor implementation of official responses to them. A study of rural Ugandan primary schools found that CV&A community scorecards enhanced community efforts to improve schooling and significantly increased learning and other educational outcomes after one year. This suggests that despite some free-riding, citizens engaged sufficiently that they were able to boost learning outcomes(Barr et al., 2012). Moreover, this accords with findings by Olken (2007, pp. 243–244) that rural community participation in monitoring health and education services can be effective when free-riding is limited. CV&A experience suggests that mobilizing cultural capabilities can reduce free-riding, because people value their culture. However, further studies can illuminate who engages in free-riding and why, as well as how to limit it.

Being politically disengaged between elections also deprives citizens of shared opportunities for socially and culturally appropriate learning and socially accountable relationships with each other to spur collective action. In Africa, as elsewhere, beneficial societal change emerges with accumulated learning, which avoids repeating mistakes of previous generations (Olukoshi 2011). Avenues for boosting learning illustrated in Chapters Six and Seven involve 'going with the grain' of societies and cultures. Doing so entails harnessing traditional long-term repertoires of social learning, local knowledge, language and wisdom for social change. This avoids the unnecessary diversion of limited community time and resources towards cultural retooling needed to translate, learn about, comprehend and accept imposed Western liberal democratic norms. Instead, SAIs can be more effective and generative by recovering African democratic norms of accountability. These traditional norms legitimize localized enactment of 'we, the people' in preference to 'I, the individual'.[7] Applying these norms involves weighting public policy-making away from bureaucrats by engaging local communities in policy decision-making (Krawczyk and Sweet-Cushman 2017; Kpessa 2011). One example of this, discussed in Chapter Six, involved citizen appropriation of an informal institution called the *baraza* in CV&A at local,

subnational and national levels. Customary repertoires in the *baraza* empower groups of ordinary citizens to repeatedly exact accountability from officials through dialogue.

While noting that education providers' fears deter their participation in citizen-centred service reform efforts, Westhorp et al. (2014, pp. 120–121) reported that existing social relationships, networks and goodwill, known as social capital, help motivate citizen participation in collaborative school reforms. While CV&A includes processes to increase existing social capital and cohesion, when initial social capital and cohesion are low, additional efforts to foster social capital and sensitivity between parents and providers are needed to galvanize public political action, as the case of 'K school' in Chapter Five highlighted. While local actors are usually more aware of why social cohesion and capital are low than outside actors, collaboration with outsiders to increase it may be beneficial. Understanding key preconditions for building and maintaining longer-term levels of social cohesion required to sustain collective action to increase accountability requires further research.

For service-marginalized communities, increased social cohesion and capital removes only one layer of the health and education inequalities they suffer (Bakeera et al. 2009; Cleaver 2005). Embedded in CV&A practice from its Freirean roots are measures discussed in Chapters Four and Five addressing inequalities within communities of gender, age and status by building on existing group- and community-based solidarity oriented to political action. Since addressing inequalities due to ethnicity or income is not a standard part of CV&A or most other social accountability practice, such inequalities may foster conflictual norms within communities, with officials and governments or between communities. Findings from scorecard use in rural Uganda suggest that in communities where divides due to ethnicity or income inequality are prevalent, unless social accountability processes help bridge these divides, collective action for accountability is likely to be weaker and less inclusive (Bjorkmann and Svensson 2010). Although existing CV&A processes of repairing and building relationships apparently foster community solidarity, interethnic or income divides and associated norms may constrain solidarity which bridges these divides (Brennan et al. 2013; Joshi and Houtzager 2012). Therefore, further research is needed to identify longer-term strategies which mitigate the effects of ethnic and income inequalities in various settings, and find which socio-cultural strategies build accountability inclusively. The next section begins by examining formal political institutions which impede government–citizen accountability and tracing their failure to informal institutions and norms.

8.5 Constraints on social accountability from the political system domain

According to Bukenya et al. (2012), institutional weaknesses in government policies and finances at local, subnational and national levels undermine their capability and responsiveness to citizens. However, while funding gaps appear pervasive, it appears that exclusionary politics creating weak political will and informal bias at all levels against allocating greater resources to service-marginalized communities constitute greater obstacles to social accountability. In LMICs more generally, persistent informal biases underlie weak political will. Not only do political elites starve public funding for localized public primary healthcare and selectively monopolize hospital use when it suits them, but they unfairly skew funding towards the wealthy – themselves (Yazbeck 2009, pp. 15–17). Dunham (2016, p. 87) cited one example of such unfairness involving rural Senegalese officials. By consistently biasing public finance toward larger and more prominent schools in towns, they starved smaller, rural schools of funding to meet standards essential for learning. Besides demotivating teachers at these schools and depriving pupils of their right to education, such unfairness reduced the willingness of service-marginalized citizens to pay taxes for services or vote for politicians supporting these taxes (Dunham 2016, p. 87). Since the public sees elites as unwilling to pay taxes themselves, political elites cannot persuade the public, including impoverished groups, to do likewise (Wenene et al. 2016). Deficient tax systems exacerbate widespread reluctance to pay taxes (Prichard 2010, pp. 9–12). For example, Dunham (2016, p. 10) concluded that ineffective local tax collection in Ghana and Senegal limited shared ability to address systemic root causes of service failure beyond local level. In some districts and communes in Ghana and Senegal, low capacity to mobilize local tax revenue created reliance on already stretched and poorly deployed central government operating budgets, constraining funding of CV&A-generated plans to strengthen health-system capabilities and service quality. Systemic failings and gaps in public education and health governance result in undersupplying schools and clinics with essential inputs, such as textbooks, health consumables, equipment and supplies, not only in these municipalities but in many LMICs.[8] This indicates that governments unwilling to behave accountably, and joint reluctance by citizens and leaders to pay tax, drain public health and education systems of resources necessary for all to enjoy wellbeing through education and healthcare. Long-term citizen experiences of tax system unfairness further feed this reluctance (Therkilsen 2006).

Electoral constraints also exist. Because elections increase political sensitivity at multiple levels, they periodically limit timing of key social accountability processes. Some political-system actors, including electorates, may misinterpret mobilizing for and engagement in accountability before elections as party-political, or at least election-linked. Clarity about the purpose of CV&A and flexibility in timing meetings are therefore essential to reduce risks that

mobilization is misunderstood or co-opted. However, as discussed below, altered timing of processes may conflict with donor spending or completion deadlines.

An important systemic limitation, especially as SAIs move beyond local level, is that the quest for accountability necessarily becomes more focused on systemic change, as formal political routes to accountability become longer and more diffused, with multiple blockages (World Bank 2003). One such blockage involves lack of government transparency. As Dunham (2016, pp. 85–86) observed in Ghana, Senegal and Sierra Leone, the often-numerous standards by which citizens can hold governments accountable are sometimes complex and mystifying. Diffused responsibilities and accountabilities also undermine citizen understanding of accountability. In Uganda for example, where government policy promotes healthcare privatization, communities can become confused by different lines and standards of accountability. As government transparency is low, service-marginalized communities struggle to know who can be held politically accountable, for which policies (and standards within them), and how to influence changes they seek.[9] As Chapters Five to Seven illustrate, interlocutors at all levels can help in accessing, interpreting and translating official standards and in collaborative processes to increase transparency.

Anti-accountability forces at various levels constitute another key constraint in the political system apparently related to low political will and transparency. These oppose reforms and may punish their proponents, as documented in Chapter Six and by Fox (2015) and Gibson and Woolcock (2008). One solution, evident especially in Uganda and Armenia, has been to institutionalize reforms by advocating for new local or national laws. Major obstacles facing CV&A in Uganda included lack of compliance with and enforcement of these new laws (WVUK 2015, p. 32), indicating that opposition continues after laws are passed. This evidence accords with the argument of Joshi and Houtzager (2012) that strategic SAIs require persistent, longer-term watchdogs rather than short-term tactical widgets, and the finding by Fox (2015) that the former are more effective than the latter. Another solution has been to use vertical integration – where shared voice becomes vertically integrated with collective action to influence policy. While the cases in Chapters Five and Six and above illustrate and explain how policy influence can contribute to these outcomes in ways consistent with other social accountability evidence (Fox 2016), the existence of opposition to accountability, which can reverse such formal outcomes, underlines the importance of longer-term, scaled-up programs and funding (Guillán et al. 2016).

Chapter Six also illustrated how captured political systems, by fostering exclusion and disengagement in citizen–government relationships, undermine norms of social learning and inquiry within society about accountability. Critical to such norms are feedback loops which

promote norms of answerability by empowering citizens to dialogue with governments on service performance – as illustrated in the *baraza*.[10] Disengagement and exclusion sever citizen–government communication, including feedback loops needed to update citizens on government performance and thereby increase its answerability to citizens. Severed feedback loops also limit shared capabilities for social learning, political will for accountability and demonstrated responsiveness at each level of government (O'Meally 2013, pp. 31–37; Jacobs 2010, pp. 59–60). A partial solution exists in community scorecard methods embedded in CV&A which provide rapid feedback and learning loops (Jacobs 2010, pp. 59–60), but these need skilled facilitators and processes which extend feedback and learning beyond the local level.

Constraints on empowering citizens and government for accountability originate in various kinds of institutions. Embedded institutional norms and rules blend the formal with the informal to nurture responsiveness or impunity. Correspondingly higher or lower shared political will ensues. Dunham (2016, p86) observed how when senior officials observed citizens were politically disengaged, they effectively absented themselves from rural areas, even refusing to engage with citizens at all. Absenteeism reinforced existing exclusionary politics. Many also displayed ignorance of government standards for which they were answerable. This suggests that government officials can, if citizens cease to be vigilant, find room for dereliction of their delegated duties, indicating norms of official impunity contrary to law. However, solutions to these informal, anti-accountability norms lie in informal social and cultural institutions (Unsworth and Moore 2010, p. i), such as Uganda's *baraza* (noted above) and in customary authority, as discussed below. Solutions arise because in Africa even when formal institutions exist, functioning power for accountability historically and currently works through informal institutions, a characteristic of neopatrimonial power (Chabal 2005, p. 21). Since different kinds of elites use such power in the political domain, some of this section's discussion and conclusions are relevant to the next section, which begins with distinctive features of the inter-elite domain and links it with other domains.

8.6 Constraints on social accountability from the inter-elite domain

Domestic elites comprise diverse groups at all levels such as frontline providers, government officials, elected representatives and party officials. Some domestic elites also collaborate with foreign international elites, including aid-system elites (Bukenya et al. 2012, p. 25). Domestic elites are a key source of shared political will for or against accountability. Theory on neopatrimonial power regimes suggests that as these elites collaborate or compete within the inter-elite domain, they subordinate reforms to a single, overriding goal of retaining power, by appropriating informal power and norms to influence societal and political domains, and capture

their formal institutions (Cammack 2007; Chabal 2005; van de Walle 2012). This goal is likely to be inimical to social accountability. Andrews and Bategeka (2013, pp. 25–26) conclude that in Uganda, public-service reforms, being elite-led, focus on enhancing institutional forms by importing externally derived 'best practices' to protect their reputations with external donors. However, beneath this façade reforms lack substance, since resulting institutions perform poorly for citizens (Hickey and Bracking, 2005; Bratton and van de Walle 1997; Cammack, 2007 p. 600; Fritz 2016).

The dynamics of reciprocity between elites and with non-elites differ from those between marginalized citizens because, as Chapter Six argued, elites have more power, money and prestige to lose, making them protective of these. Both domestically and internationally, elites' need to preserve their reputations makes them vulnerable to threats of shaming which arise by exposing gaps between policies and their implementation. Chapter Six showed how amplifying local awareness of such gaps catalyzes advocacy by or for marginalized groups who can use reputational threats to encourage official responsiveness. While such responsiveness is important for initially empowering communities, local oversight can have unintended and unwanted consequences. To avoid detection and resulting threats to their reputations, anti-accountability elites often collude in displacing inefficient or corrupt practices elsewhere, which I discussed in Chapter Six. Fox (2015) calls this elite-led practice, which secures ongoing elite control over resources, 'squeezing the balloon'. Fox (2016) argues that 'squeezing the balloon' risks erasing, or even making counterproductive, the net effect of localized SAIs.

As a counter-strategy to overcome 'squeezing the balloon' caused by locally effective SAIs, Fox (2016) proposed *vertical integration* – sufficiently scaling up and strategically linking monitoring with wider advocacy coalitions. Case studies in Chapters Five and Six of this thesis showed how collaboration and other strategic processes between local, subnational and national actors facilitate more effective scaled-up social accountability. However, in some countries CV&A has so far been introduced locally in relatively few municipalities, so vertical integration is an important priority. By engaging power relations at multiple levels, vertically integrated social accountability initiatives by civil society can yield more lasting institutional change than locally bounded initiatives which cannot engage deeper root causes of accountability failures (Guillán et al. 2016). These initiatives strengthen policy monitoring and advocacy by strategically building relationships between local, subnational, national and international actors and facilitating longer-term dialogue between actors (Guillán et al. 2016). Consistent with 'squeezing the balloon' in Uganda, Lambright (2010) explains how the politics of decentralization fosters highly uneven financial distribution, subnationally and locally. Empirical data showing that public funding for essential services in LMICs remains persistently biased to

those who are better-off, which unfairly deprives marginalized groups, also highlights the need for vertical integration seeking distributive justice (Yazbeck 2009).

However, this bias indicates that unfairly 'squeezing the balloon' of power to secure resources is systemic, not merely a tactical elite response to growing localized social accountability. The example given by Dunham (2016, p. 87) in Section 8.5 above explained the far-reaching impacts of skewing public finance toward elite schools. Deprived of funding essential for learning, teachers and pupils in other schools become demoralized and learning is severely impaired. Moreover, as service-marginalized citizens see essential services are failing, their reluctance to pay taxes for public services grows, and their support for politicians espousing taxes collapses (Dunham 2016, p. 87). Exacerbating this problem in LMICs is the limited overall pool of public revenue, its leakiness and weak shared political will to channel it justly.

Other structural constraints on longer-term system-wide accountability include forms of opposition to pro-accountability actors, service location and challenges posed by fragile settings. Each appears symptomatic of the deeper root causes of governance failures at the multiple levels suggested above, heightening the importance of Fox's call for deliberate strategies to build wider social accountability capabilities in vertical integration with other actors, as broached in my Chapters Five and Six. Disputes between elites, exacerbated by other limitations, can also undermine social accountability. In Senegal, a three-year strike by some health workers and low literacy among some government officials undermined local duty-bearers' participation, prompting WV to advocate for the issues communities identified through CV&A and for the budget information communities were seeking (WVUK 2015, p. 32).

8.7 Constraints on social accountability from the civil society domain

Recent literature which adopted a more critical stance toward civil-society actors, including citizens, has also highlighted limitations from this domain. Evidence indicates that low citizen appreciation of *specific* rights and policies also undermines their mobilization to claim rights from duty-bearers (Finkel et al. 2012), which can weaken associated advocacy (Walker et al. 2017). Accordingly, CV&A is premised on civic education in the form of face-to-face social learning which is known to enhance subsequent mobilization and empowerment (Finkel 2012). Yet such civic education presupposes mobilizing people for accountability, a process whose legitimacy may be doubted by authorities and citizens. Key CV&A processes therefore involve gaining prior permission from authorities for civic education, where citizens and duty-bearers subject each other to the formal and informal rule of law, which further legitimates ensuing community learning and action. Yet while examples in Chapters Five to Seven illustrated successful legitimation and mobilization, significant context-specific obstacles often exist,

locally and beyond. For example, in Eastern Europe and Central Asia, post-Soviet era inertia in some communities prompted creative localized approaches to mobilizing youth for CV&A, such as using street theatre. To scale up CV&A across Armenia, WV Armenia collaborated with civil-society partners to persuade national government to institutionalize political participation by citizens, using CV&A, in all municipalities (WVUK 2015, p. 8; Cant 2017). While evidence cited earlier indicates varied context-specific obstacles which temporarily undermined mobilization of duty-bearers, most obstacles appear deeply rooted in norms which entrench inequalities by silencing the voices of marginalized people. Indicating these norms, some evaluations of CV&A in health or education revealed that sizable marginalized groups were poorly mobilized and inadequately represented (WVUK 2015, pp. 24–25). For example, organizers struggled to mobilize orphans and vulnerable children during early-stage CV&A in health in Swaziland (EU 2016a, p. 2), while in India it is difficult to mobilize people with disabilities and women in conservative communities (WVUK 2015, p. 24). Given the entrenched nature of social discrimination against such marginalized groups, CV&A processes require more deliberate and systematic inclusion processes, which heighten awareness in leaders and communities and combat discrimination.

In some areas in Ghana, Dunham noted that significant government absence of key officials had prompted impoverished communities to become reliant on external CSOs, effectively replacing one form of client–patron relationship with another. Citizen Voice and Action outcomes, including changed norms of accountability, were weakest in localities with high concentrations of CSOs (Dunham 2016, p. 87), which may have undermined pro-social norms within existing associational life, a key prerequisite for effective citizen engagement (Houtzager and Acharya 2011; Gaventa and Barrett 2012).[11] Similarly, in Chapter Six I concluded that strategies which build on existing solidary capabilities to thicken civil society while also harnessing capabilities in existing community repertoires are key contributors to social accountability. These capabilities help overcome routines of dependency on CSOs just noted. Since official responsiveness may be delayed, CV&A processes encourage constructive accountability. While constructive accountability is context-sensitive, it blends contests trusting reciprocity for mutual accountability.

When CSOs choose not to perform their 'historic' watchdog role of demanding accountability, encouraging citizens to do likewise and being accountable themselves, or where government hostility disables them from doing so, CSOs may help perpetuate these traps. They may foster norms of dependency, often inadvertently, by treating participants as clients or beneficiaries rather than citizens. Dunham (2016, p. 86) observed such client-type dependency in WV service delivery programs in West Africa. Being CSO-dependent may also reduce

community engagement in voice struggles with authorities, and by making communities unduly dependent on them, undermine a sense of shared self-efficacy important for overcoming fear of failure, engendering solidarity and motivating collective action.

As I indicated, the low political will of official duty-bearers can obstruct reforms to dysfunctional services. However, this is not necessarily an insuperable obstacle to responsiveness. Consistent with Chapter Six's finding, informal institutions and norms can sometimes remove blockages to accountability when formal institutions and rules fail. In the Zambia case noted above, in a Malawi CV&A project seeking to reduce child marriage, and in the Pakistan case cited in Chapter Six, customary leaders proved critical interlocutors whose advocacy persuaded officials to adopt and change various standards to improve public health and education services. In the Zambia case, customary leaders used their local authority as advocates to help release specific resources needed to improve services. However, as customary leaders' sphere of authority is circumscribed, the authors of the report (WVUK 2015, p. 3) recommended a district-wide approach to unify citizenries and other actors to advocate for strengthened health systems. CV&A praxis highlights the value of strategically harnessing pro-social informal norms and of community members and officials subjecting each other to a blend of formal and informal rules and norms. Further research on this harnessing and blending is needed in various settings to ascertain how, and how far it helps empower citizens and effect lasting changes in pro-social norms.

Because the civil-society domain interfaces with the international aid system, it is directly or indirectly bound up with it. For example, CSOs derive resources including finance, staffing and other forms of expertise from it and owe accountability to foreign donors. However, Bukenya et al. (2012, p. 25) note the aid system's tendency to fragment CSOs because they compete instead of cooperating. Shared knowledge is important for countering such fragmentation and building shared political will in partnerships informed by the knowledge of service-marginalized communities. The collection of community-generated CV&A data in a database now covering dozens of countries supports approaches which build shared political will, including vertical integration. Expanding this database can enable deeper analysis and synthesis of voice and knowledge from many communities, thus helping to build independent evidence to influence policy, nationally and subnationally.

The next section analyzes how the civil-society domain and its relationship to preceding domains constrain accountability. To help answer my subsidiary research question, I also recommend ways to improve CV&A practice.

8.8 Constraints on social accountability from the international aid and development domain

As the WV partnership of organizations supports CV&A as its primary social accountability approach, this section focuses on WV, its funding institutions and implementing partners, in communities and beyond. However, critiques here reflect wider critiques of the aid system. Unintentionally, the necessary priority of being accountable to donors can skew accountability away from communities, which can deprive them of the knowledge and freedom they need for wellbeing, including what they gain when WV is accountable to them.

Organisational norms and mindsets in WV as a large international CSO and large donors to it encourage raising and systematically spending substantial funds, usually in projects spanning only a few years and in a systematic, programmed fashion. While programming is necessary for accountability to donors, it fosters mindsets which seek predictability rather than recognizing the fluid, often fragile nature of communities. Illustrating this, at clinics in two Swazi drought-devastated constituencies, truncated CV&A practice limited network-building.[12] Consequently, community mobilization was weak and no action plans ensued in the first CV&A cycle. While later CV&A cycles may increase mobilization and action plans, I recommend that such fragile communities be allowed enough time to build the social cohesion needed to sustain collective action and lasting reforms (EU 2016a, p. 11).

While several years is usually sufficient to effect localized changes, projects sometimes conclude before actors can influence longer-term changes in political systems which improve citizen–government relations. As Section 8.6 indicated, on its own localized change risks being counterproductive. Effecting systemic changes, such as influencing complex planning or budgeting mechanisms within national health systems, is challenging since few local CBOs or others facilitating CV&A possess such capacities. Consistent with Bukenya (2012, p. 25) and my findings in Chapter Six, I recommend that its practice can be improved by judicious, closer collaboration with civil society and other key interlocutors. Because WV logframe-based programming approaches prescribe program goals and models and decide pathways to goals in advance, their prescriptive logic can undermine citizen-driven goals of CV&A's enabling and influencing phase. Such approaches tend to reward routines which yield compliance and produce activities and short-term outputs, rather than longer-term outcomes (Tulloch, 2015; Paina and Peters, 2012; Newell et al. 2005). Apparently reflecting these influences, following several cycles of CV&A in some Armenian communities, some practices became routinized and lost their strategic edge (WVUK 2015, p. 8). Since risks of routinization can affect CV&A practice globally, I recommend investigation of what drives routinization and what can combat it. World Vision systems which overemphasize compliance can discourage responsiveness to and learning

from emerging community priorities, and associated requests to reallocate project funding. Solutions proposed by Fowler (2017), which I recommend exploring, include organisational alternatives to logframe-based programming and funding, finding donors willing to support more flexible programming and budgeting, and exploring domestic funding options such as local philanthropy.

While CV&A emphasizes the generation of local knowledge and power by communities and citizens, only in recent years has WV begun systematically collecting and analyzing local community-generated data in many countries, to inform vertically integrated advocacy approaches with and for them. Moreover, strategic funding for these advocacy approaches, which gather, amplify and project CV&A beyond the local level, is spasmodic and rarely sustained. In recognizing that external funding usually imposes donor agendas which can be unresponsive to local priorities, I follow Fowler (2017) in urging that politically independent domestic funding coherent with local priorities be secured, to support long-term sustainability of collective action for accountability.

However, as my thesis has argued, CV&A involves leveraging capabilities and money is far from the only resource needed for that. Building collaborative partnerships with organisations can, with modest funding, facilitate collective action in monitoring and advocacy by local citizenries to overcome low-accountability traps, as the Uganda CV&A cases in Chapters Five and Six showed. Experience and research suggests preferring locally embedded pre-existing organisations such as CBOs. Where suitable CBOs are lacking, one alternative relies on the capabilities of existing WV volunteer groups to facilitate CV&A. However, when evaluating CV&A in its infancy in West Africa, Dunham (2016, pp. 9–10) questioned the longer-term viability of relying on these and recommended a short-term expedient of better training and resourcing of volunteers. While finding and connecting with suitable CBOs may take longer than training WV volunteers, the former provide more continuity. They are more likely to be trusted than governments and collectively more attuned to pro-social informal institutions than WV-assembled volunteers. Cases discussed in Chapters Five and Six and other evidence indicate that being locally rooted enables such CBOs to foster higher levels of face-to-face risk-sharing and interpersonal trust, releasing voice needed to build localized inclusive, democratic polities, while also supporting the scaling up of CV&A and keeping it connected to communities (Lentfer 2011; Barr, Dekker and Fafchamps 2012; Jamal 2011, p. 78).[13] I therefore recommend identifying well-networked CBOs which appreciate and can draw on both informal and formal sources of authority, and help communities to appropriate existing cultural repertoires. Such CBOs can enhance socio-cultural capabilities needed to politically sanction responsive duty-bearer behaviours at all levels, as I argued in Chapters Six and Seven.

Because the aid system is also increasingly funding CV&A and similar interventions in fragile and conflict-affected settings, WV and other agencies have begun systematically studying constraints on outcomes and more adaptive practice for removing these constraints.[14] Chapters Six and Seven cited evidence indicating both the effectiveness of and limitations of SAIs like CV&A in such settings. Commins (2018, p. 18) emphasizes that those introducing SAIs, including CSOs, require prior sensitivity to localized inequalities in conflict-prone settings. I therefore follow him in calling for CV&A to employ adaptive intervention processes which deliberately address conflict, inequalities and fragility prevalent in such settings.

8.9 Conclusion

This chapter has highlighted diverse layers of systemic constraints in six interconnected domains on accountable relationships between service-marginalized citizenries and their governments. The most intractable systemic constraints seem rooted in failures of reciprocity which undermine or destroy norms of trust required for longer-term constructive accountability between citizens and government. These norms weaken the shared political will and capabilities needed to engender responsiveness and accountability between governments and citizens. Appropriating and building on community-valued cultural capabilities can facilitate processes by which communities hold governments accountable. These processes, which include citizen mobilization, collaboration and action research, generate actionable knowledge and galvanize collective action to seek accountability. While CV&A's approach entails sensitizing relationships between citizens and duty-bearers to reduce conflict, interethnic conflict may necessitate more deliberate peace-building strategies to consolidate collective action. Systematic evasion of accountability beyond local level, exemplified by elites 'squeezing the balloon' represents not merely weak political will for accountability but opposition to it. Although vertically integrated advocacy and monitoring offer a promising solution, as shown in Chapters Five to Seven and other literature, further research and testing is needed to understand how accountability in government–citizen relationships is passively undermined or actively resisted. Civil society constraints, which were significant in some CV&A programs, include low civic awareness, exacerbated by low literacy and limited mobilization, competitive rather than collaborative relationships between CSOs, and more generally, unequal power relations (Devarajan et al. 2011). When CSOs compete rather than cooperate, resulting aid-system fragmentation weakens collaborative relationships required for mutual accountability at all governmental and aid-system levels. Inflexibilities in CV&A programming which skew availability and timing of funding toward donor priorities thereby trump community priorities for CV&A processes, which rely on support being timely, flexible and sufficient. Partial answers

may lie in recent moves to improve aid-system accountability toward communities, which may enable them to press demands on funders and CSO intermediaries.

By analyzing and linking pre-existing and emerging multilayered systemic constraints on citizens' practice of CV&A being introduced in a range of settings, and possible solutions, this chapter's findings inform generalization in Chapter Nine's findings and conclusions, and suggest implications for further research, learning and practice improvement.

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[1] I suggest that regardless of whether elite capture is relatively more malign or more benign, its effect is likely to marginalize communities. However, the example of School and Health Unit Management Committees, both of which Prinsen (2007) finds suffer less malign local capture, indicates that united communities can recapture and revive them. In Uganda, CV&A experience was that these committees had members but were often dormant, suggesting they served other purposes. However, as public awareness of their role grew, they became responsive to citizens' collective voice produced through CV&A, for reasons I postulate below in footnote 10. Boon (2007) and Prinsen (2007, pp. 31–33) find that when these formal institutions operate they do so informally, being upwardly accountable to de facto patrons, often within government. Yet Prinsen suggests that national elites largely ignore these local institutions because they see little worth capturing in them. I also note Ugandan research by Suzuki (2002) who found that parental participation in these committees increased school accountability to parents. Moreover, Chapter Five indicated that Ugandan SMCs have clearly regulated stakeholders' responsibilities of which many citizens were unaware, while Chapter Six alluded to Ugandan HUMCs' reliance on outdated legislation and regulations. Different CV&A strategies emerged from social learning – strategies for SMCs focused on *publicising and implementing existing SMC policy*, including stakeholder responsibilities, while strategies for HUMCs sought to *reform national policy for HUMCs*, as noted in Chapters Five and Six respectively. The former strategic processes sought to implement official rules, while the latter sought to change them.

[2] Indicative of such vicious cycles of impunity, the accountability subcategory received the lowest ranking of all subcategories in the 2015 annual Ibrahim Index of Governance (Mo Ibrahim Foundation, 2016) which ranks and rates aspects of governance in African countries. Between 2007 and 2016, five of its eight constituent indicators for ranking accountability showed it in decline. The following negative scores indicate the degree of retrogression: Corruption in Government & Public Officials (-2.8), Corruption Investigation (-1.9), Accountability of Public Officials (-1.1) and Diversion of Public Funds (-0.3). However, there were slight improvements, albeit from a low score, in Rural Accountability & Transparency, the index which measures how far local-level executives and legislatures, including public employees and elected officials, are accountable to low-income rural populations for using finances and the outcomes of their actions. As the level of demand from local citizens and governments for local CV&A suggests, this trend may be increasing political space for countering low-accountability traps.

[3] Electoral processes are usually not considered part of social accountability, so I refer to them only as they affect social accountability. However, social accountability's electoral impact warrants research.

[4] By far the weakest results from action plans were in clinics in Sierra Leone during the Ebola epidemic. At these clinics, communities achieved an average of 1.0 government policy standard per clinic, compared to 3.3 in its schools (Dunham 2016, p. 8). However, given these circumstances, these outcomes are encouraging for CV&A under less extreme conditions.

[5] As both lack of action plans and weak plans may arise from shortcomings in CV&A's design or implementation, reasons for both warrant further investigation. When CV&A was first introduced and action plans were being formulated during interface meetings, local WV staff saw opportunities to achieve WV project goals for which they are accountable, prompting them to offer WV resources and support, which tended to hijack local democratic initiative and creativity. While recognition of this danger has prompted WV to highlight it when training staff, the risk of undermining community initiatives that seek increased official responsiveness remains.

[6] As Gaventa and Cornwall (2008, p. 175) state, powerful elites can consistently organize agendas for their ends, while manipulating and suppressing those of the marginalized out of their awareness.

[7] For example, see the African Charter on Human and People's Rights cited in Chapter Six, which repeatedly emphasizes human rights' collective dimensions.

[8] Dunham (2016, p. 10) noted that government schemes supposed to reimburse health clinics for providing free healthcare are cumbersome, jeopardizing timely clinic financing and availability of essential medicines.

[9] Whether government or civil society should lead civic education for accountability and SAIs more generally remains a moot point. While some evidence on government-implemented interventions indicates their potential to increase institutional accountability for education or health-system performance, after analysing studies of these interventions, Deaton and Cartwright (2016) conclude that official domestic institutions pose major barriers to scaling up government-implemented interventions. Consistent with this, a study by Barrett and Gaventa (2012) of a large sample of citizen-engagement interventions found that civil society-led interventions tended to be more successful. Yet such leadership does not preclude strategic civil-society collaboration with government. For example, in Uganda, WV collaborated with government to systematize official policies inaccessible to most citizens by assembling and publishing them in a single handbook in English and local languages. The handbook specified the rights and responsibilities of all local stakeholders in universal primary education, thus enabling sensitisation of relationships between them. In many countries, officials and customary leaders also participate in face-to-face civic education during CV&A's enabling phase.

[10] Evidence in Chapters Five and Six indicates that SMCs and HUMCs may operate as *baraza* if they offer face-to-face accountability between citizens and leaders. If so, their cultural processes may be enabling the complex, multilayered disempowerment of communities identified by Westhorp et al. (2014) to be removed and replaced, layer by layer, with more durable relationships of accountability.

[11] Dunham suggested that heavy concentrations of CSOs may also prompt local governments to budget 'around' CSO programming, further weakening longer-term responsiveness to communities.

[12] Communities were still traumatized after their livestock – their livelihoods – died during drought.

[13] Because WV AP staff usually live locally, clarity about respective roles of CBOs and WV staff is essential to enable such polities to build local ownership of reform agendas. Relying on CBOs to facilitate CV&A makes it critical for WV to understand their roles, assess their strengths and weaknesses and tailor training, support, networking and mentoring accordingly.

[14] Countries include South Sudan, Burundi, the Democratic Republic of the Congo and Somalia.

Chapter Nine

Conclusions

9.1 Introduction

Chapter Nine synthesizes conclusions on my research questions from previous chapters, explains their significance for theory, policy and practice, and proposes further research. To remain engaged with debates which evolved considerably during my candidature, I adopted thesis-by-publication as my mode of study, which has meant that three chapters have been published as journal articles (Chapters 4, 5 and 6). My primary thesis research question emerged from action research firstly on CBPM and then on CV&A in varied contexts:

Using the case of Citizen Voice and Action, under what circumstances do social accountability interventions empower citizens to improve public primary health and education systems in low- and middle-income countries?

Action research also prompted a subsidiary research question:

Using the example of Citizen Voice and Action, how can social accountability interventions be improved?

Probing these questions more deeply sparked several lines of thesis inquiry on what empowers 'the people' as citizens to influence accountability. Action research on stages of practice outcomes from and constraints on CV&A prompted me to ask which processes perpetuate accountability traps and which processes empower collective escapes from them, at local, subnational and national levels. Reflecting on accountability as *embodied power* led me to query which shared capabilities produced by these processes enable marginalized communities to strategically transform their existing capabilities into collective action to improve public education and healthcare. Further reflection on evidence and theory suggested that the two dominant bodies of accountability theory (principal–agent theories which emphasize accountability between principals and agents, and collective action theories which highlight collective action as necessary for accountability) would be more coherent and practically useful for improving accountability practice if, instead of being rivals, they were combined. The next section incorporates these lines of inquiry in a wider explanation of how each chapter's conclusions contribute to answering my research questions.

9.2 Conclusions from thesis chapters

As Chapter One explains, my action research arose after my work as a public policy campaigner at WVA in the 1990s and early 2000s when I encountered global institutional failures and their localized effects. Research confirmed fundamental failures in and dissatisfaction by poor people with the formal institutions created to serve them. This and other evidence also provoked debates in the wider aid community, producing discourses and practices of 'social accountability', 'transparency' and 'participatory governance'. Evidence on one such practice I became aware of, CBPM, suggested that despite weak bureaucratic and electoral accountability, communities could directly influence institutional accountability to them for education and healthcare. To test this, I joined colleagues in persuading WV, firstly in 2005 to trial, and then between 2006 and 2009 to pilot and enhance CBPM's application to health and education services, in Uganda, Brazil, and later, other countries. Multiple cycles of action research on CBPM's underlying community scorecard approach, on which colleagues and I advised, guided WV planning, programming, training and learning during CBPM development, yielding enhanced practice known globally as CV&A.

Chapter One also describes and justifies my choice of action research through case study as my research methodology for developing theory from social accountability practice to answer my research questions. Communities generate knowledge from measuring systemic inputs, experiencing and observing how service systems perform, and testing these in dialogue, enabling them to probe deeper into root causes of poor public-health system performance. Using CV&A's action-research cycles to inquire into the case of their facility (school or clinic) as a subsystem of their health and education system, each community generates new knowledge firstly on their facility, and with others, on sectoral and governance systems to which it belongs. My inquiry strategy, which iteratively redescribes and abstracts cases by reasoning from outcomes to their causes, mirrors research strategies by which communities learn, and supplements it with outside research and evaluation on CV&A's impact concurrent with ongoing community research.

Reviewing literature germane to my thesis question in Chapter Two facilitated middle-range theorizing. This involves constructing social theory which builds practical bridges between hypothesizing from evidence in my day-to-day doctoral research and systematic overall theories of accountability (Merton and Sztompka, 1996, p. 41), particularly principal–agent and collective action theories of accountability. To bridge these two theories, I suggested that interactive processes between principals and agents generate knowledge through inquiry capabilities which animate multiple principal–agent relationships required for collective action. Drawing on Fox's distinction (2015) between tactical and strategic SAIs, I highlighted his finding that the former, which assume that giving citizens information will spur them to use their voice and act

collectively, are significantly less effective than the latter. By reinterpreting key findings of the most theoretically influential social-accountability studies, Fox traces the effectiveness of strategic SAIs to the 'enabling environment' which strengthens multi-pronged strategies by which citizens engage in collective action.

To amplify what this 'enabling environment' and 'multi-pronged strategies' are, I proposed in Chapter Two that interpersonal or collective capabilities between rights-affected principals (marginalized groups) and duty-bearing agents strategically strengthen plural forms of knowledge, thereby boosting collective action for social accountability. Since strategic processes require and produce sets of capabilities, I alternatively referred to capability sets as requirements and products of accountability processes. This led me to redefine social accountability as *intrinsically social and relational empowering capabilities which produce collective action as principals (citizens) and their agents (usually governments) strategically interact to produce actionable knowledge*. Similarly, I defined SAIs as living theories in which actors, by generating knowledge, build and refine each other's capabilities.

My argument relied on Freire's insight that, rather than being receptacles of expert information, citizens and authorities can generate actionable knowledge informally through participatory action research. I highlighted findings that citizens, using their own lived experience of their school or clinic to monitor and assess its performance, debate findings and diagnose performance, thereby significantly improving school learning and health outcomes. In contrast, school-learning outcomes failed to improve when citizens used expert-provided standards to measure performance. Combining findings of Fox (2015) on the effectiveness of strategic SAIs and Westhorp et al. (2014) on mechanisms of accountability, Chapter Two ended with six interconnected propositions. I now briefly outline my concluding reformulation of these propositions, which draws on testing and synthesis of Chapter Two's propositions in subsequent chapters. Face-to-face public education which increases public awareness throughout communities of written and unwritten law redistributes knowledge of standards of accountability within communities. Public awareness that everyone is subject to law and that community members are monitoring service performance according to law (using 'eyes and ears') enhances mutual accountability. Cultural 'tongue' capabilities provide the powerful language which enables voice to be articulated, united, represented and heard. Public awareness of gaps and contradictions which these shared capabilities create threatens official reputations, which fosters social sanctioning ('teeth'), thereby prompting officials to hear and respond to united voice. As communities strategically use knowledge they generate by accumulating shared capabilities involving eyes, ears, tongue, voice and teeth, local officials become more accountable. Similar capabilities exercised within communities of interest enable civil society policy monitoring and

advocacy to be integrated between local and national levels, which counters higher-level officials' strategies to evade accountability. Under these conditions, strategic social accountability helps bridge government–citizen divides.

Chapter Three justified why I chose Uganda to study two nested cases where citizens applied CV&A to health and education systems. As impoverished rural Ugandan communities who first used CBPM experimentally learned to pursue social rights claims, they also shaped its praxis as WV's preferred social accountability approach globally, CV&A. As WV's most fully articulated, documented and researched model locally, subnationally and nationally, the application of CV&A to education and health, both in Uganda and many other countries, provided a suitable case through which I could investigate what empowered service-marginalized citizens to hold governments accountable. To develop middle-range theory, I traced historical layers of factors producing accountability traps in Uganda and other countries. Replacing customary institutions of accountability with alien ones enabled colonizers to culturally divide and rule colonized peoples. Bereft of meaningful opportunities to influence policy or effect democratic change through formal institutions after colonization, many citizens disengaged politically between elections. This weakened their political capabilities and confidence they could change the status quo while fostering distrust in government. By comparing such contextual factors in Uganda to those in other African nations, Chapter Three also established reasons, further explored in Chapter Seven, for generalizing conclusions from Chapters Four to Six about what constrains citizens, and what can enable their democratic action for accountability. Lastly, this chapter showed how my three published journal articles in Chapters Four to Six, supplemented by Chapter Seven, answer my research questions, as follows.

Written during my action research on CBPM piloting before CV&A practice was adopted, Chapter Four is a published article which contributed to pre-2010 theorizing about social accountability, by analyzing and reflecting on CBPM piloting practice in the context of citizen marginalization. I argued that social accountability emerges when citizens are collectively authorized to enact democratic principles where people 'own' government, claim affected rights to exercise voice in holding government accountable, and practice subsidiarity (localized decision-making rights). Social accountability involves making governments answerable by socially questioning and enforcing answers. To offset unfair power relations, marginalized groups set their own agendas for questioning and diagnose reforms separately from duty-bearers, voice questions in dialogue with them, and then pursue answers through decision-making and collective action to claim ownership of a public service. Collective voice and action are essential for accountability when citizens too impoverished to afford private services also lack effective representation. Chapter Four elaborates on findings that while accountability requires voice,

claiming action is necessary because questioning does not necessarily guarantee accountability. To highlight the theoretical and practical importance of marginalized groups voicing questions, I outlined arenas within which they as 'the people' can exercise collective voice to make claims democratically as the principal in principal–agent relationships. I suggested that collective claiming, as a key determinant of government response and responsiveness, requires citizen monitoring of, feedback and advocacy to, and contesting with government. Chapters Five, Six and Seven address Chapter Four's unanswered question about what prompts government responsiveness to citizens' voice, and how accountability remains possible without it.

By analyzing and reflecting on CBPM piloting primarily in Uganda, but also in India, Brazil and Peru, Chapter Four drew five tentative conclusions. First, by focusing on a local service facility, CV&A creates manageable, bounded spaces within which rights-affected citizens and service providers can, by exercising voice on felt issues, enhance procedural fairness through dialogue and decision-making. Second, through exercising voice, citizens discover multiple avenues by which they can become aware of, claim and realize key rights as entitlements. Third, because these are democratic rights, exercising them fosters a sense of collective ownership of a local service facility, implying democratic legitimacy. Fourth, while claiming rights helps realize them, it does not guarantee official responsiveness. Fifth, tensions arise between citizen demands for accountability and what centralized policies and standards specify and produce at local level.

Using wider, deeper and more recent research evidence, Chapters Five to Seven narrowed and deepened Chapter Four's broad focus on civic-driven change to accountability traps in education and health systems. These chapters engaged with more recent accountability discourse which emphasizes the complex but comprehensible nature of accountability traps. Using generalized and case-specific evidence, Chapters Five and Six built middle-range theory which explained how vicious cycles of low accountability historically marginalize people, producing accountability traps in education and health systems. To trace how escape becomes possible, in these chapters I inferred emancipatory capabilities from case studies of CV&A praxis applied to health and education.

The published article that constitutes Chapter Five explained how marginalized rural Ugandan communities, like many other communities globally, use CV&A's shared inquiry approach to generate new knowledge, confidence and trust by informally mimicking formal knowledge-generating institutions of governance. By creatively mimicking how government should operate accountably, and inviting local duty-bearers to do likewise, they expose its shortcomings, which helps counter marginalization. I explained how school actors at one dysfunctional Ugandan school have enabled each other to set reform agendas, audit policy, diagnose and discover root causes of performance failures, and plan and enact reforms while holding each other and school

authorities accountable, locally and beyond. From this explanation and other evidence, I derived six of CV&A's emancipatory meta-processes (blended sets of processes) or capability sets: legitimation, facilitation, conscientization, systematization of knowledge, democratic feedback using iterative monitoring and evaluation, and collective self-efficacy.

Chapter Six (the third published article) and Chapter Seven highlighted seven further facilitated capability sets in CV&A, which involve collective freedoms and capabilities to increase unity through solidarity, engage in dialogue which produces actionable knowledge, collaborate, heighten public transparency, advocate directly, represent citizens as interlocutors and learn together. Interlocutors are other, primarily non-state agents including media, civil-society organizations, customary leaders or political representatives, and facility management committees, who variously represent citizens and facilitate public transparency and dialogue with duty-bearing agents, while fostering collaborative accountability-seeking action.

To help answer Chapter Four's questions about responsiveness and standards of accountability, and critically enhance Chapter Two's five propositions on accountability, Chapters Five to Seven emphasized the importance of conscientization, systematization of knowledge and feedback processes as capability sets which enable social accountability, while also explaining the remaining capability sets. Of the first three, I find that conscientization, the notion pioneered by Freire (1970) and explained in Chapters Five and Six, is the most crucial for motivating and sustaining social accountability.

Chapters Five and Six uncover multi-pronged processes of conscientization. These galvanize collective action by raising shared awareness of stark contradictions between reality and aspirations. Often, a status quo existed where these contradictions were accepted as the norm. To strategically alter the status quo, these emancipatory processes build shared knowledge of contradictions between current reality, and aspirations or rights. In one repeated set of processes, community members progressively subject each other to local laws and discover through collective action what active citizenship means, as follows. Interactive, face-to-face civic education engenders civic awareness and learning that everyone is a citizen, which increases active citizenship. Through being active citizens, communities learn that, by law, individuals and groups have specific duties owed towards them and specific rights and entitlements claimable by exercising civic responsibilities. Cycles of interactive mobilization, research, learning and action processes help communities resolve previously accepted social and political contradictions, while reinforcing and publicizing awareness of shared, equal and active citizenship. Through these cyclical processes, communities free each other to engage in social inquiry into contradictions. Emancipatory processes within these cycles free increasingly active citizens to appropriate existing cultural capabilities, both customary and modern, which facilitate

democratic social inquiry and agreement to hold each other accountable, locally and beyond (Bohman 2007). As further contradictions or gaps appear, a dynamically updated action plan serves as an informal social contract which specifies accountability standards – who is accountable, to whom, for what and by when (Booth 2012; Westhorp et al. 2014). Sensitization encourages duty-bearers to fulfil their obligation to deliver quality services and not expect bribes. Patients, parents and pupils then begin to expect public systems to respectively provide quality healthcare and education. Thus, more equal and fair power relations build trusting reciprocity which helps marginalized communities and groups believe that contests with duty-bearers to claim rights at all levels will be more equitable, constructive and productive. These findings accord with studies showing that conscientization processes which sensitized and mobilized health providers, local leaders and marginalized citizens to constructively contest their rights, increased provider responsiveness to demands, which improved basic services (Papp et al. 2013; Pierce 2015).

To claim shared rights, citizens measure shortfalls in collective entitlements, thus triggering dialogue, learning, decision-making and action to claim them, another conscientizing process which Freire (1970) calls dialogical action. Claims arise by translating health or education rights as officially specified entitlements to inputs which governments as agents owe to rights-affected communities – who are the people who collectively constitute the principal. Social auditing and scorecard voting enable communities to intersubjectively measure and evaluate gaps between reality and standard inputs, to which a school or clinic is entitled by law. When publicized, shared awareness by the people of legislated entitlement gaps widens the political will to close them. Since community-valued entitlements are not necessarily legislated, conscientization also involves envisioning processes. In these, groups harness collective capabilities to aspire to a better future, as illustrated by Chapter Seven's case where Romanian communities aspired to and achieved heating of schools during winter. By enlarging citizens' vision of their school's future to one where pupils thrive and of their clinic to one where patients enjoy good healthcare, and contrasting it with current reality, they release shared emancipatory capabilities in each other to realize that future. Chapter Six identifies repertoires of these shared emancipatory capabilities. Using these, communities make sense of, imagine and enact diverse social practice and relationships while, as I also argued, legitimating and expanding repertoires of collective action.

Adding further CV&A evidence from Uganda and eleven other countries, Chapter Seven supported generalizations from the Ugandan cases by showing that in diverse settings, these capabilities to enact social-accountability processes contribute to strategic social accountability. However, additional accountability channels emerge by generating new shared democratic knowledge, reflecting strategic agency and significant open-endedness in relationships and

structures of accountability. Building trusting reciprocity appears important at each level (group, community, subnational and national) and especially in dialogue with duty-bearers. It apparently increases responsiveness and fosters more transparent feedback and collaborative action for accountability at all levels.

Chapter Eight drew conclusions about study limitations and constraints, and proposed solutions to enhance development outcomes. Common local constraints included low civic awareness, exacerbated by limited literacy and competing priorities, which can reduce mobilization. Purposefully building such awareness, supported by socio-cultural learning and dialogue, can help mobilize citizens and build their collective self-efficacy. Limitations on the availability, flexibility and timing of CV&A funding, and the quality and extent of facilitation processes by WV, donors and local partners produce CV&A processes which are poorly adapted to context and therefore unconducive to empowerment for accountability. Various constraints on local governments, which reduce their capacities, finances and political will, limit their responsiveness to communities and groups and community confidence in them. This sometimes prompts communities to pursue accountability via alternative channels, as Chapter Seven illustrated.

Cumulatively, these chapters have contributed to answering my research questions inquiring into citizen empowerment for accountability. Consistent with recent findings, evidence from diverse examples of CV&A practice shows that marginalized communities and groups, and duty-bearers overcome accountability traps when they embrace multi-pronged strategies which engender processes and capabilities needed for accountability. In groups occupying safe legitimated spaces, marginalized communities of rights-affected citizens repeatedly shape their own policy agendas, vote, deconstruct policy problems, diagnose root causes and set priorities to reform systems essential to their wellbeing. By conscientizing each other, and systematizing and updating awareness of public services as living systems, they generate shared actionable knowledge and free each other from unfair treatment. Besides increasing freedoms from manipulation, fear and apathy, citizens and duty-bearers who have conscientized each other can release and channel their knowledge and power into collaborative action to reform public healthcare and primary education, locally and beyond. Sufficient trusting reciprocity among citizens and between officials and citizens lubricates socially accountable relationships, locally, subnationally and nationally. Practicing these capabilities in cycles also boosts collective self-efficacy and collaborative action. Harnessing existing cultural capabilities from informal institutional processes by which they historically socially sanctioned each other enables communities and duty-bearers to reduce unnecessary outside-imposed learning. Growing public awareness also fosters confidence and expectations that authorities will behave responsively.

Since duty-bearing agents risk greater loss of reputation by continued impunity than rights-affected communities, social pressure at multiple levels enables the latter, as a collective principal, to hold various duty-bearers democratically accountable.

In ending this section, I propose how social accountability practice can be improved. More flexible and adaptive funding, programming and budgeting processes can increase coherence with local priorities and intervention approaches. Increased coherence implies listening and being socially accountable to communities, which require WV and its funders to use culturally appropriate rather than donor or WV-specified means. Increased accountability (by WV and organizations which fund it) to communities may help reduce the risk that social accountability and other aid unintentionally exacerbates conflict, fragility and inequalities. Thesis findings show that longer-term tracking of and feedback on impacts of CV&A (both intended and unintended) can, through ongoing learning, enhance CV&A practice. Likewise, mentoring and encouragement of local actors can help sustain longer-term relationships of accountability. Deepening and broadening existing civic education beyond Area Programs, and building shared knowledge and confidence through action research can unify marginalized groups and communities in continuing struggles for accountability. Lastly, WV should evaluate its existing programs, which target change in health, education and related systems, to ensure that they enhance local, subnational and national capabilities for and responsiveness of service systems to service-marginalized citizens, especially children and women.

9.3 Significance of my conclusions for theory, policy and practice

My thesis makes a key contribution towards unifying the two rival theories of accountability outlined in Chapter Two, principal–agent and collective action theories, with various consequences for policy and practice. To unify these theories and align them with practice, I reframe and synthesize existing literature, as follows. By distinguishing between 'the people' as democratic rights-affected principals within a domain and their relationships with governments as duty-bearing agents, I treat principal–agent theories, which emphasize how these actors' relationships affect their strategic reasoning processes, as 'upstream' theories. These processes influence the emergence of enough capabilities for collective action 'downstream' that accountable behaviours ensue, as the normative outcome of their engagement. Accountability-creating processes and capabilities thereby link principal–agent and collective action theories such that they complement each other, as Marquette and Peiffer (2017) proposed. Since capabilities are intrinsic to accountability, current assumptions that service-marginalized communities need 'user-centric' information are seen to be too narrow. Instead, I suggest that communities, using diverse capability sets, strategically generate and organize knowledge

required to act collectively for accountability. Knowledge-transformed relationships consequently become core conditions for escaping accountability traps and enhancing citizen–government accountability.

Unified theory also allows me to incorporate overlooked anti-accountability processes and capabilities which engender accountability traps, marginalize communities and damage social wellbeing. I argued in Chapter Six that these capabilities and resulting traps arise historically by repeating cycles of unfair reciprocity which deprive citizens of accountability. Vicious cycles of weak mutual accountability emerge which perpetuate collective action failure. Without voice, electoral power or alternative affordable services, marginalized citizens disengage politically. Disengagement creates political space which elites capture or control and in which officials who fail to behave responsively can expect to avoid public sanction, which encourages impunity as one kind of unfair reciprocity symptomatic of traps.

Revisiting Chapter Two's proposition that supplying 'user-centric' information to citizens is primary, I argued in Chapters Six and Seven that this assumption is inadequate because it fails to explain how their interactions over time and in space exchange forms of knowledge which empower them to act together against traps. With Moncrieffe (2011) and Freire (1970), I challenge assumptions that people, being largely bereft of knowledge, need 'information' banked into them and that such banking yields collective action. Instead, people develop and embody shared knowledge in diverse, culturally shaped ways. Shared action, experiences, reasoning, emotions, observation, learning, communication, habits, relationships, dialogue and capabilities all contribute. While what influences collective action for accountability and accountable citizen–government relationships is complex, CV&A experience has shown that dialogue matters for discovering and recovering shared capabilities for collective action. Dialogical processes transform varied kinds of subjective and objective knowledge into intersubjective or dialogical knowledge. As scientific discovery relies on intersubjectively contested knowledge (Popper 2002, p. 25) and knowledgeable citizens engaged in collective action are necessary for democracy (Ostrom 2006), I conclude that intersubjectively tested knowledge yields discoveries which can empower marginalized citizens for collective action. Collective action promotes social learning through feedback systems, reinforcing collective self-efficacy, which promotes citizen engagement and government responsiveness. Illustrating this is a finding from Chapter Seven that even impoverished citizens are more willing to pay taxes if they see governments behaving responsively by giving feedback to them and improving services. Since a 'culture of feedback, accountability and learning' is what distinguishes lasting public-sector innovations (van Acker and Bouchaert 2017), these and Chapter Seven's findings indicate that deeper kinds of social learning help CV&A and its effects last. A culture of accountability, feedback and learning more

satisfactorily explains escapes from accountability traps than the widespread theoretical assumption that correcting information asymmetry will empower citizens for accountability, since evidence supporting the latter proposition is weak.

My findings reinforce those of studies (de Hoyos et al. 2017; Crawfurd 2017) which link enhanced learning outcomes with improved school quality and school management, through communication and collaboration between parents, teachers and pupils. However, the knowledge-enhanced accountability theory I propose is more congruent with the synthesis of evidence about empowerment for accountability by Westhorp et al (2014), which thoroughly explains causal chain processes. Chapter Five explained how actors in schools with poor learning outcomes, being sensitized about what constrains their relationships and about their rights and responsibilities, become motivated through increased trusting reciprocity to inquire into and research gaps as systems thinkers. Diagnostic feedback systems which update their knowledge transform contests over accountability. Similarly, Chapter Six traced how community capabilities enhance healthcare quality and accountability by improving healthcare management, knowledge generation and diagnostic feedback between citizens, their representatives and health providers. Here my argument is congruent with that of Gauri et al. (2013, p. 160). They find that capabilities for collective action arise from a 'prior and shared understanding of the constituent elements of problem(s) and possible solutions' while what perpetuates collective-action problems which create accountability traps is the absence of 'common intersubjective meaning to situations, processes and events'. I further argue that social learning and shared experiences and awareness fosters trusting reciprocity, meaning and shared knowledge intersubjectively through deliberative dialogue between conscientized citizens. The intersubjective shared knowledge these processes generate, rather than externally supplied user-centred information, is what motivates longer-term collaborative action in accountable relationships between governments and citizens. Consistent with my finding in Section 8.7 and that of Westhorp et al. (2014), which both emphasize mutual accountability as a driver of empowerment, Gauri et al. 2013 (p. 168) conclude that deliberative processes enable seemingly contrasting intersubjective meanings to be reconciled for mutual benefit.

However, some political discourse is polarized between contestation and collaboration. Persistent government unresponsiveness, some argue, makes contestation desirable, even necessary (Crawford and Andreasson 2013; Olsen 2015). Yet when citizens informally contest service failures by overtly naming, blaming and shaming officials, this offers only short-lived gains and usually becomes counterproductive (Freedman 2003; Hossain 2009; King 2015). My thesis builds on the work of Freedman (2003) and Gibson and Woolcock (2008). Freedman proposed 'constructive accountability', which entails citizens and governments engaging

dynamically by recognizing entitlements and obligations within health and education systems. Gibson and Woolcock observe complementary processes of deliberative contestation where marginalized groups build countervailing power by invoking fairness-based arguments which challenge governing elites' decision-making stranglehold on public resources and systems. I have proposed that plural forms of knowledge inform deliberative dialogue about entitlements, obligations and aspirations. Such facilitated contests over knowledge yield intersubjective meaning about policy fairness, constructive agreements and mutual accountability, which are superior to direct naming, blaming or shaming.

Because being marginalized makes accountability difficult, facilitation is essential to trigger strategic meta-processes required for accountability. In her study of CV&A in five countries, Winterford (2013 pp. 85–86, 88, 91) found that facilitation builds strengths *and* participants' awareness of their own strengths, shapes participatory spaces acceptable to participants, and promotes dialogue in them. While these strengths-building processes foster shared knowledge, they are insufficient to explain how citizens influence changes in policy. In Chapters Five to Seven I explained how citizens and interlocutors systematized intersubjectively generated knowledge as evidence, which enabled them to influence the content of policy and its implementation. As Chapters Five and Six showed, local, subnational and national collaboration between citizens and interlocutors outside and within government enhances this influence. This accords with research findings that the implementation and adaptation of social policies improves when chains of policy actors collaborate and deliberate from grassroots to national level (Ansell et al. 2017). However, my research further elucidated these causal processes. I specify how policy actors generate new and existing knowledge, include and represent marginalized groups, and build each other's shared confidence that their efforts will succeed, which sustains collaborative action. Systematized evidence emerges and grows through democratic feedback loops. As duty-bearers report back to and dialogue with communities of place and interest, they become answerable to them and demonstrate trusting reciprocity, which heightens community expectations that authorities will behave responsively.

Chapters Two to Seven drew primarily on two thinkers, Paulo Freire and Amartya Sen. Using Freire's theory of community conscientization, I conclude that group-facilitated processes of legitimation and conscientization free a rights-affected citizenry to become aware of, motivated, and thereby more readily mobilized for collective action to resolve contradictions. By combining Sen's and Freire's insights and applying them to accountability, in Chapter Five I suggested that when freed from fear and for engagement in critical thinking and dialogical action, citizens can develop and leverage relevant individual and collective capabilities to diagnose contextually specific, systemic causes of service marginalization. Exercising these capabilities instils shared

confidence to undertake collective action to address these causes. Repeated CV&A cycles boost shared learning, adaptation and self-efficacy, and enlarge opportunities for emancipatory processes and collective action, locally and beyond. Building on findings by Winterford (2013) about CV&A, I conclude that responsiveness to collective action is boosted by multiplying safe, legitimized spaces where trusting reciprocity grows by building on existing strengths, enabling marginalized communities and duty-bearers to separately build plural forms of knowledge embedded in relationships of solidarity. As others conclude (Ake 1996; Fox 1996; London et al. 2015), social cohesion, capital and solidarity grow as citizens collaboratively engage in constructive contests over collective rights.

Growing evidence indicates that governance works by 'going with the grain of culture' (Booth 2012; Andrews et al. 2017). Among the collective capabilities by which service-marginalized groups and communities enlarge political choices and spaces for constructively contesting accountability are cultural capabilities conducive to trusting reciprocity. Using an example of customary Ugandan institutions of accountability, the *baraza*, Chapter Six showed how appropriating these culturally constructive norms and capabilities contributes to reversing accountability traps which arose because informal, customary institutions became sidelined, thereby entrenching cultural marginalization. Since the customary cultural capabilities which Ugandan communities appropriate include local language which historically legitimated civic education on rights, it helps overcomes fear and thereby strengthens active citizen participation in each level of *baraza*, as Chapter Six explained. An emancipatory cultural synthesis (Freire 1970) arises when communities fuse customary and modern cultural capabilities in their quest for accountability, for example when texting politicians using powerful local language. Exercising customary and modern cultural capabilities simultaneously reduces shame and fear, and thus diminishes marginalization (de Herdt 2008; Narayan et al. 2000, pp. 38–39; Walker 2014) and encourages collective action. Such fusing boosts essentially constructive contests over knowledge, while recovering customary norms for informal institutions. By illuminating that 'going with the grain' means appropriating, fusing and enhancing customary and modern cultural capabilities and repertoires, these findings can improve practice and help answer my subsidiary research question.

My thesis also addresses the critique by Fox (2007, p. 27) of contemporary public accountability discourse for its failure to venture beyond a single level of analysis, whether local, national or global governance, or acknowledge dynamic interactions between such levels, as follows. Integrating customary with modern cultural accountability and capability processes also increases shared competence at all levels to expose anti-accountability forces, whose capture or control of formal and informal institutions plausibly results from similar integrated processes and

capabilities. Responding to Fox's call for a conceptual reboot of such vertical integration (2015), in Chapter Seven I have suggested that localized and higher-level tipping points are reached when actors fuse cultural, political and social capabilities to collaborate in seeking accountability, scaling from the community level upwards. To overcome traps, cycles of collaborative action at each level nurture their collective self-efficacy. Publicity, increased by word of mouth or media, further emboldens marginalized groups to counter impunity associated with traps, as actors at all levels continue to conscientize each other about multiple gaps. By heightening shared public knowledge, conscientization reduces impunity because actors infer threats to their reputations, especially public shaming. Since duty-bearers have more professional and positional reputation to lose than ordinary citizens, the increased likelihood of public shaming from transparency encourages more responsive and accountable behaviour. As trusting reciprocity grows, governments and conscientized communities draw on their social and cultural capabilities to politically enforce mutual fulfilment of duties and promises between them, using processes which vertically integrate power in their relationships and knowledge.

Chapter Seven suggested several alternative strategic-accountability channels. In one channel, communities with insufficient confidence or trust in governments, or claimable rights from them, can, when strengthened by mutual accountability between them, collaborate to further their rights independently of government. These findings are consistent with evidence that mutual accountability promotes improved education outcomes when community members conscientize each other about gaps (Westhorp et al. 2014). Findings about another channel, from Chapter Seven, where collective action adds partners beyond government because governments lack resources, accords with other community scorecard evidence (Wild and Harris 2011).

In Chapters Five to Seven I found that accountability traps constitute vicious cycles, and explained how they arise and how they can be overcome. These conclusions resonate with current evidence which indicates that vicious cycles between governments and citizens are widespread and persistent. Relationships between governments and marginalized citizens in many countries need reordering and repair. Chapters Five to Seven highlighted which processes and capabilities repair, build and sustain accountable citizen–state relationships and promote sustained escapes from traps. I follow Freedman (2003) in finding that lasting escapes require constructive accountability which balances power between agents and principals by emphasizing human rights as obligations and entitlements. Rather than pent-up frustration or violence as responses to failures in service institutions, contests over knowledge and its influence on policy enable constructive channels to accountability. Contrary to extensive research and practice emphasizing solutions exogenous to school actors, findings from Chapter Five accord with other evidence that locally generated and owned solutions fit the context and last better. I concluded

this is because outside actors' knowledge is, at best, weakly actionable. By contrast, marginalized citizens and communities using CV&A, freed to exercise voice and do research, can discover endogenous local solutions which manage risks due to lack of redress or recourse, which accords with the findings of Fox (2015, p. 353). Moreover, as also suggested by Mansuri and Rao (2013), I found that participants express their identity and invite recognition as citizens by exercising their democratic voice to choose agendas and priorities, unlike induced participation as beneficiaries of agendas and priorities which others choose and control.

By showing how bonding, bridging and linking social capital contribute to social accountability in health and education in different community contexts, I elaborated on studies linking social capital with social accountability in healthcare (Ciccone et al. 2014; Mafuta et al. 2016; and Papp et al. 2013), primary education (Galab et al. 2013) and more widely (Fox 1996; Salek et al. 2016, p. 2). Trusting reciprocity increases cooperative behaviours necessary for effective bonding, linking and bridging processes (Rand et al 2014). Bonding processes increase solidarity within marginalized groups to make rights claims, while networking, relationship building and other interlocution processes link these groups in solidarity with each other and with interlocutory allies. Increased solidarity in making rights claims enhances forms of social cohesion required to sustain subsequent contests over knowledge during facilitated dialogue which bridges rights claimants with duty-bearers. Through these bonding, linking and bridging processes, social coherence increases relationships of mutual trust and accountability which weave together the complex social fabric enabling health and education systems to work (Gilson 2003). While CV&A and other evidence indicates inclusive processes are facilitated more readily in relatively homogeneous local communities (Denzin 2014, p. 100), further research is needed to understand how socially accountable outcomes emerge in wider, heterogeneous communities.

Three further practical implications of my thesis arise from CV&A's integrated praxis of democracy, human rights and development. First, CV&A's democratic praxis enacts at community level what Anderson (2006) says are democracy's three constitutive features: participation by communities of epistemically diverse knowers, interaction between voting and discussion, and feedback processes which update democratic knowledge. Therefore, it can aid democratization, which I explore further below. Second, practicing human rights democratically can help overcome two major shortcomings in realizing human rights – absences in the sources of motivation to claim human rights (Sano 2014a; 2014b) and of a unified theory of human rights praxis (Dembour 2010; Gready and Vandenhole 2014). Processes and capabilities which enact human rights principles and further human rights standards can through collaborative cultural praxis, as Chapter Six argued, integrate competing schools of thought in human rights

(that human rights entail just entitlements, costly struggles, powerful language and deliberative contests). Third, democratic participation and accountability are central to the SDGs, which aim 'to leave no one behind'. My thesis contributes to development practice by indicating how the most marginalized could participate in monitoring SDG performance and holding relevant duty-bearers accountable.

To suggest how empowerment for accountability praxis can be improved, I now classify empowerment according to four interlocking dimensions of power and knowledge, which are applicable across multiple levels of governance. Overall, practice will improve by recognizing, naming and engaging creatively with anti-accountability forces and by discerning the blurred boundaries between citizens and governments. 1D power can empower geographic communities by freeing them to appropriate customary institutions which accelerate social inquiry, and it can empower interlocutory communities of interest which scale up social inquiry from local level by capturing and systematizing actionable knowledge as evidence to influence governmental and customary decision-making. Emancipatory 2D power can grow as citizens experiment with creative, contextually adapted approaches which effectively mobilize locally marginalized groups, their leaders and relevant interlocutors in ways that combat exclusion and unfair discrimination. Amplifying local, subnational and national awareness of gaps between policies and their implementation, as well as between policies and legitimate aspirations for better services, can enlarge emancipatory 3D power. Enhancing 4D power involves building solidary capabilities which by thickening civil society and forging social cohesion can overcome dependency, especially in conflict-affected and ethnically fragmented communities. 4D power also entails building awareness of being equally subject to legitimate law, whether written or unwritten. Power in all dimensions can grow by recognizing and supporting the diverse roles of interlocutors at all levels who variously facilitate, translate, publicize, broker, interpret and advocate for different kinds of actionable knowledge and powerful action supportive of altered norms and collective action for accountability in all dimensions. Lastly, these processes will be seen to improve practice when trusting reciprocity fosters cultures of accountability and learning during collaboration and contestation among citizens and between citizens and governments.

My thesis findings accord with recommendations by Lopez-Franco et al. (2017) to enhance social accountability for the SDGs. These include multiplying safe spaces for citizens to develop their own agendas and plan collective action; promoting enabling networks and legal frameworks which enlarge and protect freedoms to associate, express voice, and have access to official information; and resuscitating local institutions which project and amplify the voices of marginalized citizens, especially children and women.

9.4 Areas needing further research

Major new conclusions of my thesis require further testing to establish their validity and significance, while gaps I identified in CV&A and related practice, and methodologies to study them need investigation. This section therefore proposes priorities for research to enhance praxis which empowers marginalized citizens in struggles for social accountability.

My fusing of existing dominant theories of accountability poses new questions for research which can build on and refine existing evidence. In Chapters Four to Seven, I sketched how freedom and capabilities for accountability arise from collective systemic inquiry, decision-making and shared knowledge between principals and agents, aided by trusting reciprocity between them which fosters collective action. I recommend further research to understand how trusting reciprocity influences bridging, bonding and linking capital as intermediate variables between shared capabilities, the collective action they produce and socially accountable outcomes. Unresolved real-world conundrums outlined in Chapters Seven and Eight and Section 9.3 warrant investigative research. For example, wide variations exist in levels of civic awareness and readiness to be mobilized within and between communities. In what ways can social learning, including conscientization processes, enhance collective, pro-accountable action?

While my thesis outlined a generalized middle-range theory of accountability traps, it made in-depth study of a limited range of settings. Further empirical, comparative studies of accountability traps in a range of other contexts are needed both to ascertain historical circumstances which produce traps and processes which promote escapes from them. Using a range of different methodologies, such studies could theorize by challenging, corroborating or further developing my findings. Since various channels to accountability promote capabilities for escaping accountability traps, I propose the following lines of investigation. First, to what extent do the processes and capabilities I posit hold in other contexts, and over what time frames are they sustained? For whom are these processes and capabilities sustained, and how? I recommend further investigation in different cultural contexts of government–duty-bearer and interlocutor interactions which illuminate complex relationships between political contestation and collaborative processes, including how various interlocutors facilitate or undermine inclusive social contracts and political settlements (Menocal 2015). Second, which processes and capabilities drive the political will for progressively realizing human rights standards at various governmental levels, and what mix of contesting and collaborating contributes to accountability? Third, which other capabilities most affect accountability, and how do processes limit or enable their emergence? In contexts where histories produced conflict, instability and interethnic strife, under what conditions can social cohesion between citizens and duty-bearers be increased? While elite capture restrains accountability, remaining ambiguities on how far capture is malign

or benign and how that affects longer-term accountability processes deserve closer investigation. The difficulty of substantiating claims about systemic evasion of accountability at and beyond local level calls for existing evidence and theory to be synthesized and expanded.

Since my findings link reputational accountability with specific cultural capabilities of language and deliberation in rural Uganda, I recommend context-specific and comparative case studies to investigate what 'going with the grain' means culturally elsewhere. Similarly, while my findings resonate with literature linking face-to-face culture with 'accountability without democracy', driven by communal expectations (Jordan 2011; Tsai 2007b; Tian 2017), few examine or compare non-Western cultures outside China. Culture-specific and comparative research across varied community settings would help clarify which cultural repertoires and language facilitate social accountability, how they work, and how effective they are. Specifically, I recommend studying how the *baraza* and related informal institutions enable ordinary citizens to voice, and give teeth to, shared rights claims.

Chapter Two explained how Freirean democratic norms inspired CV&A's development. Further research could explore CV&A's credentials as a democratizing approach by comparing its norms with what Anderson calls norms of 'free discourse, dissent, feedback, and accountability' fostered through collective, experientially based learning processes, such as visualization, which build shared mental models of system performance. Research could fruitfully explore how far CV&A practices of voting and deliberative dialogue, including decision-making processes and the kinds of collective action they produce, contribute to shared knowledge between different knowers (Anderson 2006). Research on these learning processes could show how to enhance electoral democracy and democratization in varied settings.

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