

Enhancing Service Delivery through Community Monitoring

Lessons from the Field

The Non-State Actors Component (NSAC) of the Demand for Good Governance project aimed to improve accountability, transparency and responsiveness in service delivery and other administrative functions by supporting the implementation of social accountability tools and practices. This included efforts to introduce community monitoring of local services and resource allocation. Drawing on consolidated results and experiences where the community scorecard was implemented, this Learning Note highlights the strong achievements of community scorecards in the context of Cambodia, sets out how accountability and delivery of services were strengthened, and reminds us of the challenges and limitations of these activities.

Introduction

Historically in Cambodia, participation in service delivery has been limited – citizens have had little voice over basic services and rarely questioned the authority of government officials or those providing services.¹ This is often attributed to a breakdown in governance institutions and social cohesion during the civil war, cultural notions of hierarchy, and a lack of experience in participation and empowerment. In this context, the DFGG project provided grants to six NGOs who wished to develop and implement community scorecards (CSC) to enhance accountability and responsiveness of local basic service delivery. Sub-projects included three NGOs facilitating monitoring of health center services, one of local primary schools, and two covering both health and education services.²

What were the benefits?

Improved local collaboration and responsiveness. Monitoring tools, such as the community scorecard (CSC), are designed to overcome barriers by empowering citizens to access information, fostering mechanisms for citizens to engage service providers, and creating constructive platforms to develop joint solutions. This has significant implications for more open institutions as well as state–non-state collaboration. In the community monitoring activities carried out under the DFGG project, NGOs highlighted that social accountability practices strengthened citizen-state feedback mechanisms. The NGO AMARA, for instance, noted that the scorecard led to service improvements because it prioritized actions that could be achieved by officials and providers at the sub-national level, even in resource poor areas. The CSC created a platform through which citizens could directly provide feedback to service providers. These meetings were well

attended. AMARA also noted that a culture of collaboration was a significant outcome, enabling the community and service providers to find local resources to address problems over and above those that could be resolved through better performance.³

Improved Commune responsiveness. The CSC process also helped align commune council decisions with local needs. Amara noted that through the monitoring process and by jointly developing priorities, a precedent was set for more effective citizen participation than was previously achieved.⁴ Wathnakpheap's (WP) experience⁵ suggested that the CSC promoted closer relationships between the commune and citizens. Staff noted that prior to the CSC, the Commune Council was upwardly accountable either to the Ministry or within the ruling party but after the scorecard process was complete, responsiveness to citizens improved. Participants reported discernable changes in the attitudes of commune councilors – they became more accessible and communicative with their communities.



Greater responsiveness in schools. Despite resource constraints, the CSC created a problem-solving mechanism and helped citizens better understand the nature of problems themselves. In schools, there has traditionally been a lack of engagement between teachers and parents. Teachers are poorly paid and teach with few resources, and parents often feel that teachers are negligent, do not provide the required lessons, and rarely provide parent feedback. Through the CSC, AMARA facilitated parents to provide constructive feedback to teachers, and teachers agreed there were common issues to address. This diminished the 'us' versus 'them' attitude. The results of the CSC included greater punctuality and teacher attendance, and better communication between parents

¹ See the Voice, Choice and Decision 2: A Study of Local Basic Service Delivery in Cambodia, The World Bank and The Asia Foundation, 2013.

² The CSC was implemented in over 100 schools and 100 health centers.

³ Doun Ba Commune, Kranhoung and Smoung Cheung Commune Case Studies.

⁴ Doun Ba Commune, Chheu Teal Commune Case Studies

⁵ Boeung Kantout Commune



and teachers via student grade books. In all, AMARA report improved communication and professionalism in 59 primary schools in Battambang, underscoring the potential of the CSC to change attitudes and behaviors. Better communication also resulted in practical changes to school policies (e.g. accepting copies of birth certificates to enroll students), and resulted in parents and teachers addressing poor hygiene in schools, with improvement reported in 42 out of the 59 monitored schools.⁶

Improvements were also supported by the District Office, with small-scale infrastructure improvements (such as fencing and basic facilities) in 90 of 153 schools and more teaching materials in 36 out of 153 schools. This illustrates that the CSC enabled school teachers and local officials to negotiate with district-level officials. While not all improvements can be attributed to the CSC, the process created a mechanism to build citizen demand for change.

Better performance of health care providers. While health centers are also hampered by a lack of resources, the CSC resulted in staff behavioral changes that improved user experiences at the health center. RACHA noted that behavior changes were directly related to the feedback citizens provided. Further, participating in the CSC helped health staff develop greater ownership and take pride in their work and in the cleanliness of the health center.⁷

Patients also reported improvements in the way they were treated and in how health problems and treatments were explained.⁸ NGOs reported improvements in attitude and communication in 62 health centers (out of 102). Similarly, efforts to improve transparency were noted in 39 health centers through the public display of official fees.⁹ To improve after-hours care, 42 health centers posted contact information of staff on duty for emergencies outside working hours. Improvements in hygiene and cleanliness were seen in 80 health centers and infrastructure improvements in at least 40. Some health centers also instituted internal checks, such as the regular updating of patient health records.

In a limited number of cases, the CSC meant service providers strengthened vertical linkages, in particular with district health offices and referral hospitals, helping to exert pressure to make the drug deliveries required. It also addressed a shortage of midwives on call by developing schedules for emergency responses.¹⁰

Although previously Communes and local service providers had taken on their respective functions quite separately, the CSC illustrated the benefits of health centers collaborating with Commune Councils. AMARA noted that

health center staff were now more also likely to attend Commune Council meetings. If sustained, such practices can create another mechanism to continually improve service delivery.

Enhanced trust and citizen demand. Increased demand is ultimately the only mechanism to enable sustainable improvements in service delivery. The DFGG experience suggests that by creating constructive platforms through which participation and collaboration are promoted, social accountability activities create a virtuous cycle—one that helps to increase the comfort level of state actors to participate in the process and build community trust. This in turn fosters a new level of participation and citizen demand, as well as a more responsive group of service providers and local level officials.

Challenges to Implementation

Problems are bigger than performance. Many NGOs and officials noted that service improvements were impeded by a lack of discretionary resources at the local level and the lack of attention from district and provincial level officials. The CSC is not able to address resource deficiencies.

Achieving longer goals. There is a concern that some behavior improvements may be short-lived and require consistent follow-up. Social accountability activity needs to be repetitive and predictable to sustain improvements in service delivery.

Single sector scorecards limit response and choice. Comparison across the CSC implementation indicates that projects that engaged communes, schools and health services were more effective at achieving bigger improvements (e.g. new health facilities) than single sector scorecards because they mobilized broader and longer lasting support from state and non-state actors within the community. They also allow citizens more choice.

Service participation. NGOs reported that service providers were initially hesitant to participate in monitoring activities. By conducting extensive meetings with services and building trust in the CSC process, grantees were able to address some of these issues. Moreover, attaining support from line ministries, local and district authorities was important to endorse and promote monitoring activities.

This Learning Note outlines the benefits and challenges of community monitoring. It provides evidence that community monitoring activities are effective tools for improving delivery of local services, benefitting both citizens and service providers. It further suggests that community monitoring activities should be expanded to include multiple services and functions, and be conducted over a longer duration.

⁶ Boeing Kantout Commune Case Study. Figures are based on informal survey by the NSAC Project Team.

⁷ Reproductive and Child Health Alliance (RACHA) Kranhoung and Smoung Cheung Commune Interviews.

⁸ Chheu Teal Commune, Kranhoung and Smoung Cheung Communes

⁹ Amara and RACHA Chheu Teal, Kranhoung, Smoung Cheung, Cheach.

¹⁰ Kranhoung and Smoung Cheung Commune Case Studies

The DFGG Learning Note Series provides quick summaries of the lessons learned in the field. This note reflects on lessons learned in the Non-State Actor Component. It is based on progress reports and draws on the consolidated independent evaluation by PRIA and SILAKA.

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