

# Changing Lives *through social accountability*



Case Studies from World Vision's  
UK Government's Department for International  
Development (DFID) Programme Partnership  
Arrangement



**Citizen Voice**  
**AND ACTION**

## Acknowledgements

These case studies were written and prepared by World Vision staff implementing social accountability programmes in Armenia, Bolivia, India, Kenya, Malawi, Nepal, Senegal, South Sudan, Uganda, and Zambia.

Overall management of the task was undertaken by Nicky Benn (WVI Social Accountability Learning and Acquisition Adviser) and Donald Mogeni (WVUK Social Accountability Adviser).

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Stakeholders at a community gathering discuss public service standards in Kenya.

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## Acronyms

|       |  |
|-------|--|
| 4CDPM | Four-Year Community Development Planning Methodology |
| ANC   | antenatal care                                       |
| CHAs  | community health assistants                          |
| CVA   | Citizen Voice and Action                             |
| DFID  | Department for International Development             |
| DPO   | disabled people's organisations                      |
| LSG   | local self-government                                |
| MCC   | Millennium Challenge Corporation                     |
| MNCH  | maternal newborn and child health                    |
| NGO   | non governmental organisation                        |
| PEAs  | primary education advisors                           |
| PPA   | Programme Partnership Arrangement                    |
| UNDP  | United Nations Development Programme                 |
| WES   | Western Equatoria State (South Sudan)                |

## Foreword

World Vision UK has been a recipient of the UK Government's Department for International Development Programme Partnership Arrangement (PPA) since 2006, and enjoys a long-standing relationship with DFID. The PPA continues to be instrumental in enabling World Vision to improve access to quality services, increase protection of vulnerable children, and improve maternal, newborn and child health by engaging citizens in 11 countries in Africa, Asia, and Latin America (Armenia, Bolivia, India, Kenya, Malawi, Mozambique, Nepal, Senegal, South Sudan, Uganda, and Zambia) through World Vision's Citizen Voice and Action (CVA) approach, as well as through the promotion of other tools such as participatory budgeting, and deliberative policy-making.

Our social accountability programmes serve to empower citizens and civil society organisations (CSOs) to increase their influence on the delivery of basic services, influence policies, and strengthen the capacity of duty bearers to respond positively to citizen participation in service delivery decision-making and monitoring processes.

The following case studies from social accountability projects supported through DFID's PPA funding mechanism leverage World Vision's strong grassroots presence and partnerships with poor and vulnerable communities to foster empowerment. Through dialogue and partnerships with local and national governments, as well as other key stakeholders, these projects have contributed towards strengthened service delivery systems and structures; increased access and quality of social services; built the capacity and effectiveness of service providers and other significant development actors; and strengthened vertical linkages between citizens, CSOs, and governments by collecting, analysing, and providing evidence to influence policy, planning, budgeting and service delivery practice. These social accountability projects engage youth, people with disabilities, women, men, traditional leaders, and CSOs for collaborative action in multiple contexts. They are changing lives.

These case studies do not provide a comprehensive description of World Vision's experience, nor an in-depth description of the myriad projects currently being implemented. Rather, they illustrate some of our results, challenges and lessons within various themes: the roles of youth in promoting social accountability, addressing gender issues, engaging with traditional leaders and marginalised community members, the challenges of fragile contexts, building broad-based CSO coalitions, creating vertical integration, leveraging collaborative action, etc. We hope these case studies will prove a rich resource for social accountability practitioners and implementers.

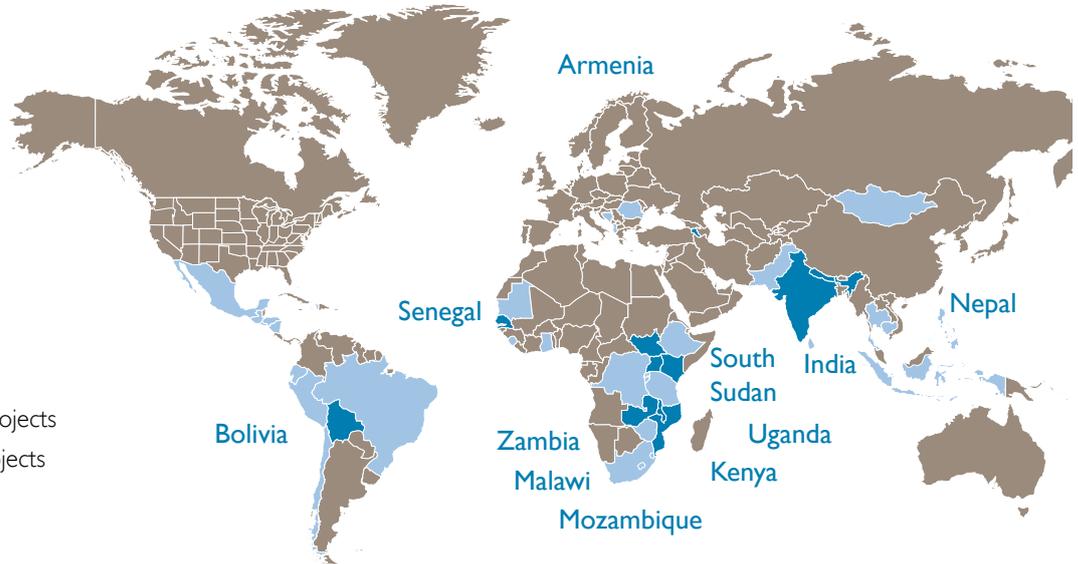
—Donald Mogeni, Social Accountability Adviser, World Vision UK  
April 2015



## World Vision UK Programme Partnership Arrangement Summary

11 countries supported

World Vision CVA projects  
PPA-funded CVA projects



over 350,500 DIRECT BENEFICIARIES



over 1 million INDIRECT BENEFICIARIES



### NOTABLE RESULTS

- 1 Empowered citizens through enhanced budget and policy literacy, leading to improved capacity of local communities and citizen groups to hold public service providers accountable and to claim budget and service delivery transparency
- 2 Increased access to, and quality of services (especially for marginalised groups and children)
- 3 Built and enhanced relationships and trust between citizens and institutions (at local, regional and national levels)
- 4 Introduction of evidence-based and more responsive policies and practices
- 5 Improved development outcomes in health and education
- 6 Strengthened Civil Society-State and Citizens' networking, collaboration and learning

# CitizenVoice AND ACTION



**The CVA process: simple and effective**



What should my school, clinic, or other facility have according to local law?

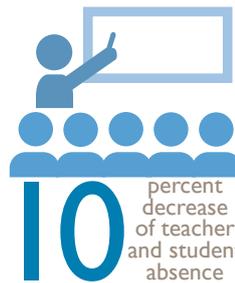


What does it actually have?

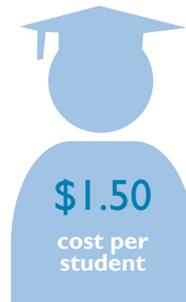
**RESULTS**



percent increase of test scores in 1 year



percent decrease of teacher and student absence



cost per student

Study of a similar approach found:



percent drop in child mortality



percent increase in births with midwife



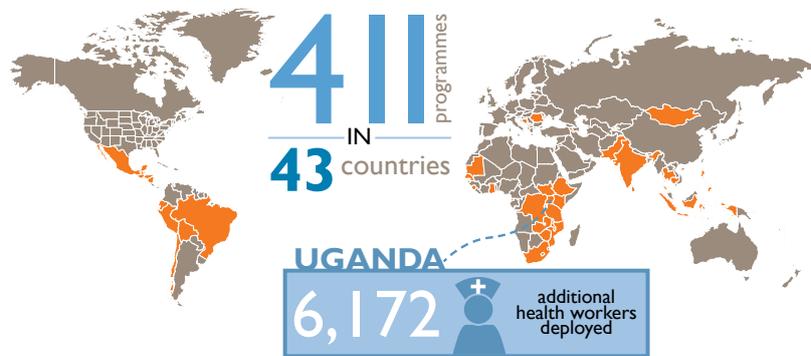
percent increase in patients seeking prenatal care

|   |   |   |   |
|---|---|---|---|
|   | 😊 | 😐 | 😞 |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |

How happy am I with this service?



Citizens work with high level government to ensure commitments are met



41 programmes IN 43 countries

UGANDA 6,172 additional health workers deployed



Citizens and government improve service



Citizens and government decide on an action plan



Townhall meeting to discuss what community has found with government reps



FOR MORE INFORMATION: [cva@wvi.org](mailto:cva@wvi.org)

## ZAMBIA: Strengthening health systems through social accountability

|               |   |
|---------------|---|
| Project       | Citizen Voice and Action                                      |
| Sector        | Health  |
| Timeframe     | October 2011-January 2015                                     |
| Beneficiaries | 10,551 people: 5,203 males 5,348 females (including children) |
| Location      | Nalusanga Ward, Mumbwa District, Central Province, Zambia     |
| Outcome       | Improved maternal newborn and child health                    |
| Approach      | Empowering communities  |

### Context

Mumbwa District is situated in the Central Province of Zambia. It is predominantly rural, located 150 km west of Lusaka, the capital city. Traditional leaders have significant influence here over their subjects, land, and the government. This is largely because over 75 per cent of Zambia's land is customary, implying that it is under the custody of traditional leaders. According to Mumbwa District Community Medical Office, the district has a total population of 218,681, of which 166,681 are children of school going age. The health system is not strong, with only 21 health facilities (two hospitals and 19 rural health centres and clinics) serving the entire district.

Nalusanga Ward, which has a population of 10,551, had no health facility coverage, and could only access health care through the nearest rural health centre at Lungobe, which is 16 km away. This was a burden to the general populace of Nalusanga, especially women and children, as they would walk approximately three hours each way to access primary and emergency health services.

Due to the long distance, pregnant women had to choose to deliver babies at home or attempt to make the journey to the nearest facility with the attendant health risk to both mother and child. One mother gave birth on the way to Lungobe—her husband was transporting her on a bicycle. A young boy died of severe malaria en route to the health centre because the distance was too great. These are not isolated cases—members of the community suffered in their attempts to access emergency and primary health.

### Activities

Through the Citizen Voice and Action (CVA) process, community members were sensitised on Zambian health service delivery standards and the citizen's policy entitlements, which led to community leaders realising that it is the government's responsibility to ensure that the health system offers access to quality primary health care. A local level advocacy committee was formed in Mumbwa and trained by the CVA project to work closely with community leaders and traditional leaders in mobilising the community through meetings on policy sensitisation and service delivery standards. The health service standards indicate that a health facility should be within 5-10 km of communities, and that communities with a population above 7,000 should have their own health facility.

With a new understanding of their rights, community members working through CVA approached the traditional leadership in the project area to jointly request that the District Medical Office build a health post in their community. Based on evidence generated from the CVA score card process, the chiefs were able to use both fact and influence to encourage the district representatives to review the existing health system in the area, using face-to-face meetings and joint letter campaigns. Given the structure and power of community leadership, government responded positively and following an audit of existing services, identified funds and resources to construct a health post for the catchment area.

## Results

Strong local and national health systems are critical to improving health outcomes, ensuring that both policy and function are addressed to improve access, coverage, quality and efficiency. The District Council has been a part of the CVA process from the initial meeting, and as such have been more receptive to citizen advocacy than when the dialogue was limited or non-existent.

**The Nalusanga health post has been constructed** with the contribution of 25 per cent of materials (crushed stones and sand) from the community as required by the government. The new health post has expanded coverage of the health system to an additional 10,551 people.

The government recruited and **deployed two community health assistants (CHAs)** to the health post. They have been conducting community health education in malaria prevention, hygiene and sanitation, and many other topics. The quality technical assistance provided by the CHAs has encouraged **200 households in the community to construct standardised latrines** to improve sanitation. As part of the ongoing joint dialogue and planning process with the District Council, the community also advocated for the construction of a **borehole at the health facility** so that they have access to clean and safe water.

**A total of 77 per cent of expectant mothers received antenatal care (ANC)**. Of those, 41 percent visited the health post in their first trimester, and 36 percent made more than three ANC visits. These upward trends have been attributed to the health education services offered by the CHAs.

**Use of primary health care services more than tripled per month** as rural community members have realised that they have free access to primary health care services. The CHAs are providing services to more people per week, especially in their outreach program through which they are conducting check-ups for malaria. Malaria was on the increase, with one month reporting 312 cases—this has since reduced significantly to 65 cases reported recently because of the work of the health post staff.

The engagement between service users and service providers has resulted in **1,612 community members reporting improvement in the quality of services** provided by the health facility. There is increased knowledge and articulation of policy entitlements and corresponding

- 77 per cent of expectant mothers received antenatal care
- Use of primary health care services more than tripled per month
- 1,612 community members reported improvement in the services provided by the health facility
- 200 households in the community constructed standardised latrines to improve sanitation

responsibilities by both citizens and service providers and increased participation of communities in development initiatives.

## Challenges and solutions

Many other communities are facing the same issues: Convincing the government to build a health post in Nalusanga when so many other communities also lack services they are entitled to was challenging. The key to success was involvement of the traditional leadership and the community's use of CVA to persistently engage the government on strengthening the health system.



CVA working group shares monitoring standards with a government Ministry representative at an interface meeting.

Lack of commodities and other medical staff: Initially, although the health post was built, it was not sufficiently stocked or staffed. In particular, the absence of a nurse/midwife hindered the facility from attending to many cases, which had to be referred to other facilities. The government has since allocated funds to fully stock and staff the health post after the community and traditional leaders engaged the government on the matter at a CVA interface meeting on health.

## Recommendations

1. The CVA model should take a district wide approach in implementation (thus far it has been implemented in six of the 16 wards in Mumbwa District) because this will accelerate health system strengthening. When people are aware of their rights, responsibilities, and policy entitlements they will advocate the government to improve quality, access, coverage and efficiency of service delivery district wide, especially in sectors such as health and education that impact children daily.
2. Enhance collaborative relationship between and among stakeholders to advocate with one voice in catchment areas. This will improve dialogue and amplify the community voices since multiple organisations with various strengths and perspectives will act together to influence policy change.

## Conclusion

In Mumbwa District, local level advocacy and engagement of traditional leaders has contributed to meaningful dialogue between service providers and service users, which has strengthened the health system through improved access, coverage, and efficiency. The CVA process enabled the community to not only understand and claim their entitlement to a health post, but also to gain confidence and ownership of the development of their village. Because health care coverage was increased through the newly established health post, an increasing number of community members are now accessing health care for themselves and their children, and care is delivered more efficiently with increased staff and commodities. Through the CVA approach, the building blocks of a strong health system are in place in Nalusanga—service delivery is strong, commodities are in stock, the health workforce is fully staffed, and the community is keeping their leadership and government accountable.

## ARMENIA: Strengthening health systems through social accountability

creating vertical integration

|               |  |
|---------------|--|
| Project       | Improved Public Services through Community Empowerment           |
| Sector        | Education, Health, Local Governance                              |
| Timeframe     | 2011-2013  |
| Beneficiaries | 19,198   |
| Location      | Alaverdi in Lori Province and Sysian in Syunik Province, Armenia |
| Outcome       | Improved access to quality services                              |
| Approach      | National linkages/policy changes                                 |

### Context

The poverty rates in Armenia are extremely high, at 35.8 per cent in 2010, with 28.9 per cent being very poor.<sup>1</sup> This is due to unemployment (estimated at 40 per cent by UNDP in 2011) and inadequate quality of public social services, including health care and education (Armenia temporarily lost MCC funding because they did not meet minimum required standards). Less than half of parents (49.3 per cent) are able to provide for the basic needs of their children without external assistance.<sup>2</sup> Armenian citizens are often excluded from engaging with, influencing and benefiting from the planning and implementation of state development programmes. The mentality inherited from the Soviet regime is one of mistrust in government and lack of knowledge on state entitlements on the part of citizens. This is coupled with a low level of openness on the part of authorities to include citizens/civil society in decision making due to corruption, lack of awareness of the role of civil society, lack of legal enforcement, and lack of mechanisms to do so.

The “Improved Public Services through Community Empowerment” project is structured around World Vision’s social accountability approach, Citizen Voice and Action (CVA). CVA focuses on the horizontal linkages of community members and organisations with each other, as well as vertical linkages of community members, service providers, local government, and national policies to improve quality and accessibility of public services such as education, health, and local government.

Individual changes in citizen capacities and skills cause community changes in the relationship between service providers and citizens. Service providers become more open and responsive to the growing citizen demand for quality service provision and participation in decisions that affect their lives. Evidence that is gathered at the local level creates a strong policy agenda to influence state bodies for more transparent and accountable governance nation-wide. Youth play a critical role in keeping local and regional service providers accountable for providing quality services according to

1. Social Snapshot and Poverty in Armenia, NSS, 2011

2. WV Armenia Strategy baseline evaluation, 2011

state standards, particularly for services of which children and youth are the primary service users, e.g., education.

## Activities

After identifying health, education, and local self-governance (LSG) standards, the project used different formal and informal awareness raising tools (including publication and dissemination of information materials, events, trainings, meetings with field experts, etc.) to inform the communities of their rights and responsibilities as citizens. Youth were involved through school student councils, which were active in the organisation of awareness raising events for their communities.

“We needed this project, because after 1990 the community was in a sleep. Due to these discussions the community got up, also got aware of their rights and undertook the responsibility.”

—Angeghakot School Headmaster

The project then brought together community groups/stakeholders around issues of common interest and facilitated dialogue to address them within available community resources. To obtain the opinions of service users and service providers about the performance of the services, tools from the social audit were used, such as community score cards, and sessions were organised

“People started to participate in the Community Council meetings. They are not only present but also try to give consolidative solutions to the problems.”

—Akhtala Adults

to encourage dialogue among citizens, service providers, government, and other stakeholders. Interface meetings allowed all stakeholders to discuss and plan together how they would improve services, resulting in a jointly developed community advocacy action plan.

Several town hall meetings were organised at which local groups raised concerns regarding to accessibility and quality of public services and demanded space for their participation in local decisions for better service provision. Mass media participation in the town hall meetings strengthened the emerging culture of accountability of local service providers, who became more responsive to the raised needs.

During implementation of advocacy action plans, the project team held several reflection meetings with the sectoral service providers and partner NGOs to identify common trends and main issues for linking with national level policy change. Increased community participation was noticed in LSG meetings, at which citizens influenced community development planning and annual budgets by referencing issues identified in CVA action plans. Analysis shows that increased accountability and establishment of a demand culture result in clearly noticed behavioural and cultural changes in beneficiary communities.

CVA uses an inclusive and participatory focus group method, which allows for multiple stakeholders to identify and raise issues relevant to their own service use. The inclusion of youth and children is critical to encouraging accountable, citizen-led communities of the future. During this process, student councils were activated and mobilised to empower children and youth to become involved

in their communities. They strengthened their networking capacities through involvement in student council networks, established websites, participated in all CVA community discussions, and raised issues relevant to youth. They have registered many successes in bringing changes not only to their schools, but also in their communities and the region in general. Student councils led many projects and advocacy campaigns in line with the school or community advocacy action plans.

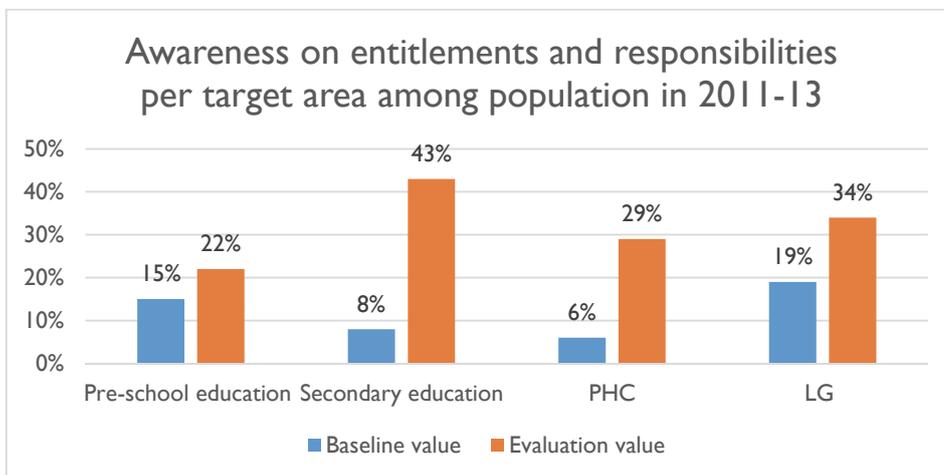
## Results

### Working through Horizontal Linkages

Analysis reflects that the project **increased community members' opportunities to individually or collectively be engaged with government**. As noted by many service providers, there are also huge differences in community empowerment and participation between villages with and without CVA. Communities that have gone through the CVA process are reported to be supportive of the establishment of democratic, citizen-led governance.

In education, health, and LSG, **service providers became more accountable** to community members. They started to involve community members in decision making processes by posting the budgets and decisions on official boards or through informal meetings, deepening transparent accountability between provider and user.

The first phase of CVA includes training and information on citizenship and the rights and responsibilities of both government and communities. An essential element of this phase is to ensure that citizens understand local public policy and can identify entitlements within legislation. As a result of CVA, communities were shown to have **increased awareness of rights** among the target populations:



*\*Excerpt from Improved Public Services through Community Empowerment Project Evaluation Report*

### Community budgets and development plans were influenced by CVA findings.

Communities allocated financial resources to support implementation of CVA findings. Local government also allocated resources, including funds for staff salaries, due to lobbying during community budget planning meetings by the CVA implementing core team.

### Realising Vertical Integration – using citizen generated evidence to influence national policy

**Local government policy influenced.** Linking national level policy makers with the service

providers and users has been an effective use of local evidence gathered through the CVA process. WV Armenia worked with communities to recommend to the Ministry of Territorial Affairs the development of a state-approved, four-year community development planning methodology (4CDPM) for communities. The project put special emphasis on promoting citizens' direct participation in 4CDPM development, monitoring and evaluation. The final version of the methodology has a CVA contextualised annex to be used as a tool for external monitoring of implementation of LSG obligations in the framework of 4CDPM in all communities of Armenia.

VERTICAL LINKAGES lead to evidence-based policies that not only are meaningful for the communities we serve, but involve local service providers, which adds perspective and builds ownership.

**Education policy influenced.** Based on local evidence produced by the CVA process, the target populations and WV Armenia advocated with the Ministry of Education & Science to create a conflict of interest protocol for school governance board members and for transparency of school budget planning and reporting of school budget expenditures. The Minister changed the school governance board order by adding the conflict of interest issue, and the school budget transparency and accountability order was drafted and is now under review by state bodies.

In 2012, CVA participants working collaboratively with World Vision's Child Health Now<sup>3</sup> campaign successfully lobbied to enrich the social work university curriculum with child health modules as it was revealed social workers in the field had minimal knowledge of child health.

**National health policy influenced.** The CVA process uncovered gaps in the essential drugs lists used in state health institutions, meaning that many hospitals and clinics were still using old or out of date medication. As part of the action planning, communities included this issue in the lobbying process, and as a result the government updated the essential drugs' list (2014), which is now provided by the state to public health institutions.

**UN recommendations to Armenia and post-2015 agenda influenced.** World Vision Armenia used CVA findings and research to develop and submit alternative reports to the UN Child Rights Convention and the UN Universal Periodic Review, as well as to influence the post-2015 agenda in Armenia. Through joint efforts with local CSOs, the UN's recommendations now include "children" as a named group for findings, which elevates the importance of the well-being of children.

**CVA influenced World Vision's advocacy approach.** World Vision Armenia now uses an advocacy framework that organically links local and national level advocacy efforts, eliminating the "traditional" gap between them. This framework supports implementation of national level policy reform at the local level, enabling collection of evidence on the successes or challenges therein, which then is being used for further advocacy. These vertical linkages lead to evidence-

3. Child Health Now is World Vision's global campaign focused on reducing the preventable deaths of children under 5. Through this campaign, World Vision wants to support communities in raising their voices about their right to quality health care, and press national governments to meet their responsibilities to children, mothers, families and communities throughout their country. World Vision joins hands with local government and NGO partners to cooperatively address the critical health-related issues in specific communities.



This student council in Alaverdi participates in a focus group discussion through the CVA process to raise issues relevant to youth to the community and local government.

based policies that are not only meaningful for the communities we serve, but involve local service providers, which adds perspective and builds ownership.

### Challenges and solutions

There is a risk that CVA will become another tradition rather than a transformational approach. It was noticed that citizens who participated in the CVA process turned it into a routine after three to four years, which severely limits creativity needed for the process to be successful. Their thinking, approaches, and worldview have not changed aside from a strong rights-based approach. World Vision needs to create an environment for them to use their full potential by being creative. ADPs have successfully involved youth in Forum Theatre clubs and Debate Clubs to stretch their minds. The organisation will continue to use this method as well as searching for new methods to address this challenge.

Lack of income is a distraction. Poor people are concerned with income generation, which has a negative influence on civic empowerment. World Vision's programs are attempting to motivate them by illustrating potential benefits from quality public services at the community level.

Changing the Soviet era inherited mindset of citizens is challenging. Although some advances were made in empowering people to demand their rights under the law, the CVA core team and some service providers still mentioned that many citizens are still waiting for state or donor organisations to do something rather than taking action themselves to solve local problems. Other international NGOs contribute to this mindset by implementing more relief projects. WV intends to continue application of CVA and other local advocacy tools in communities and will attempt to find ways to influence international NGOs to shift their project mentality from relief to sustainability.

## Recommendations

1. Apply social change / transformative tools to build the capacity of the CVA core implementing team, as transfer of knowledge is not enough to achieve sustainable changes. As provided by everyday field observations and confirmed by relevant evaluation findings, when people learn how to do things in the framework of CVA, they start to value transparency, participate in decisions, and increase the demand for quality services. But it is also valuable for citizens to act by thinking globally, being creative, and having a stronger ownership over their community development processes. Using transformative tools and discussions will help CVA participants translate their perspectives and values into possible solutions.
2. Actively involve CSOs and mass media in local advocacy. World Vision tries to focus on citizens as partners during the CVA process while also involving NGOs and mass media representatives. These are important stakeholders who need intentional support to ensure their proactive involvement and equal partnering. Only a few NGOs in Armenia work at the grassroots level, promoting meaningful citizen participation, and others are passive or remain isolated from the local level altogether.
3. Include local budget monitoring connected with monitored services to receive more comprehensive information. There are cases in which service monitoring does not provide enough data for informed and targeted advocacy campaigning. There is a need to also explore and understand the budget policies and practices behind said services.
4. Give special attention to CVA monitoring/assistance groups to build their capacity and skills. These monitoring/assistance groups play a vital role in the successful application of the CVA approach as they are responsible to monitor the action plan implementation. It is essential to the effectiveness of the project that they have the capacity to successfully facilitate the processes, so time and effort must be spent to ensure adequate knowledge transfer and training.
5. Facilitate/encourage linkages between local community members and policy makers. Local people need more opportunities to meet with policy level representatives (local to national connections) to have an opportunity to raise their voices for a better life.

## Conclusion

The value added by the CVA approach is evident in Armenia, where national level policies for education, health, and local governance have been influenced. WV Armenia has implemented the CVA approach for seven years, initially through stand alone projects, and now as an integrated part of programme design tailored to the country context and organisational capacity. Changed relationships through cooperation, transparency, and trust create an enabling environment for service providers to be more responsive and accountable towards citizens. CVA vertically links evidence from the local level to advocacy for policy changes at the national level, ensuring changes occur in parallel and not sequentially.

## KENYA: Vertical integration of social accountability influences education legislation

creating vertical integration

|               |  |
|---------------|--|
| Project       | Improving Basic Education Service Delivery                       |
| Sector        | Education  |
| Timeframe     | January 2011-November 2012                                       |
| Beneficiaries |  |
| Men           | 6,000 (75 male parents from each of the 80 schools) <sup>4</sup> |
| Women         | 6,000 (75 female parents from each of the 80 schools)            |
| Boys          | 6,000 (75 boys from each of the 80 schools) <sup>5</sup>         |
| Girls         | 6,000 (75 girls from each of the 80 schools)                     |
| Location      | Nyamira, Busia, Machakos and Mombasa counties, Kenya             |
| Outcome       | Improved access to quality services                              |
| Approach      | National linkages/policy changes                                 |

### Context

Since 1968, Kenya's Education Sector was guided by the Education Act Cap 211 which did not provide for the right to education. As a result, over 1.5 million children still remained out of school as of 2010, despite the availability of the Free Primary Education Programme. This was due to the weak institutional, legislative and policy framework and the resulting challenges for attempts to hold the state accountable. Attempts to amend or generate a new education law had previously failed.

Early Childhood Development and Education (ECDE) in Kenya have in the past and more recently been largely financed by households, non-state actors, and private sector players. The sector has experienced low participation partly due to the poor quality infrastructure, low staffing levels, and high staff turnovers (mainly moving from public to private institutions) as a result of poor or no pay. Government has not sufficiently devoted attention and investment to ECDE, which is expensive and out of reach for many poor students. Long distances to schools and impassable physical terrain in particular hamper rural children from attending the few centres available.

The promulgation of Kenya's Constitution in August 2010 renewed the right to free and compulsory basic education for all children. The implementation of this provision required the enactment of a new education law in Kenya. World Vision Kenya scaled up its advocacy efforts to influence the development of this law by vertically linking community groups at the local level and CSOs at the national level. Submission of consolidated community views to the policy makers and lobbying Members of Parliament was the core focus of this initiative. These efforts culminated in the passing of a new Education Act which provided mechanisms for the progressive realisation of the right of all children to free and compulsory basic education.

4. Male and female parents will benefit directly from support for monitoring service delivery

5. Boys and girls will benefit from improved service delivery in the targeted schools

## Activities

Through its Citizen Voice and Action (CVA) approach, World Vision Kenya mobilised and sensitised communities on their entitlements to quality basic education and supported them to make submissions to the government task force on education reforms.

Through CVA, World Vision was able to gather a great deal of information and local knowledge regarding the implementation gaps in basic education, and use this citizen generated evidence to influence national policy. The approach seeks to address deficiencies in the delivery of public services, including education. The CVA reports provided input for the development of policy proposal and recommendations to the task force and Parliament. World Vision Kenya also highlighted policy gaps in the education sector and recommendations on how they could be dealt with through a position paper.

When the task force released a draft report for further inputs, World Vision Kenya participated in the review process with Kenya's National Civil Society Coalition on Education for All, known as Elimu Yetu Coalition. World Vision sought input from CVA groups by organising and facilitating local level discussions of the task force draft report.

World Vision Kenya also supported and hosted a national level civil society forum on education reforms, developed a common position and facilitated CVA groups to attend and participate in the government led National Conference on Education that led to the development of the draft basic education bill.

World Vision led the Elimu Yetu Coalition's review and analysis of the basic education bill, developed a memorandum, made submissions to the Parliamentary Committee on Education and lobbied Members of Parliament to pass the bill. At the community level, an estimated 500 people were directly involved in the process—these were largely the CVA groups from different World Vision programme areas. At the national level, over 100 CSOs, 222 Members of Parliament, and over 100 government policy makers were involved.

## Expected Results

Parliament **passed the basic education bill** and this was accented to by the President to become law in 2013. The vertical integration of evidence from the community level up to national level led to an evidence-based policy that is not only meaningful for the communities, but involves CSOs, which adds perspective and builds ownership.

The expected immediate effect of the Act will be **increased access to schools by children in Kenya** since the legislation makes it an offence for any school or any person to deny any child admission to any public school. This law further provides that if a child is absent from school, the duty bearers must take all the appropriate steps to ensure that the child is brought back to school, unlike in the past when children would drop out of school and no one was held accountable.

Another expected result will be **improvement in the management and use of public resources** in schools. The new law provides for detailed mechanisms for enhancing accountability by basic education service providers.

For the first time in Kenya’s history, the new basic education law further provides for the **inclusion of a civil society organisation in the Schools Board of Management** hence providing an immediate space for the CSOs’ direct involvement in monitoring the implementation of school programmes and utilisation of resources. This will ultimately improve the accountability and feedback mechanisms which didn’t previously exist.

## Challenges and solutions

Mobilisation and coordination of various non-state actors in the education sector was initially very difficult due to vested interests, apathy and lack of common understanding to champion and advocate for education matters. This was addressed with the coordination of advocacy efforts through the Elimu Yetu Coalition, an umbrella network of CSOs in the education sector.

At the onset of the review process of the education sector and formulation of the draft report by the task force, adequate mechanisms had not been put in place to facilitate the participation of communities in rural and far flung areas. To address this, World Vision worked with the Elimu Yetu Coalition and other partners to mobilise community groups to make submissions to the task force.

## Recommendations

1. Adequate time should be invested in the development of evidence-based policy alternatives to those proposed by the government. Both the executive and parliament had provided an opportunity for stakeholders to present submissions on the task force report and proposed draft bill, respectively. World Vision Kenya and Elimu Yetu Coalition invested in community-based evidence gathering, research and analysis of the situation and policy proposals so that the policy was based on actual community needs.
2. Any effective policy or legislative influence initiative is best done using vertical linkages through a coalition or some form of organised structure. The process is not only made easier, but it also prevents duplication of efforts and enhances coordinated submission of policy arguments.
3. CSOs must invest more in facilitating community groups and partners based at the local level to participate in policy formulation and legislation processes. This integration gives credence and legitimacy to the advocacy efforts of the CSOs.
4. The CSOs must identify their niche within the policy formulation arena and effectively mobilise other actors towards the attainment of desired policy changes. World Vision Kenya’s desire to see improved access to education opportunities for the most vulnerable children provided the impetus to take a leading role in the legislation of the Education Act.

## Conclusion

The passing of the Basic Education Act in 2013 was a culmination of vertical integration of CSOs at the national level and community groups at the local level, each playing a complementary role in the process. While the CSOs through the Elimu Yetu Coalition were able to provide evidence for engagement and create opportunities, the community groups projected the voice of the masses and provided connections to local legislators. Because of this effort at vertical integration, the Basic Education Act is evidence based and meets the real needs of communities.

## MALAWI: Engaging traditional leaders to decrease rates of child marriage

|               |  |
|---------------|--|
| Project       | Zomba CVA project                                    |
| Sector        | Education, Child Protection                          |
| Timeframe     | October 2011-March 2016                              |
| Beneficiaries | 3,000 vulnerable girls and boys; 4,000 women and men |
| Location      | Chingale, Zomba District, Southern Region, Malawi    |
| Outcome       | Increased protection of vulnerable children          |
| Approach      | Dialogue with local government/service providers     |

### Context

In support of the Government of Malawi's education development plan, World Vision has been supporting various development interventions in Chingale community situated in the southern part of Zomba District, Southern Region. Through research and mapping conducted by the citizen-led CVA facilitation teams, it was discovered that education levels are declining due to increased student dropout rates. In just one community in Mtungulutsi Zone in Chingale, which has 13 schools, it is estimated that 20-25 per cent of learners drop out of school before reaching grade 8, and it is also estimated that almost 90 per cent of them are girls.

One of the key contributing factors for low attendance and pass rates is the high rate of child marriage in Chingale. Once married these boys and girls drop out of school. Despite legislation through the Marriage Act that states young girls cannot enter into marriage younger than age 18, it has been common practice, especially in poor rural areas, for girls as young as 12 to marry older men who are regarded as financially stable. They are usually encouraged by guardians and peers who believe that these marriages will alleviate poverty. In some cases, children marry each other due to peer pressure, a lack of positive role models, and little hope for their future.

In Zomba District and Malawi as a whole, traditional leaders are powerful influencers who administer justice at the local level through traditional courts. Chiefs in Zomba, by tradition, administer initiation ceremonies and marriages—no wedding or initiation is legitimate without their blessing. In addition, the chiefs represent their people in the District Assembly Forums. Their directives are followed by their people, with penalties administered through local sanction mechanisms. Some chiefs even have the authority to influence political decisions through Members of Parliament and the District Assembly.<sup>6</sup>

6. The District Assembly is the devolved part of the central government structure comprised with a secretariat of directors, and the District Commissioner is the overseer. It is mandated to provide funding for all government departments in the district, i.e. health, education.

### Activities

The local CVA team conducted monitoring exercises which revealed that school dropout rates were critically high. Upon presentation to their leadership and fellow villagers during interface meetings, it was acknowledged that the problem was a big threat to the community's future well-being and thus



Sample score card from Malawi CVA process.

required immediate attention. The CVA team, after being trained on community score cards and monitoring standards, organised a community awareness meeting that was attended by traditional leaders and two Members of Parliament, along with other members of civil society. Using innovative approaches such as role plays and drama, this meeting provided a venue to discuss school standards, pupil attendance and performance, teacher attendance, as well as other issues that were relevant to the improvement of education service provision and standards in the district. Parents, teachers and pupils made the important observation that the falling standards of education could mainly be attributed to an underlying cultural reason—increased child marriages.

After an action plan was agreed upon in the meeting, Senior Chief Mlumbe immediately summoned all 485 village headmen in his chieftaincy and other stakeholders, like school representatives, to address the problem and chart the way forward. As a result, a local task force of the chiefs, Primary Education Advisors (PEAs), parents, and the CVA teams was created and mandated to find long-term solutions. One of the suggestions was the formulation, through a consultative process, of by-laws that would address these problems. The by-laws prevent young children from getting married and ensure that they stay in school. They clearly indicate that a chief who allows early marriages in his area will have his role as a village head taken from him by the senior chief, and any parent who allows or facilitates their child to be married will also face consequences.

The office of the District Commissioner endorsed the laws, and they were read to the Zomba District Assembly. Because they affected the education sector, which meant that teachers in the community would have to adhere to them, Senior Chief Mlumbe presented the document to the District Education Manager whose signature meant acceptance on behalf of all teachers. For the first time, Chingale had by-laws aimed at strengthening its education system and providing opportunities for children to enjoy childhood and remain in school.

Laws are meaningless if there are no enforcement mechanisms. To ensure good results, each primary school formed a committee that monitors surrounding villages' adherence to the laws, thus creating self-regulating peer committees which work in close contact with each other and with state legislators.

## Results

**As a result of the CVA process and the citizen led peer review committees, the dropout rate in Chingale has significantly decreased**, and more learners reach grade 8 than before—in Mtungulutsi Zone, which has 13 schools, the dropout rate by grade 8 decreased from 20-25 per cent to 3-5 per cent.

- the dropout rate by standard 8 decreased from 20-25 per cent to 3-5 per cent.
- 74 married children have returned to school—40 boys and 34 girls.

**All 285 traditional leaders in Chingale are engaged with children's education** in their villages, whereas previously none were. One chief has introduced a reading camp at his compound.

The by-laws have kept children from early marriage and even encouraged some married children to reenrol (74 married children have returned—40 boys and 34 girls). This has led to a **steady increase in enrolment and pass rates** from primary to secondary school. Together, these numbers mean that children are not only enrolling in school, but staying in school long-term.

## Challenges and recommendations

1. Socio-economics continue to force some children into early marriage. Chingale remains a poor community. For this reason, some children who re-entered school have found it challenging to attain good attendance records or pass rates as they tried to concurrently earn a living. Marriage is still seen as a solution to their economic problems. Through the increased and strengthened community dialogue that CVA has promoted, young couples have been encouraged to join Savings Groups in their community through which they can invest the small savings they make in order to support themselves. The same message has been replicated to other poor families that find it hard to provide school materials for their children.
2. The increase in number of learners has overwhelmed available infrastructure. The classroom size, number of desks, number of exercise books, and teacher-pupil ratio are all inadequate to handle the influx of students since the CVA project. To address this, CVA teams and traditional leaders continue to lobby with politicians and the District Assembly, together with national CSO coalitions, to help provide more schools, while at the same time mobilising the communities to mould bricks and provide labour as part of the communities' responsibility towards education development.

## Conclusion

Chingale is different today because of the CVA process. The community is more hopeful for the future, with children assured that they will be able to finish primary school, make it to secondary school and college, and become productive citizens. Children and youth can live without fear of intimidating cultural practices whilst embracing positive traditions. With many communities in Malawi still grappling with the negative effects of early marriage on literacy levels and education overall, CVA can offer hope for change. Through this approach, communities are given an opportunity to design solutions for problems they identify, giving them a voice in their own development. Because of the success in Chingale, Senior Chief Mlumbe will advise his fellow chiefs on how to implement the CVA process and create positive spillover in the years to come.

## NEPAL: Through social accountability, youth influence men to ensure MNCH in rural communities

empowering marginalised populations

|               |  |
|---------------|--|
| Project       | Nepal Child Health Now Campaign                                  |
| Sector        | Health   |
| Timeframe     | October 2012-June 2015   |
| Beneficiaries | 115,810  |
| Location      | Doti and Kailali districts, Seti Zone, Far-Western Region, Nepal |
| Outcome       | Improved maternal newborn and child health                       |
| Approach      | Empowering communities   |

### Context

Nepal made significant progress in achieving MDGs, a great achievement considering the difficult environment—the decade-long armed conflict, political instability, and divergent political agendas. Over the past 20 years, child and maternal mortality declined significantly.<sup>7</sup> However, a lack of health service seeking behaviour among pregnant mothers and their families is still prevalent in rural areas. Most women give birth at home without the presence of a skilled birth attendant, and only 5-10 per cent of women who have complicated deliveries access a health institution. Prenatal care visits are also low, with most women visiting health institutions only if there are complications after birth.<sup>8</sup> The Government of Nepal introduced various national policies on health and development to extend the scope of the health care system among the poor, rural, marginalised and most vulnerable population. But due to a lack of proper implementation and strong accountability mechanisms, many mothers and children are still dying from preventable causes in rural areas of the country.

Youth are an invaluable asset of Nepal. They are change agents and pioneers of economic, social, political and cultural transformation.<sup>9</sup> With an active youth population, communities can be confident in changes in any sectors they wish to improve. In the past, government-led immunisation and vitamin A campaigns were successful because youth joined government staff and female community health volunteers in informing and raising awareness among target beneficiaries.

### Activities

Acknowledging the important role youth play, World Vision Nepal began to engage with the youth of Doti and Kailali districts where high infant mortality exists. The Maternal and Child Health Concern group, a group of concerned and influential stakeholders in health from the local community, selected 54 local youth from 13 villages in both districts to be ambassadors for maternal and child health message delivery. Part of the CVA process includes educating communities on their rights

7. Nepal Millennium Development Goals Progress Report 2013

8. Kailali district profile (2013)

9. National Youth Policy 2010

according to existing government policies. The youth did so by conducting street dramas, making door-to-door visits, and holding community interactions and mass gatherings to raise awareness and influence the local community to access available health services and provisions.

The Nepal government practices public annual financial audits as an accountability mechanism, and develops community plans from the local level. But in Doti and Kailali, although maternal and child health needs are identified, they were historically not prioritised or given sufficient budget allocation. The

youth encouraged their communities to prioritise health and ensure the government standards on health services and provisions are met through an improved relationship between the government and the local community. Another key aspect of CVA is working with local government to ensure communities' rights are being realised. The communities gained confidence in working with government service providers and brought about a "Health Improvement Plan" at their respective villages. As a result, local marginalised families and pregnant mother's visits to health institutions are increasing.

Street drama and community interactions were organised and targeted to men to help them realise their important role in their families in a non-threatening way. Youth encouraged men to support their pregnant partners and to be aware of and follow through on simple solutions to preventable maternal and child deaths.

The youth were also involved in identifying malnourished children in their own communities and coordinating with local stakeholders to help the children and their families' access nutrition rehabilitation centers and get healthy.

## Results

In the past two years (2012-14) in Doti,<sup>10</sup> **malnutrition reduced from 8 per cent to 5.8 per cent among children under 3 years of age.** More pregnant mothers are **supported by skilled birth attendants, with an increase from 35.2 per cent to 66 per cent of births.** Mothers attending **four ANC visits has consistently increased from 45 per cent to 55 per cent, and PNC visits also trended upward from 59 per cent to 63 per cent.**<sup>11</sup>

10. Kailai data has been difficult to obtain, but we presume similarly positive results.

11. (DHO Annual Report, Doti 2014).



A young woman rates services against standards in Kailali during the CVA process

empowering marginalised populations

Because of a series of awareness events and lobbying conducted by youth among local health facilities and communities to allocate sufficient budget in health, maternal and child health agendas have started to gain visibility in government plans. Youth submitted health memorandums as a lobbying tool to advocate with the local community and government health representatives during the Village Council. As a result, **eight village development committees allocated budget** for the improvement of maternal and child health in their villages in 2014.

After interactions with the youth and their communities, the local government in Kailali took the initiative to **build a birthing center** with available resources because this was identified as a need during a CVA gathering. In 2014, the birthing center benefitted **1,107 pregnant women and children who received antenatal and prenatal checkups and 556 women who gave birth.**

Similarly, the youth performed a drama on simple solutions to preventable early child deaths during a massive business fair organised by local businesses in Doti and Kailali district, **disseminating the vital messages among thousands of daily visitors.**

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“I feel a sense of relief as I share this good news that both my wife and daughter are saved with the great effort shown by our community’s youth. If they weren’t there to counsel and advise during the health complications, things wouldn’t have been the same”

—Suresh B.K; husband and proud father from Godawari Village Development Committee, Kailali District.

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## Challenges and solutions

Lack of coordination between government and communities led to low level of ownership. There was initially a lack of coordination in the development of improvement plans for local health institutions between government authorities and the communities, so there was less ownership. Fortunately, the youth were able to influence the government to ensure that the improvements were done. As a long-term solution, Maternal and Child Health Concern groups were formally registered so that a sustainable structure exists to take ownership of future processes.

Youth lack technical knowledge of messaging. A challenge still exists for the youth to have consistent, knowledgeable messages, as their understanding of the topics varies. This is being addressed through capacity building of the youth so they have a deeper understanding of the topics and can message them in a more powerful way. A handbook to conduct CVA and notebook with basic health information on services and provisions were published as a resource pack for the youths.

Youth “brain drain”. Low economic opportunities in Nepal force a large number of the country’s youth towards foreign lands to seek livelihoods. The youth involved in the CVA process in Doti and Kailali are not an exception. The project addressed this on two fronts: 1. By equipping these youth with income generating life skills so they do not leave; and 2. By training a second line of youth who can take over responsibilities in case any of the youth involved in the project do leave the country, to ensure sustainability.

## Recommendations

1. **Mobilise and inspire youth as positive change agents:** The initiative to mobilise youth to practice social accountability and influence the local community to seek accountability among local government and concerned stakeholders to provide sufficient and accessible health services and facilities as per Nepal government standards was appreciated by the community.
2. **Target messages for men:** Mobilising local youth to communicate key messages to men on maternal and child health in a convincing manner was very effective. They used public street dramas that delivered a deliberate message to male family members on birth preparedness and supporting mothers during pregnancy.
3. **Coordinate with formal groups:** It is vital to coordinate with existing formal groups such as mothers groups and female community health volunteers (FCHVs) during immunisation campaigns and community gatherings. Initially there was a duplication of roles among FCHVs and youth in disseminating messages during health campaigns. The project facilitated joint meetings to sort out their roles on technical and social message deliverables and ensure no further duplication occurred.

## Conclusion

A wider engagement of local community youth in changing the lives of pregnant mothers, children and their families through the CVA social accountability process has resulted in improved health of mothers and children in Doti and Kailali. Local level presence and active participation were key factors. However, there is a strong need for sustainability and willingness of larger community stakeholders to sustain the system. Despite challenges, capacity building initiatives for the incoming youth and concerned group members and their linkages with other formal and non-formal groups in the community has instilled confidence in both the youth and the community groups.



At a community gathering in Doti, the community discusses their findings on service provision with local government.

## SENEGAL: Enabling women to access health care by advocating for government sensitivity to cultural beliefs

empowering marginalised populations

|               |  |
|---------------|--|
| Project       | Kaffrine CVA project   |
| Sector        | Health   |
| Timeframe     | January 2011-March 2014  |
| Beneficiaries | 15, 076  |
| Location      | Ribot Escale community, Lour Escale Zone, Kounghoul Department, Kaffrine Region, Senegal |
| Outcome       | Improved maternal newborn and child health   |
| Approach      | Dialogue with local government/service providers   |

### Context

There is a chronic lack of health infrastructure in Ribot Escale, Lour Escale Zone, Senegal. There are just two health posts servicing the zone’s total population of 37,555. According to government standards, this zone should have eight health posts. There are also only four health huts of 15 total that are currently functioning. This results in many of the villages being far from health care services, especially considering the poor state of roads in the area. Therefore, most of the population seeks care and health advice from traditional healers. They are highly regarded and consulted for all kinds of illnesses, and even pregnant women see them, although traditional healers will not attend births. Traditional cultural norms cause husbands to refuse for their wives to be consulted by a male health worker during their pregnancy unless the case becomes an emergency. This has a negative effect on child and mother mortality. Currently, the assisted delivery rate in Ribot is just 24 per cent (69 per cent in Senegal in rural areas) and morbidity is 9.83 per cent.

### Activities

A local meeting was organised between leaders from the community, local government, service providers, and service users to introduce the CVA process. CVA groups were established and trained in different aspects such as human rights, advocacy, and health policies.

Standard gaps were identified and an action plan was developed with the involvement of the Rural Council in Ribot. The main problem identified was that men refused to allow their wives and daughters to be consulted by a male nurse, which was all that was available at the health posts. Through the CVA process, the community discovered that according to government standards, each health post must have a male and a female nurse.

The CVA group and the health management committee met the doctor at the department level to request assignment of a female nurse to the Ribot Escale health post. They determined that a house needed to be built for the female nurse by the Rural Council in Ribot, at which point she would be

assigned and sent. Unfortunately, the Rural Council did not respect the request, and although funds were raised and assigned, the house was not built. However, the next year was the elections—the population expressed their discontent by voting out those Rural Council members.

Another interface meeting with the new Rural Council (led by the mayor) was organised, and the mayor, nurse, and president of the health management committee signed new action plans with revised deadlines.

## Results

Two months after the new mayor took office, **the house for the female nurse was completed and she moved to Ribot**. The mayor also went beyond that promise and built a wall around the health post, added a storage room for medicine and supplies, and bought an ambulance (using two months of his own salary because funds were short). This new mayor, who is an economic and social counselor of the President, realising that the community demanded a transparent and accountable government, is personally invested in Ribot, and comes to visit at least once a month, checking in on the health post and meeting with the health post management committee.

The local government renewed the health management committee, in accordance with national policy, strengthening the implementation of existing policy, which is just as critical as policy influence. The health post is stocked with medicine, water is available in the maternity ward, and the female nurse has been very welcomed by women in the community—**prenatal visits increased from 0 per cent to 18 per cent, assisted deliveries increased from 19 per cent to 58 per cent, and post natal visits increased from 15 per cent to 96 per cent. The number**



A women's focus group discussion takes place at the health post in Ribot Escalé.

**of still births and newborn deaths had decreased to 0 by the end of FY14.**

Because the CVA process allows for both quantitative (score card) and qualitative (performance characteristics) monitoring of standards and performance, results reflected that the overall **environment of the health post has become more pleasant** for patients, as well. For example, prior to monitoring and community engagement, the male nurse often consumed alcohol whilst at work, reducing his capacity to treat patients correctly. But since becoming involved in CVA, he has changed his behaviour, and standards of professionalism across the health sector have improved.

- prenatal visits increased from 0 to 18 per cent.
- assisted deliveries increased from 19 to 58 per cent
- postnatal visits increased from 15 to 96 per cent

**Challenges and solutions**

Three-year health worker strike: Health workers in Senegal were on strike the past three years so baseline health data was difficult to come by. The Kaffrine CVA project attempted to retain data itself, but it was difficult to have accurate information for some indicators, especially country wide comparison data.

Budget law of the local government: In Senegal, the health sector planning and implementation is decentralised. However, adequate means often do not follow and budgets are not developed in relation to need. Civil society networks, with the support of World Vision, will initiate national level advocacy for the central government to increase the funds awarded to poor rural communities.

Low literacy rates of local government officials: Some government officials can neither read nor write. A long-term solution is to advocate at the national level to pass a law that gives clear literacy criteria for potential civil service candidates.

Maintenance of health post ambulances: Most health centers have an ambulance, but they are in disrepair because they are used for other purposes. A by-law for its use must exist and be respected.

**Recommendations**

Simplify standards that are easy to monitor: In hindsight, the project would revise standards in the education (24) and health sectors (33) to make monitoring easier. The number of standards included were too many which made monitoring cumbersome and difficult.

**Conclusion**

CVA is an effective approach to enable people to understand their rights and mobilise their efforts to be heard by the local government. In Ribot Escale, CVA has changed the face of the health post by advocating for government sensitivity to cultural beliefs. The resulting assignment of a female nurse meets government standards. This new situation has increased the number of women visiting the post and giving birth with skilled assistance, which has drastically reduced child and mother mortality during pregnancy. Women and men feel more comfortable with women seeking care at the health post because of the new female nurse.

## INDIA: Social accountability helps people with disabilities understand and claim their rights

|               |   |
|---------------|---|
| Project       | Citizen Voice and Action for Social Accountability  |
| Sector        | Education, Child Protection   |
| Timeframe     | August 2011-March 2014  |
| Beneficiaries | 73,000  |
| Location      | 15 communities in Uttarakhand, Uttar Pradesh, Bihar, Rajasthan, Chatisgad, and Madyapradesh states, India |
| Outcome       | Improved access to quality services   |
| Approach      | Empowering communities  |

### Context

Policy-making in India is rather divorced from the people—especially the poorest members of society, including those with disabilities. This is due to weak links between community-based organisations (CBOs) and government decision-making structures; lack of access to information due to illiteracy, non-interest, and lack of transparency; and poor capacity of people to understand policies, their mechanisms, and processes. Without improving the grassroot connections, governance in India may leave rural areas underdeveloped. One of the key factors in promoting growth is investing in local leadership and empowering communities, particularly vulnerable communities that have had a major struggle due to lack of government services.

The Citizen Voice and Action for Social Accountability (CVA) project involves CBOs in local level advocacy for effective service delivery for the most vulnerable people. Social inclusion of people with disabilities, including children, in education and health is one of the main objectives of the project. Persons with disabilities in India need to have an official disability certificate to access government services and entitlements and lodge discrimination complaints, but only about 40 percent have these certificates. The CVA project involves the whole community moving from passive recipients to active partners.

### Activities

The CVA process focused on raising awareness of disability issues in communities for further inclusion of people with disabilities, their participation in community life, and access of basic services and rights. To that end, disabled people's organisations (DPOs), which are run by and for people with disabilities, were formed in 15 vulnerable areas to enable those with disabilities to identify their needs, learn about and claim their rights under Indian law, evaluate and monitor services, and advocate for change and public awareness. The DPOs have been functioning effectively and contributing significantly to the process of inclusion of persons with disabilities at different levels. As a vehicle of self development, these organisations provide the opportunity to develop

empowering marginalised populations

skills in the negotiation process, organisational abilities, mutual support, information sharing and often vocational skills and opportunities. DPOs represent persons with disabilities, and help them to directly contact government authorities to access disability certificates and apply for their entitlements, such as housing, transportation, and education stipends. DPOs empower people with disabilities to move from being dependent on others to independence and respect for themselves and from society.

The CVA disability initiative also significantly contributed to building the capacity and enhancing the efficiency of project staff and volunteers in order to deal with the specific issues and concerns of persons with disabilities while facilitating the process of inclusion. This two-pronged approach has ensured not only that persons with disabilities can claim their rights, but also that their communities are inclusive and supportive of them, lending support when needed.

### Results

CBOs and communities have testified that what they were not able to do for years they were able to achieve within the three years of this project. There are a number of stories in which people with disabilities are accessing better services, information and privileges (see sidebar).

**DPOs were formed in 15 project areas** (approximately 100 members each). They meet monthly to share their experiences and discuss various issues. Because of these DPOs, members have received their disability certificates and are able to benefit from housing, education, and transportation stipends to which they are entitled.

**Sixteen DPOs trained on advocacy.** DPOs are networking with government bodies, NGOs, and the National Disability Forum to develop skills of their members, and help them access business loans.

### Challenges and solutions

**Leadership Quality:** The leadership skills of some of the DPOs' presidents are not at the level needed. Their skills, including further understanding rights and how to access resources for members, need to be enhanced with additional training and linkages with local NGOs and the National Disability Forum.

**Women's participation:** Participation of women in the DPOs (and the CVA process in general) in conservative communities was a challenge. The project should do more information dissemination

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Manalal is 22 years old, and has a disability caused by contracting polio when he was a young child. Due to his disability, he was unable to graduate from school. He participated in the CVA training in 2012, and learned about his entitlements as a citizen with a disability. He applied for housing and a loan to start a small business, both of which are entitlements for people with disabilities in India. He now lives in his own house, owns a shop, and is president of one the DPOs started through the CVA process. Manalal educates other people with disabilities on their rights and encourages them to raise their voices against injustice, demand their rights, and improve facilities by making service providers accountable.

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and have discussions with community leaders on the importance of involving women with disabilities in community development.

#### Children's participation:

Children were not as involved in DPOs as they could have been—the reason is unclear, but it could be intimidation or disinterest. We recommend that these children are encouraged to join Children's Clubs, and DPOs can then connect with those clubs to ensure their needs are met and rights realised.



Member of a DPO proudly shows the disability certificate he was able to acquire through the CVA process.

## Recommendations

1. The DPOs need to be registered for legal identity and should include more persons with disabilities for more coverage and impact. They need to work closely with the other CVA groups to widen their networks for more opportunities and resources. This will help DPOs in networking and collaboration at district and state level, including partnering with other NGOs working with people with disabilities.
2. More capacity building of DPOs on state policies of disability services will enhance awareness of their rights and entitlements and allow for identification of gaps and advocacy to fill those gaps. This will enable DPOs to show linkages between the local issues and national policies.
3. Children Clubs should be inclusive and should be gender sensitive as well as include children with disabilities. Ultimately, all children in a community should be members of the local children's club.
4. Skill building initiatives should be available for people with disabilities to enhance their earning capacity and make them self-reliant. While they can usually claim stipends once they acquire a disability certificate, the amount is not sufficient for living, and other income is necessary.

## Conclusion

The CVA process facilitated the establishment of DPOs in 15 areas of India, which are helping persons with disabilities to realise and fight for their rights and entitlements. Some of these DPOs have legally registered, which will lead to sustainability—the others need to do so as well. They are successfully facilitating acquisition of disability certificates for their members and access to stipends for housing, transportation, education, and other services. This project saw increased participation of people with disabilities in the development process of their communities as well as communities fighting for and including their most vulnerable members. World Vision India is planning to scale up the CVA concept to other projects working with people with disabilities in other states.

## SOUTH SUDAN: Engaging communities through social accountability improves access to quality education for vulnerable children in fragile contexts

|               |  |
|---------------|--|
| Project       | Social Accountability and Child Protection Project   |
| Sector        | Education  |
| Timeframe     | October 2011-March 2015                              |
| Beneficiaries | 24,630 Children (boys and girls)                     |
| Location      | Tambura County, Western Equatoria State, South Sudan |
| Outcome       | Increased protection of vulnerable children          |
| Approach      | Empowering communities                               |

### Context

The population of Western Equatoria State (WES), South Sudan, endured a 21-year armed conflict, cross-border attacks from the Lord’s Resistance Army insurgency, and an influx of at least 11,257 refugees from DRC in addition to 63,960<sup>12</sup> internally displaced people in 2008 alone. Although it is the most stable state in the country, the education and health services remain under serious strain. Like the rest of the counties in WES, Tambura’s health and education indicators are close to crisis levels. Key drivers include the enduring legacy of conflict and insecurity, financial constraints, dilapidated or non-existent education infrastructures, inadequate numbers of qualified teachers, harmful cultural practices, and low and irregular pay for existing government workers.

In Tambura County, only 44 per cent of children are enrolled in primary school, and primary education completion is very low at 10 per cent.<sup>13</sup> Parents and students see little value in attending classes due to poor access to education and low quality of learning environments in schools. Girls in particular have very poor engagement in education—37 per cent of girls aged 6-13 years attend school, and just 6.2 per cent complete primary education. This is largely a result of harmful cultural practices including child marriage, early pregnancy, and poor facilities to manage menstruation at school.

The DFID-funded “Social Accountability and Child Protection” project was initially piloted in four Bomas,<sup>14</sup> aiming to improve access to quality health and education services for communities and vulnerable children in Tambura County. The advocacy has since expanded to six Bomas covering nine primary schools after a one-year extension (April 2014-March 2015). CVA in Tambura is

12. OCHA Gaps Analysis For Emergency Response For Populations Affected By LRA And Inter-Tribal Conflict in Western And Central Equatoria States, 21st October 2009

13. Tambura ARP baseline assessment report

14. This is the lowest administrative unit in South Sudan and comprised of villages. The levels are: national, state, county, payams, bomas.

carried out in a fragile context in which the principal duty bearer (government) has little to no capacity for basic service delivery among competing demands. Citizens and other stakeholders find themselves going beyond the traditional demand for accountability to frequently making material contributions for critically needed service interventions.

## Activities

Over the last three years, communities, through CVA, led a number of initiatives that directly and positively improved the performance of learners at Renzi primary school. A 30-member CVA committee was mobilised from the diverse community representation at the school shortly after project inception. After training on CVA methodology and local advocacy, the committee spearheaded the community gathering process through which needs were identified with score cards and prioritised. Action plans were produced for stakeholder action. Monitoring of the action plan was the responsibility of the CVA committee. As per the developed action plan, the CVA committee embarked on leading the re-establishment of a parents and teachers association (PTA) for the school. The PTA (which included CVA members) was trained on its role and mandated by school stakeholders to lead the school development. The PTA-CVA partnership then led the school in developing and adopting comprehensive bylaws,<sup>15</sup> which greatly streamlined school management, addressed teachers' professional conduct, promoted parental participation, and reined in student misbehaviour. The bylaws were adopted at a general meeting comprised of parents, teachers, pupils, local government leaders, and the county education office. More importantly, the by-laws were officially adopted by the County Education Department for use by all primary schools in Tambura County.

In response to financial constraints from the local government, the PTA regularly mobilised the community to make voluntary contributions towards addressing urgent school needs such as employment of part-time teachers, construction of toilets, and water harvesting and storage facilities. Pursuant to their mandate, the PTA also ensured quarterly feedback to parents, including financial accountability to ensure funds raised were used properly. The CVA committee continuously monitored the implementation of the action plan, following up on stakeholder commitments and liaising with county government to ensure compliance from teachers and parents. They mobilised parents every January to enrol children in school and lobbied for fee exemptions for orphans as per the laws of South Sudan. The PTA/CVA lobbied and obtained membership in the County Education Disbursement Board, a body charged with disbursing all education materials received from the state government to individual primary schools, a move that effectively reduced diversions of these resources and increased accountability.

The issues of early sexual debut and pregnancies were targeted through school-based reproductive health education by local community health workers. With the help of World Vision, four key policy documents<sup>16</sup> were simplified and translated into local Zande language to enable wider sensitisation of rights, entitlements and roles of various education stakeholders in the County.

<sup>15</sup> The bylaws were not necessarily new, but policies buried in government documents are not accessible or user friendly to all. The locally developed laws were accepted and understood by all, thus widely applicable.

<sup>16</sup> The South Sudan Education Act 2008; The South Sudan Handbook for School Inspection; Guidelines for training of PTA/SMCs; and The South Sudan Teachers Code of Professional Conduct.

## Results

As a consequence of these concerted efforts, Renzi primary school has experienced a **766 per cent increase in enrolment rates from 2012-2014**. More pupils are transitioning to secondary school, implying both improved retention and quality learning. The number of pupils who sit national examinations has steadily increased since 2011 as has the **percentage of students passing— from 51 per cent in 2011 to 82 per cent in 2013**. **Pregnancy related dropouts reduced by almost 86 per cent** in one year, leading to a higher participation of girls in the basic education system.

Parental participation has increased, resulting in closer monitoring of students and teachers. The by-laws imposed stiffer penalties for absentee parents, encouraging them to attend PTA meetings, take part in decision making, and provide volunteer labour whenever necessary. Discipline of students has improved due to parental involvement, resulting in fewer cases of pupils being sent home for disciplinary reasons, giving the learners' more time to do school work.

These collective actions contributed significantly to improved school performance in national examinations over the last three years, culminating in **Renzi primary being ranked first in the state in 2013 (moving up from position 7 in 2011)**.

The two top pupils from the state (the first being female) also hailed from Renzi primary school. Because of their exemplary performance, the state governor visited the school for encouragement and they have hosted three schools from the wider WES state for experience sharing and exchange of ideas. Because of the CVA process, members of the PTA now enjoy an improved relationship with the county education departments, and the community in general is able to effectively engage their local leaders on the county education agenda.

- student pass rate increased from 51 to 82 per cent
- pregnancy related dropouts reduced by 86 per cent
- 766 per cent increase in enrollment

Further evidence of CVA's effectiveness and expansion possibilities include the fact that when CVA expanded in 2014 to cover a total of eight public facilities, **nine more facilities voluntarily adopted the methodology**, requesting only technical support.

## Challenges and solutions

The major challenge was the funding constraints for the education sector by the Ministry of Education, which means local government cannot respond to the needs identified by communities and other stakeholders through CVA. The PTA's solution was to mobilise communities and other non-state actors in responding to critical needs within the school. School inspectors, supervisors, the PTA, and even the teachers have all been trained as part of capacity building for service providers after it became apparent the local government was unable to effectively carry out their mandates.

Lack of trust in their own local government made communities indifferent to engaging the government, preferring to address their needs with NGOs, which they perceive to be more responsive. Continuous sensitisation on this matter has had and continues to have positive impact.

## Recommendations

1. Being community-based, it is important to have the community at the forefront of this initiative. To this end, continuous engagement is vital, as any prolonged break with this process on the part of the community can erase any gains made. The project staff should design an engaging itinerary for the community leadership, taking into account their other duties and important seasons (planting, celebrations) when they need to be away.
2. CVA is about the use of information that normally would not be available to or known by communities. The only way to guarantee long-term access to this information for purposes of monitoring is to have representation at some of the forums (e.g., PTAs and School Management Committees) and mobilised public participation in county level open forums such as the County Education stakeholder management committee. Some of these can be established through the influence of civil society organisations operating in the county since partnership networks are vital for county level advocacy.
3. In order to ensure sustainability, a pool of local CVA facilitators must be trained to be well versed in CVA and advocacy concepts so they can expand the approach. These facilitators would also be useful during interpersonal lobbying with local government or community interest groups. Both the supply (service providers) and demand side (citizens) should be targeted with capacity building on their mandates based on the available/respective legal framework for service provision. The CVA facilitators would be particularly useful change agents when mentored into advocacy champions.

## Conclusion

CVA is a valuable tool for spearheading bottom-up advocacy work in a fragile context community. It enhances programme sustainability and promotes child participation. As the PPA project nears its end in March 2015, a community-based organisation, ANIWASA (We are Active) was founded and registered to carry on the work of social accountability in Tambura County. At its inauguration in December 2014, the county commissioner challenged the new organisation to replicate the success of Renzi primary school across the county.



Women in Tambura County fill out a score card together to assess services in their community during the CVA process.

## UGANDA: Collaborative action changes health policy

leveraging collaborative action

|               |  |
|---------------|--|
| Project       | PPA CVA project                            |
| Sector        | Health                                     |
| Timeframe     | October 2011-September 2015                |
| Beneficiaries | 80,000                                     |
| Location      | Kiboga District, Uganda                    |
| Outcome       | Improved maternal newborn and child health |
| Approach      | National linkages/policy changes           |

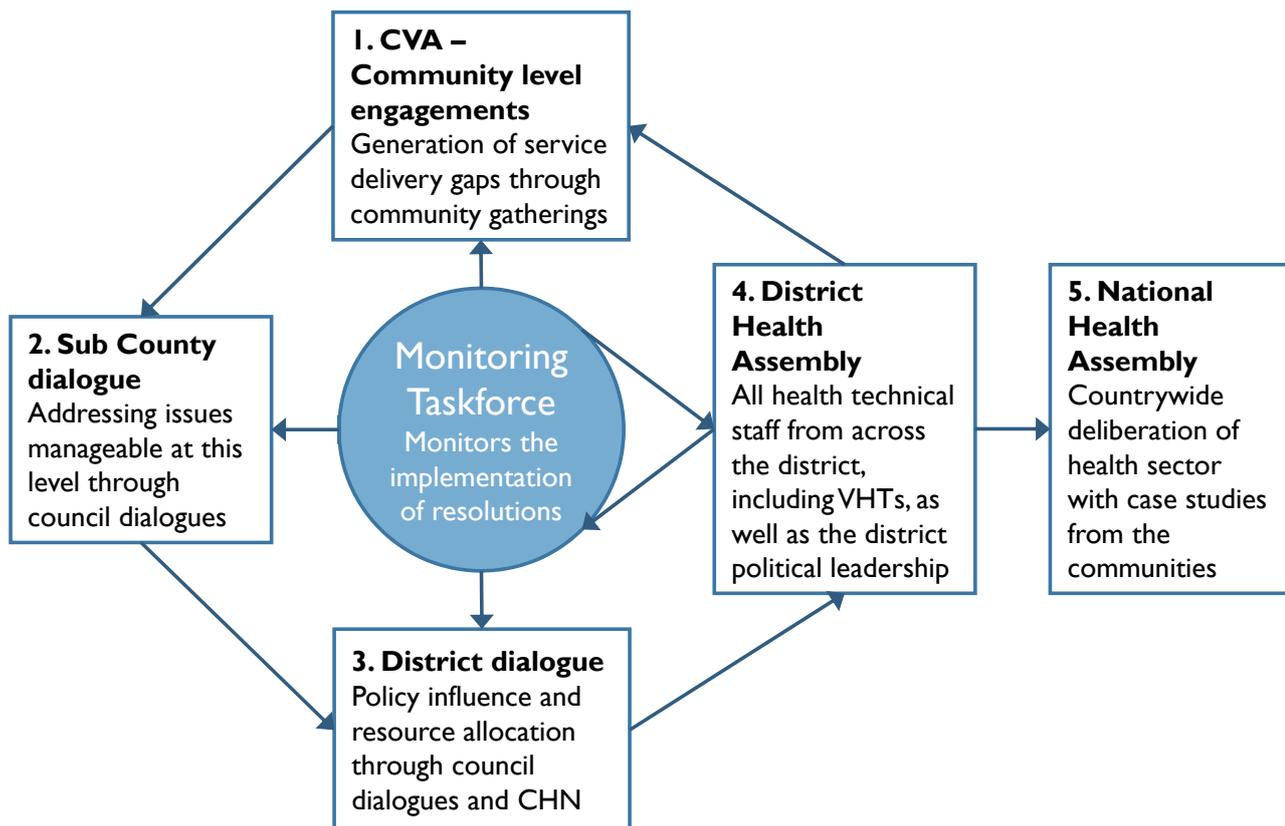
### Context

The Social Accountability Project in Kiboga District, Uganda, uses the local level advocacy methodology Citizen Voice and Action (CVA) to help communities realise their rights and increase capacities to engage with the government and other significant development actors in a way that promotes dialogue focused on health services. With the primary sectoral focus on maternal, newborn and child health (MNCH), the project partners with the Kiboga District Health Directorate to work towards improvement of health service delivery alongside other stakeholders in the district such as civil society organisations (CSOs) and community members.

The majority of the diseases that affected and subsequently led to the death of vulnerable groups, especially mothers, were preventable diseases contracted at the household level. Kiboga District has a total of 21 public health facilities, among which 11 are Health Center (HC) III, seven are HCII, one is HCIV, and one is a hospital. The disease burden in the district at inception of this program was mainly due to the high malaria prevalence rates, which stood at 38 per cent for children under 5, and the maternal mortality and child mortality rates, which were 342/100,000 and 20/1000, respectively. The Public Health Act of Uganda is so antiquated that it cannot be used to address these challenges, especially those at household level.

### Activities

In Kiboga, a number of advocacy engagements were held at the community level through CVA community gatherings, sub-county and district council dialogues. However, health service providers, notably the medical workers, did not have a platform from which they could respond to the problems identified at the community level. All challenges identified during the dialogues were addressed to political leadership, who would then direct the technical leadership to improve the performance, without input from providers. A Health Assembly was organised as a platform to facilitate the triangulation of ideas from the political and technical heads in the district with voices from the service providers and users (see graphic).



From views shared at the CVA community gatherings and the Health Assembly, it was evident that there was need for a regulatory instrument to mitigate noted health issues, especially concerning sanitation and preventable diseases at the household level.

**Child Health Now Campaign:** Community members, health implementing partners and all coalitions gathered to sign petitions and deliberate on aspects of efficient health service delivery. The event was also used to show cause for prior advocacy and presentation of evidence already gathered.

**District Dialogue and Adoption:** CSOs and other actors, including the communities, interfaced with Kiboga district leadership to talk about issues identified that affect service delivery. At the interface meeting, a statement was adopted as a district document and a resolution was drawn out to enact legislation that would address the identified gaps. This was referred to the social services committee for consultation and to engage the various stakeholders.

**1st Council Meeting:** After the first draft was drawn, in collaboration with the District Speaker and the District Executive Committee, a Council meeting was held, and recommendations as well as input into the draft bill were made. It was sent back to the Committee of Social Services for input of the suggested inclusions into the ordinance.

In one of the gatherings, a community member said “However much you talk to the people at the District, as long as there is no law which, for instance, compels people to have a latrine constructed at their respective homes, we are wasting time.” The thunderous applause with which the statement was welcomed spelt an urgent need driven by the community for such a law.

Community sensitisation on the draft: The respective political leaders at the district were then responsible for accounting to and sensitising their communities about the forthcoming legislation, and equally made an input.

2nd and 3rd reading: Following the input and corrections as identified and recommended by the first council reading of the bill, the draft was ready for the second and third reading which was done in July 2013. Subsequent passing of the ordinance was done the same day.

### Results<sup>17</sup>

The ordinance has contributed to curtailing of moderate malnutrition levels in the district through its provisions that prohibit the sale of food stuffs that are locally grown such as maize, beans, cassava and Irish potatoes among others by all households. Over 60 per cent of the households would sell the majority of their produce during the harvest season for money, which left their families with inadequate nourishment. **Malnutrition is recorded to have come down from 12 per cent to 4.8 per cent one year after its passing.**

There has been a **reduction in infection of malaria from 13 per cent to 6 per cent** among children and mothers as a result of enforcing the mandatory ordinance of sleeping under a mosquito net and having a latrine and garbage disposing pits for each household.

- malnutrition decreased from 12 to 4.8 per cent
- malaria rate decreased from 13 to 6 per cent
- diarrheal infections decreased from 18 to 11 per cent

The Public Health and Sanitation ordinance has led to reduction of waterborne disease courtesy of the strict measures that the ordinance has put in place in regard to protecting water sources from contamination through such acts as drawing water using dirty jerry cans, saucepans, as well as feeding animals from the same water source. **Diarrheal infections reduced from 18 per cent to 11 per cent** in the first year of the ordinance implementation.

The ordinance equally ensured more engaged participation of men in the reproductive health of their wives as it compelled their participation in the antenatal visits of their wives.

### Challenges and Solutions

Non-compliance with the ordinance. There is continued selling of domestically produced food stuffs at the expense of vulnerable community members. This has been addressed by putting in place a very strict surveillance system by the district production team and community development officers that ensures that the sale of food stuffs is only done under permitted circumstances such as availability of enough food in store for at least three months.

Non-enforcement of the ordinance. There is equally some unwillingness by the local politicians and law enforcement to apprehend violators of the ordinance provisions. This has been overcome by setting up local courts from the village to the sub county level where such are tried.

17. Results based on District HMIS data for 2014 and the project outcome monitoring data.

## Recommendations

1. Take time to establish strong relationships with the community. Working with and responding to community members requires a great deal of patience in terms of time and expectation of feedback. They play a big role in generating evidence for ordinance legislation; therefore, working effectively and closely establishing a good relationship with the local leaders and other players must be prioritised. The District Health Inspector of Kiboga confirmed this when he highlighted “If we held assemblies like these on an annual basis, the majority of the health problems in the district would be no more. The best output of this activity is that it does provide a platform for all players in the sector right from the community health worker up to the highest level—the district hospital.”
2. Be flexible with timelines. When coming up with targets, especially those that relate to policy influence, it is recommended that these are not tightly pegged to timelines because the interests of the local community and its leadership may not be policy legislation but practice changes.
3. Form effective collaborations. There is need to improve interagency coordination as health reform legislations require effective collaborations amongst key stakeholders that serve minority populations to address health disparities. One organisation alone cannot be effective.
4. Conduct health impact assessments to measure impact. In such cases where changes created by policy reform need to be known, it is necessary to ascertain their impact by conducting health impact assessments. This helps to ascertain who to attribute changes to and determines the impact of policies and policy changes on the health of communities such as Kiboga.

## Conclusion

Collaborative action through CVA by community members, CSOs, NGOs, government, and the health directorate can influence the regulatory framework to effect real change in communities. Kiboga District experienced a reduction in diarrheal and malaria infections and general malnutrition in the first year of the public health and sanitation ordinance that was created due to their advocacy. Sustaining these achievements calls for strengthening a unified collaboration of all the partners and other significant actors in further implementation and reflection on the effectiveness of the ordinance.



Community members indicate their level of satisfaction with health services in Kiboga, Uganda.

## BOLIVIA: Engagement of civil society for effective and sustainable social accountability

|               |   |
|---------------|---|
| Project       | Project for the Social Accreditation of Quality Services (PASCAL)                               |
| Sector        | Health, Child Protection  |
| Timeframe     | October 2011-May 2014   |
| Beneficiaries | 3,112 women and 2,495 boys/girls from Tacopaya<br>2,216 women and 1,586 boys/girls from Bolivar |
| Location      | Department of Cochabamba, Bolivar and Tacopaya Municipalities, Bolivia                          |
| Outcome       | Increased protection of vulnerable children   |
| Approach      | Dialogue with local government/service providers  |

### Context

Socioeconomic and cultural problems that beset Bolivia, despite the efforts that have been made in recent years, are shedding light on the problems besetting rural populations, such as lack of basic services, access to education, health, protection, and food production. There is a vast difference in most cases between rural and urban services, which is contributing to the migration of rural populations to cities.

Tacopaya is one of the poorest municipalities in the country, and there is a marked deficiency in access to basic services such as clean water, electricity and sewage. In addition, poor infrastructure, particularly during the rainy season, makes it difficult for community members to travel to access services elsewhere. Bolivar, like Tacopaya, is one of the poorest municipalities in Bolivia. In this area there is a high infant mortality rate, and access to quality services in health, education and protection are highly deficient.

In this context, World Vision Bolivia, through its area development programmes (ADPs), did a baseline study focused on social issues such as health and the protection of children to help design the Social Accreditation for Quality of Services project (PASCAL), which includes WV's social accountability approach, Citizen Voice and Action (CVA).

Vigilance Committees (CVs) are civil society organisations in Bolivar and Tacopaya that have an oversight responsibility in the communities, but their roles can be convoluted so the baseline explored their authority. They are committed to surveillance of health and protection services and establishment of action plans for improvement. In addition, women networks, youth, and ADPs are linked to actors in monitoring and influencing public policies to improve the quality of health services and protection.

The new Constitution states that “the sovereign people, through civil society organisations, should participate in the design of public policies.” In addition, it states there is “public participation and monitoring of the quality of public services.” However, in Bolivar and Tacopaya, there is a weakness in the CVs as they are ignorant of the law and the rights that children and women have concerning quality of health services and protection.

PASCAL strived to build the knowledge and understanding of the CVs in addition to building capacity of other CSOs, including networks of women and children/youth, to understand and exercise their rights and influence public policies to improve the quality of health and protection services.

## Activities

Within the CVA process, coordination and interaction with different existing social organisations in the municipalities were crucial to the project’s progress. One of the first actions of the project was to do a thorough analysis of context, including infant mortality indicators, the quality of education, and child protection systems.

Following the baseline, there was a process of information dissemination and training for the formal institutions (local governments), CVs and other CSOs, and community leaders with which PASCAL works. Social and institutional structures were then formed to be responsible for promoting and developing social accreditation of the quality of services, and citizen evaluation exercises were created to generate recommendations and improvement plans with the authorities, especially in health and child protection services.

**Children’s CSOs:** PASCAL emphasised the capacity strengthening of children and youth networks through training and information workshops to enable them to have a bearing on authorities and public servants’ decisions on matters related to their rights. Dialogue with the authorities of the municipal council was encouraged for the creation of the Municipal Commission for Children and Adolescents. In Tacopaya, the Network of Children and Adolescents participated in an analysis of the health care situation along with local health authorities.

**Women’s CSOs:** Women’s participation has been high in community meetings, town councils and summit meetings. They were trained and informed on various topics such as regulations for the protection of women (Las 348), the Constitution and the Law of Participation and Social Control, regulations that were recently enacted and greatly favour women and communities. See text box for example.

### Role of Women’s CSOs Vital in Child Protection

At the end of FY13, staff of the protective service offices, municipal authorities and community leaders were reflecting on organisational structures and social spaces for child protection. A leader of the women’s organisation “Bartolina Sisa” proposed her contribution to create a Secretariat for Child Protection within the framework of that organisation. The idea was well received, especially because it does not break the logical structure of the communities.

## Results

**Children and Youth CSOs established and officially recognised by government:** Children and adolescents' networks are more critical and participatory due to the CVA process—they know and differentiate health, protection and education services in the municipalities. Children are organised into networks in both Bolivar and Tacopaya, and they have been officially recognised by their municipal governments as active actors in the territory. They meet regularly once a month in order to analyse their concerns and matters that affect them.

**Increased access to local government representatives:** The Municipal Ombudsman of Children and Adolescents (DMNA) is now operating in the territory of the municipalities, rather than from the capital of the department, so they are much more involved in the everyday lives of the communities. The operating budgets and number of personnel increased for the DMNAs, as the communities advocated for better/more services. In addition, both Bolivar and Tacopaya have a Municipal Commission on Children and Adolescents in their communities now.

**Improved coordination between local government bodies:** In Bolivar, the DMNA works in a multi-purpose building that was built to also house the Woman's Legal Office and police. This facilitates cooperation and coordination at the local government level as these bodies are now in physical proximity to each other.

**Access to health services improved:** A health center, with high quality standards, was built in both municipalities so community members no longer have to worry about traveling long distances or being unable to access health care during the rainy season.

## Challenges and solutions

Working in a context of highly dispersed communities generated difficulties in the beginning of the project. Rural communities in Bolivia are highly dispersed, with poorly constructed roads and few travel options, which led to slow progress initially.

Learning processes in the communities demanded more time than expected. Due to educational limitations, such as illiteracy and a language gap, the project needed to take more time than originally planned to walk communities through the CVA process. The PASCAL project coordinator fortunately was familiar with rural dialogue and greatly helped shepherd the process along.

Authorities were unexpectedly ignorant of regulations. When PASCAL started, the team assumed that the authorities knew the regulations, but in the CVA process realised that was not the case. The project socialised some of these regulations as they were confusing and authorities were making decisions that were not conducive to the welfare of children. While the difficulties being experienced by municipal autonomous governments are complex, with knowledge gaps that include laws and regulations, PASCAL encourages authorities to be up to date with regulations concerning child protection.

## Recommendations

1. **Engage local authorities:** It is essential to engage local authorities in the information and training processes since they make decisions (in the absence of information no adequate decisions are made). It is important that public servants are informed and trained on quality standards, good treatment and public policies. This allows them to shift attitudes and improve the quality of rendered services. They become strategic allies at the time of influencing policies.
2. **Speak the native language:** This is crucial in the interaction and communication between the technical team and the communities to instil confidence and clarity when spreading the message in the training and information processes, and to enable coordination. Having a member of the team who is familiar with regional dialects and literacy levels will facilitate smooth communication and mitigate unrealistic expectations.
3. **Know and respect schedules:** It is important to know and respect the schedules of decision-makers, authorities, leaders of social organisations, and representatives of the networks of children and youth. It builds a strong relationship with them and ensures high participation throughout the CVA process.
4. **Be accountable, clear, and transparent:** NGOs must always be clear and transparent with the communities; the contrary may cause distrust and/or disinterest. This includes not offering what is impossible to deliver. We must not only require authorities and community leaders to be accountable—leading by example is also important. The project should be held accountable in decision-making spaces (councils, community meetings, assemblies, etc.) and allow debate so that everyone knows its work and scope.

## Conclusion

Engaging CSOs, particularly those focused on women and children/youth, can exponentially increase the sustainability of CVA's effects by creating ownership at the community level. In addition, these groups improve the effectiveness of social accountability by accessing marginalised members of communities whose voices are not always heard or valued. In Bolivar and Tacopaya, women's and children/youth's CSOs were empowered by the CVA process and were able to bring about improvements in health and child protection services such as increased personnel, construction of a health center, and increased operating budget in both municipalities.

Women and children CSOs participate in the CVA process in Bolivia, rating services against standards in their communities.





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