



Sanctions, Rewards and Learning

Enforcing democratic accountability in the delivery of health,
education, and water, sanitation and hygiene

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Executive summary

This Discussion Paper identifies and documents how mechanisms such as sanctions, rewards and learning can improve democratic accountability in service delivery around the world. It focuses on three critical public service sectors: health, education, and water, sanitation and hygiene (WASH). This literature review extends the agenda of International IDEA's Democracy and Development Programme to map out and examine the workings of accountability through democratic means. It analyses the various ways political actors articulate demands, negotiate terms and implement effective service delivery arrangements through sanctions, rewards and learning worldwide. These mechanisms comprise the application of principles such as inclusive participation, openness and transparency as key requirements for democratic accountability.

The main body of the paper discusses how these social and political mechanisms of sanctions, rewards and learning improve democratic accountability in service delivery in diverse socio-political contexts. Drawing from extant academic and policy-oriented literatures, it outlines the challenges of pursuing accountability given the advent of decentralization and other governance reforms and the difficulties faced by countries at different levels of economic and political development. This part also examines the problems associated with enforcing accountability in the provision of health, education and WASH services. Unlike other service sectors, the identified services simultaneously operate at multiple levels of governance and are often supported by international aid programmes. Health and education also entail long-term investments that might complicate democratic accountability.

The Annex serves as the empirical backbone of the paper. It provides a detailed review of 16 case studies in which citizens, civil society groups, politicians, bureaucrats and other claim holders have successfully sanctioned or incentivized duty bearers such as governments and service providers.¹ It also discusses how these case studies highlight forms of learning and awareness raising on human rights associated with demanding accountability for inclusive service delivery—particularly groups facing widespread discrimination and marginalization.

The paper concludes that successful democratic accountability in service delivery depends on the presence of functioning institutions, longer time horizons and the ability to tap into the power of collective action. It makes policy recommendations such as more in-depth case study research, a focus on empowering constituencies for accountability, mobilizing resources to establish global networks of accountability advocates, and utilizing old and new media platforms to disseminate best accountability practices.

¹ These case studies come from the following countries: Bangladesh, Brazil, Ethiopia, Guatemala, India, Iraq, Italy, Kenya, Malawi, Mexico, Norway, the Philippines, Spain, Tanzania, Uganda and the United States.

1. Introduction

One of the projects of International IDEA's Democracy and Development programme is to identify, document and map the various ways in which democratic accountability mechanisms can generate better service delivery outcomes. Effective service provision entails the efficient and effective provision of public services, but also giving citizens and groups within society—regardless of gender, religion, age, sexual orientation, ethnicity or class—the opportunity to participate in the relevant decision-making processes. This stems from the belief that accountability in governance practices is guided by principles such as openness, transparency, responsiveness and popular participation. International IDEA firmly believes that democratic accountability is vital for the sustainable and inclusive delivery of services, as well as overall development in the long term.

This paper reviews the literature on the social and political mechanisms of sanctions, rewards and/or learning through which democratic accountability is primarily realized with regard to the delivery of public services.² It builds on International IDEA's current set of knowledge resources on this topic. An assessment framework was recently developed to support scholars, civil society organizations and local-level actors from across the political spectrum to apply democratic accountability mechanisms to assess the performance of government officials, civil servants and service providers (International IDEA 2014).³ Prior to this, a desk review provided insights into the different democratic accountability modalities that are linked to improved service delivery (Mejía Acosta, Joshi and Ramshaw 2013). This review highlighted the lack of attention given to incentives for government officials, and to ways of enforcing credible sanctions or bestowing rewards to institutions and decision makers and service providers. It also found that the dynamics and challenges associated with accountability relationships are partly determined by sector-specific factors. Governance specialists have noted the lack of comparative impact assessments of the ways in which accountability is implemented in service delivery (Joshi 2013).

In response to these findings, this paper reviews the academic and policy literature that emphasizes the role of sanctions, rewards and learning in generating democratic accountability in three service sectors: health, education and water, sanitation and hygiene (WASH). Chapter 2 discusses the various approaches, levels, locations, contexts and actors relevant to the pursuit of democratic accountability through the three mechanisms. This chapter also enumerates several reputational costs, political incentives and learning opportunities for political actors engaged in accountability relationships. Chapter 3 shifts the discussion to three social services and the challenges of improving

2 These are considered primary mechanisms of democratic accountability; other such mechanisms may also exist.

3 International IDEA also published a synthesis paper of several case studies on democratic accountability and service delivery (Jelmin 2012). The cases can be found online at <<http://www.idea.int/development/country-experiences-a-sample-of-cases-on-democratic-accountability.cfm>>.

accountability in their provision of these services. It identifies the challenges faced in accountability initiatives in health, education and WASH. Chapter 4 examines select cases in which officials were held accountable for the delivery of public services. These cases are analysed according to the specific social and political mechanism that drove the pursuit of accountability, its level of success, potential for sustainability, and whether it was carried out through a democratic, participatory and inclusive process. Chapter 5 provides some conclusions and policy recommendations.

2. Mechanisms of democratic accountability in service delivery

Scholars and practitioners alike noted the close linkage between effective accountability and service delivery (Jelmin 2012; Lynch et al. 2013). However, this relationship is often complex, indirect, multifarious and difficult to observe. It becomes even more complicated if democracy is added to the mix, since accountability could theoretically be exercised even in repressive and autocratic political settings (Schedler 2013; Svobik 2012).⁴ The critical difference between accountability in a democratic vs autocratic system, however, lies in the belief that the interface between democracy and accountability in service provision offers the highest possible standard of government performance to the people (Keefer 2007). When public officials are held accountable through democratic principles, service provision is more likely to be faster, better, fairer, more inclusive and sustainable (International IDEA 2014).

International IDEA has identified four dimensions of democratic accountability:

1. *Standards*: definition of the rules;
2. *Answerability*: the duty to explain and justify decisions;
3. *Responsiveness*: the duty to consult people or their representatives; and
4. *Enforceability*: formal and informal consequences that duty bearers may face for their actions, such as sanctions or rewards (International IDEA 2014; Mejía Acosta, Joshi and Ramshaw 2013).

The success of any initiative embarked on by democratic actors can be gauged based on the extent to which it adheres to these dimensions. The complexity of accountability relationships is partly due to the involvement of two overlapping sets of actors: duty bearers are 'elected or unelected officials or private-sector service providers with the power and responsibility to fulfil a mandate and a duty to explain and justify their actions', while claim holders are citizens, civil society groups or representative institutions 'with the right or the mandate to check on and question duty bearers, pass judgments on them, and impose necessary consequences when required' (International IDEA 2014: 18).

⁴ The appearance of subjecting themselves to accountability mechanisms is a strategy often employed by non-democratic regimes (Schedler 2002).

Is better service provision the sole basis for pursuing democratic accountability? This paper accepts the consequentialist logic that underpins this relationship. However, it must also be understood that it is not only the goals of efficiency and effectiveness that should guide service delivery. Accountability through democratic means also provides guarantees that the most vulnerable groups in society and those discriminated on the basis of identity, age, income, disability, power and sexual orientation can claim their human rights to health, education, water and other public services on the same basis as other citizens. Therefore democratic accountability not only involves popular control over decision-making; it also means ensuring inclusiveness in the entire process, with safeguards that marginalized and disempowered groups are given equal access, opportunities and resources to voice their demands and participate in holding those in power to account (Mansuri and Rao 2013). Accountability should not only be appreciated because it leads to more efficient services. It must be pursued for its own sake as an exercise in active and social citizenship (Gaventa and Barrett 2012).

Table 2.1. Types of democratic accountability mechanisms: sanctions, rewards and learning

Mechanism	Legal	Political	Social
Sanctions	Censure, dismissal, indictment, conviction	Electoral processes and negative election results, voting out of office	Bad reputation, loss of credibility
Rewards	Promotion, monetary incentives such as commissions or bonuses	Re-election, reappointment, renewal of contracts	Good reputation, increase in credibility
Learning	Legislative overhaul based on lessons learned from long-term political projects, reviews of compliance with current legislation	Knowledge about process and human rights	Citizenship, social cohesion

Table 2.1 describes various types of sanctions, rewards and learning as mechanisms of democratic accountability. The potential of democratic accountability to ensure the provision of public services in an efficient, effective and inclusive way is largely dependent on its ability to credibly enforce sanctions, generously generate rewards and effectively provide opportunities for learning. The remainder of this section discusses these three mechanisms in relation to the main debates as presented in the literature.

Sanctions: enforcing accountability

Sanctions are accountability mechanisms *par excellence*. The threat of punishment due to poor performance, abuse of discretion or other errant behaviour in delivering

public services. Holding duty bearers and regulators to account becomes a means of institutionalizing distrust over the exercise of power (O'Donnell 2003). The literature distinguishes between the complementary concepts of vertical and horizontal accountability. The former refers to a relationship between principals (i.e. citizens/the public) and agents (i.e. government officials) in which voters either punish or reward political leaders by casting their votes in elections (Adsera, Boix and Payne 2003). Horizontal accountability refers to the enforcement of sanctions between co-equal and independent branches of government based on the principles of checks, balances, oversight and self-restraint (O'Donnell 1998).⁵

Sanctions are considered to be the culmination of any accountability process that includes successful attempts to make duty bearers *answerable* for their past decisions and actions. When government officials and service providers are required to explain and justify their behaviour, it helps citizens and political institutions acquire the necessary information to decide whether to impose sanctions or not (Schedler 1999). The types of sanctions used depend on the standards and rules set when the accountability relationship and its mechanisms were established. They include *legal* (e.g. censure, dismissal, indictment, conviction), *political* (e.g. exit, withdrawal of vote) and *social* (e.g. loss of reputation, shaming) censures.

Scholars and advocates of accountability have stressed the limitations of these types of accountability, particularly their inability to enforce sanctions (Przeworski, Stokes and Manin 1999; Arugay 2005). In many democracies, social accountability has emerged as an informal type of accountability. This vertical, yet non-electoral, form of accountability revolves around the collective actions of various groups, often rooted in civil society. This bottom-up approach can exact huge reputational costs through social mobilization and demerging from this collective action could lead to the activation of political and legal accountability processes (Joshi 2008; Smulovitz and Peruzzotti 2000). The literature describes several factors that explain the sustainability of, and commitment to, pursuing social accountability, such as regular and symmetric information exchanges, the time and attention span of social actors, and a concrete action plan that involves legal–institutional venues for accountability (Ringold et al. 2012).

Sanctions have the leverage to deter wrongdoing only if the legal framework and institutions can credibly exact accountability by increasing the likelihood of public exposure and the costs to politicians if they are found guilty of violations (Joshi 2013). In many low- and middle-income countries, however, rules and standards of public service delivery are either non-existent or rarely implemented—especially in fragile, post-conflict and transitioning societies (Baird 2010; Carpenter, Slater and Mallett 2012). The reliance on Weberian approaches that privilege formal institutions do not necessarily work in fragile states or conflict-torn societies, where power has shifted away from the state to unofficial non-state actors. Without legitimacy, institutions will fail to exercise effective accountability, and the ability to enforce formal sanctions is weak. However, there is an increasing realization that informal institutions, often dismissed as undesirable, may act as substitutes for failing authority (Unsworth 2010). Thus, it is important to view accountability mechanisms as arrangements in which formal and informal elements can co-exist and complement each other during the process of

5 For a discussion of these mechanisms see Mejía Acosta et al. (2013: 6–9).

building public authority (Helmke and Levitsky 2006).

One major challenge is clearly identifying the lines of responsibility (Mutebi 2012). This is the major motivation for the decentralization reforms that have revolutionized governance for the past decades (Bardhan and Mookherjee 2006). Devolving responsibility for public services to lower levels of governance significantly shortens the distance between claim holders and duty bearers (Blair 2000). The policy package of reforms pushed by proponents of the new public management approach stressed the importance of the co-existence of the long route of accountability between elected representatives and citizens and the short route of accountability between users or clients and providers of public services (World Bank 2003). Based on public choice theory, this perspective advocated the pluralization of public services by allowing individuals, as consumers, to exact sanctions through *exit* strategies. Though largely successful in deconcentrating power and perhaps reducing inefficiency, there is debate over whether this approach has increased the voice of ordinary citizens and allowed them to engage in participatory processes (Yilmaz, Beris and Serrano-Berthet 2010).⁶

Yet decentralization and its impact on accountability depends on the socio-political context and dynamics between social groups and political institutions. Decentralized service provision does not necessarily foster more accountability or responsiveness to local needs. In situations with severe distributive conflicts within societies and multiple cross-cutting cleavages, decentralization could magnify existing grievances and perpetuate inequality through the selective delivery of services. Devolving power to the local level could allow elites to more easily capture resources and rents that should be allocated to public services (Mehrotra 2006). The case studies in the next section and the Annex demonstrate that a positive relationship between decentralization and accountability is contingent on the simultaneous implementation of other reforms designed to improve efficiency, equity and fiscal responsibility.

In sum, sanctions are vital mechanisms of democratic accountability. The threat of punishment for wrongdoing, inefficiency and abuse of power related to service provision encourages governments and service providers to adhere to agreed standards and requirements. In order to be effective, however, sanctions must be embedded within a clear legal framework understood and respected by all actors engaged in accountability relationships, and supported by a network of functioning institutions. This is a challenge in countries with varying political and economic contexts.

Rewards: inducing accountability

Rewards and incentives are identified as additional measures to influence actors' motivations, decisions and behaviour with regards to guaranteeing service delivery in a fair and equal manner. This realization has become more salient in governance reforms over the years as the threat of sanctions on its own has proven to be inadequate in guaranteeing the delivery of services (UNDP 2006). Elections as a vertical mechanism of accountability cannot be purely seen as a tool for sanctioning officials for poor service delivery. Those entrusted with the duty to safeguard the public interest can also be

6 For a more critical view on the impact of decentralization on efficiency and accountability see Mutebi (2012) and Robinson (2007).

nudged to deliver better services through appropriate incentives. After all, voting in a democracy, in theory, also provides the opportunity to reward excellent performance by re-electing a candidate, party or coalition. In addition to a political environment in which policy issues and incumbent performance are the driving forces behind electoral choices, voters should have adequate information on these matters in any given electoral cycle. Information about lines of responsibility for service delivery outcomes needs to be shared equally to all groups in society, especially to minority and marginalized groups. This in turn creates powerful incentives for politicians to build a credible reputation for inclusive and effective service provision, which they may use to help them retain their political positions (Keefer and Khemani 2005). It is questionable though, whether this set of dynamics is applicable to all kinds of public services. For example, targeted goods that are easy to implement in the short run (such as roads and water wells) might deliver more immediate electoral rewards to politicians than investment-intensive and highly transactional goods such as health care and primary education (Mani and Mukand 2007; Wild et al. 2012). This discrepancy will be discussed further below.

Such an incentive structure can fall apart if there is a lack of access to information, if institutions fail to allow long term planning for political actors or if incentives encourage elites to allocate services in a clientelistic manner.⁷ If politicians do not have the opportunity to build a reputation as a comprehensive and credible provider, they could be motivated to target specific groups instead (Bell 2011). Based on their calculations of political returns, they might also resort to allocating fast-turnover goods such as jobs for their constituents or contracts for favoured suppliers rather than providing public goods and services to all in a fair and equal manner (Booth 2011; Nelson 2007b). This is more relevant in contexts where widespread poverty and pervasive inequality significantly determine electoral outcomes. When politicians depend on low-income populations for their political careers, they are more disposed to provide tangible dole-outs and rather than public services that require long-term investment and could empower people to lift themselves from poverty such as universal health care and education (Mcloughlin and Batley 2012; Yazbeck 2009). Accordingly, democratic accountability suffers, since elections do not necessarily generate incentives for the government to appropriate far-sighted, effective and equitable service delivery. However, elections are not the only way to reward politicians for effective accountability. Their cyclical nature limits dynamic interaction between democratic actors to a specific timeframe, and privileges an individual pursuit of accountability. Democratic accountability should strive to balance elections with other mechanisms that focus on collective decision-making and deliberative group processes among communities (Arifeen et al. 2013).

Some scholars use a more political-economy oriented approach to understanding service delivery issues by analysing the context in which political leaders allow themselves to be accountable (Batley, McCourt and Mcloughlin 2012; Keefer and Khemani 2004). Instead of relying on uncoordinated actions of individual voters, elites mobilize their own networks when implementing public policies. These networks could potentially become supporters of accountability reform and could radically alter the dynamics between politicians, either during election campaigns or within policy processes. Instead of appealing to individuals, political actors could align with civil society groups or trade unions representing specific sectors. For example, some local leaders in Brazil

⁷ Examples are electoral institutions that help guarantee the competitiveness and certainty of electoral contests as well as bureaucratic institutions that safeguard the continuity of policy implementation.

opted to implement health and education programmes not purely based upon electoral incentives. Rather, the political decision makers saw these programs as capable of broadening social citizenship—a progressive goal they shared with social networks and civil society (Sugiyama 2008).

Efficient service providers that set up effective accountability practises could also be rewarded through material and technical incentives, for example contracts that link satisfactory and/or exceptional performance to renewal, promotion, pay increases and skills training. These rewards could be given to individuals or groups of service professionals. Such a rewards scheme may induce competition to deliver services at the local level (Nelson 2007a).

To summarize, different types of rewards are increasingly recognized as mechanisms of democratic accountability. As a more proactive approach to generating accountability, this strategy appeals to the interests of politicians or service providers, rather than threatening them with punishment for poor performance. In a rewards framework, actors will be willing to be held accountable since it generates incentives related to their careers, reputations and material well-being—and for private service contractors, the promise of profit and increase in income.

Learning: innovating accountability

Sanctions and rewards though are not the only social and political mechanisms of accountability. Effective accountability can also come from mutual learning among duty bearers and claim holders. The likelihood that an accountability relationship will improve through dialogue, adjustment and reciprocal arrangements is at the heart of the debate between adversarial and cooperative accountability. The concept of accountability through learning de-emphasizes the enforcement of punishment due to mistakes and the abuse of power. Rather, it stresses the importance of setting and clarifying mutual expectations and agreeing on a rubric to gauge performance. At the end of an assessment cycle, the relationship is reviewed, and possibly revised, based on lessons learned (Behn 2001; Day and Klein 1987).

This mechanism of ‘giving and receiving accounts’ becomes salient in service provision schemes, since it requires close interaction and mutual adjustment between recipients and providers (Martin 2006). Its proponents argue that traditional accountability concepts such as hierarchy, surveillance and blame attribution do not work well in a context in which free market competition failed to provide viable alternatives to clients of these services (Whitaker, Altman-Sauer and Henderson 2004).⁸ For accountability to work, it requires a degree of openness to the process of learning as well as substantial trust between political actors.

Accountability through learning employs the language of pragmatism, coordination, collaboration, pluralism and adaptation to specific circumstances. In essence, it views service delivery as a public value rather than a profit-making enterprise. While market-

8 The terms used by scholars to refer to service recipients to a certain extent reveal their perspective on service delivery. While more public-choice oriented scholars use the terms clients or consumers, those who view services as public rights refer to them as rights holders, claim holders or principals.

oriented approaches view claim holders as customers or users, advocates of the learning mechanism see them as citizens engaged in the coproduction of a public service with non-profit and voluntary organizations acting at arm's length from private service providers and the state (Joshi and Moore 2004; Ostrom 1996). According to this view, it is more likely that feedback will result in better services, since relevant stakeholders are involved in the entire process. An example is the adoption of ethical citizen charters that stressed principles like fairness, efficiency and good faith in local public service provision in Italy and Norway (Calabrò 2011).

Learning can also increase awareness of the collective rights of marginalized groups and minorities within the framework of participatory democracy. Social services such as health, education and WASH are seen less as consumer 'services' subject to market forces or needs defined and fulfilled by government. Rather, they are part of the overall set of human rights to be routinely claimed in the name of individual and societal welfare (Joshi and Houtzager 2012). Consequently, the demand for accountability in the provision of these services becomes a struggle for more inclusive citizenship. Learning thus entails mobilizing for accountability and finding common ground to build a more participatory and inclusive democracy.

To recap, learning is a relatively more novel mechanism that views accountability as a series of engagements between actors that is defined less by adversarial relations and more by developing mutually beneficial cooperation in service delivery. Another way of viewing accountability through learning is its ability to increase awareness of rights, particularly of minorities and marginalized groups of society. This is important especially in countries where governments have failed to provide social services, since accountability becomes a critical component of asserting citizen rights to health, education and basic public goods.

3. Accountability challenges in public services: health, education and WASH

Accountability came to the forefront of debates on service delivery in the 2004 World Development Report (WDR), *Making Services Work for the Poor*. The findings of this report highlighted that, despite market-friendly approaches, the provision of public services is fraught with many problems, given the lack of democratic accountability to ordinary citizens, particularly people living in poverty and marginalized groups of society. These problems included inadequate state resources, unfair and exclusionary practices, lack of information, corruption, lack of commitment and low-quality provision of services. The 2004 WDR concluded that these challenges can be effectively addressed by strengthening accountability relationships and adopting mutually acceptable mandates, expectations and responsibilities between the government, service providers and citizens under a democratic, inclusive and participatory framework.

There is global recognition that improving public services such as health, education and WASH is a critical component of reducing extreme poverty. Several of the UN Sustainable Development Goals (SDGs) explicitly refer to these three services. Table 3.1 summarizes the global data on these sectors from countries before and after the release of the 2004 WDR.

Low- and middle-income countries continue to struggle to provide public services, and the gap between them and higher-income countries continues to be wide. Although gains have been made over the past two decades, not all countries improved equitably. There has been some progress in low-income countries, but the standard of services delivered in countries with higher average incomes is still considerably better. However, this comparison does not preclude the fact that poverty is a complicated and multi-dimensional phenomenon, and the pursuit of democratic accountability is just one of many mechanisms that can be used to alleviate it. Yet the data demonstrate the need to strengthen mechanisms that can enhance the delivery of services in low- and middle-income countries.

Why is it difficult to hold providers accountable for the delivery of services related to health, education and WASH? Some scholars argue that provisions in health and education (social services) differ from WASH since social services translate goods that require huge investments in time, resources and collective effort. On the other hand, the provision of WASH is similar to infrastructure investments and other narrow targetable goods (Pande 2003). In other words, health and education are transaction-intensive services that require longer time horizons and sustained resource mobilization.

These conditions might not exist in political contexts where institutions are weak, societies are divided, public order is fragile and elites are unresponsive to popular

Table 3.1. Average indicators for health, education and WASH provision around the world

UN Sustainable Development Goal	Country					
	Low income		Middle income		High income	
	1994–2003	2004–2014	1994–2003	2004–2014	1994–2003	2004–2014
Goal 3: Ensure healthy lives and promote well-being for all at all ages						
Life expectancy at birth, total (years)	51	57	66	69	76	78
Mortality rate, infant (per 1,000 live births)	96	66	56	39	9	7
Immunization, measles (% of children aged 12–23 months)	53	71	73	82	90	93
Adolescent fertility rate (births per 1,000 women ages 15–19)	129	110	56	43	29	24
Maternal mortality ratio (modelled estimate, per 100,000 live births)	935	593	300	197	24	23
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all						
School enrolment, primary (% net)	55	76	84	90	95	96
Literacy rate, adult total (% of people aged 15 and above)	54	57	79	83	98	99
Primary completion rate, total (% of relevant age group)	43	62	83	93	95	98
Goal 6: Ensure availability and sustainable management of water and sanitation for all						
Improved water source (% of population with access)	50	60	80	88	98	99
Improved sanitation facilities (% of population with access)	19	25	51	60	95	96

Source: World Bank, World Development Indicators 2015, <<http://data.worldbank.org/data-catalog/world-development-indicators>>, accessed 16 December 2015

demands. Health and education have a profound impact on poverty reduction, since ‘access to education is the main route for escaping poverty, while lack of healthcare is one of the main reasons why households fall into poverty’ (IDS 2010: 35).

Political pressures to improve health and education are the most vulnerable to problems that undergird accountability such as a lack of information, segmented voting behaviour influenced by social cleavages and politicians’ inability to make credible promises (Keefer and Khemani 2004). They are also subject to electoral strategies like selective provision and a preference for targetable goods like jobs to their favoured constituents.

Box 3.1. Media as an information ‘conveyor belt’: the case of Uganda

Information campaigns that were part of a larger set of reforms in Uganda’s education and fiscal sector made the provision of education more accountable. The government decided to be transparent on the amount of funds they are releasing to schools and tapping media to disseminate the information was the critical innovative policy. According to Hubbard’s study (2007): ‘Each time the Ministry of Finance released money it informed the local media, and it also sent a poster to each school setting out what it should be getting . . . Now, instead of only 20 percent getting through to schools, 90 percent was getting through.’

Communities highly valued the significant increase in funding reaching their local schools. This transparency in information flow empowered the people to demand their right to access education, because the beneficiaries were now aware of how much money the schools should be receiving. The learning mechanism of accountability was at work in this case: citizens increased their ability to acquire, process and use information to make demands. Transparency also made the service provision more effective, since the government had to make sure that the amounts disbursed to schools were consistent with those publicly announced. Although the role of the media campaign is significant, the study warned that the results should be understood within the country’s larger social and political context. The increased attention to transparency was made possible because this accountability initiative is part of a larger set of reforms in the country’s education and fiscal sector.

Source: Hubbard, P., Putting the Power of Transparency in Context: Information’s Role in Reducing Corruption in Uganda’s Education Sector (Washington, DC: Center for Global Development, 2007)

Politicians prefer roads, food subsidies and other concrete public goods since they are easier to provide, highly visible to the public and can be directly attributed to them (Nelson 2007b; Wild et al. 2012). However, some politicians might prioritize education over infrastructure and other services, since it is the best means of reproducing their ideology and belief systems (Pritchett 2002).

Many people in lower-income countries are trapped in a vicious cycle of information deficit, especially in health and education provision (McLoughlin and Batley 2012; Kosack and Fung 2014). This problem can be addressed by improving the quality of education, since it will produce better-informed citizens who can voice demands for better services (Krishna 2007). But how can they engage in such practices when they receive inadequate and low-quality education? The literature identified the media as a means through which information deficits could be addressed, as seen in Benin and Uganda (Keefer and Khemani 2011; Hubbard 2007; and Box 3.1).

Yet the provision of WASH also has its own challenges. For example, it has received less global attention than health and education. Furthermore, the quality of access to WASH services may be selective and unequal. Richer areas might have more efficient and higher-quality services, while poor and marginalized areas often suffer from a lack of access and low-quality services. Thus, just like health and education, the unequal delivery of services related to WASH can reinforce pre-existing inequalities and power distributions in society (O’Keefe, Luthi and Kamara 2015). In fragile and conflict-affected states, the reliable provision of these services could help legitimise the government and its agenda, by increasing citizens’ satisfaction as well as by supporting regular interaction and communication between officials and citizens. Adversely,

discontent with their delivery could lead to the re-ignition or intensification of armed conflict (Baird 2010).

This chapter discussed the lingering challenges of ensuring access and good-quality services in the health, education and WASH sectors. While strides have been made since the release of the 2004 WDR, many countries, particularly poorer ones, continue to struggle to provide these services to all citizens. To a great extent, the slow progress stems from a lack of democratic accountability.

In summary, there are sector-specific reasons for the lack of accountability in the provision of health and education as compared to WASH, such as their universal nature and the relatively larger investments of resources and time required. Politicians, who are driven by electoral incentives but operate on shorter time horizons, are prone to overlook health and education priorities in favour of more targeted and clientelistic goods such as infrastructure and dole-out programmes.

4. Evaluating mechanisms of accountability: success, inclusiveness and sustainability

This chapter assesses specific country experiences in pushing for democratic accountability in service delivery related to health, education and WASH using the mechanisms of sanctions, rewards or learning.⁹ The survey of cases reveals interesting variation in outcomes, actors, contexts and relational dynamics. For this chapter, cases were chosen based on geographic representation and political contexts. Scholarly studies and policy-oriented literature such as project reports, impact assessment studies and documentation from interventions of international institutions were utilized to extract the relevant insights for these cases.

The cases are assessed on the basis of three criteria. The first is the extent to which the country was successful at exacting accountability using any of the three mechanisms. The second is whether the case had an open and inclusive process that involved all relevant stakeholders. Finally, they are evaluated based on whether the case is (or could potentially be) a sustainable accountability endeavour. In general, the cases offer rich qualitative evidence that balances context-specific lessons with comparable insights into how democratic accountability could be pursued through different mechanisms in these service sectors.

The cases display significant differences between and within countries, as well as in the mechanisms employed in the three sectors. They also vary considerably in outcomes, as different accountability arrangements may provide efficient services for only some parts of society. Some cases might result in democratic accountability, but the services provided may be of mediocre quality. Also, in some countries, efforts to improve accountability were met with only temporary success, which underscores the importance of institutionalizing these initiatives. Finally, the cases reveal the complementarity between formal and informal institutions, traditional and contemporary, and local and external sources of accountability in some countries (and their conflictive relationship in others). The case study evidence shows that effective democratic accountability and efficient service provision sometimes (but not always) go together (Gaventa and McGee 2013). Depending on the specific context and the deliberate actions of stakeholders, a focus on accountability might not necessarily lead to improved service provision. Likewise, services can also be delivered efficiently without an accountability framework.

⁹ These three mechanisms are by no means mutually exclusive. This paper focuses on case studies that highlight or best represent each of them.

Box 4.1. Complaints and responsiveness in Hyderabad's water sector

The Metropolitan Water Supply and Sewerage Board (Metro Water) in Hyderabad, India presents an example of a complaints mechanism resulting in improved service delivery. Metro Water reformed its organization as well as its customer service relations. Prior to these reforms, customers were highly dissatisfied with the company's services, as there were bottlenecks in addressing customer complaints in the repair of broken water and sewerage lines. In response, Metro Water provided hotlines where these complaints can be lodged. This proved efficient and effective, as bottlenecks in addressing complaints were reduced. Citizens no longer needed to file service complaints in person at the local facilitation office, and Metro Water personnel could easily be deployed to repair broken water and sewerage lines based on the information relayed through the hotlines.

The ability to sanction the bad performance of frontline workers was also transferred from local politicians to Metro Water's district managers. This resulted in better working and less politicized relationships between local politicians and the frontline, as well as stronger organizational cohesion within the company.

Sources: Caseley J., *Blocked Drains and Open Minds: Multiple Accountability Relationships and Improved Service Delivery Performance in an Indian City* (Sussex: Institute of Development Studies, 2003); Caseley, J., 'Multiple accountability relationships and improved service delivery performance in Hyderabad City, Southern India', *International Review of Administrative Sciences*, 72/4 (2006).

Sanctions

Sanctions cannot be an effective mechanism of accountability without accessible and reliable information. Government officials and service providers must be transparent and open for the chain of accountability to begin. In some cases, the availability of information itself could be enough: exposing wrongdoing or inefficiencies in service delivery could lay the groundwork for sanctions. African countries such as Malawi implemented the Public Expenditure Tracking Survey (PETS) for education spending. This 'follow the money' project publicized the perceptions of ordinary citizens regarding how funds are spent on education facilities and teacher salaries.¹⁰ Tanzania's PETS project resulted in a reduction of corruption, given its consistent and periodic implementation. Malawi's experience showed that success is more sustainable if the process relies less on the government and more on citizens, particularly parents. A bottom-up approach also helped increase access to education in Malawi, as PETS led to the allocation of budgets for children with special needs (Gauthier 2006).

Dissatisfaction with service delivery could be channelled through grievance or complaints mechanisms. This tool for amplifying voices directly links citizens with service providers. High-income countries tend to have multiple service providers, which allows users' complaints to result in compensation, better service and/or switching to a new provider. These options are normally unavailable in low-income countries (Unsworth 2010). In Hyderabad, India, for example, a complaint mechanism set up by a private water resource company helped curb corruption and improved the performance of its workers (Caseley 2003; see Box 4.1). In other cities in India, information technology was used to monitor the speed of action on complaints and compared them to usual

¹⁰ A form of rewards for politicians was also at work. Politicians knew that citizens provided and received regular information on education spending, so they increased funding, knowing that this information would eventually reach the people (Hubbard 2007).

turnover periods (Sirker and Cosic 2007).

Yet complaints are more effective accountability mechanisms if there are standards that are mutually agreed upon by service providers and their users. This can take the form of citizen or service charters that guarantee principles such as equality of users' rights, continuity and regularity of provision, right of choice and fairness of providers. Citizen charters act as the framework in which individuals can demand service rights from their providers. Studies in Italy, Norway and Spain showed that their success in the public utilities sector depends on the level of transparency and providers' willingness to share truthful information. Service providers might respect formal principles in these charters, but they are not required to fully implement them since specific descriptions and benchmarks are missing (Calabrò 2011). In the absence of this caveat, the promises of a citizen charter for effective accountability may only be on paper.

Reputational costs also figure prominently in sanction-oriented mechanisms of accountability. In India, public hearings are conducted to acquire information on the disbursement of healthcare funds. These informal meetings, also called social audits, can increase the costs of wrongdoing and poor performance through naming and shaming campaigns. Some scholars though question the sustainability of such initiatives (Singh and Vutukuru 2010), since they rely on collective action premised on 'rude accountability' (Hossain 2009). Shame tactics lead to more adversarial accountability relations, which is difficult in services that require frequent interactions. Brazil offers a possible solution to this dilemma by institutionalizing collective action through participatory budget councils of its *Bolsa Familia* (Family Allowance) programme. This poverty-reduction initiative concentrates interventions in health and education, and mandates the active participation of citizens in ensuring accountability. Part of its success comes from Brazil's peculiar context of transition from military rule and the presence of a historically robust social movement advocating for universal healthcare that can easily mobilize its membership on issues related to universal health and education (Mehrotra 2006). Though it continues to face several challenges related to ensuring service quality, there is agreement that citizen councils could be a model for other countries (Matijasac and Kay 2014; Ringold et al. 2012).

To recapitulate, sanctions have a mixed record of effectiveness as mechanisms of accountability. There is considerable evidence that they help improve service delivery, but more research is needed on whether these gains are sustainable and inclusive in a way that empowers minorities and under-represented groups of society. Governments and service providers fear sanctions if they are credibly imposed by a clear legal framework, and are coupled with the presence of effective and impartial institutions. Inoperative sanctions tend to provide a pretence of accountability that undermines service delivery for all.

Rewards

An alternative or complementary strategy for national governments can pursue is to foster an environment that incentivizes local governments to meet certain standards of service delivery. Independent actors such as communities and civil society organizations implement citizen report cards to assess individual users' satisfaction. The report cards are designed to expose poor performance, but because of their comparative nature, they can also stimulate lagging officials and providers to improve their services. In developed

countries like the United States, health care was evaluated by independent agencies to provide citizens with viable choices (McNamara 2006). In lower income countries like Uganda, report cards were used to rank hospitals. This incentivized local governments to upgrade their facilities since they are constantly compared to other hospitals in other local districts (Svensson and Bjorkman 2007). However, studies showed that the effectiveness of such processes depends on the specific indicators used for evaluation, as well as the existence of post-assessment activities such as lobbying and discussion with providers. For example, a workshop with providers of sanitation services organized by donors and nongovernmental organizations (NGOs) in Bangladesh helped identify areas for improvement (Cavill and Sohail 2004). Incentives also change when the results of citizen scorecards diverge from providers' self-evaluations. In Andhra Pradesh, India, discussion of these differences opened channels for collaboration, coordination and other ways of interaction (Misra 2007). The mixed record of this accountability mechanism implies that its potential is contingent on several factors such as openness, social mobilization and the existence of follow-up schemes.

One of the limitations of the existing literature on electoral incentives and governance is its assumption that politicians are driven to a great extent by personal rewards and the perquisites that come with their positions. However, some actors play a huge role in reshaping political interests towards delivering universal services, even in politically challenging contexts. In Ethiopia, the ruling party appears to be committed to pushing an agenda benefitting lower-income households through universal access to education. This objective significantly shaped party members' incentives to implement education schemes, since their success is determined by the extent to which they can deliver on this party goal. This ethnically diverse country also benefitted from decentralization since, except for the curriculum, local governments have free rein to plan, set standards, evaluate and monitor the education sector. Decentralization also led to the mobilization of citizen-led committees that are invited to participate in accountability processes. As education is delivered in local languages, initiatives to scrutinize the delivery of education became accessible to people living in different areas (Mcloughlin and Batley 2012; Khan et al. 2014). However, the sustainability of the educational improvements depends in part on the ruling party's ability to remain in power. At the very least, it has encouraged ordinary citizens to assert their human right to universal education in Ethiopia.¹¹

But do all kinds of parties spur politicians to subject themselves to accountability? In their comparative study of Indian cities, Keefer and Khemani (2005) found that the strong challenges by programmatic parties in Kerala, India prompted the ruling Congress Party to make credible promises based on its willingness to be held accountable for service delivery. Such political competition dynamics were not present in Uttar Pradesh. While both sites have a sizable number of politically active voters who are poor, the politicians in Kerala were not enticed to resort to the usual provision of clientelistic goods over universal public services like health and education (Banerjee et al. 2006). Therefore, it is not enough that voters acquire information on performance; they must be educated on their human rights to demand these services and acquire the necessary capacity to claim these rights. In order for these capacities to be sustained, Keefer and Khemani (2005) recommended that external intervention in the form of aid

11 A recent review, however, noted that despite increased access, regional disparities in enrolment rates in Ethiopia persist, particularly among girls. It also notes that there is no national legislation on free and compulsory education. See UN (2015).

and support should be given to politicians when they make credible commitments to improve health and education.

As already discussed, market-oriented incentives could also influence the behaviour of actors in accountability relationships. One example is in the provision of sanitation services, a sector in which user preferences and demands are often not considered. In Kenya, a private company built clusters of toilets in the poorest parts of the country that were then sold to local entrepreneurs, who were responsible for their upkeep. The government merely provided the necessary policy space for the private firm to operate at the national level, which allowed the firm to develop its own internal standards of accountability and interact individually with local governments. It is too early to assess the effectiveness of this hybrid model of service provision, and to date it has yet to operate profitably (O’Keefe, Luthi and Kamara 2015).

The existence of strong, independent regulatory bodies that promote better services can help maximize the benefits of the incentives associated with market competition. A best practice drawn from the literature illustrates states that exercise a calibrated regulatory role to catalyse conducive conditions for private service providers to operate efficiently and effectively. Equally important are government interventions to ensure that far-flung areas are served and that services remain affordable for low-income communities (Batley 2006; MacLean 2011).

Rewards can be a potent mechanism of accountability. Whether through market-oriented schemes or political incentives, the cases show that politicians and service contractors can be persuaded to embrace accountability and view their relationship with service users as mutually beneficial, as the cases show that both of their interests overlap and can result in mutually beneficial outcomes.

Learning

In addition to sanctions and rewards, accountability can also be developed through iterative processes that emphasize learning and adjustment. One way to generate learning is to invite community participation to periodically oversee the delivery of services (see Box 4.2 for an example from Guatemala). In the Philippines, a social accountability programme comprised of members of the community and the education bureaucracy jointly inspects the conditions of school infrastructure. Known as the *Check My School* programme, it invites participation from civil society organizations, youth groups, parent–teacher associations and other local stakeholders. After an assessment, they are asked to participate in problem-solving sessions. The outputs of these activities are made public through social media and other web platforms. This enables stakeholders to comment, identify issues of concern and propose joint solutions. It is too early to determine the success of this initiative (Shkabatur 2012).

Where political institutions are weak like in the Philippines, many reform efforts rely on the presence of reform-oriented politicians within the government. While there are plenty of proactive champions of reform, they are subject to the constraints of term limits and electoral cycles (Arugay 2012). The challenge is to ensure the consistent implementation of good accountability practices despite the absence of a politically favourable environment.

Box 4.2. Getting the parents involved: education reform in Guatemala

Guatemala's education reforms, particularly the particularly the PRONADE and PROESCOLAR programmes, created community-based councils that promote local involvement, decentralization and inclusiveness in education delivery. The community councils (which include other stakeholders) are governed democratically, and regular consultation and inclusive decision-making are key principles of operation. All relevant stakeholders are invited to participate, and parent involvement is highly encouraged in administrative concerns such as monitoring teachers, creating school schedules and academic calendars, or financial matters.

To achieve these objectives, PRONADE (Programa Nacional de Autogestión Educativa) allows a council called COEDUCA (Comite Educativo Local) to perform hands-on administrative roles such as monitoring teachers and creating school schedules and academic calendars. On the other hand, the PROESCOLAR reform model is focused on the administration of financial matters rather than the monitoring of the academic quality of schools.

These programmes made the service providers accountable through the features of teacher supervision and COEDUCA, both of which involve stakeholders in determining important administrative matters. In this way the service providers are more equipped to address the issues of the education sector because they are given inputs by the beneficiaries themselves. The reform programmes also encourage democratic processes to some extent, because all relevant actors are involved and consulted in decision-making.

The Guatemalan reform programmes are a good example of several actors working together at the local level to provide a better social service, especially to low-income households. While these reforms have been effective, problems such as low teacher salaries remain, and may threaten their long-term success. Nevertheless, Guatemala provides an exemplary case which puts emphasis on factors such as local contextualisation and involvement of local actors - keys to success of any reform program.

Source: Gershberg, A. I, Meade, I. B. and Andersson, S., 'Providing better education services to the poor: accountability and context in the case of Guatemalan decentralization', *International Journal of Educational Development*, 29/3 (May 2009), pp. 187–200

Learning occurs when good accountability practices in one service sector diffuse to others, particularly in fragile states where government legitimacy is weak. Service delivery becomes a confidence-building measure since it requires daily interaction with government agencies after a period of intense conflict and state breakdown. The inability to provide basic services can ignite a new round of instability despite the end of major hostilities.

A study on citizen perceptions of water provision in war-torn Iraq found that individual users learned to trust the state's ability to provide water if it was able to successfully establish a basic level of service (Brinkerhoff, Wetterberg and Dunn 2012). People's willingness to pay for this service also increased if it reached a minimum threshold of quality. However, accountability arrangements remain weak, since the survey also revealed that there is a high level of distrust and widespread belief that improvements in services are skewed towards users in more affluent parts of the country. The study found that users learned to trust the state's promises to provide other public services such as electricity, and even health and education, due to water service improvements (Brinkerhoff, Wetterberg and Dunn 2012). This finding suggests there is a feedback loop for successful service delivery in fragile states: satisfied users attribute some degree

of legitimacy to the state due to effective service provision. This perceived legitimacy in turn empowers the state to provide other services in the same manner and thus generate cooperative state–society relations. The literature indicates that adequate state capacity is not a prerequisite for accountable service delivery; they can be mutually constitutive: effective service delivery can help increase state capacity (Lee, Walter-Drop and Wiesel 2014; Practical Action, Save the Children and CfBT Education Trust 2011).

There is, however, a downside to a reliance on learning, especially if some members of society have specialized knowledge of public services. Scholars have documented how professional associations of health and education workers have resisted accountability reforms. These groups are considered to be part of civil society, but their interests might be at odds with those of other civil society organizations (CSOs) that represent more popular actors such as students or patients. In the pursuit of the right to health in Brazil and Mexico, it was found that the nature and composition of civil society mattered in the successful pursuit of accountability. In other words, there may be multiple voices within civil society—each with its own way of improving service delivery—but some may be more enthusiastic about democratic and popular accountability than others (Unsworth 2010).

5. Conclusions and recommendations

This paper argues that democratic accountability in service delivery could be improved through the mechanisms of sanctions, rewards and/or learning. By reviewing the scholarly and policy-oriented literature in three service sectors—health, education and WASH—the paper demonstrates the many ways in which effective accountability was able to improve the efficiency and effectiveness of service delivery, and increase access to these services, particularly to marginalized and under-represented groups in society. However, the causal linkages between accountability and service provision remain complex, context-sensitive, empirically challenging and even highly politicized. This warrants more rigorous long-term, systematic observation and research. Yet this literature review suggests that there are adequate reasons to believe that arrangements guided by principles of democratic accountability can enforce standards, induce incentives and foster learning between citizens, service providers and government officials. This section summarizes the main findings of the paper and offers some policy recommendations in order to inform and guide the ongoing initiatives of International IDEA's Democracy and Development Programme to foster more conducive conditions for durable and sustainable democratic accountability in governance.

Summary of main findings

How sanctions, rewards and learning affect service provision

The main contribution of this paper is to identify the ways in which different mechanisms of democratic accountability affect the scope, magnitude and quality of service provision in health, education and WASH. While there are extant efforts to systematically review the literature (Mejía Acosta et al. 2013; Joshi 2013), insufficient attention is devoted to service delivery improvements achieved due to well-functioning and interlocking accountability relationships between claim holders and duty bearers.

- a) One of the most common mechanisms involve sanctions. Often viewed as the conventional means of holding decision makers to account, punishment due to poor service delivery is often considered the *sine qua non* of accountability. If undertaken through democratic means, this simply entails that the power rests to a certain extent with the public: citizens exercise control over the fate of politicians, often through elections or institutional control mechanisms. From the current debates, one can argue that there are necessary conditions that need to exist before electoral exercises become effective mechanisms of accountability. Apart from the availability of accurate and reliable information, the presence of durable and independent institutions that impose standards of behaviour is critical in enforcing sanctions. In other words, sanctions work more

effectively when they have a deterrent effect, which is generated when formal institutions can credibly commit to enforce sanctions, and if they are deemed legitimate by the citizenry. The case studies examined, however, showed that stakeholders are implementing innovative ways to enforce sanctions despite the absence of strong institutions, a point that will be further discussed below. Citizens have held politicians as well as private service providers accountable, for example by changing providers or alerting governments to wrongdoings through formal complaint mechanisms. However, relying on purely sanction-based mechanisms limits accountability to an adversarial relationship when the engagements between these actors continue over the long term.

- b) Incentives can also encourage public officials to alter their actions in favour of more efficient and inclusive service delivery outcomes. For example, decentralization in some countries allowed local politicians to make critical decisions on service delivery. If effective and inclusive service delivery can be properly attributed to local leaders in the short and long term, then politicians could be nudged to base their performance on the better provision of these services. In other words, politicians can be persuaded to subject themselves to democratic accountability if they will be clearly rewarded for good performance. In addition to electoral incentives, this paper also covered the debates regarding the utilization of market-oriented approaches to improving service delivery by relying on private contractors and service providers. Democratic accountability through rewards seems to be more salient if private actors' profit motivations are balanced by the government's need to ensure that services will be delivered efficiently, inclusively and fairly to citizens.
- c) While it still has not received significant attention from scholars and policymakers, learning has recently emerged as a promising mechanism of democratic accountability since it focuses on regular interaction and cooperation. It addresses the limitations posed by the adversarial nature of viewing accountability from the perspective of sanctions, but does not necessarily adopt the purely optimistic take on accountability advanced by rewards-based mechanisms. Approaching accountability from a learning perspective takes into account the fact that service delivery is a routine process that involves iterative relations between multiple actors. The existing body of literature on learning emphasizes an increasing awareness that public services are not a privilege for some, to be decided by the government; they are rights that should be regularly claimed by the people. In this way, learning improves the performance of service providers and state regulatory agencies, as well as citizens' ability to routinely claim their rights from the state. In other words, the pursuit of accountability could lead to a more assertive and active citizenry.

This paper makes analytical distinctions between the three mechanisms of democratic accountability, but they overlap and to some degree; there is a complicated interplay between sanctions, rewards and learning. The challenge for researchers is to capture this complexity through more longitudinal, rather than single and isolated, studies. Policy interventions, guided by research, should also appreciate the mutual interaction between these mechanisms. This means that accountability relationships could entail the implementation of sanctions, the granting of rewards and the generation of learning across multiple actors at different points in time.

Challenges of improving democratic accountability in the provision of health, education and WASH

A second finding of this paper relates to the challenges of building democratic accountability in the public services of health, education and WASH. There are several constraints in putting effective accountability arrangements in place within these three service sectors. The 2004 World Development Report emphasized the need to foster more accountability in social services. However, challenges related to fostering accountability among low- and middle-income countries do not help their struggle to raise standards related to universal access and improved quality of services.

- d) As countries begin committing to the recently adopted SDGs, they will need to address accountability gaps in the delivery of health, education and WASH. This paper reviewed 16 case experiences, most of which revealed challenges related to sustaining initial successes. From these cases, the paper concludes that improved accountability practices face threats from electoral cycles, diminishing political will, leadership transitions and political destabilization. Thus, while context is important in understanding successful accountability initiatives, there must also be recognition of the challenges related to consolidating gains and improvements.
- e) Ensuring accountability in the provision of health and education is more difficult than in other public services such as infrastructure and WASH. Health and education are universal goods that require long-term commitments on the part of elites and political institutions. In unstable political environments, politicians may not be convinced of the importance of prioritizing them, since they are unsure if improvements in these services could be directly attributed to them. Moreover, given that they require huge public investments, political leaders may opt to spend their limited resources on quick and easily identifiable goods such as roads, markets, farms, jobs, etc. But investing in long-term goals such as universal health care and primary education are critical, since they are necessary for overcoming poverty and reducing inequality.
- f) These challenges are more difficult to overcome in post-conflict and fragile states. This paper examined cases from countries with severely diminished state capacity and uncertain government legitimacy. The review found that acquiring higher state capacities is not a critical prerequisite for accountable service delivery. In fact, democratic accountability helps these states provide better services and foster political legitimacy by encouraging citizen voice and public participation. Citizens who 'bought into' these initiatives are also the ones most likely to believe in the legitimacy of the existing government, which is critical in rebuilding public authority in post-conflict societies.

Future research should cover other social services, such as infrastructure and public utilities, in order to comprehensively examine the challenges of building effective and sustainable accountability mechanisms.

Sanctions, rewards and learning: achievements to date

Third, the paper assessed existing accountability initiatives that utilized the mechanisms of sanctions, rewards, and learning in different countries in terms of success, and inclusivity, and sustainability. From the 16 experiences across different regions worldwide, there is the general observation that democratic accountability is exacted successfully when information regarding expectations is widely shared, institutional arrangements are put in place, and if there is commitment from the national government and support from international partners.

- g) Successful accountability initiatives are not only found within formal institutional arrangements, especially when political actors do not see them as effective channels of accountability. This is clearly seen in the dynamics between politico-institutional and social accountability mechanisms. While community-based approaches to holding power to account are participatory, they remain limited if they do not directly engage formal mechanisms—particularly those associated with the enforcement of sanctions—or relate to the building of accountability institutions capable of disciplining politicians. This does not mean, however, that informal accountability mechanisms are to be discouraged. In societies with weak and inadequate institutions, informal arrangements based on collective action and innovative practices that defy formal rules may temporarily act as substitutes during the process of institution building. In the long run, however, these efforts need to be incorporated into a lasting institutional framework in order to ensure sustainability.
- h) Collective action approaches to democratic accountability offer a more promising path towards improving service delivery, given their potential to include minorities and marginalized groups. Rather than seeing citizens as atomistic and isolated consumers of these services, a perspective that appreciates their role as members of disparate groups is critical in building constituencies for accountability. Some cases show that politicians are able to effectively mobilize certain groups and networks to support their pursuit for more democratic accountability in service delivery. Rather than appealing individually to voters, some of the best practices in this review focus on how group incentives were critical to providing the necessary public support for increased accountability. In some cases, demands and rights to services such as health, education and WASH were framed not as individual entitlements but collective rights, especially in countries where democracy has empowered the majority to the detriment of marginalized and under-represented groups such as women, sexual minorities, and ethnic, racial and religious groups. In these contexts, minorities will continue to suffer if democratic accountability is purely governed by the rule of the majority. Therefore, the national government—the only level of governance capable of transcending socio-political cleavages—must ensure that democratic accountability arrangements are genuinely inclusive and participatory. This may require special programmes that empower marginalized groups through information and skills development to increase their capacity to demand accountability in service delivery.
- i) Appealing to the incentives of politicians and other power wielders is an important way to encourage greater democratic accountability. Existing research

reinforces this intuitive assumption. However, case experiences reveal that their incentive structures are far more complex than expected by scholars. Beyond getting re-elected and staying in power, there are more elaborate and long-term considerations that motivate their behaviour. Some case studies underscore the importance of ideological factors and the tendency of some political leaders to deliver services that will likely propagate their ideas or political visions. Reducing their incentives to purely personal ambitions and career advancement oversimplifies their participation in the political arena and the dynamics of their relations with other political actors. The existing literature usually assumes the motivations and intentions of political actors without carrying out research in order to explain their complex nature and sources. Future research should proactively engage decision-makers to map out the complex and shifting political environment in which they locate themselves. When scholars and policymakers emphasize that understanding country politics matters, this includes probing the incentives that drive political leaders.

The case experiences highlight stark examples of sanctions, rewards and learning as mechanisms of democratic accountability. However, the paper should be seen as a first step towards comprehensively mapping out existing accountability initiatives in public service delivery. Additional research should cover more case studies and perhaps include research that evaluates the sustainability and inclusivity of these pursuits.

Recommendations

Drawing on existing literature, this paper offers the following policy recommendations for international donors, practitioners, civil society advocates and scholars of accountability.

1. *More research on overlapping mechanisms.*

This paper focused on three mechanisms, but more research and documentation on other democratic accountability mechanisms is necessary. Case studies that discuss the interaction of sanctions, rewards and learning—perhaps focused on different sets of political actors across different temporal periods—will increase understanding of the complex dynamics between democratic accountability and service delivery. International IDEA and other research institutions can develop in-depth studies of some instructive cases that feature overlaps and interplay of these three mechanisms.

2. *From individual champions to collective constituencies.*

Some case studies highlighted the presence of accountability reform champions or favourable policy environments characterized by accommodating politicians or bureaucrats. Another perspective that could be tested is to devise interventions that empower collective groups such as grassroots organizations, social movements, trade unions and professional associations to push for more democratic accountability. Collective action might help overcome the limitations of a more individual approach. This will mean implementing projects that empower grassroots and community-based organizations rather than more professional nongovernmental bodies. International

IDEA's guide for assessing democratic accountability in service delivery (2014) was an important step in the right direction, but other tools must be devised for collective actors to use.

3. *Building an epistemic community for democratic accountability.*

International IDEA can be a catalytic agent to building a global network of scholars, practitioners and advocates of democratic accountability in service delivery. Akin to the Community of Democracies model, or other people-oriented platforms for global democracy advocacy, this network could be a vital venue for sharing knowledge, diffusing best practices, and encouraging 'scale-ups' since members of this potential network could increasingly catch the attention of national governments and even intergovernmental organizations. Other international institutions and funding partners with similar advocacies could be tapped to help form this network.

4. *Tap local and national media and social media to help spread best practices.*

Given the rich knowledge resources developed by International IDEA, a critical policy recommendation is to disseminate the lessons through media outlets—including social media platforms. In addition to media with a domestic or international reach, it is important to tap into local and community media networks to effectively disseminate knowledge and best practices. A website and corresponding social media accounts can be created to communicate lessons learned, best practices and limitations faced by current accountability initiatives.

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Annex: Case Studies

This is a compilation of case studies of successful, inclusive and sustainable initiatives related to improving democratic accountability in the service delivery of health, education, and water, sanitation and hygiene (WASH) services. They are drawn from the academic and policy literature produced by scholars, development workers, donor agencies and multilateral institutions, among others. Each case contains background information, the actors involved, the specific relations of accountability, the particular mechanism of democratic accountability, a short assessment of its outcomes and implications for service provision. The case studies are organized by service sector.

A.1. Health

Case Study 1. Mexico: Participative planning in reproductive health policies in the health system

Accountability programme: National health plans (*Planes Nacionales de Salud*)

Accountability mechanism: Learning

Case overview

Efforts to reform Mexico's reproductive health sector commenced after the 1994 International Conference on Population and Development in Cairo and the 1995 World Conference on Women in Beijing. Both conferences drew the attention of the international community towards women's sexual and reproductive needs and rights. The Mexican Government adopted some of the agreements reached at the conferences through changes in the official discourse, health policies, organizational structure and public institutions. These were concretized through the national health plans and in particular, the Family Planning and Reproductive Health Programme (*Programa de Planificación Familiar y Salud Reproductiva*) and National Sexual and Reproductive Programme (*Programa Nacional de Salud Sexual y Reproductiva*). The two programmes aimed for improvements in the areas of sexual education, family planning, maternal/children's health, preventive health, and sexual and reproductive care. In order to expand the coverage of the programmes' health services, the government collaborated with non-governmental organizations (NGOs) in service delivery and advocacy actions related to reproductive health.

Actors

The actors are composed of two groups: public sector institutions involved in reproductive health decision-making and service delivery (Ministries of Health, Defence and Education, various social security bodies, the National Population Council, National Indigenous Institute, National Institute of Women) and NGOs engaged with the issue of reproductive health.

Relations of accountability

In order to extend essential health services to the entire population, the national health plans took three main concrete measures: (1) incrementally increasing the percentage of the population that receives the services; (2) incrementally increasing the number of services provided to the bulk of the population; and (3) taking the services to geographic areas or groups that previously had no access to them. Citizen participation in these efforts was in the form of programme design, implementation and service delivery.

Mechanisms of democratic accountability

Following the 1994 Cairo Conference, collaboration agreements between government institutions and NGOs were established. A concept of 'partnership' was developed to emphasize that such collaboration should support government activities, rather

than NGOs replacing these responsibilities. This increase in collaboration in various degrees was supposed to increase checks and balances on accountability relationships and allow for more trusted and transparent steps forward. The Mexican case illustrates four types of collaboration that enabled learning to take place: (1) NGO collaboration in consultancy, training, assessment, demand channelling, proposals, etc., with programmes that remain the full responsibility of the government at all stages; (2) government collaboration on actions that have historically belonged to NGOs, given the lack of public policies addressing some problems; (3) mutual collaboration in which both parts establish a formal collaboration agreement to carry out joint actions; and (4) successful political pressure, which is the first step in a process of feasible dialogue.

Implications for service provision

Collaboration between NGOs and the government in the form of advocacy action, such as strategies or actions designed to implement or reform legal frameworks and public policies, led to an increase in the number and type of services to which the population has access. NGOs' long history of advocacy work on reproductive health issues motivated for the government to collaborate with them. Likewise, NGOs were able to broaden their area of influence by exploiting the government's personnel and infrastructure. Thus, the government was able to extend the coverage of health services to segments of the population that previously did not receive them. Further, the institutionalization of this collaboration means that the increase in coverage is likely to have a long-term impact.

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Case Study 2. Cambodia: The role of contracting NGOs in the delivery of primary health care

Accountability programme: Coverage plan for restructuring and broadening the primary health care system

Accountability mechanism: Rewards

Case overview

Years of war and political upheaval in Cambodia resulted in a limited health infrastructure, particularly in rural areas. Health personnel are poorly trained and salaries in the public sector remain low, thus more health personnel are involved in private practice. These problems are exacerbated by poor-quality management at the district level, where appointments to crucial managerial positions are made on the basis of political connections rather than demonstrated ability (Loevinsohn 2000). These examples have resulted in a primary health care (PHC) system that has not been able to deliver an adequate level of services. To address this, the Ministry of Health devised a coverage plan to restructure and broaden the system by constructing health centres and merging smaller administrative districts into operational districts. This plan involves pilot testing contracting with NGOs and the private sector for the delivery of PHC services.

Actors

The actors involved are the Ministry of Health, NGOs and the for-profit private sector.

Relations of accountability

By involving NGOs and the private sector to improve the delivery of PHC services, three approaches are used to assess how well contracting for health services works in developing countries: (1) contracting out, in which contractors have complete authority for hiring, firing, and paying staff as well as procuring drugs and supplies; (2) contracting in, where contractors provide management services within the existing district health structure and (3) comparison/control, where the existing district health management teams receive a budget supplement (as do 'contracting in' districts).

Mechanism of democratic accountability

Involving NGOs and the private sector was seen as a way to quickly improve services, manage the transition to the coverage plan and make up for weak district-level management. Contracting for the delivery of PHC services using a competitive bidding approach was found to be feasible, and was carried out efficiently and transparently. While the contracts and contract extensions depict rewards for the private sector, the involvement of NGOs induces a level of oversight as they can function as watchdogs incorporating a perspective outside the for-profit *modus operandi*.

Implications for service provision

Contracting can attract sufficient competition and will likely attract more participation as the lessons from the initial experience are incorporated into future bidding procedures and potential bidders gain confidence that the risks of contracting are relatively low. Contracting not only utilized the private sector's greater flexibility to improve services and responsiveness to consumers; it also allowed the government to focus less on service delivery and more on roles that it is uniquely placed to carry out—such as planning, financing and regulation.

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Case Study 3. Ethiopia: The use of ICT in improving health data exchange

Accountability programme: eHealth—using ICTs to improve data exchange

Accountability mechanism: Sanctions

Case overview

The health sector challenges in Ethiopia range from funding, infrastructure and cultural practices to challenges such as equipment and supply shortages, insufficient human capital and an uneducated population. Over the years, the Ethiopian Government has made improvements in the national telecommunications infrastructure that enabled the Federal Ministry of Health to use ICT to improve data exchange within hospitals and to support the national cadre of health extension workers in remote areas.

Actors

The main actor involved was the Federal Ministry of Health (FMH).

Relations of accountability

All ICT solutions in the health sector were integrated by commissioning a strategic framework for delivering eHealth interventions. ICT was used to improve supply chain management through the DELIVER PROJECT in 2003, which ensured the availability of vital health supplies, efficient delivery systems, transparency, and cost effective procurement processes and supply chains.

Mechanism of democratic accountability

The ICT solutions facilitated by the project led to increased efficiency and an expanded reach of services, while expending fewer incremental resources. ICT-enabled data collection allows real-time data analysis, which in turn allows care providers and policymakers to make decisions based on evidence, saving time and costs.

Implications for service provision

ICT application proved to be most significant in national-level initiatives, since it allowed the FMH to refine the underlying systemic processes that controlled operations in health systems before the ICT intervention. The government acknowledged that if underlying processes are faulty, applying advanced technologies is unlikely to improve service delivery. Thus, governments must create a strong, enabling environment through transparent processes, fair legal frameworks, ICT standards, and incentivizing policies.

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Case Study 4. Mali: ICT and the country's attempt to increase its technological capacity in providing health care services

Accountability program: Telemedicine (the IKON Tele-radiology programme)

Accountability mechanisms: Rewards and learning

Case overview

As a low-income country, Mali is faced with extraordinary health challenges. The government has acknowledged the value of ICT and is attempting to expand its technological capacity within a limited healthcare budget. Mali has adopted many of the recommended short-term interventions in the fields of telemedicine, distance learning, remote data collection and healthcare worker communication.

Actors

The primary actors were the Ministry of Health, Malian medical professionals, and various local and international NGOs.

Relations of accountability

Digital distance learning tools such as the IKON Tele-radiology programme are being used to improve healthcare worker training and efficacy. In addition, open-source digital medical record systems are being used to develop electronic administration systems, thus further improving the efficiency of services.

Mechanisms of democratic accountability

ICT programmes in Mali that target the health sector benefit from partnerships with NGOs and medical professionals within a public–private partnership framework. Such benefits include increased funding options and access to expertise that can improve health education in rural areas.

Implications for service provision

ICT-based solutions have a positive impact on the health sector. For example, given the lack of access to financial services and insurance, Malians can benefit from mobile-based savings and insurance programmes for basic and emergency health needs. ICT-based public information campaigns about preventable diseases and healthy practices for expectant mothers and children can significantly improve health education and help reduce mortality rates.

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Case Study 5. Uzbekistan: An assessment of primary health care reform

Accountability program: Multi-component, performance-based management model for health facilities

Accountability mechanism: Rewards

Case overview

The quality of public services after independence suffered relatively little compared to neighbouring former Soviet member countries, as the delivery of basic services has been an important objective of the Uzbekistan Government. The government adopted a Soviet-based health system in 1992 and proceeded to decentralize authority within the health system to local governments and eventually to health facilities. PHC reform was initiated in Uzbekistan in 1999 with support from the World Bank.

Actors

The actors involved in the reform initiative are the government, particularly the Ministries of Health and Finance, and the World Bank.

Relations of accountability

At the heart of Uzbekistan's health sector reform initiatives is a multi-component, performance-based management model for health facilities. The model decentralized financial responsibility to primary health service facilities, which was the first step towards devolving responsibility for all management and operations to the facility level.

Mechanism of democratic accountability

The multi-component, performance-based management model based the government financing of each facility on the number of people the facility served. This led to the autonomy of the facility by reducing the role played by the finance and health ministries. The independence from central hospitals allowed the reformed primary health facilities to manage their own resources, procurement processes and budget planning. Further, the initiative enabled health facilities to establish their own Development Funds. The unspent cash balance in the funds can be spent on salary incentives for medical personnel, such as bonuses or pay rises for good performance, outstanding accounts payable, and/or operating and maintenance expenses. As such, this reform initiative gave health facilities a degree of freedom from the Ministry of Finance's tight control over spending since they are not subject to the same scrutiny as the ordinary budget.

Implications for service provision

At the time of writing, the reform initiatives are nearly complete and the results achieved are noteworthy. The majority of the evaluation respondents are satisfied with the improvement of PHC services. Likewise, service providers have demonstrated an increase in morale and motivation as a result of improved working conditions, training and the availability of bonus incentives.

Due to the reforms initiated, patients are now increasingly seeking medical assistance from public health institutions because of the increase in the quality of service, the prompt attention of health personnel, and the decrease in relative cost compared to private facilities. However, considerable challenges remain with respect to the transparency of public procurement, financial and management accountability, and efficiency in public resource management, all of which have an adverse effect on health service delivery.

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Case Study 6: Middle East and North Africa: Developing improved health systems across the region

Accountability programme: The MENA Health, Nutrition and Population Strategy

Accountability mechanisms: Rewards and Learning

Case overview

The Arab uprisings that started in December 2010 called for greater freedom, social justice, and improved accountability for a dignified life and well-being. This brought about changes in the social and political order that resulted in major constitutional or legal reforms across the Middle East and North Africa (MENA) region. These changes also resulted in a demand for fair and accountable governance in all spheres of life, particularly in the health care sector. Indeed, one of the major causes of political upheaval in the region can be traced to public dissatisfaction with the inequality of opportunity to seek and receive quality health services. Low government spending on health services resulted in high mortality rates for mother and child, the rise of non-communicable diseases, obesity and tobacco use. Thus, evidence from the region suggests that there is considerable room for improvement in health care.

Actors

The actors involved are various MENA governments and the World Bank.

Relations of accountability

The MENA Health, Nutrition and Population (HNP) Strategy is part of World Bank's worldwide effort to lay out a set of principles against which all future World Bank engagements and their performance will be assessed in order to contribute to improving fairness and accountability in health and health systems in a sustainable manner. The strategy is described as providing a compass for prioritization in line with regional and client country needs. Its implementation has three phases: (1) an intensive engagement process aimed at listening to country needs and clarifying the issues and options related to building and maintaining fairer and more accountable health systems; (2) development of tailored engagement plans for each country and (3) implementation of the strategy over approximately four years. These three phases are expected to build high-performing health systems across the region by setting the rules of engagement in the health sector and enshrining the principles of fairness and accountability through sustainable development.

Mechanism

The MENA HNP Strategy will use the following accountability tools to create an accountable health system for the region:

Monitoring health care delivery through routine systems. Routine monitoring systems allow the systematic tracking of health inputs and outputs. The health management and information systems will enable the delivery of health care to be tracked in real

time. Monitoring allows resource allocation to be more efficient and identifies gaps and weaknesses in service delivery.

Tracking health expenditures to ensure efficiency. Tracking the flow of health expenditures through a system of national health accounts aids transparency and efficiency. It also identifies and curtails waste, fraud and corruption. Public expenditure tracking surveys and quantitative service delivery surveys can be used to follow the flow of funds in a health program. These systems track governance quality, public expenditure efficiency and equity, and service delivery performance.

Gauging health programme effectiveness through impact evaluations. Health projects must be evaluated during their implementation and not as an afterthought. Building evaluations into the design and implementation of health interventions enables the gauging of cost effectiveness and the population-level impact of interventions.

Reducing health system fragmentation to enhance accountability. Fragmented health systems create inefficiencies. Separating health care payments from health provision can reduce costs by making insurance funds independent of the Ministries of Health and creating management boards to which they can be held accountable.

Providing incentives to improve quality. To improve the quality of care, physician incentives need to be better understood in the system's context. This includes pay-for-performance systems in which physicians are reimbursed based on the achievement of certain outputs and quality standards.

Providing incentives to increase the accountability of providers. A health system in which providers are held accountable reflects the patients' and population's needs and is structured to provide incentives for providers to fulfil those needs. This is important to reorient the system from preventing sickness to promoting and preserving the health of the population.

Implications for service provision

The implications of the MENA HNP Strategy cannot yet be determined; the World Bank indicated that the results will be seen four years after its implementation.

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A.2. Education

Case Study 1. Chile: Balancing privatization and decentralization in the country's education reforms

Accountability programme: Chilean administrative reforms

Accountability mechanism: Learning

Case overview

In 1981 Chile's military government transferred school management functions from the central to the municipal level. The reforms were part of a larger movement to streamline and privatize the country's public services (Gershberg et al. 2006). After the return to democracy in 1990, several initiatives were implemented to support municipalities and schools, especially those with poor educational outcomes, to improve their pedagogical and management practices. A compulsory scholarship system was established to help low-income students in all subsidized schools. Improved equity was also facilitated by increasing public investment in education (to 4.2 per cent of 2002 GDP) (Gershberg et al.: 1028). This funding allowed increases in teacher salaries, free distribution of textbooks and the creation of libraries, as well as investments in computer networks, infrastructure improvements and longer school days (Gershberg et al.: 1028). The Chilean reforms balance privatization and decentralization with several compensatory measures that attempt to address equity issues. Accountability mechanisms like high-stakes, value-added testing were also included.

Actors

The primary actors are the central government, municipal government units, municipal and subsidized private schools, and teachers (through the union).

Relations of accountability

The programme changes education administration by giving institutions more flexibility in school funding decisions.

Mechanism of democratic accountability

The reforms proposed an increase in management flexibility among providers. The shift to decentralization enables the provision of services to be aligned with local preferences, incentivizes effective teachers and removes the least effective ones. These changes within the education administration provide opportunities to improve the service delivery through performance evaluations of teachers and staff.

Implications for service provision

The results are mixed and tend to be highly context dependent, but overall, this has not been an adequate quality enforcement mechanism. The prestige and status-signalling properties of private schooling, coupled with the possibility of charging different levels of fees to parents, has increased its market share: a process that is not expected to stop unless major changes are introduced to the system. Parental choice has not adequately fulfilled the role of promoting equality. However, adding mechanisms relating to management and administration, and not just to teaching quality, may achieve this objective.

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Case Study 2. Colombia: Contracting schools to provide a higher quality of education to particular sectors of the country

Accountability programme: Concession schools programme

Accountability mechanism: Rewards

Case overview

The concession schools programme was conceived in Bogota during the 1990s to provide access to high-quality education among students from low-income families. Through the coordination of the city secretariat and selected organizations, the programme provided educational services to students of low-income families in state-owned schools. It aimed to improve access to high-quality preschool, primary and secondary education among disadvantaged populations by drawing on the capacity of strong local educational institutions and combining high levels of administrative autonomy with strong performance-based accountability (Barrera-Osorio 2006; Sarmiento et al. 2005; Gershberg et al. 2006). The programme design follows the theory that contracted private institutions can provide high-quality education services since they have more autonomy and have to abide to stronger regulations.

Contracted schools face more intense accountability pressures than traditional schools due to the stronger performance-based accountability pressures from the city secretariat, such as the need to meet performance benchmarks. The city secretariat also supervises the quality of the contracted schools by screening applicant schools through a competitive bidding process.

Actors

Primary actors include the Education Municipal Secretariat and private institutions.

Relations of accountability

The city secretariat selects a group of non-public providers in a competitive process to serve students from low-income families. These selected schools are then evaluated by the city secretariat based on their performance, and contract renewals are based on further performance evaluations.

Mechanism of democratic accountability

Qualified and experienced organizations are invited to provide education services to students from low-income families. The reform attempts to improve the management flexibility of educational institutions and to introduce a performance-based accountability method.

Implications for service provision

Evidence shows that concession schools contribute to an increased stratification of low- and high-performing students in public schools. This is difficult to avoid if schools

are allowed to select students based on their neighbourhood and not on admissions test achievement. Compared to public schools, concession schools also tend to have a clearer and more structured pedagogical model, higher rates of participation of teachers in professional development, more staff meetings related to instruction, more frequent dismissal of teachers and more autonomy in their selection of school staff. Therefore there is evidence that accountability incentives had the desired effects on institutional practices.

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Case Study 3. Nicaragua: Decentralization to improve education services

Accountability programme: Nicaraguan Autonomous Schools Programme (ASP)

Accountability mechanism: Learning

Case overview

The Nicaraguan ASP is among the most radical accountability-based reforms aimed at augmenting ‘client power’. The programme was first implemented in 1993 but was only ratified in 2002. However it was dismantled following the 2006 presidential election. The ASP grew rapidly after its inception in 1993. By 2000, over 50 per cent of primary school students and approximately 80 per cent of secondary students were in autonomous schools. In 2002, all schools in the country became autonomous.

Actors

School site councils, the Ministry of Education and the Nicaraguan Parliament.

Relations of accountability

Authority over budget and personnel was given to the school site councils (which include the school director and the parents of the students). They were accountable to the municipal delegates of the Ministry of Education who made sure that the central mandates and standards of the programme were well articulated in schools. The programme also implemented mandatory school fees for secondary school students and voluntary school fees for primary students.

Mechanism of democratic accountability

The reform emphasizes local preferences in providing education services. It taps other actors, such as parents, to increase the accountability of the administrators and teachers. This is because municipal delegates were appointed to oversee the schools and check whether they comply with the standards set by the Ministry of Education.

Implications for service provision

International institutions positively assessed the Nicaraguan reforms. The programme also led to an increase in school-based management in many of its schools. This indicates that there was a significant latent talent at the local and school levels in the early 1990s, and that school stakeholders were ready to exercise greater decision-making capacity.

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Case Study 4. Guatemala: Education councils as transparency networks

Accountability programme: PRONADE and PROESCOLAR reform models

Accountability mechanism: Learning

Case overview

Guatemala is one of the poorest countries in South America and has one of the highest levels of income inequality. By most measures of either enrolment coverage or educational effectiveness, Guatemala consistently ranks at or close to the bottom for Latin American and Caribbean countries. In developing its own education reform programme, Guatemalan policymakers looked to El Salvador's EDUCO programme for inspiration.

PRONADE was first implemented in 1996, and achieved some success in rural areas due to its focus on local involvement, decentralization and inclusiveness. Despite the opposition of some Guatemalan teachers' unions to short-route focused programmes, PRONADE expanded and provided primary educational services to a significant proportion of the rural population. The programme also allows a council called COEDUCA (*Comite Educativo Local*) to perform administrative roles (such as monitoring teachers) and to create school schedules and academic calendars. This is in line with the programme's aim to improve the quality of Guatemalan education.

Yet PROESCOLAR schools (also called 'official schools') do not have the same level of responsibility as the PRONADE schools. Established in 2004, PROESCOLAR schools do not monitor the quality of education, unlike PRONADE. Instead, the programme is involved in administering school financial matters.

Actors

The main actors are the Ministry of Education, teachers' unions, COEDUCA, *Junta Directiva* (governing board), *Juntas Escolares* (school councils) and parents.

Relations of accountability

The reforms provide the appointed councils authority over matters that improve the quality of education (PRONADE) and those that improve the management of schools, especially with regard to finance (PROESCOLAR). The supervising power of parents over teachers aimed to improve the quality of education and decrease absenteeism—a problem in Guatemala.

Mechanism of democratic accountability

In PRONADE, COEDUCA exercises its oversight responsibilities to increase client power. It also has authority over administrative matters such as teacher salaries and insurance. NGOs are also involved in providing support to PRONADE schools. These private institutions are tapped to assess the quality of instruction in schools. All of these entities are responsible to the Ministry of Education's PRONADE unit that evaluates

the performance of the programme as a whole. In PROESCOLAR, the school councils are responsible for evaluating the administration, particularly in matters of finance.

Implications for service provision

The PRONADE and PROESCOLAR programmes reportedly empowered people to improve the quality of education in their country. The supervising power bestowed on parents gave them direct influence over the quality of learning their children receive in school. Parents' voices could also be heard in budget allocation matters. All of these effects were seen as ways to improve the quality of education in Guatemala.

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Case Study 5: Uganda: The role of information transparency in improving the education sector

Accountability programme: Uganda's information campaigns

Accountability mechanism: Rewards and learning

Case overview

The management of Uganda's school system was chaotic in the 1990s as widespread corruption prevented the quality of education from improving. In 1996 the World Bank conducted a survey to investigate the country's lethargic school system and found that most central government education funding disappeared before it reached the schools: from 1991–95, only 12.6 per cent of the centrally allocated funds reached schools. In 1999, however, it was reported that schools received 90 per cent of their capitation entitlement, and this significant improvement was seen as a result of the increased information flow.

Actors

The main actors include the World Bank (which conducted a survey), Ugandan Government (particularly the Ministry of Education and Sports), Ugandan President Museveni (for introducing his Universal Primary Education programme as part of his election campaign) and parents.

Relations of accountability

The reforms started with the World Bank surveys that revealed funding 'leakages'. The results of these surveys prompted the citizens—especially the parents who had provided the bulk of school funding, as well as government ministries—to act on the issue. This transparency of information led to reforms that contributed to schools receiving 90 per cent of their intended capitation allowance – compared to a mere 12.6 % during previous years.

Mechanism of democratic accountability

The transparency of information in the education and finance sectors led to a decrease in corruption and an improvement in the quality of Ugandan education by ensuring the schools received the budgeted funding. Uganda's constitutional reform decentralized power, which changed how funds were allocated to the districts. The introduction of conditional grants, rather than block grants, enabled checks on district officials. The publication of monthly disbursement figures also pressured the districts to effectively deliver the services.

Implications for service provision

Through the disclosure of information regarding school funding, citizens realized their role in demanding accountability. Schools received significantly higher funding due to these information campaigns, which affected some aspects of the Ugandan education

system. However, the research emphasizes that the government initiated the reforms (in reaction to the World Bank surveys). Therefore the information campaigns, although necessary in reducing corruption, were not necessarily the single driving force behind the success.

References

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Case Study 6: Brazil: Evaluating the management of the Bolsa Escola programme

Accountability programme: Bolsa Escola

Accountability mechanism: Sanctions and rewards

Case overview

Conditional Cash Transfer (CCT) programmes aim to provide support for low-income families by giving them monthly transfers conditional on their children's school attendance. The Bolsa Escola of Brazil is a CCT programme decentralized at the municipal level, thus the selection of beneficiaries and the efficiency of the programme vary across the country. This programme was implemented from 2001 to 2003 until it was integrated into the broader Bolsa Familia programme. It was initially implemented in the Federal District and selected cities before it was expanded to cover the whole country. Research found that the programme significantly reduced the child dropout rate, but slightly increased the grade failure rate (due to less able or less motivated children remaining in school). The research also presented clear evidence that a more transparent beneficiary identification and selection process, and stricter enforcement of conditionalities, are associated with higher programme impacts.

Actors

The main actors include elected mayors and other municipal officials, school administration and beneficiaries (low-income families).

Relations of accountability

The municipal level has considerable authority over selecting beneficiaries and implementing the Bolsa Escola programme. The municipal units are also responsible for ensuring that beneficiaries comply with the necessary conditions. Units that used transparent processes to register beneficiaries, and sanctioned non-complying families by removing their benefits, were found to be more effective.

Mechanism of democratic accountability

The stricter enforcement of the school attendance conditionality via the threat of loss of benefits is strongly associated with a larger impact on continuity of enrolment. The municipal Bolsa Escola social council implements the programme according to the rules and regulations set by the federal government. The beneficiaries in turn demand social accountability in two ways: through a short route (appeals to the social council) or a long route (local political retributions or voting municipal officials out).

Electoral rewards are effective for social accountability: first-term mayors were found to implement the programme more effectively than second-term mayors (who cannot run for re-election). More open and competitive municipal democratic practices, with less

room for clientelistic allocation of rents, are associated with better programme impact.

Implications for service provision

The research shows that the primary objective of the Bolsa Escola programme—to improve school attendance by providing cash transfers—was achieved and thus results in better service delivery. The programme also has implications for the election of municipal officials, particularly mayors, since the quality of their performance affects his/her chances of re-election.

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A.3. Water, sanitation and hygiene (WASH)

Case Study 1. India: A link between multiple accountability relationships and improved service delivery.

Accountability programme: Customer-focused service delivery reforms at Hyderabad Metropolitan Water Supply and Sewerage Board (Metro Water), India

Accountability mechanisms: Rewards and learning

Case overview

The state government of Andhra Pradesh established Metro Water in 1989 in response to a water crisis brought by drought and to tap into international assistance from the World Bank to improve water service delivery. It serves as an example of organizational changes (and related accountability mechanisms) introduced during the 1990s yielding positive results in the delivery of water services, particularly the faster responses to citizens' complaints.

Actors

The primary actors are senior managers and 'frontline (field) workers' of Metro Water, and the citizens of Hyderabad.

Relations of accountability

Prior to the reforms initiated in Metro Water, citizens had no effective means of expressing grievances and complaints regarding service delivery: they had to make requests in person at their local water service station, and responses to complaints were slow.

Two kinds of reforms were undertaken at Metro Water: first, reforms in customer service that included setting up telephone hotlines for the reporting of complaints; and second, organizational changes that placed frontline or field workers directly under the supervision of senior Metro Water managers, rather than local politicians. Both types of reforms proved successful. The telephone hotline made the reporting and tracking of complaints easier, and the mapping of priority areas possible. The reorganization made the frontline workers aware of the importance of responding to complaints on time, and facilitated better working relationships with senior Metro Water managers, who are more knowledgeable about service delivery than local politicians.

Mechanisms of democratic accountability

The rewards yielded by the programme for Metro Water include increased citizen satisfaction on water services (repair of broken sewage lines and clogged water pipes, among others) and a better perception of Metro Water as a public utility service provider. A lesson learned from these reforms is that effective organizational changes can counter bottlenecks in the provision of services.

Implications for service provision

The success of the reforms at Metro Water has allowed explorations on whether the customer service and organizational elements of the reforms may be implemented in similar public utility service providers in other parts of India.

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Case Study 2. Malawi: An evaluation of a developing programme for water service delivery

Accountability programme: 1969 Water Resources Act, 2005 National Water Policy

Accountability mechanism: 1969 act: sanctions; 2005 policy: sanctions, rewards and learning

Case overview

Malawi has been relatively late to implement water service delivery programmes that conform to international water regime standards. It took nearly 40 years to revise a poorly implemented piece of water legislation. The 2005 National Water Policy aimed to fully harness the potential of the country's abundant freshwater resources and make the governance of water resources more transparent, participatory and accountable.

Actors

All concerned government agencies in water service delivery, aid agencies and citizens.

Relations of accountability

The 1969 Water Act provided for very little government accountability regarding the delivery of water. It focused on the provision of 'water rights' to farmers requesting irrigation. Other cross-cutting concerns such as anti-water-pollution strategies, sanitation and related health issues were overlooked, which provided the impetus for the 2005 Water Policy. A more holistic approach to the delivery of water services is outlined in the new policy, which encourages sanitation, access to safe drinking water and participatory decision-making processes with non-government actors.

Mechanism of democratic accountability

Very few sanctions were identified in the 1969 act. The 2005 policy appears to have produced mixed results. Sanctions are better enforced, but remain minimal. Rewards are still subject to patronage. The best result has been educational, as international standards become more familiar to providers and end users.

Implications for service provision

This case emphasizes the importance of information. The inclusion of democratic principles on water governance in the 2005 policy made citizens more cognizant of accountability as an imperative principle.

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Case Study 3. Ghana: Lessons from the politics of public–private partnerships in providing sanitation services

Accountability programme: Provision and maintenance of public toilets

Accountability mechanism: Rewards

Case overview

The ineffectiveness of local governments in providing and maintaining public toilets motivated the creation of public–private partnerships. It was decided that the role of government in the provision of services should be reduced in favour of creating an ‘enabling environment’ for the private sector.

Actors

City governments, private construction and sanitation firms, and citizen-based organizations.

Relations of accountability

City governments outsourced the provision and maintenance of public toilets to private construction and sanitation firms. Citizen-based organizations were then expected to serve as watchdogs to determine whether the private construction and sanitation firms delivered services effectively.

Mechanism of democratic accountability

This case demonstrates that the rewards for private construction and sanitation firms are extremely high (in the form of lucrative contracts), while sanctions are very low. There have been documented cases of private contractors being unable to provide effective sanitation services, yet remaining unsanctioned. Political patronage has reportedly hindered the effective oversight of public officials and private firms by citizen-based groups. The majority of citizen-based groups reportedly had ties with the city governments, and in some cases depend on city governments for subsidies and funding.

Implications for service provision

The public–private partnerships in the provision and maintenance of public toilets did not result in better service delivery. ‘Genuine privatization’—characterized by competition, market discipline and sensitivity to customer satisfaction—was identified as a possible solution, together with the creation of a more vigilant constituency.

References

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Case Study 4. Myanmar: Experiences in sanitation and hygiene promotion

Accountability programme: Adoption of a National Sanitation Week and a programme on Social Mobilization (SocMob) for Sanitation and Hygiene

Accountability mechanism: Learning

Case overview

Myanmar's National Health Policy set the goal of achieving sanitation for all by the year 2000. Cognizant of Myanmar's status as one of the least-developed countries, and its lack of sufficient resources to provide for hygiene and sanitation services, the government opted to adopt the National Sanitation Week and SocMob for hygiene as information campaigns on the importance of handwashing and the construction of sanitary latrines in their households.

Actors

The primary actors are village officials and authorities, NGOs and households.

Relations of accountability

The government's political commitment, from the national level down to the villages, was described as very high. Strategies on the delivery of information to citizens included not only the use of mass media, but extensive house-to-house visits as well.

Mechanism of democratic accountability

Awareness and learning on sanitation and hygienic practices was the primary goal of the campaigns, and this was found to be successful. Survey data showed that access to sanitary means of household waste ('excreta') disposal increased from 45 per cent in 1997 to 67 per cent in 2001. Handwashing also increased significantly—from a mere 18 per cent in 1996 to 43 per cent in 2001.

Implications for service provision

The case was also successful from the perspective of information delivery as a public service. Greater awareness of sanitation and hygienic practices among citizens was identified as a possible enabler of effective service delivery, as citizens can identify, report, and fix/improve sites or latrines that they deem unsanitary. Empowering citizens through better information and the promotion of good sanitation and hygiene practices also eliminates the need for private contractors to step in and provide these services.

References

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Case Study 5. India: provision of sanitation services in South Indian villages

Accountability programme: Provision of village sanitation services

Accountability mechanisms: Sanctions and rewards

Case overview

Poor environmental sanitation has been a perennial problem in rural India. In selected districts in four South Indian states practices of environmental sanitation policies are analysed, causes of poor implementation identified and possible solutions suggested. The need for accountability stems from the perception that local governance mechanisms on environmental sanitation need be reviewed and assessed.

Actors

The *gram panchayats* (village councils), Panchayati Raj institutions (democratically elected governments below the state governments), local elites and citizens.

Relations of accountability

Panchayati Raj institutions have jurisdiction over *gram panchayats*, but their functions and responsibilities often overlap, which complicates the accountability situation. Enforcement of accountability mechanisms in the sites examined is still weak, as specific accountability measures regarding environmental sanitation are often not yet in place.

Mechanism

Sanctions and rewards only exist in relation to funding of sanitation services. Elite politics figures prominently in the provision of funds. Local political elites had 'captured' sanitation services and prioritized their areas of jurisdiction. For non-elite public officials, non-affiliation with these elite blocs in local- and village-level governments results in sanctions in the form of little or no allocation for sanitation services. The results are therefore mixed and very uneven: in some sites or districts the provision of sanitation services is regular and effective, while elsewhere services are poor and irregular.

Implications for service provision

There are huge disparities in the quality of sanitation services. Quality service delivery in sanitation requires a more concerted, harmonized effort by local- and village-level governors. Citizens should also be better informed about the advantages of proper environmental sanitation, and the health risks associated with poor sanitation.

References

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Case Study 6. Nigeria: The relationship between democratic governance and the delivery of social services

Accountability programme: National Rural Water Supply and Sanitation Programme

Accountability mechanism: Learning

Case overview

The 2004 National Rural Water Supply and Sanitation Programme in Nigeria was a government attempt to align service delivery in water and sanitation with principles of democratic governance. Rural areas featured prominently in this programme, because 71 per cent of Nigeria's rural population lacks access to clean drinking water. The need for accountability also arose from years of ineffective government provision of safe drinking water brought about by a poorly functioning national water corporation.

Actors

The main actors are government, NGOs, CSOs, the private sector, external support agencies (donors and lending institutions) at all levels and rural communities.

Relations of accountability

The programme encouraged open consultations and dialogue among all actors, which brought about increased learning among all stakeholders about the importance of safe water provision and effective sanitation services.

Mechanism of accountability

Since the provision of water in Nigeria remains within the purview of the state, sanctioning ineffective service provision is very unlikely. The main thrust of the programme was thus to gather multiple perspectives and suggestions on effective service delivery from a wide range of stakeholders, and for the government to devise strategies to train rural dwellers in community-based water supply and sanitation strategies.

Implications for service provision

It is noteworthy that in this case, private sector participation in service delivery was limited to a consultative status. Private–public partnerships were not encouraged, perhaps in order to limit the risk of corruption.

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Effective service provision entails the efficient and effective provision of public services, but also giving citizens and groups within society—regardless of gender, religion, age, sexual orientation, ethnicity or class—the opportunity to participate in the relevant decision-making processes.

This paper reviews the academic and policy literature on the role of sanctions, rewards and learning in generating democratic accountability in three service sectors: health, education and water, sanitation and hygiene (WASH).

It argues that successful democratic accountability in service delivery depends on the presence of functioning institutions, longer time horizons and the ability to tap into the power of collective action.