ASSESSING THE IMPACTS OF
SOCIAL ACCOUNTABILITY INTERVENTIONS

Social accountability initiatives are now an established part of the governance agenda in India. Accountability tools that were first pioneered by citizens to hold service providers to account are now institutionalized and implemented by government itself. While this is a significant trend in itself, the scale-up and institutionalization of these citizen-driven initiatives present a new set of questions on how to measure their impacts. To date, a number of these initiatives have been carried out but with limited evidence of their impacts on service delivery and development outcomes. Quite often, indicators to assess these accountability interventions are too broad and do not capture complex and multi-layered change. Between the introduction of an accountability intervention and the development outcomes that these interventions are targeted to achieve, there are a several types of changes that must take place. A framework for assessing social accountability interventions was developed from the experiences of three accountability interventions introduced in large-scale public programs in India.[1] These public programs include the public education system in Andhra Pradesh, District-level development services in Maharashtra and the National Rural Employment Guarantee Scheme (NREGS) in Rajasthan.

In the social accountability context, citizens are the key drivers and initial stages of all social accountability interventions work to build their accountability-seeking capacity. Information on rights and entitlements to service delivery serves as catalyst in spurring citizen action. Citizens, especially poor citizens, often do not know that these rights and entitlements exist in the first place and addressing these information asymmetries is a critical first step. In Andhra Pradesh, parents analyzed information on the funds and grants available to the community and budget allocations and expenditures on textbooks and other learning materials for the village school. In Rajasthan, wage seekers analyzed the budget and actual costs for materials and wages for NREGS-sanctioned works in the area.

This increase in information and awareness then initiates a series of behavior changes within the practices of citizens, individually and collectively. First, they develop **information-seeking behavior**, seeking out information on service delivery from service providers that they normally would not. By doing so, relationships between service users and providers shift. Social accountability interventions, such as community scorecards, specifically focus on creating constructive spaces for face-to-face dialogue between service users and frontline service providers.

Through this heightened understanding and dialogue, citizens develop a sense of ownership over these service entitlements and then exhibit **accountability-seeking behavior** in instances when they did not have access to them. Service users begin to openly question and challenge information and service

providers about service delivery lapses. In Maharashtra, the community questioned district level service providers to understand why there were lapses in health services. In Andhra Pradesh, parents challenged teachers, school administrators, and government about suboptimal education outcomes.

On the supply side, frontline service providers also begin to develop new behavior changes. After interfacing with citizens and better understanding their needs, they develop more responsive systems and processes. In Rajasthan, lower level government functionaries understood and assumed their roles and responsibilities as NREGS service providers for the first time.

Finally, information- and accountability-seeking behavior changes establish **development outcomes-seeking behavior.** Citizens, both individually and collectively seek to fulfill specific development outcomes through access to these public services and entitlements. In Maharashtra, mothers sought out better nutrition and immunizations for their children and the community actively sought to ensure total sanitation in the village. In Andhra Pradesh, students begin to attend classes more regularly and teachers started to arrive to school on time and introduce more innovative teaching methods. In Rajasthan, in the context of NREGS, wage seekers started to monitor NREGS implementation and increasingly exercised this right to work entitlement.

These localized behavior changes, iterated over a period, then upwardly inform the practices of government, which eventually become internalized as norms and established as **institutional changes**. Institutional changes include **process changes** (shifts in the functioning of management systems, including how data are received and how decision making takes place) as well as **policy changes** (changes in budget allocations and legislation). These institutional changes, in turn, reinforce and deepen shifting behavioral changes within service users and providers. For instance, the accountability intervention in Maharashtra was iterated three times over the course of one year. After the first round, service providers and local government functionaries were eager to implement reforms in service delivery after receiving feedback from the community. As a response, in later iterations, the community sought more accountability from service providers as well as better health outcomes in the community. Over time, this combination of increased information and accountability, leading to behavior and institutional changes, can hasten the achievement concrete development outcomes. Table 1 describes the key impacts and outcomes of these three social accountability interventions.
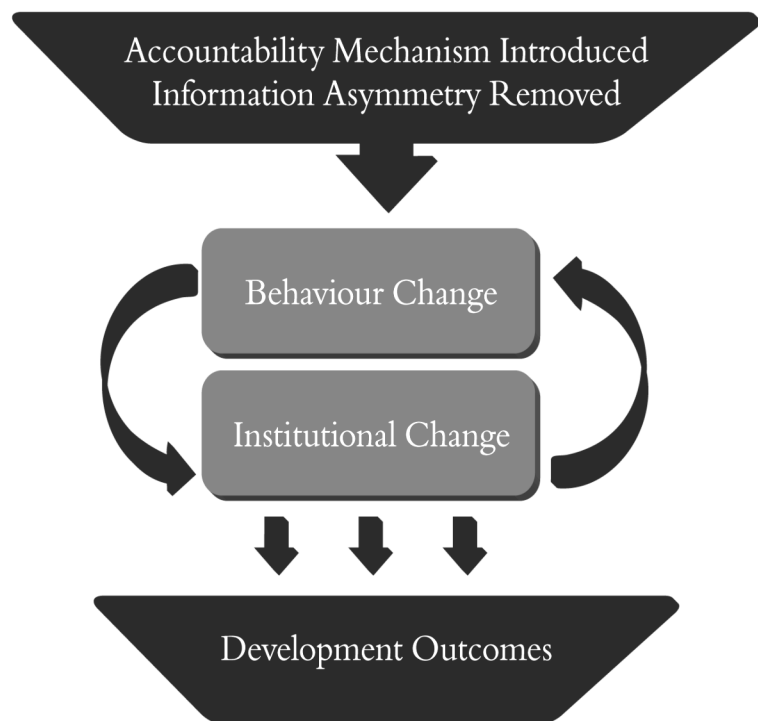
Table 1: Key Impacts and Outcomes in Social Accountability Interventions	
Behavior changes	• 45 percent increase in infant breastfeeding immediately after birth, 30 percent increase in infant breastfeeding for first six months (Maharashtra) • All drinking water sources disinfected and unsafe drinking water samples decreased by approximately 63 percent (Maharashtra) • Local government functionaries and service providers developed sharper understanding of problems in service delivery and responsive management systems and processes (Maharashtra) • Parents and community assessing and questioning school staff and seeking out information on funds and grants to improve village schools (Andhra Pradesh) • Teachers more motivated to come to school and introduce new learning innovations (Andhra Pradesh) • Children staying in school for longer periods (Andhra Pradesh) • Community and teachers donating own time and resources to improve school infrastructure (Andhra Pradesh) • Increased awareness of NREGS entitlements and provisions among wage seekers (Rajasthan) • Lower level government functionaries assume their responsibilities as NREGS service providers for the first time (Rajasthan) • Local government and field supervisors sensitized toward problems in NREGS service delivery and develop more responsive management processes and systems (Rajasthan)
Institutional changes	• Institutional platform for continuous dialogue and feedback between community and service providers (Maharashtra, Rajasthan) • Cadre of monitors at the community level, including civil society organizations, women's groups and youth, who participate in local problem solving and improved targeting (Maharashtra, Andhra Pradesh, Rajasthan) • Government Order mandating Panchayat participation in school management, making them accountable to the village community (Andhra Pradesh) • Weekly, open training for NREGS wage seekers and capacity building of field supervisors on work measurement standards (Rajasthan) • Increased recruiting and trainings for female field supervisors (Rajasthan) • Intermediary agency between the government and contractual staff removed (Rajasthan)
Development outcomes	• 46 percent increase of children in normal nutritional grade (Maharashtra) • Total sanitation and significant decrease in waterborne diseases in all 178 villages (Maharashtra) • A 16 percent increase in immunized children within one year, covering 94 percent of children (Maharashtra) • 100 percent enrollment of children in eight villages in the two districts (Andhra Pradesh) • Teacher absenteeism declined by 10 percent (Andhra Pradesh) • Increase in household income after shifting from private to public education (Andhra Pradesh) • Program redesign and resource reallocation to improve program effectiveness and public expenditure efficiency (generation of innovative solutions to local problems through interaction of community and service providers)