

Social Audits: Fostering Accountability to Local Constituencies

Two seemingly conflicting forces are tugging away at those involved in international development these days. One, exerted by donor countries, comes in the shape of pressure for accountability and results. The other, emanating from recipient countries and supported by many of those working for development agencies, is pulling in the opposite direction, i.e. towards increased autonomy and ownership of development programmes by the aid recipients themselves.

There is an obvious way of resolving this dilemma. Develop national and local capacity for results-based management, accounting, monitoring and evaluation. Enable recipient countries to keep control of the process and donors will get both accountability and results.

But what kind of accountability and what kind of results should we be seeking? Development programmes should be accountable to those who supply the resources, no doubt, but also to the intended beneficiaries. And nobody has a greater interest in results than those whom the programme is intended to benefit.

And yet, is accountability to intended beneficiaries a realistic objective? The more a programme is aimed at poverty reduction, the more likely it is that the intended beneficiaries will be poorly informed, unorganised and voiceless. Building this kind of accountability is part of the process of creating a participatory civil society. Whilst evidence alone cannot educate and organise, reliable, actionable evidence is a necessary condition. And evidence that is shared systematically with communities, service-providers and the media can help strengthen constituencies for service accountability at community, district, provincial and national levels.

Social audits form just such an attempt to generate both accountability and results

by systematically building the community voice into the evaluation process.

The Three Phases of a Social Audit

Phase 1: design and data collection

- Ω clarify the strategic focus
- Ω design instruments and conduct pilot test
- Ω collect information from households and key informants in a panel of representative communities

Phase 2: evidence-based dialogue and analysis

- Ω link household data with information from public services
- Ω analyse findings in a way that points to action
- Ω take findings back to the communities for their views about how to improve the situation
- Ω bring community members into discussion of evidence with service-providers/planners

Phase 3: 'socialisation' of evidence for public accountability

- Ω workshopping
- Ω communication strategy
- Ω evidence-based training of planners and service-providers
- Ω media training
- Ω partnerships with civil society

What is a social audit?

Social audits¹ make organisations more accountable for the social objectives they declare. Calling an audit 'social' does not mean that costs and finances are not examined - the central concern of a social audit is how resources are used to meet social objectives, including how resources can be better mobilised to this end. Even a thoroughly competent and honest financial audit may reveal very little about the results of the programme under review. Only reliable evidence that links a programme's impact and coverage to its cost can serve the needs of managers who seek to manage on the basis of results. Nor can social accountability be achieved by looking only

at internal records of performance, however well and honestly these are kept. A social audit must include the experience of the people whom the organisation is intended to serve.

What is different about a CIET social audit?

- Ω Its epidemiological backbone allows for causality analysis. By formally linking qualitative and quantitative data, it can predict the relative likelihood of success of alternative corrective actions.
- Ω It strengthens the community voice, not only by including user views through surveys, but through formal mechanisms of participation in interpreting evidence and developing solutions.
- Ω It builds social audit capacities at national and local levels, both in community organisations and in the services.
- Ω It takes the cost to the intended user of the service as seriously as the cost to the service-provider itself.

Seven key features of a social audit

1. *Getting the evidence.* Hard data from households, schools and communities, as well as from the service-provider itself, are gathered systematically to guide planning and action.
2. *Community participation.* Communities not only co-produce the data, but, through focus groups and workshops involving community representatives, they also help design local and national solutions.
3. *Impartiality.* A community-based audit by a neutral third party can help to foster a culture of transparency and strengthen service credibility.
4. *Stakeholder buy-in.* All those who have a significant stake in service delivery are actively involved throughout the audit, from the initial design stage right

through to implementing community-led solutions.

5. *No finger-pointing.* A social audit is intended to focus on systemic flaws and programme content, rather than on individuals or organisations. Even negative findings can be framed as a starting point for improvement.

6. *Repeat audits.* Several audit cycles are usually needed to measure impact and progress over time, and to focus planning efforts where they can be most effective.

7. *Dissemination of results.* A communication strategy, including feedback to communities, mapping and media dissemination is part of every social audit design.

Some past experiences

Neither funding agencies nor governments necessarily *want* broad community participation in evaluative surveys or any wide dissemination of their results. Supplying actionable feedback to all stakeholders and systematically disseminating results both entail costs they are often unwilling to incur. And when the evidence does not coincide with donor or government expectations, dissemination can become even less of a priority. Nevertheless, CIET has tried to implement the full package of 'evidence socialisation' (as this process is known) wherever it can, with some notable successes.

In Uganda, the Ministry of Agriculture was loath to accept the findings of a 1996 service delivery survey² that showed only 10% of farming households had ever been visited by an agricultural extension worker. District officials were more willing to agree to the finding, however, knowing full well as they did that cutbacks in staffing had led to a lack of staff supervision.

The social audit methods described here were first developed and tested in the Mexican state of Guerrero, where CIET has its academic centre. From 1992 to 1995, a project called 'Micro-Regional Planning' was

About CIET:

CIET is an international group of epidemiologists and social scientists that brings research and communication skills to local government and community levels. As an academic centre in Mexico and an NGO in Europe, North America, Africa and Asia, CIET is dedicated everywhere to building the community voice into planning and governance.

For more about CIET, see
<http://www.ciet.org>

carried out in five of the poorest districts (*municipalidades*) in the state. Funded by Canada's International Development Research Centre (IDRC), the project embraced 82,000 people in 400 different communities. Several cycles of evidence-gathering followed by analysis and dissemination helped the district authorities to plan, implement and evaluate health education activities and concrete improvements in water supply and sanitation. Town meetings, child-to-parent techniques³, popular theatre, conventional radio and loudspeakers in the town square were all used to educate the population and disseminate the results. Measurable improvements attributable to the project were seen in areas such as water chlorination, latrine use, childhood diarrhoea prevalence and scorpion stings.⁴

A series of social audits in South Africa (also funded by the IDRC) has involved NGOs, government community development workers and the police force in seeking ways to deal with sexual violence. After a 1998 survey showed that very few reported cases of rape ever culminated in prosecutions, the Johannesburg police took action and a measurable improvement was registered in a follow-up survey conducted in 2000.⁵

In Pakistan, a pilot project (financially supported by the Canadian government through the Canadian International Development Agency) assessing access to justice for the women of Karachi became the precursor of a much larger 'Social Audit of the Abuse of Women', headed by the federal government. The fieldwork for the

latter project has only recently begun, following interviews that have been conducted with some 80 stakeholders from civil society, government and academia. These stakeholders will play a key role in 'socialising' the evidence gathered. The project is funded by the United Nations Development Programme (UNDP) with support from the UK Department for International Development (DFID).

In South Africa's Eastern Cape Province, a 1997 CIET review (also funded by the IDRC) of a regional economic development programme, the Wild Coast Spatial Development Initiative, uncovered evidence of unauthorised charges for health services in certain parts of the region. Subsequent media coverage of the results and discussions with the provincial health authorities led a follow-up survey carried out in 2000 to conclude that such practices had virtually disappeared.⁶

Capacity development

A single ad-hoc review offers limited opportunities for consistent capacity development. A full social audit involving successive survey cycles, on the other hand, provides an opportunity for solid on-the-job training and more.

The Wild Coast experience, and a pilot survey in another region of Eastern Cape province, prompted the provincial authorities to ask for an executive training course in evidence-based planning. In February 2002, ministers from 10 provincial departments plus the Director-General and his deputy participated in a four-day, intensive course that covered such topics as assessing information for planning purposes, using statistics in planning, priority-setting, combining qualitative and quantitative information, evidence and causality, cost analysis, socialising evidence for participatory action, and the use of computerized mapping techniques for planning.

A programme in Canada's Atlantic Provinces called 'Local Public Health Infrastructure Development' (funded by Health Canada),

involving three to four surveys in each of five health regions over a 30-month period, combined with a special eight-week course in evidence-based planning, created a cadre of public health nurses (who form the front line of Canada's public health system) capable of conducting social audits with minimal external technical support.⁷

In the nationwide evaluation of Bangladesh's Health and Population Sector Programme,⁸ a medical officer from the national health service and five field coordinators were seconded from their government or university posts to work full-time with the CIET team during the second evaluation cycle. One of the field coordinators has subsequently been appointed to the post of Deputy Programme Manager for Local Level Planning at a national level. Two other field coordinators have since played active technical roles in surveys on arsenic poisoning and social safety nets. In the third cycle, it is hoped to increase the number of national-level interns to three and to have six part-time interns in each of the country's six divisions.

As part of an evaluation of prenatal nutrition programmes funded by Canada's Assembly of First Nations, 100 community-

based researchers across the country, chosen by their own communities and ranging in backgrounds from mothers to health directors, are being trained in data collection, preliminary analysis and the dissemination of evidence.

References (all but the first of these documents can be downloaded from <http://www.ciet.org>)

- 1 Also used frequently in the world of corporate ethics, the term is restricted here to the realm of public services.
- 2 Cockcroft A. Performance and Perceptions of Health and Agricultural Services in Uganda. Washington DC: CIETinternational/World Bank/UNICEF/CIDA; 1996 Dec. (Available from CIETinternational, 511 Avenue of the Americas #132, New York, NY 10011).
- 3 Educational messages to parents by way of their children.
- 4 Villegas Arrizón A. Impacto del proyecto planificación microrregional en cinco municipios pobres del estado de Guerrero [dissertation]. Acapulco, Guerrero, México: Universidad Autónoma de Guerrero; 1999.
- 5 Andersson N., Mhatre S., Naidoo S., Mayet N.,

Mqotsi N., Penderis M., Onishi J., Myburg M., Merhi S. Beyond victims and villains; the culture of sexual violence in South Johannesburg. CIETafrica SMLC. Johannesburg, 2000.

- 6 Mitchell S., Merhi S., Myburg M., Andersson N. The limits of investment-led development: impact assessment of the Wild Coast SDI 1997-2000. Draft Summary Report. East London: CIETafrica; February 2001.

- 7 Carlsson C., editor. Local evidence-based planning in Atlantic Canada: Panel discussions from a colloquium sponsored by CIETCanada in collaboration with Health Canada and the University of Ottawa, 14-16 July 1999. Ottawa: CIETCanada; 2001.

- 8 CIETCanada and Ministry of Health and Family Welfare. Health and Population Sector Programme 1998-2003 Bangladesh Service Delivery Survey, Second Cycle. February 2000.

By Robert J. Ledogar, Associate Executive Director, CIETinternational, e-mail: rlledogar@ciet.org, and Neil Andersson, Executive Director, the CIET Group, e-mail: CIETinter@compuserve.com

Resources for 'Voice'

Hauge, A.O. (2001) *Reforming Technical Cooperation for Capacity Development. Accountability - To What End?* New York: UNDP.

In this paper Hauge discusses the weaknesses of the traditional accountability paradigm and suggests that this is part of the problem of aid ineffectiveness. Recipient organisations are answerable to donors, capacity development is hampered, there is no scope for learning, projects are enclaves servicing donor accountability and thus become isolated from existing activities, and review formats require the collection of masses of irrelevant data.

An alternative or complementary approach to accountability centres on the relationship between recipient organisations and the ultimate beneficiaries. Such instruments of 'voice' and end-user accountability include client or citizen score cards, user satisfaction surveys, public hearings, ombudsman offices and joint evaluations. The paper discusses these instruments in general, as well as their advantages in the context of technical cooperation and capacity development.

<http://capacity.undp.org/focus/accountability/accountability.pdf>

World Bank Group publications on: *Voices of the Poor: Reports*

The purpose of Voices of the Poor, also known as Consultations with the Poor, was to enable a wide range of poor people living in different countries and conditions to share their views, so as to inform and contribute to the *World Development Report 2000/01 (WDR)* on the theme of poverty and development. The study was led by the Bank's Poverty Group.

Voices of the Poor consists of three books bringing together the experiences of over 60,000 poor women and men. The first book, entitled *Can Anyone Hear Us?*, gathers the voices of over 40,000 poor women and men in 50 countries from the World Bank's participatory poverty assessments. The second book, *Crying Out for Change*, draws its material from a new 23-country comparative study. The final book, *From Many Lands*, examines a number of regional patterns and country case studies.

<http://www.worldbank.org/poverty/voices/reports.htm#crying>