A Strategic Approach to Social Accountability in Pakistan

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Summary

This paper explores the progress of the Empowerment, Voice and Accountability for Better Health and Nutrition (EVA) project implemented by Palladium in partnership with the Centre for Communications Programmes Pakistan. EVA aims to empower, organise and facilitate Pakistan's citizens to hold the provincial governments of Punjab and Khyber Pakhtunkhwa (KP) to account for the delivery of quality reproductive, maternal, new-born, child health and nutrition services (RMNCH-N). The paper situates the project within contemporary understandings of social accountability programming, and examines its approach to operationalising an adaptive, politically savvy and locally led way of working in a challenging context. It also comments upon the foundations of EVA's early successes and its potential future directions as a way of offering guidance for similar projects.

EVA is a five-year project (2014–19) with a budget of £18.85m funded by the UK Department for International Development (DFID) in Pakistan. The project is a component of DFID Pakistan's flagship maternal and child health project 'The Provincial Health & Nutrition Programme'.

Keywords: social accountability; Pakistan; voice; mobilisation; adaptive.

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Contents

Boxes

Figures

Acknowledgements

Acronyms

BHU	Basic Health Unit
CM	Chief Minister
DAF	District Advocacy Forum
DBC	district-based consultation
DFID	Department for International Development
DLI	disbursement linked indicator
EVA-BHN	Empowerment, Voice and Accountability for Better Health and Nutrition
GDP	gross domestic product
IMU	Independent Monitoring Unit
KP	Khyber Pakhtunkhwa
MPA	Member of the Provincial Assembly
NGO	non-governmental organisation
PAF	Provisional Advocacy Forum
PAIMAN	Pakistan Initiative for Mothers and Newborns
PCMS	Primary Care Management Committee
PEA	political economy analysis
PHNP	Provincial Health and Nutrition Programme
PML-N	Pakistan Muslim League-Nawaz
PSPU	Policy and Strategic Planning Unit
PTI	Pakistan Tehreek-e-Insaf
RMNCH-N	reproductive, maternal, new-born, child health and nutrition services
SDG	Sustainable Development Goal
STAEP	Supporting Transparency, Accountability and Electoral Process in Pakistan
TRF+	Technical Resource Facility

Key terms

Diagonal accountability: When citizens involve themselves in the state's horizontal accountability institutions, such as through participation within state mandated or funded health users' committees.

Horizontal accountability: State institutions monitoring and sanctioning one another, as with ombudsmen or human rights commissions.

Political settlement: The informal agreement between elites as to how power, opportunities and services are to be distributed.

Social accountability: An ongoing and collective effort to hold public officials to account for the provision of public goods, such as health and education services.

Social contract: The obligations citizens and states consent to, to ensure a rule-governed society and the legitimacy of authorities.

Vertical accountability: A focus on citizens' ability to raise their voice and sanction elected representatives and governance institutions through formal democratic processes such as elections and complaint mechanisms, or through informal pressure such as lobbying or protests.

Key lessons

- EVA has mobilised citizens and built relationships at multiple levels of Pakistan's governance architecture, and it has had several successes that tentatively suggest its approach to social accountability will bear significant fruit in the long run.

- The project's evolving model accords with recent literature that argues 'strategic' approaches which deploy multiple tactics, vertically integrate monitoring and advocacy efforts, coordinate citizens' voice with ongoing state-based reforms, and foster enabling environments are key to supporting transitions towards social accountability in difficult contexts.

- Nonetheless, from its outset, EVA has faced several contextually specific challenges; to overcome them it has mainstreamed the principles of adaptive, politically smart and locally led programming. Regular political economy analyses, some flexible budgeting, and a willingness to continuously question its theory of change are the cornerstones of this approach.

- In this, EVA has benefited from support from its counterparts in DFID and the wider Provincial Health and Nutrition Programme framework. Indeed, a joined-up approach that draws on each organisation's strengths has led to several recent developments with the potential to institutionalise accountability relationships.

- EVA's experiences suggest that social accountability programmes require the time and space to gradually scale up, should not limit themselves to 'vertical' accountability, and should be encouraged to demonstrate their impact through innovative methods. To support this, donors may have to re-think what denotes 'success' within programmes, with particular attention given to what takes place in the margins, and how they can support wider enabling environments for accountability.

1 An introduction to EVA

Begun in 2014, EVA aims to empower, organise and facilitate citizens and civil society to hold the provincial governments of Punjab and Khyber Pakhtunkhwa (KP) to account for the delivery of quality reproductive, maternal, new-born, child health and nutrition (RMNCH-N) services. It is part of DFID's Provincial Health and Nutrition Programme (PHNP), which includes a Technical Resource Facility (TRF+) that provides advice to the two governments; and a conditional financial aid package of £130m tied to their achievement of disbursement linked indicators (DLIs). Together they aim to contribute towards Sustainable Development Goals (SDGs) 2 (improved nutrition) and 3 (healthy lives and wellbeing) in Pakistan.

For its part, EVA seeks to: (i) enhance communities' understandings of their health rights and entitlements, and to increase their capacities to monitor the planning and delivery of services; (ii) organise communities to advocate for desired service provision and policy changes at the local, district and provincial levels; and (iii) engage and build relationships with key stakeholders around specific activities in order to implement them successfully, including broader changes that affect communities beyond those with which EVA directly works. The project also hopes that some of its activities will be adopted and sustained by the two provincial governments when it ends. This paper understands EVA's activities as aimed at 'social accountability' or, put another way, as an 'ongoing and collective effort to hold public officials to account for the provision of public goods' (Joshi and Houtzager 2012).

Although debate continues around the conditions that support social accountability, a broad range of activities – from social audits, protests and media campaigns, to citizens' score cards, budget monitoring, public–private watchdogs and participatory policy design – fall under this label. For their justification they all point to evidence that suggests bringing powerholders, decision-making, and state institutions closer to empowered citizens can improve the efficacy of public services that contribute towards human development (Joshi and Moore 2004; Evans 2008; Faguet *et al.* 2015). In this sense, they are part of a wave of post-Washington consensus programmes that have sought ways to involve citizens and organised civil society in bottom-up efforts to encourage and, where possible, co-produce pro-poor governance (Carothers and de Gramont 2013).

Building on experiences in Pakistan and elsewhere, EVA is structured around a model of social accountability that facilitates local community groups to raise issues and demands related to health, with a focus on RMNCH-N services. Its activities include training in community-based monitoring, and the use of this information to support direct advocacy efforts. When citizens' demands cannot be resolved locally, they can be raised within district and provincial level forums in which community members, civil society activists, state representatives and EVA staff engage with one another. More broadly, the project works with Pakistan's print and television media, and is building networks of journalists and religious leaders. These activities are designed to legitimise EVA's activities, amplify the voices of its community groups, and to educate the wider population as to their rights and entitlements.[1]

Although only over halfway through, EVA has built a range of structures and relationships, and has had several early successes (see Box 1.1) that tentatively suggest its approach to social accountability is ideally placed to bear significant fruit in the long-run. This paper unpacks the contemporary theoretical literature to cautiously attribute this to its use of a 'strategic' model of social accountability, and to its ongoing efforts to institutionalise an 'enabling environment' for responsive governance and productive citizen-state engagements (Fox 2015; Fox and Aceron 2016). At the same time, it shows how EVA benefits from the adoption of an 'adaptive', 'politically smart' and 'locally led' approach to programming that is

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[1]   EVA also includes a fund to support innovative solutions for the better provision of RNMCH-N services. However, this paper is primarily concerned with EVA's model of social accountability so it is not discussed.

increasingly championed as an alternative to mainstream ways of working in challenging contexts (Booth and Chambers 2014; Wild *et al.* 2015). The paper explores where these approaches have had traction and where they have encountered difficulties. And concludes with brief comments on what EVA's experiences suggest for practitioners and donors in the wider social accountability field.

Box 1.1: EVA's early successes

Although social accountability initiatives rarely show much in the way of measurable impact early on, and attribution presents a significant challenge, it is worth highlighting some of the emerging signs of EVA's progress:

- The initiative has facilitated 310 community groups, each with an average of 25 members, spread across nine districts in Punjab and KP. By the end of 2016 these groups had made 3,585 demands. Of these, 1,328 (37 per cent) were resolved to the satisfaction of the groups.
- An analysis of the media from a January 2015 baseline shows that the coverage of health stories in Pakistan had increased by 145 per cent by summer 2016. Of these, at least 230 print articles and television news segments are attributable to EVA-trained journalists.
- In KP, EVA has been invited to help three district governments develop their health plans. These include funds allocated to the resolution of demands raised by EVA's community groups. Furthermore, a 'Patients' Rights Charter' outlining behavioural standards for health facility staff developed by EVA from its participants' feedback has been adopted by KP's Health Care Commission and will be mainstreamed throughout the province with EVA's support.
- EVA has built relationships with KP's Independent Monitoring Unit – a public oversight body concerned with the quality of service provision by the health department. This relationship mainly involves the sharing of community-based monitoring data and other primary research from the project to add user perspectives to the available monitoring data.
- Working with DFID and TRF+, EVA has persuaded the KP government to include the resolution of 40 per cent of the demands raised by its District Advocacy Forums (DAFs) within the provincial government's 2016 DLIs for DFID funds. This DLI was met in early 2017 by the KP government.

Nonetheless, before proceeding, two caveats must be made. Firstly, this paper is not a review of EVA or its impact. Rather, the aim is to situate the project within contemporary thinking around social accountability and ways of doing development that account for, and work with, political realities in challenging contexts.[2] Secondly, reform efforts in 'competitive clientelistic' political systems, such as Pakistan, tend to be frustrating and unpredictable, and are likely to be characterised by fits and starts, with 'islands of effectiveness' in some sub-national contexts and the marginalisation of others (Kelsall *et al.* 2016). Accordingly, the paper's analysis and conclusions must be read against the risks of operating in such a context.[3]

Research for this paper was carried out by the author – an independent consultant – with funding from Palladium in Pakistan over 40 days in 2016. It included a desk-based review of the literature on social accountability and EVA's programme documentation, semi-structured in-depth interviews with programme and DFID staff, and interviews with organisations responsible for implementing the programme's various components. Interviews and focus groups were also conducted with community group members in Peshawar, Nowshera, Lahore and Multan. Visits to community group meetings with local authorities were also conducted. Thanks go to those that gave their time to aid the research. Before examining the theoretical literature and EVA's model, the paper turns to the contextual conditions for social accountability in Pakistan.

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[2]   Based on the findings of this report the author has offered recommendations to EVA elsewhere.

[3]   Predicating the direction of social accountability initiatives in challenging contexts reminds one of Donald Rumsfeld's famous comments on 'known unknowns' and 'unknown unknowns'.

2 The political economy of service delivery in Pakistan

To put the PHNP and EVA's aims into context: in 2012 approximately 12,000, or 332 per 1,000, Pakistani women died in labour, making complications during pregnancy the leading cause of death in women aged 15–45 years (Bhutta and Hafeez 2015). Partially accounting for this, it is estimated that more than 60 per cent of births take place without a skilled birth attendant. For the same year it was shown that for every 1,000 live births, 87 children died before their fifth birthday (USAID 2012). Perhaps indicative of the causes, one in every five children nationally are not immunised, whilst in rural areas this figure stands at two in every three. Figures also suggest that 44 per cent of Pakistani children under five suffer from chronic undernutrition (UNDP 2014). Adding to these issues, research has shown that Pakistani teenage girls often have no knowledge of contraceptives and, in part owing to conservative cultural norms, many that marry immediately fall pregnant.[4]

As DFID's business case for EVA-BHN also declared, the 'costs and loss of earnings associated with catastrophic illness are the major cause of families falling into poverty' in Pakistan (DFID 2012: 2). In particular, the negative impacts of maternal mortality on new-borns' health and survival, family functioning, educational attainment and livelihoods has long been recognised (WHO 2006; Miller and Belizán 2015). Encouragingly, however, evidence from developed and developing countries, including Pakistan, suggests that early interventions aimed at maternal and nutritional care are beneficial both for the longer term development of children and for states seeking cost effective policies (Young and Richardson 2007; Gowani et al. 2014; Yousafzai et al. 2014).

Although there is a growing private health sector in Pakistan, for the majority cheap, efficient and accessible state services would be beneficial. This is especially the case for the third of Pakistanis thought to live in poverty and the 64 per cent of the population that reside in rural areas. However, the nation's health budget has historically received less than 1 per cent of gross domestic product (GDP), which must be allocated among a growing and urbanising population (Bhutta and Hafeez 2015). Much of it is spent on tertiary health facilities, such as hospitals, in populous areas, leaving limited funds for primary care through Rural Health Centres and Basic Health Units (BHUs).[5] The lack of a serious holistic approach to family planning by successive national and provincial level governments eager to pass the buck has also been highlighted (Zafar and Shaikh 2014).

Below the national level, the politics of service delivery in Pakistan also arguably remains characterised by patron-client relations. Indeed, despite its growing, urban middle class, Pakistan has been described as in the grip of an informal 'mafia' politics (Nelson 2016).[6] This places a system of intermediaries between citizens and state services, and enables powerful individuals to use them to reward allies and punish opponents (Martin 2015). At the same time, the relative isolation of rural communities, hidden dependencies, such as status inequalities or indebtedness, and the political protection of poorly performing health workers reduce citizens' avenues for complaint or redress (Shami 2012; Callen et al. 2013; Chaudhry and Vyborny 2013). Perhaps unsurprisingly, research reports a widespread perception

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[4]   See Ebrahim (2014).

[5]   Pakistan's flagship healthcare initiative at the primary level is the Lady Health Workers programme. However, it has been criticised for not reaching the poorest and for a lack of focus on RMNCH issues (Bhutta and Hafeez 2015; Ghaffar et al. 2015).

[6]   As both Nelson (2016) and Martin (2015) suggest, rapid urbanisation and a move away from dependence on agriculture is undoubtedly changing traditional patronage dynamics, but this may not be in a direction that is conducive to democracy or accountable service delivery. This is also why it is not accurate to describe contemporary Pakistan as a 'feudal' society (Mohmand 2011).

among ordinary people that health services are poor, inaccessible or, simply, not for them (Mumtaz *et al.* 2013; Riaz *et al.* 2015).

In many respects, the division of responsibility for health services reflects this politics. For example, since the turn of the century multiple state institutions have been charged with monitoring service provision and uncovering corruption (TRF 2010). Many of these, however, have not been given adequate resources to pursue their mandates, are muzzled when they have targeted influential powerholders or have historically been used to pursue political rivalries.[7] Mechanisms that could connect citizens to provincial institutions, such as the Punjab and KP Health Care Commissions, have also struggled to stake out their remits as other concerns dominate. At the same time, ministers, officials and advisors are regularly moved or replaced as political contests dictate; an occurrence that leaves little room for the reform-minded to oversee long-term plans.

The cultivation of an empowered and politically active citizenry also faces numerous obstacles. These include legislation that bans some forms of political organising, rigorous state monitoring of civil society organisations and, in recent history, violence wrought against well-known activists. Furthermore, Pakistan remains culturally conservative, with many groups holding social and religious norms that dissuade regular participation in the public sphere, especially among women, marginalised groups or lower castes.[8] Non-governmental organisations (NGOs) that engage in advocacy can be viewed with suspicion and even subject to state-action, especially if they receive international funding or are perceived to be pushing a liberal agenda.

Nevertheless, those seeking accountable governance may be emboldened by Pakistan's ongoing democratising project. For instance, the 2013 elections witnessed a 15 per cent increase in voter turnout and the country's first hand over of power from one civilian government to another after a period of military rule (1999–2008).[9] Furthermore, a devolution plan was set in motion that year which has accorded significant powers, including over health management and spending, to the federation's four provinces and led to local government elections.[10] These developments have ridden a wave of increased political competition and civil society activity, with a proliferation of independent media organisations over the last decade and mass protests to reinstate Pakistan's deposed Chief Justice from 2007 to 2009. The monopoly of the country's older dynastic political parties has also been challenged by the electoral gains made by Pakistan Tehreek-e-Insaf's (PTI) anti-corruption message, and a rising public discourse around topics such as Pakistan's 'VIP culture' and the civil-military balance of power is increasingly dominating headlines.

It is also notable that in the run up to the 2013 elections Pakistan's major political parties included promises on health provision in their manifestos. For example, the Pakistan Muslim League-Nawaz (PML-N) vowed to increase health spending as a proportion of GDP to 2 per cent and to introduce a National Health Service which aims to, amongst other things, achieve a 100 per cent increase in the vaccination of children and a 50 per cent reduction in infant and child mortality (PML-N 2013). Whilst the insurgent PTI ran a campaign that framed previous governments' health policies as 'for the elite, with people missing from the equation'.[11] It also promised to increase spending as a proportion of GDP to 2.6 per cent and to bring about a 100 per cent increase in health services coverage (PTI 2013). Such pledges represent a new battleground for this generation of Pakistani politicians. Yet, at the time of

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[7] For a good overview see Khan (2016).
[8] In some areas, Pakistan retains a caste system comparable to India, with groups denoted by a mix of kinship and profession.
[9] Pakistan has been under military rule three times in its short history (1958–71, 1977–88, and 1999–2008). Previous civilian governments were either abolished by military coups, prevented from seeing out their terms in office by emergency provisions, or had their leaders dismissed.
[10] The legislative groundwork for decentralisation was set by the 18th Constitutional Amendment in 2010.
[11] See DAWN (2012).

writing, observers are unsure whether this will lead to better services or merely overtly politicise provision.[12]

Within this context, some international organisations and aid agencies have been working towards strengthening substantive democracy and accountability. Many of their projects were initially instigated under General Musharraf who was keen to position himself as pro-Western. Whilst other projects have been undertaken in response to the Pakistani Taliban's insurgency from 2007–09 that was partially considered to be the result of poor citizen–state relations in KP and the Federally Administered Tribal Areas (FATA) (GoP 2010). Notable among these are the Supporting Transparency, Accountability and Electoral Process in Pakistan (STAEP) (2011–14) project that raised 200 citizens' advocacy groups to secure 'More effective, transparent, and accountable governance that addresses the critical challenges facing Pakistan today',[13] and the AAWAZ programme (2012–17) that works in 4500 communities towards a 'a strengthened, stable, inclusive and tolerant democracy'.[14] In many respects, EVA has learnt from and hopes to build on these efforts. Before exploring its progress, the paper now turns to the contemporary literature on social accountability projects.

3 Social accountability: from tools to social contracts

In a recent paper on social accountability projects, Fox (2015) argues that calls for an expanded evidence base as to 'what works' are largely misguided. His counter-intuitive argument is based on evidence that the context is as important, if not more important than, the types of accountability tools projects adopt (O'Neil *et al.* 2007; O'Meally 2013; Hickey and King 2016). And it is supported by re-readings of influential impact evaluations that suggest that practitioners often miss or overlook the unique contextual factors that lead to or block accountability (Olken 2007; Banerjee *et al.* 2010). In response, Fox concludes that we need deeper analytical concepts and tools to understand projects' prospects – including questioning what should be considered a success – in any given context.

To begin to answer his own call, Fox (2015) distinguishes between 'tactical' and 'strategic' social accountability projects. Tactical projects are bounded interventions that assume citizens will be spurred into collective action by the provision of information on the performance of those governing them. Thus, they are limited to society- or demand-side efforts to amplify citizens' voices and often focus on specific accountability tools, such as citizens' score cards or participatory budgeting. In contrast, strategic approaches 'deploy multiple tactics, encourage enabling environments for collective action for accountability and coordinate the raising of citizens' voices with governmental reforms' (Fox 2015: 346).[15]

Strategic projects are posited as more promising than tactical projects because they work on both vertical accountability or citizens' 'voice', and the mechanisms and institutions able to sanction underperforming service providers, which Fox terms 'teeth'. This often involves the use of coordinated tactics, as in efforts to combine media campaigns and information on service provision with trainings to civil society organisations. And it necessitates the creation

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[12] Whilst revising this paper, Pakistan's Prime Minister was compelled to stand down from office due to allegations of his involvement with off shore tax avoidance schemes. Although this appears to represent a step up in the power and independence of the judiciary, as is usual, rumours abound that it may simply be indicative of the enduring ability of Pakistan's 'deep-state' to trump democracy as and when it desires.
[13] DFID (2011).
[14] AAWAZ Voice and Accountability Programme, http://aawaz.org.pk/ (accessed 1 October 2016)
[15] It should be noted that this is very different to calls for projects to be conducted at scale from early on in their cycles.

of linked citizen–state interfaces at multiple governance levels, such as with frontline service providers, departments responsible for service delivery and national oversight institutions (Fox and Aceron 2016). Fox's (2015) review of the existing evidence base suggests that these 'sandwich strategies' can provide 'bite', address common problems such as initiatives' unintended displacement of corruption or rent seeking activities, and support the institutionalisation of new accountability mechanisms (see Box 3.1).

Box 3.1: Citizen–health provider interfaces in Uganda

Repeated studies of a social accountability initiative in Uganda that used community-based monitoring tools illustrate how information on service provision, opportunities for citizens to engage service providers, and local ownership of monitoring processes had long-run effects on the quality of health care (Björkman and Svensson 2009; Nyqvist *et al.* 2014). Crucially, the initiative involved NGOs facilitating 'interface meetings' between communities and those responsible for local health services. During these meetings citizens' rights were discussed and information on the providers' performance shared. 'Community contracts' that outlined how services would be improved going forward and a strategy for how the community could monitor progress towards them were negotiated.

The initiative's' impact included a reduction in infant mortality (33 per cent), the increased use of outpatient services (20 per cent) and overall improvements in health treatment practices. The follow-up study documents show that positive outcomes were sustained for four years after the initiative.

At their core, strategic social accountability projects are focused on cultivating synergistic relationships between state and society. They aim to kick-start long-running virtuous cycles within which actors and institutions from each sphere compliment one another's efforts to realise citizens' rights and reform state institutions.[16] The literature is, however, ambivalent about the appropriate balance between a focus on the short route to accountability as an immediate expression of 'client power' in-between elections, and the long route to accountability's use of political pressures to institutionalise accountability relationships. Indeed, it suggests that this can only been discerned through a hard-earned familiarity with each context.

Yet, as we have seen, in countries such as Pakistan power is routinely exercised through informal means, such as hidden dependencies, status inequalities or clientelist politics. Moreover, obstacles to accountability often stem from a country's underlying 'political settlement'; understood as an informal agreement between elites for how power and opportunities are to be distributed (Khan 2010; Laws 2012). This challenges practitioners to acquire fine-grained and up-to-date understandings of the contexts within which they work. To do this, it is increasingly argued that regular political economy analyses (PEAs) and 'causal-chain' approaches can help practitioners to think through the various steps of their projects' theories of change (Menocal and Sharma 2008; Joshi 2014).

These exercises often reveal that projects may also have to work on supporting an 'enabling environment' for accountability (Fox 2015). Such environments give citizens' reasons to believe that the benefits of challenging the status quo outweigh the potential costs. This is crucial because the decisions, actions and risks citizens that raise their voice face vary from country to country, province to province, or, even from village to village. For example, studies of India's right to information laws have shown that voice can be fatal in some contexts, whilst in others it can expedite access to welfare programmes (Peisakhin and Pinto 2010; Pande 2014). At the same time, powerholders' willingness to respond to citizens' issues differ. Some may be incentivised by reforms that stand to materially benefit themselves or

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[16]   It is notable that an interest in state-society synergy grew from responses to the popularisation of the idea of 'social capital'. Scholars used historical readings to highlight mutually supportive interactions and accommodations between the state, and civil and political society (Heller 1996; Evans 1996).

their supporter base, whilst others are motivated by informal norms or political motives (Hickey 2012).[17]

Understanding social accountability projects as, in part, (re)negotiations of a country's 'social contract' is one way of exploring enabling environments (Joshi and Houtzager 2012; Hickey and King 2016). Indeed, social contract theory suggests accountability projects should be as much about fostering societal discourses around citizen's entitlements, the state's obligations and its legitimacy, as they are about the technical tools of accountability, information, and institutional reforms. Projects, therefore, should seek opportunities to create room for public deliberations around services, citizenship and rights, and seize opportunities to politicise citizens' demands and issues.[18] This is not to suggest that accountability is merely a question of awareness raising. Rather, it is an acknowledgement that a project's success is often grounded in informal social norms, public discourses, power and politics.

The next section illustrates how EVA accords with a strategic approach to social accountability, whilst seeking to support an enabling environment for citizen–state negotiations over the provision of health services.

4   EVA's 'strategic' model of social accountability

Figure 4.1: EVA's model of social accountability
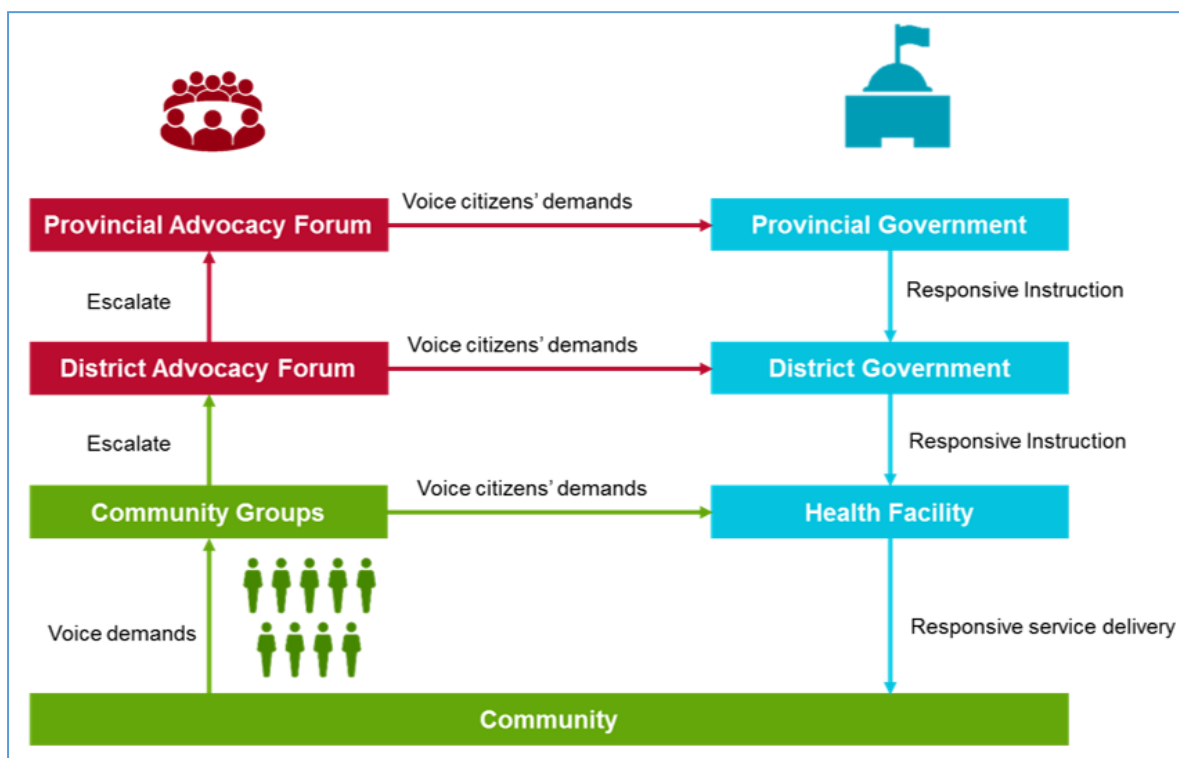
Source: EVA (reproduced with kind permission of EVA staff).

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[17]   Hickey and King (2016) argue that awareness of how social norms and political ideologies shape social accountability initiatives directly challenges the rational actor and principal-agent frameworks favoured by mainstream development.

[18]   De Waal's (1996) study of food security in Africa and India suggests popular mobilisations can create the space for negotiations over the formalisation of social contracts as constitutional commitments.

EVA's model of social accountability is designed to mirror the provinces' governance architectures. Beginning at the union council level (the lowest administrative level in Pakistan), it comprises of monthly meetings of its community groups. Through community-based monitoring and regular consultations, these citizens identify issues and demands related to services at their local health facilities that are taken directly to the staff or local government bodies.

To provide interfaces with district administrations, EVA has also established DAFs. They are small squads of committed accountability champions nominated from the projects' community groups, influential members of civil society, and representatives from NGOs. They take up difficult community group demands, and use their skills and networks to strategise paths to their resolution.

Lastly, the project's Provisional Advocacy Forums (PAFs) represent the top tier of state–society interfaces. Twice a year, they bring community representatives, civil society members, and programme staff into contact with provincial level bureaucrats, health-care contractors, and politicians. They discuss issues that cannot be resolved by community groups or DAFs, with a focus on those that require new policy directions. This structure is complimented by *ad hoc* meetings and interactions between programme staff and powerholders at all administrative levels.

5   Civic mobilisation

EVA began its civic mobilisation efforts by mapping who was already working towards the public good in its project districts. Indeed, staff were keen not to create parallel structures. This enabled EVA to capitalise on the legitimacy of existing community groups, many of which were established by ongoing or retired development projects. Through local informants it also uncovered a variety of influential actors, including lawyers, journalists, union heads, professional associations, and religious leaders, that were invited to participate in DAFs.

Due to the monetisation of civil society activity in Pakistan, persuading citizens of the projects' worth without offering the payments or 'per diems' expected of foreign funded projects sometimes proved difficult (Bano 2008). Furthermore, although the idea of participatory development is widespread, social accountability or direct advocacy is relatively unheard of, particularly in the health sector. These obstacles were often overcome by explaining EVA's focus on the realisation of existing rights and entitlements, and its long-term goal to create sustainable, citizen-owned structures. For some, this was taken as a new and exciting mode of working for the public good. Whilst for others, it was interpreted as a return to a style of activism last seen during the 1970s when Pakistan was home to several social movements and leftist parties. And, for a small number, the opportunity to use EVA's platforms to work towards their own, often political goals, was the real draw.

In this way, EVA acknowledges that it cannot avoid local politics. Indeed, as elsewhere the line between civil society activism – commonly called 'social work' in Pakistan – and politics is often blurred, with some individuals using the former as a stepping stone into the latter (Kirk 2014). Rather than trying to ignore this, the project actively encourages these members to add their skills and connections to their groups' efforts. Some groups even purposefully invite relatives of powerholders or those recently elected to local bodies to join them. This marks a significant change for donor projects in Pakistan which have historically been wary of engaging citizens or groups considered to be 'political'.

However, as studies of decentralisation and participatory development have highlighted, the inclusion of politically ambitious or connected group citizens raises the issue of elite capture (Mansuri and Rao 2004; Acemoglu *et al.* 2014). To mitigate this, EVA's community groups elect coordinators that attend bi-monthly 'check-in meetings' at which they record identified issues, report their monitoring results, and discuss advocacy strategies. The project also conducted research into the socioeconomic compositions of the groups and has found that 64 per cent of their members were likely to be 'poor or very poor'. Anecdotal evidence suggests that by not paying participants, those uninterested in accountability soon leave.

EVA actively seeks to include the poor and marginalised, including women, religious minorities and lower castes, in its activities. Nonetheless, other members sometimes resist the inclusion of these groups, arguing that they do not want to sit with them or that their issues should not be accorded special status. Whilst, for their part, the marginalised often believe that powerholders are disinterested in their concerns or that they will face additional problems if they are part of a group that challenges the status quo.

To address such obstacles EVA adopts two strategies. Firstly, it is unafraid to acknowledge these groups' marginalisation, instead reframing them as potentially powerful social blocks for change. And secondly, it is sensitive to cultural norms that cannot be overcome within the project's lifespan. Crucial to this approach is the involvement of community members with the legitimacy to introduce the poor and marginalised to the project's aims. For example, in the EVA's second year a lack of women in its community groups was addressed through a recruitment drive that leveraged existing members' kinship networks, leading to a significant increase in women's participation both as ordinary members and in leadership roles. Whilst, in KP a well-known madrassa teacher, who the project has engaged, has encouraged potential participants to view the project's activities as akin to Islam's instructions to raise your voice for the collective good.

EVA, therefore, is both empowering citizens that may not have been politically active before, and drawing upon the skills and networks already present within the communities it engages. The effectiveness of this strategy for civic mobilisation in Pakistan's challenging context is reflected in the second year's findings that 21 per cent and 40 per cent of community group members in Punjab and KP respectively have attended more than three meetings. Indeed, EVA has built a pool of committed activists who can be called upon to take up local issues or to represent communities at the district level.

6   Citizen–state interfaces

Civic mobilisation is only one of the 'levers' of social accountability (Grandvoinnet *et al.* 2015). An active citizenry also requires opportunities to engage those responsible for service delivery. EVA provides three forums for such engagements. The community groups and DAFs are where much of the activity takes place. However, outside of these opportunities, citizens form teams to pursue identified demands and strengthen their relationships with powerholders. This section argues that these activities are showing signs of changing citizen–state relationships in the project's districts.

Community group meetings and regular monitoring of BHUs provides opportunities for members to form relationships with the facilities' staff. Although they can initially be hesitant about sharing access and information, or about the prospect of angry community members, many soften once they learn that the project is locally led by volunteers and endorsed by state officials. Over time, some BHUs and their staff are even beginning to see the project's community groups as allies in their own struggles with district or provincial level authorities.

This is well illustrated by a case in which members helped a BHU to retrieve a generator that had been misappropriated by a district level official.[19]

EVA project staff argue that that the most important moment for challenging traditional citizen–state relationships is the first time a community group has one of its demands resolved (see Box 6.1). Following this, the group's attitude often changes, with members beginning to view local health facilities and their staff as one of the community's assets. Furthermore, many are beginning to organise themselves to maintain their BHUs, undertake small renovation projects, and to monitor the facilities outside of the project's routine checks.

Box 6.1: Citizen's demands

One-fifth of the demands (19 per cent) raised during EVA's second year in Punjab and one-third (32 per cent) in KP concerned infrastructure at health facilities. Ten per cent of demands in Punjab and 12 per cent in KP focused on the availability of medicines at health facilities. Ten per cent of demands in Punjab and 11 per cent in KP were about the placement or availability of staff. The remainder of the demands have been about issues such as the cleanliness of facilities, or the need for ambulances and complaints boxes.

Whilst many of the more day-to-day issues at BHUs can be resolved at the community group level, others necessitate groups to call on the support and influence of DAF members (see Box 6.2). These members often have pre-existing relationships with district level officials that they can leverage to get things done. For example, in one district a DAF member is a well-known journalist used to engaging local officials and politicians. Whilst in another, a particularly active member is a lawyer whose work requires him to regularly meet with district level officials. In this way, EVA's strategic model of social accountability leverages the experiences, skills and networks of citizens at various levels of Pakistan's governance architecture.

Box 6.2: Immunisation in Layyah

In the initiative's second year, a man from a lower caste family in Southern Punjab visited his local BHU to vaccinate his recently born child; a free service committed to under Pakistan's Expanded Program on Immunisation. He was informed, however, that all the supplies had been used for that day and he should seek a private provider.

Given previous bad experiences of services at the facility, the husband suspected he was being misinformed. Using knowledge from his participation in EVA's local community group, he informed the BHU's staff that he was fully aware of his entitlements and demanded to see a register of who had been vaccinated that day.

Following this incident, the husband returned to the BHU with his community group's coordinator. After much discussion, they were promised a vaccination in the coming days. However, the vaccination was blocked by the BHU clerk who was locally influential.

Realising that the best course of action would be to go public, community group members, DAF members and EVA project staff, organised a small protest outside the local Press Club. They also jointly presented a written complaint to the district official responsible for health services. The vaccination was eventually carried out later and the clerk apologised to the EVA community group.

The community group and BHU staff are reported to now maintain good relations.

As powerholders have begun to trust the DAFs, the nature of their relationships with them has also changed. For example, in one district, health officials recently approached DAF

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[19]   See Palladium (2016a).

members for help in securing local government funds for the appointment of a neurosurgeon. Members helped them to negotiate with the district's Finance and Planning Department, and eventually the funds were approved. This interaction led to the officials' regular attendance at subsequent DAF meetings. Interactions such as this have even led district level officials and politicians to describe EVA's groups as their eyes and ears on the ground.

A recent review of 37 social accountability projects that sought to improve the provision of health services in 15 middle- and low-income countries reflects EVA's early experiences (Lodenstein *et al.* 2017). It found that health officials' receptivity to citizens' demands is dependent on their perceptions of the legitimacy of the groups engaging them. This can be improved by groups that are willing to work with them to solve issues, including co-producing services and helping them to articulate their own problems to higher authorities. At the same time, forums for citizen–state interfaces within which officials feel 'safe', with opportunities to defend themselves or be rewarded for positive actions, were argued to be central to sustaining collaborative relationships.

Nonetheless, for intractable issues, EVA's bi-annual PAFs provide spaces in which significant political pressure can be applied or new policy directions discussed. For example, the Punjab's PAF recently raised the issue of a half built medical college in Sahiwal district with the Chief Minister's (CM) Health Advisor. Somewhat put on the spot, he promised to finish the college and assured PAF members of its functionality within two months. The presence of influential journalists and advocates was argued by EVA staff to be instrumental to the Advisor's swift response.

Yet, PAFs serve three broader purposes. Firstly, they give officials and politicians a sense of the 'pubic pulse' around health provision. This is achieved through the presentation of EVA's top-line BHU community monitoring data and analysis of demands raised by community groups. Secondly, they allow EVA project staff to elicit the support of senior officials and politicians for their wider activities, such as securing the attendance of district officials at DAFs or learning of opportunities for the project to work with emerging accountability institutions. Lastly, they provide a platform upon which to build wider coalitions among stakeholders who may rarely meet, who may work at cross-purposes or, in some cases, have fractious relations.

This last role was demonstrated during the second meeting of the Punjab's PAF in late 2015 during which five Members of the Provincial Assembly (MPAs) from EVA's project districts were put on the same platform as the CM's Health Advisor. Backed up by civil society representatives, the MPAs used this opportunity to raise the common belief that funding for their constituencies' BHUs is routinely delayed because they do not have powerful Members of the National Assembly (MNAs) in their districts. In response, the CM's Health Advisor declared he would ask the Health Department to resolve the MPAs' issues. It is in this sense that EVA's senior staff view the PAFs as providing a 'third model of accountability', able to exploit the opportunities created by Pakistan's ongoing democratising project and the tentative revival of its civil society.[20]

Whilst this paper was being written, the Punjab's PAF had two additional significant successes. Firstly, it was involved in the formation of a cross-party Health Caucus in the Provincial Assembly. This is enabling the escalation of citizens' demands to policy circles. And, secondly, politicians that attend the PAF were instrumental in the notification of the rules of the 2012 Breastfeeding and Infant Child Feeding Act – an Act which had lain dormant for four years and which was highlighted at Punjab PAF meetings through issues identified by citizens.

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[20]   Among Pakistan's NGO community and development workers, the idea that civil society is currently enjoying a tentative revival often arises from contrasts between now, and the restrictions and co-optations experienced under military governments.

7   Information

Although the theoretical literature no longer considers information to be the silver bullet that it once did, EVA still accords its generation and dissemination a key role within its model of social accountability. Most notably, it uses community-based monitoring as a means through which to gather information on service provision and to bolster the project's advocacy efforts at all governance levels. As this section shows, however, it takes steps to assure that the information that is generated is aligned with supply side developments and useful to those receiving it.

During the design of its community-based monitoring tool, EVA was careful to consult widely among government departments and programmes responsible for health services. This included engaging the Policy and Strategic Planning Unit (PSPU) in Punjab and the Health Sector Reform Unit (HSRU) in KP who have significant experience of using data to support governance reforms. A capacity assessment also led to trainings at the DAF level that enable members to use data to support their demands and to illustrate wider issues. Their worth has been demonstrated through EVA's use of data to highlight a lack of ambulances at BHUs in the Punjab and subsequent commitments to address this issue from provincial level authorities.

The capacity of civil society to use data in advocacy efforts is growing in importance as the two provinces' governments increasingly adopt evidence based policy making principles; a turn that has arisen from a combination of donor funded projects, such as the DFID supported 'Roadmaps for Health and Education', and the championing of performance related incentive schemes by Punjab's CM. Indeed, civil society requires the capacity to both monitor these schemes and to support them with its own data and analyses. As a step in this direction, EVA's reports are being shared with the KP's Independent Monitoring Unit (IMU), with selected data from the project presented to Ministers at quarterly stocktake meetings. This adds users' perspectives to their policy discussions.

It is in this sense that EVA also sees itself as providing information on the everyday struggles of ordinary service users and of the political determinants of poor provision. Indeed, the DAFs and PAFs provide opportunities for community members' stories to be voiced in front of high ranking officials, thereby, adding an important human element to the data they receive. Looking ahead, EVA staff have raised the possibility of its data and stories being used by journalists and civil society organisations to illustrate the political causes of, and trends in, inequitable service delivery; something which governmental organisations such as the IMU or PSPU are not mandated, and are politically unable, to do.

8   An enabling environment for accountability

As we have seen, it is increasingly argued that social accountability projects in challenging contexts may have to work towards the creation of an enabling environment. This involves citizens feeling able and safe to engage in public deliberations around the provision of public goods; something that can be interpreted as an ongoing renegotiation of a nation's underlying social contracts.

To do this, EVA works with Pakistan's print and television media, and is building networks of journalists and religious leaders. These networks disseminate information on service provision and the performance of state institutions, and create space for wider debates over rights and entitlements, including the pledges and promises of politicians. They also go

some way towards legitimising EVA's activities among a public and state sceptical of donor-funded initiatives. Nonetheless, evidence suggests that in many contexts the first step in such efforts is often to educate journalists and other opinion formers as to the existing responsibilities of the state and to their own role as society's watchdog (Odugbemi and Lee 2011).

To this end, by mid-2016, EVA had trained and supported 22 journalists to use a 'rights-based' approach to health reporting, and equipped them with strategies to persuade editors, bureau chiefs and outlet owners that health stories can draw audiences (see Box 8.1). The need to work on these two aspects of Pakistan's vast media sector were uncovered during consultations with leading industry figures. They argued that although it is professionalising, it is only just beginning to emerge from a long period within which entertainment and sensationalism trumped rigorous and objective analyses, particularly of social issues such as health and education.

Box 8.1: A rights-based approach to reporting on health stories

To support health journalists, EVA produced a handbook outlining a 'rights based' approach to reporting. Broadly viewed, the approach has five core principles – participation, accountability, non-discrimination, empowerment, and linkages to international and Pakistani human rights' standards.

Trainings in the approach include sessions on citizens' rights and entitlements; an understanding of the role of media in efforts to hold service providers to account; and best practices to ensure stories cover the voices of all concerned stakeholders. Furthermore, given the low knowledge of rights, especially among marginalised communities, the trainings also focus on how stories can educate readers.

This approach is well illustrated by stories subsequently produced by EVA trained journalists that seek out both those affected by poor services and those responsible for their provision. Indeed, as commented upon by one trainee, following the training his stories aim for 'a 360 degrees view' that draws in a number of voices. The goal is twofold: to raise awareness around an issue and to put pressure on duty bearers to act to improve services, thus holding them to account.

The project is currently working to institutionalise the handbook in a curriculum designed for universities in Pakistan teaching journalism courses.

Alongside its journalist network, EVA seeks to enliven the public discourse around the accountability of Pakistan's health services through political discussion shows and education-entertainment. The former includes a collaboration with *Dawn* (a major news network) on a series of five district-based television talk shows and three early morning shows aired as part of a campaign entitled 'My Health, My Right'. These shows included segments in which Ministers and officials from both provinces outlined their policies related to RMNCH-N services and responded to criticisms from other participants, including journalists and representatives of opposition parties. Furthermore, in a new development for such shows, EVA worked with producers to ensure that they covered the everyday provision of services at BHUs, with segments devoted to nutrition, community outreach workers, the Health Department's policies for hiring, cleanliness, and mechanisms for grievance redress; something which is often overlooked in the media's desire for scandal and sensationalism.

In terms of entertainment-education, EVA has developed a television film and two drama serials focussed on citizens' rights and accountability. Broadly understood, entertainment-education involves embedding or wrapping up educational messaging in entertainment. The general idea is to introduce audiences to beneficial information and behaviours in accessible formats, and through stories that contain characters or situations that resonate with their

everyday lives.[21] For example, one of the in-production serials includes a storyline that highlights the role of husbands, fathers, families and the wider community in realising their basic rights around RMNCH-N services. The first of these dramas was aired on prime-time in early 2017 and attracted an audience of over 4 million viewers.

Entertainment-education has a long history in South Asia, with shows such as Hum Log (We People) in 1980s India, and Nijaat (Liberation) in 1990s Pakistan, attracting large audiences especially among women. Nonetheless, a focus on accountability and raising citizens' voice for improved service delivery marks something of a new direction for such shows in Pakistan. To help produce these shows, the project is working with nine universities to embed the curriculum in their film school courses. Indeed, an important contribution of EVA is its ongoing efforts to insert accountability politics into the minds of entertainment-education scriptwriters.

Whilst these efforts are arguably innovative in their own right, EVA's network of religious leaders begins from the premise that men often decide when women seek RMNCH-N services and when they may organise to demand improvements at local facilities. However, they also cite religious leaders as among the most credible sources of information within their communities. Thus, rather than trying to challenge this reality within the project's lifespan, EVA has built a network of religious leaders that can spread its messages around accountable health services to men during Friday sermons.[22] To date, the religious leaders which EVA has engaged with have disseminated rights and entitlements to RMNCH-N services to over 126,000 men.

At the time of writing, the network comprises a central council in the nation's capital, Islamabad, and bodies at the district level that are connected to the DAFs and that can exert influence over the sermons delivered by local level prayer leaders. Furthermore, it contains representatives of all the major Islamic sects in the country and includes authorities from Pakistan's powerful religious political parties. This lends the network significant legitimacy and positions it to play a high-level advocacy role as EVA evolves. It also enables it to play a potentially central role in creating an enabling environment by challenging the social norms that underpin men's acceptance of poor service delivery.

9 Adaptive, politically smart and locally led programming

A growing movement among development practitioners has called for a rethink of how the political determinants of governance failures are tackled (Devarajan and Khemani 2016).[23] It begins from studies that find top-down donor driven reform projects often incentivise recipient states to mimic donors' preferred institutional forms without adopting the attendant mind-sets (Pritchett *et al.* 2010; Andrews 2012). Whilst rarely delivering the desired results, it is acknowledged that this can also crowd out novel domestic solutions to poor governance. For many, part of the remedy is a renewed focus on 'adaptive', 'politically smart' and 'locally led' projects (Booth and Unsworth 2014; Wild *et al.* 2015; Mercy Corps and IRC 2016).

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[21] Wilkins *et al.* (2014) provide a good introduction.
[22] Much of the thinking around this intervention came from staff members' experiences working on the Family Advancement for Life and Health (FALAH) project implemented by the Pakistan Initiative for Mothers and Newborns (PAIMAN) and funded by USAID. It worked with religious leaders to increase the uptake of, and access to, family planning services (Mir and Shaikh 2013).
[23] See also The DDD Manifesto Community (n.d.).

At the strategic level, the suggestion is that bundling technical knowledge and conditional financial assistance together in top-down institutional reform packages should be abandoned. Instead, a renewed emphasis on helping citizens in, albeit often fragile, democracies to hold their governments to account is advocated. This involves enabling them to scrutinise services, demand their rights and to have a say in what counts as developmental problems or legitimate reforms. At the operational level, it is argued that projects that outline work plans, budgets and personnel inputs upfront can constrain practitioners' space to adapt to emerging lessons from the field, or to support citizens to seize opportunities to drive desired changes as they arise. Instead, implementers must have the flexibility to allow technical leadership and local expertise to shape projects in real-time. Such an approach also suggests they must develop novel mechanisms for demonstrating impact in collaboration with donors.

It is notable that proponents of this way of working often argue that the citizens closest to the actors and institutions responsible for service delivery are best placed to identify the enablers and obstacles to accountability in any given context. Furthermore, they are more likely to act collectively, to form relationships with powerholders, and to challenge the status quo if they have a say in which problems to tackle. Such an approach, however, requires projects to foster learning through repeated cycles of trial and error; with failures accepted as part of an iterative process of discovery.[24] And it necessitates a hard-nosed realism as to what may be possible, and when, given the way power is spread within each society (Kelsall *et al.* 2016). Lastly, in many contexts, outsiders must be willing to work at 'arm's length' so as not to delegitimise the actors and processes supporting accountability (Booth 2013).[25]

Although the contours of this way of doing development are still emerging, the remainder of this paper seeks to illustrate how these general principles are being operationalised by EVA. Thus, it examines how the project's inception, ongoing management and relationship with DFID facilitates it to be adaptive, politically smart, and locally led. Given that the programme still has two years ahead of it, it is hoped that this exploration provides lessons for EVA going forward and guidance for those interested in these 'new' ways of working.[26]

10 EVA's early challenges

EVA was, in part, born from the recommendations from the final review of PHNP's precursor programme (TRF 2010). Yet, compared to traditional service provision or behavioural change projects, citizen-led social accountability is a relatively new idea among Pakistan's development practitioners.[27] Indeed, only in recent years has it been tried to varying degrees of scale and success across different sectors. Furthermore, it is arguable that DFID's flagship work on accountability in Pakistan has long been the Punjab's top-down Education Reform Roadmap, which relies on monitoring data produced by the government and the keen interest taken in the sector by the CM (Barber 2013). At the same time, the country's evolving security situation has narrowed the space for projects working directly with citizens in recent years. As will be shown in this section, these factors created several early challenges for the project.

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[24]   In many respects, this way of working adopts the principles and mantras, such as 'fail hard, fail fast', common to the world of start-ups and entrepreneurs.

[25]   For more on this see The Sidekick Manifesto (n.d.).

[26]   One of the oft heard rejoinders to proponents of both social accountability and adaptive, politically smart, locally led approaches to development is that practitioners have long known about the need for the former and long practiced the latter. True though this may be, this paper holds that further case studies that remind us of the worth of the general principles and approaches for implementing them, remain useful.

[27]   Bano (2012) provides a good introduction to the evolution of Pakistan's third sector and donors' involvement. See also Shah (2014).

To build a strategic model of social accountability and foster an enabling environment for its activities, EVA's team blends staff with backgrounds in both the state and private health sectors with veteran third sector workers familiar with politics and issue based activism. It also includes communications experts experienced in sensitively addressing difficult social issues. Initial meetings of this diverse team were understandably difficult. It could even be argued that there was something of a clash of cultures, with members viewing the problem of poor service delivery through their own lenses.

Key to overcoming this were a series of theory of change and strategic review workshops in which team members had the opportunity to think through the causes of poor service provision, and to debate the merits of different approaches to civic mobilisation and empowerment. Although heated, over time they united around a shared understanding of how their project differed from and could build upon previous or current interventions, including where opportunities may arise as Pakistan continues its democratising project. Indeed, regularly challenging their theory of change has become an important part of the team's efforts to ensure EVA remains relevant to its fluid context.

Nonetheless, from early on the team had to confront the difficulties of working in Pakistan. For example, it took many more months than envisioned for the project implementer, Palladium, to be granted registration as a company in Pakistan. This delayed the payment of sub-contractors, staff and suppliers. Furthermore, flooding and security operations in Punjab made visiting some districts difficult. This affected early stakeholder mapping exercises and the team's ability to meet members of the provincial government identified as 'gatekeepers' to reforms. Perhaps most troubling, at the end of the inception phase and again at the end of the first year, three EVA consortium member organisations were asked to cease operations in Pakistan during state authorities' crack-downs on international development organisations. This required the project to undertake several rounds of re-hiring to address the resulting skill and knowledge gaps.

Adding to these challenges, EVA's inception strategy was initially poorly received by newly appointed advisors in DFID Pakistan. On the one hand, they were keen for EVA to highlight the positive work the provincial governments were doing in the sector; rather than its ability to apply bottom-up pressure for further improvements. Whilst on the other, they viewed the programme through the lens of a behavioural change initiative; rather than an empowerment project. This perhaps points to the difficulty of introducing social accountability to sector specialists used to focusing on achieving pre-specified aims through top-down technical interventions. Nonetheless, such disconnects were bridged through the formation of strong working relationships between EVA's senior management and key DFID staff supportive of this relatively new approach to Pakistan's health sector.

A fortuitous delay in the finalisation of its contract gave EVA extra time to find its feet. Accordingly, it conducted on-the-ground research and consultations, further testing the assumptions underpinning its theory of change. Project staff also made a visit to the highly successful DFID-funded 'Poorest Areas Civil Society Programme' in India to learn from its mobilisation and empowerment strategy.[28] Most importantly, however, the social accountability and health experts within EVA's own team used this opportunity to further reconcile their different approaches, and to get to grips with the merits of social accountability for addressing political obstacles to poor service provision.

This led to an expansion and rethink of how the project could leverage the local knowledge and skills of its community groups. For example, it was decided to have community groups represented in the DAFs to give them a voice at the district level. This joined-up or vertically integrated approach to monitoring and advocacy enables EVA to demonstrate to senior

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[28]   See www.pacsindia.org/

powerholders that the demands it raises come from active communities; as opposed to a well-meaning but ultimately irrelevant donor organisation. It also allows issues that require managerial or policy changes to be debated at higher levels of the provinces' governance architectures. As the project has evolved, this has become increasingly central to its efforts to institutionalise accountability relationships.

11 Adapting to the context

Responsiveness to research, evidence and emerging opportunities from the field is a key principle of adaptive and politically smart programming. Indeed, projects must be willing and able to adjust their course in line with their understandings of both what is needed in each context, and the political enablers and obstacles to any desired change.[29] At the same time, they must encourage and support bottom-up solutions to the problems they face. An early example of how EVA has sought to mainstream this way of working concerns seven district-based consultations (DBCs) that it carried out to 'take the pulse' of local communities in its first year.[30]

With over 700 participants, each two-hour session gave ordinary citizens, journalists, civil society representatives and health professionals a chance to discuss their issues and frustrations. It was quickly found that participants were concerned with the physical state of local facilities, their poor coverage, the absence of staff, charging for medicine, and common illnesses, such as diarrhoea. The DBCs' host described this reality as 'the daily grind of diseases'.[31] However, the sessions also revealed that most participants' linked poor services to politics. Indeed, the consensus was that outside of elections, politicians do not care about local health services. This meant the events were often highly politicised, with various groups blaming one another's political patrons. This is perhaps unsurprising as in many districts there have historically been few opportunities for citizens to air their grievances.

Early in its inception phase EVA had planned to do much of its advocacy through community FM radio stations. However, lessons from the DBCs and other analyses of secondary data were used to re-orientate the project towards opportunities for citizens to engage state authorities. Moreover, they were instrumental in EVA's development of a social accountability model that communicates citizens' voices upwards to higher authorities. This research-led and adaptive approach has been maintained as the project matures. For example, in 2016 it was decided by community group and DAF leaders in KP that 'District Core Committees' comprised of around five influential representatives – those connected to local government representatives – should be formed. They were tasked with following up on demands raised by community groups and strengthening EVA's relationship with local government bodies. This was considered by project participants to be particularly important as these bodies had recently been accorded their own pools of development funding as part of the province's fiscal devolution initiative.

Since this bottom-up innovation, EVA's project team has supported these groups with PEAs focused on the interests of local government representatives in its districts. It is also notable that the demands and issues satisfactorily resolved after this approach was introduced, account for nearly half of the total resolved in the projects' previous two years. Put another

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[29] Again, whilst such a statement may seem like common-sense to some readers, it is common knowledge among development practitioners that once begun, projects are often constrained by the dictates of log frames and the 'results agenda'. For example, see Ramalingam (2011).

[30] For more on such efforts see Palladium (2016b).

[31] The sessions were hosted by Talat Hussain, a well-known Pakistani journalist working for the popular Geo news channel and a long-time advocate for marginalised communities' welfare during flood relief efforts.

way, there was a 430 per cent increase in the proportion of demands resolved during the project's first year and a half. In this sense, the Committees represent a locally led and contextually appropriate adaptation to on-the-ground political realities.

The focus on local governments in KP has also led to EVA being invited to help three of its district governments to develop 'Health Visions'. These plans include discussions around the district's health priorities and future allocation of resources. Through such opportunities, EVA's DAF members have secured commitments that some of the devolved funding will be targeted towards the resolution of demands raised by EVA's community groups and DAFs.

In a further encouraging development, EVA, working closely with DFID and TRF+, also persuaded the government of KP to include the resolution of 40 per cent of the demands raised by its community groups within its own 2016 DLIs (see Box 1.1). Project staff argue that the aforementioned district level success stories were instrumental in creating an 'echo-chamber' that helped secure this agreement from provincial authorities. At the same time, following extensive talks, a 'Patients' Rights Charter' outlining behavioural standards for staff at health facilities has been developed by EVA from its participants' feedback and adopted by KP's Health Care Commission. It gives citizens a set of regulations to refer to when making formal complaints or demands. At present, EVA is working with the Commission and Department of Health on ways to mainstream it throughout the entire province.

These successes illustrate how state–society synergy at the local level, a joined-up approach among the PHNP implementers, and a collaborative relationship between EVA project staff and senior government officials can create the room for, and legitimise, new accountability mechanisms.

Since it has begun, EVA has also sought ways of increasing and sustaining the impact of its efforts to create a wider enabling environment for accountability. For example, its collaboration with nine universities has led to a further previously unplanned initiative to assist them to establish entertainment-education courses. At the time of this research, lecturers have been trained in the curriculum with inputs from media industry professionals and EVA commissioned experts, and four of the institutions have since started teaching the course. The course capitalises upon a growing public appetite within Pakistan for entertainment to explore and discuss sensitive issues, including the political causes of poor service provision. The project is also in discussions with well-known Pakistani academic institutions about the possibility of instituting EVA's rights-based journalism curriculum. These efforts have the potential to leave behind lasting structures that will support accountability after EVA formally ends.

Recently, through a combination of pressure from EVA's PAF and through project staffs' direct advocacy, KP's long-awaited Primary Care Management Committees (PCMSs) have been put on notice to begin work. In support, EVA has committed to develop terms of reference for the PCMCs and a 'training of trainers' programme for their members. The idea is to impart the principles, practices and tools of EVA's own community groups to these new quasi-governmental citizens' bodies. EVA also plans to adapt its community monitoring checklist for their use and to link the committees directly to the KP's IMU. This is key to ensuring service users' perspectives continue to be incorporated into the decision-making of the government's own oversight body.

Before moving on, it is worth briefly comparing the project's experiences in Punjab and KP. In short, Punjab has proved a much more difficult context for EVA's model of social accountability. This can be attributed to four factors: the evolving security situation in south Punjab, the centralisation of power around the CM's office and the frequent appointment of new Health Secretaries, politically motivated delays in the provinces' fiscal devolution plans,

and the sub-contracting of the management of BHUs to private organisations in EVA's project districts.

Box 11.1: Civil society schools

Although KP has begun to devolve fiscal powers to local government bodies, Punjab is yet to do so. Thus, its community groups have found it more difficult to secure funds for local projects. Many have used skills and lessons learned through EVA to pursue other means to address their demands.

For example, in Lahore a community group collected the funding needed for an ultrasound machine. Whilst in Sahiwal, a group raised the money to install solar panels at their local BHU. In an example of innovation, another community group in Lahore persuaded a local petrol station to share its electricity with their BHU.

In conservative KP, female community group members have held discussions with local elders to discuss the importance of women voting. In response, the elders of the area called a grand meeting/Jirga after which they declared that women may cast their vote. Whilst in Peshawar, members managed to re-open a closed school by persuading the local community to enrol their daughters for classes.

Whilst not the primary aim of EVA, such activities are at the core of the idea of civil society, which emphasises the importance of self-help where the state is unable or unwilling to listen to citizens' demands.

Each of these challenges requires EVA to continuously try what could be termed new 'micro-strategies' at the local and district levels, and to find innovative ways of cultivating relationships with influential powerholders at the provincial level. For example, as opposed to waiting for fiscal devolution of the sort seen in KP, the Punjab community groups and DAFs are devoting more time to engaging philanthropists as possible patrons of local health services or undertaking development projects themselves. Furthermore, some community groups have put their organisational and advocacy skills to other, non-project related, ends (see Box 11.1). In this sense, it could be said that even where they struggle to link with state authorities, EVA's forums act as civil society schools, empowering their members to resolve different issues through a range of methods.

To address obstacles at the provincial level, EVA has carried out research that demonstrates how money spent on local monitoring and connecting citizens to their BHUs saves the Health Department funds in the long run. The results have recently been presented to a newly appointed Health Secretary who was initially sceptical of the project's worth.[32] Despite the evident difficulties of working in varied and challenging contexts such as Pakistan, such efforts are arguably the 'stuff' of adaptive programming and they should be taken as a sign that EVA remains pragmatic.

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[32]   For more on the difficulty of working in the Punjab see Palladium (2016c).

12 The foundations of EVA's approach

Beginning with PEA, moving onto financial management and ending with the project's working relationship with DFID, this section overviews the foundations of EVA's approach to adaptive, politically smart and locally led programming (see Box 12.1). It is intended to be of benefit to similar projects in challenging environments.

The importance of mainstreaming regular PEAs that test projects' theories of change and explore pathways to desired outcomes are a major concern of the literature (Harris and Booth 2013; SAVI 2014). Acknowledging this, EVA began with a sectoral PEA conducted by technical assistance, and currently carries out bi-annual provincial and more frequent district level analyses. As it has evolved, EVA has taken steps to involve its community groups, DAF members and state officials in these activities. Indeed, it views them as embedded local experts. The resulting findings are shared among the DAFs' wider memberships. Proving their worth, they have shaped the thinking behind the formation of the District Core Committees in KP and identified the fragmentation of power at the district level in Punjab as a significant obstacle to responsive governance.

Beyond these more formal dissemination processes, EVA's staff describe PEA as a 'living process' that takes place between themselves, citizens and state officials. Indeed, they view discussions about the obstacles or enablers to accountability as an essential element of their approach. Whilst this may seem par-for-the-course for practitioners working in other contexts, it is notable that in Pakistan frank and open discussions of the causes of poor services and the nature of local solutions have sometimes been circumscribed by donors fearful of the consequences. For example, anecdotal evidence suggests that this has led past DFID projects to avoid engaging Pakistan's religious leaders and political parties, and to shy away from challenging patronage networks linked to senior government officials. As illustrated earlier, EVA's efforts to build a network of religious leaders and the opportunities its PAFs afford senior politicians and citizens to engage one with another suggest that it is, albeit carefully and selectively, disrupting such ways of working.

Box 12.1: EVA's approach

- **Mainstreaming regular PEAs:** For EVA, this includes involving its participants – whom it views as local experts – in its analyses and drawing upon up-to-date information gathered in *ad hoc* meetings with stakeholders.
- **Thickening not scaling up:** EVA believes that it is more important to build its presence within the localities it works, taking the time to understand its context, than it is to scale up.
- **Flexible budgeting is key to adaptability:** As with other programmes, EVA has found that flexible budgeting enables it to react to the fluid political landscape and emerging lessons from the field.
- **The importance of coordination:** EVA has benefited from its working relationship with its DFID country office. This has been particularly important for granting the project the initial 'buy-in' from stakeholders.
- **Innovative demonstrations of impact:** To move beyond viewing impact as the number of demands raised and resolved, EVA has developed a number of innovative ways to demonstrate its impact. These include a series of tracer studies mapped onto the theory of change and case studies documenting the key approaches of the project.

It should also be noted that EVA has purposely fought against scaling up (or more accurately horizontally) too quickly. Thus, it has confined itself to nine districts across KP and Punjab, only moving to new ones when it is confident that its evolving model is somewhat transplantable. This bucks the traditional donor imperative and has led to some confusion among stakeholders as to EVA's limited size compared to its costs. Nonetheless, this

phased roll-out has allowed EVA to keep abreast of the political situations in the areas it works. It has also enabled it to concentrate on reaching as many citizens as possible within each locality and on connecting them to influential civil society members that can raise their voices. One way of interpreting this approach is that EVA is engaged in thickening its presence on the ground, rather creating more loosely connected and unsustainable networks that have characterised past projects in Pakistan.

In their recent paper, Derbyshire and Donovan (2016) identify the flexibility of projects' financial management processes as central to supporting adaptive ways of working. Perhaps most importantly, projects that seek to empower citizens and to react to opportunities as they arise, especially in their first year or so, need to be able to call upon short-term technical assistance, and to realign their staffing and activity streams to accord with new directions. However, as EVA must follow DFID's mainstream financial forecasting procedures, staff argue that the structure of their budget was crucial to gaining such flexibility. By organising their technical support budget into milestone payments and, thereby, taking on the risk, EVA effectively created a pool of funds with which to quickly and efficiently identify, recruit and deploy technical assistance.

It's worth was aptly demonstrated early on when several DAFs made it clear that they required more support and training to engage in direct advocacy with powerholders. The pool allowed EVA to rapidly engage experts that could develop a contextually appropriate advocacy toolkit. Similarly, when the opportunity arose, the project could offer technical assistance to the KP's Chief Minister Initiative to expand its social protection programme for maternal health services to poor and marginalised communities. Although not directly concerned with the accountability of health services, this strengthened EVA's relationships with provincial level authorities and the Minister of Health, who are central to the project's ability to work in KP. Reflecting on this, EVA's Technical Manager argues that this pool of flexible funds has been the backbone of their approach to adaptive and, in some cases, politically smart management.

The EVA team's strong working relationships with its counterparts in DFID have also been central to its evolution. Indeed, they have enabled it to communicate the extent to which the project's work is often determined by political opportunity structures beyond its control and, when required, to seek help.[33] For example, during its first year, EVA struggled to secure permission from Pakistan's security agencies to carry out a baseline survey in KP. This required the project to work closely with DFID to persuade officials of its benign intentions. DFID has also played an active role in brokering some of EVA's key relationships with stakeholders, including Punjab's PSPU and KP's IMU. This has proved crucial for securing the initial buy-in from powerholders, unused to being challenged by civil society.

Recognising the problem of attribution in ongoing and locally led social accountability efforts, DFID has also encouraged EVA to demonstrate its impact in novel ways. In the early phases, this has been done through the relaying of 'success stories' that detail how its model has overcome local obstacles to civic mobilisation and elicited responses from health authorities. However, at DFID's urging, these stories are being complimented by value for money analysis which aims to quantify the economic impact of successfully resolved demands on households, using a version of the 'disability adjusted life years' formula and the World Bank's cost effectiveness calculations.[34] As the project moves forward, such methods will be crucial to telling the long-term story of EVA's model of social accountability.

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[33]   For Tarrow (1998: 19), political opportunity structures are 'changes in opportunities that lower the costs of collective action, reveal potential allies and show where elites and authorities are vulnerable'.

[34]   'Disability adjusted life years' is a measure of overall disease burden, usually expressed as the number of years lost due to ill-health, disability or early death.

13 Lessons for the wider social accountability field

So far, this paper has outlined EVA's strategic approach to fostering social accountability in Pakistan's health sector and explored how it seeks to be adaptive, politically smart and locally led. It has also highlighted many of the areas in which the project has cemented strong structures or had successes with the potential to create sustainable changes in state–society relationships. However, thinking more broadly about EVA's experiences to date, it is possible to draw out emerging issues that may be of interest to the wider social accountability field.

Firstly, social accountability projects should be partially judged on their understanding of and adaptation to power and politics. Indeed, empowerment and the establishment of accountability relationships that cross state-society divides are processes unsuited to 3–5-year project windows. On the one hand, empowerment is not merely a case of training citizens in the use of accountability tools or the skills of activists; it also requires the self-confidence to raise one's voice that comes from repeated interactions with powerholders and the state. Whilst on the other, forming relationships between civil society and authorities at multiple levels of the state's governance architecture is a complex and time-consuming undertaking that is prone to setbacks or dead-ends. As seen with EVA, this raises the problem of projects that are under pressure to produce tangible results, yet that may struggle to do so until well into their lifecycles.

One emerging way of addressing this is for projects to make the case that PEAs, particularly those focussed on the sub-national localities they work in and institutions they intend to engage, should be part of their results framework. Such an approach would allow projects to take the complexity of national and local political settlements in countries such as Pakistan seriously, whilst affording donors a way of ensuring that the lessons from rigorous PEAs are mainstreamed into projects' activities. This could include regular feedback sessions within which programmes communicate their findings to donors who otherwise may struggle to understand the sector specific obstacles or fast changing contexts they face. Such considerations speak to the importance of social accountability programmes being twinned with advisory teams in donors' country offices that have a knowledge of both the politics of accountability in host countries, and the sector or field a project works in.

Secondly, further flexibility is needed in how social accountability projects report results. This should enable programmes to account for situations in which they find themselves blocked from their original aims or when they seize unexpected opportunities. As demonstrated by the difficulties EVA has faced in the Punjab due to the province's stalled fiscal devolution and frequent political repostings, this could take the form of donors refocussing on projects' unintended outcomes. Indeed, done well, bottom-up social accountability programmes are likely to have significant spill-over effects as mobilised citizens use their skills and confidence to tackle problems outside of the programmes' original remits. It is notable that following a recent field visit, DFID Pakistan's Head of Office commented that 'one of EVA's most important contributions may be what it achieves through its spill-over effects'.[35] In this sense, efforts to capture what happens unexpectedly or on the margins of programmes should be accorded additional weight in how they are evaluated. That said, it is reasonable to expect projects to take the lead on demonstrating positive impacts to donors.

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[35]   Pers comm., as relayed to EVA staff by the DFID SRO assigned to the project.

Thirdly, social accountability projects can involve themselves in and contribute to horizontal accountability. Indeed, in many young democracies in-fighting between different factions within incumbent governments can translate into turf wars between state institutions. Social accountability projects that seek to engage the state at multiple levels of governance are likely to come up against such fissures and fractures. EVA suggests, however, that there may be a greater role for projects that are willing to provide forums for such contests to play out in. For example, project forums could consciously portray themselves as neutral venues for engagements between government officials. Furthermore, data produced by projects could be used by reform-minded politicians or the media to shape governments' internal discourses around particular issues. Nonetheless, getting involved in such battles will likely require a delicate balance of open and honest relationships between stakeholders and project staff, with the latter willing and able to work behind the scenes so as to avoid being perceived as partisan. Such work would add another layer of meaning and complexity to 'politically savvy' programming.

Fourthly, where appropriate, social accountability projects should look to collaborate with other donor initiatives and to leverage their political capital. Led by the World Bank, accountability and transparency are experiencing something of a renaissance within the development community (Grandvoinnet *et al.* 2015; World Bank 2016). At the same time, however, donor countries such as the UK, Canada and Australia are increasingly looking to integrate their aid departments and budgets with other arms of their states' foreign focused apparatus, including diplomatic missions, trade departments and private investment efforts. This presents both challenges and opportunities for social accountability projects.

On the one hand, it will be increasingly difficult for projects to portray themselves as independent from their donor states' wider political aims. This could be particularly problematic for those in states such as Pakistan where powerholders have long been suspicious of outsiders' intentions. On the other, closer coordination between different arms of donor governments could be harnessed to apply targeted pressure to stakeholders within host nations. For example, political capital accrued by diplomatic missions could be deployed to link social accountability projects, including their representatives within civil society, to otherwise disinterested powerholders. Or donors' relationships with private sector organisations within host nations could be leveraged to add to the 'echo-chamber' effect thought to be instrumental to pushing through controversial reforms. These are difficult and context specific strategies that will likely require significant understandings of one another's aims to be developed between projects and their potential allies.

Lastly, strategic social accountability projects should not be afraid to politicise specific issues by placing them in the public discourse. This includes thinking of projects as efforts to support citizens to renegotiate the host country's social contracts around particular public goods. It is arguable, however, that if these grand ambitions are to be realised, donors may have to gravitate away from understanding projects as bounded interventions, measurable in terms of demands raised and resolved, or even accountability mechanisms institutionalised. Instead, it may be necessary to think of social accountability efforts as aimed at building social movements.[36] At present there are few blueprints on what such a shift would entail, and the literature from Pakistan and elsewhere suggests that donors are as likely to harm the social movements they engage, as they are to help them (Bano 2012; Jalali 2013). Nonetheless, this seems the logical next step for those interested in securing locally led and sustainable change.

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[36]   Tarrow (1998: 4) has defined social movements as 'collective challenges, based on common purposes and social solidarities, in sustained interaction with elites, opponents, and authorities'.

14 Conclusion

This paper has sought to provide a snapshot of EVA's evolving model of social accountability. It has argued that this model accords with what Fox (2015) labels a 'strategic' approach. Thus, instead of a singular focus on the tools of accountability, it deploys multiple tactics, works at numerous levels of governance and seeks to coordinate citizens' voice with ongoing reform efforts. More widely, it aims to foster an enabling environment for the re-negotiation of Pakistan's social contract around health services. To do this, EVA has sought to be adaptive, politically smart and locally led; this has required it to consistently question its theory of change, and to react to lessons from the field and emerging political developments. Despite the relative newness of social accountability projects in Pakistan, EVA has been supported to do this by its counterparts in DFID and the wider PHNP framework. Together they have enabled the project to build structures and relationships that span the state-society divide, and to create re-occurring opportunities for citizens to engage powerholders and to demand their rights and entitlements. Although practitioners must remain mindful of the nature of the context, these achievements hold lessons for similar projects seeking to operationalise adaptive and politically smart approaches to social accountability.

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