



Cidadania e Participação
Saúde e Educação de Qualidade

CITIZENS INFLUENCING CHANGE IN HEALTH AND EDUCATION IN MOZAMBIQUE: **THE COMMUNITY SCORE CARD**

DEZEMBRO DE 2017



MAPUTO - MOÇAMBIQUE

CONTENTS

1. INTRODUCTION	4
2. SOCIAL ACCOUNTABILITY	5
3. CEP: A CITIZEN ENGAGEMENT PROGRAMME IN MOZAMBIQUE	7
3.1 The Citizen Engagement Programme (CEP)	7
3.2 Background	11
4. THE CONTEXT OF CEP IMPLEMENTATION	13
4.1 General context	13
4.2 Sociedade civil	14
4.3 Citizen participation	15
4.4 Citizen-government relations	16
5. THE COMMUNITY SCORE CARD	19
5.1 Step 0 – Preparation of the CSC process	21
5.2 Step 1 – Awareness-raising, conscientization and mobilisation	25
5.3 Step 2 – Evidence collection	29
5.4 Step 3 – Engagement between citizens and providers	33
5.5 Step 4 – Implementation of the action plan and advocacy	37
5.6 Step 5 – Evaluation of the CSC cycle	40
6. LEARNING ABOUT THE CSC	43
7. CHANGES ACHIEVED	47
8. CONCLUSIONS	51
9. BIBLIOGRAPHY	53

IMAGES

Image 1 – Map showing areas of CEP implementation (2017)	8
Image 2 – CEP Community Score Card cycle	21

TABLES

Table 1 – CSOs that implemented the CSC by province, district and period of implementation	9
Table 2 – Evolution of community satisfaction with the services they receive	49
Table 3 – Innovative features of CEP’s CSC approach	52

FIGURES

Figure 1 – Supporting structure for CSC implementation	10
Figure 2 – CSO internal structure for implementing the CSC	11

PHOTOS

Photo 1 – Awareness-raising and mobilization	25
Photo 2 – Evidence collection	30
Photo 3 – Engagement between citizens and providers	33
Photo 4 – Following up the action and advocacy plan	37
Photo 5 – Evaluation of the CSC cycle	41
Photo 6 – Learning activities	44

LIST OF ACRONYMS AND ABBREVIATIONS

ANDA	National Association for Self-Sustainable Development (<i>Associação Nacional para o Desenvolvimento Auto-Sustentável</i>)
CEP	Citizen Engagement Programme (<i>Cidadania e Participação</i>)
CESC	Centre for Civil Society Learning and Capacity-Building (<i>Centro de Aprendizagem e Capacitação da Sociedade Civil</i>)
CMHC	Co-Management and Humanization Committee (<i>Comité de Co-Gestão e Humanização</i>)
CSC	Community Score Card
CSO	Civil Society Organization
DFID	Department for International Development, United Kingdom
IDS	Institute of Development Studies
MoEHD	Ministry of Education and Human Development
MoH	Ministry of Health
NANA	Development Support Organization (<i>Organização de Apoio ao Desenvolvimento</i>)
OCSIDA	Community Development Organization (<i>Organização para o Desenvolvimento da Comunidade</i>)
OPM	Oxford Policy Management
SCI	Save the Children International
SC	School Council (<i>Conselho de Escola</i>)

1. INTRODUCTION

This document¹ summarizes the learning achieved during implementation of the Community Score Card (CSC) within the framework of the Citizenship Engagement Programme (CEP), which closed in December 2017. CEP was a social accountability programme with the end goal of increasing citizen influence on improving the quality of health and education services in Mozambique.

The programme began at a time when experience of social accountability programmes in Mozambique was scattered and sketchy, particularly with regard to use of the CSC. CEP was therefore designed as an iterative process in which the lessons drawn from implementation would immediately inform a revision of the approach, techniques and instruments. This process enabled the construction of a solid foundation of evidence-based learning about what was working and what was not, and the factors that were contributing to the quality of the intervention.

The document presents in some detail what was learned with regard to implementing the CSC in Mozambique, comparing CEP's experience with experiences in other parts of the world. It aims to preserve the memory of what was done and inspire further work that will look in depth at questions that are raised here but not deepened, either by those who built CEP or by other interested parties. The detailed methodology and instruments used can be consulted in the CEP Community Score Card Implementation Manual².

The document is structured in nine chapters, including this introduction. Chapter two makes a brief presentation of the concepts linked to social accountability, followed in chapter three by a short description of the CEP Programme, its goals, scope and implementation structure. Chapter four discusses the context in which CEP operated and the external factors that marked implementation in different ways. Chapter five gives a step-by-step description of the CSC methodology and the lessons learned during implementation, comparing CEP's experience with those of other countries. Reflections on CEP's learning process can be found in chapter six, followed by a summary of the changes achieved by the programme (chapter seven). Finally conclusions are drawn about the use of the CSC in social accountability programmes (chapter eight) and a bibliography is included in chapter nine.

CEP's CSC process was formed by its implementing partners. The civil society organizations in districts and provinces in particular made a unique contribution to finalizing its methodology. Their openness, commitment and talent, together with the supervision of CEP's programme officers were fundamental to the learning process.

The CEP programme was made possible by generous funding from UK Aid, Irish Aid and the Danida (Danish development cooperation).

¹ Title in Portuguese: Cidadania e Mudanças na Saúde e Educação em Moçambique: O Cartão de Pontuação Comunitária. CEP. Dezembro de 2017
² CEP (Outubro 2017). Manual de Implementação do Cartão de Pontuação Comunitária pelo CEP. Maputo. (CEP Community Score Card Implementation Manual. Maputo.)

2. SOCIAL ACCOUNTABILITY

Social accountability³ is an approach for increasing government accountability and responsabilization through civic engagement. The concept integrates two sides of a single process: on the one hand, making government responsible for the activities it does or does not implement, and on the other citizen pressure on government for it to implement, and implement well, what is expected of it from the social contract⁴ that has been established. The topic of social accountability gained more visibility on the development agenda in the mid-2000s, when a World Bank report (the World Bank, 2003) said that failures of social accountability were responsible for failures in service provision. The concept of social accountability thus evolved in connection with the need for the improvement of basic public services (O'Meally, 2013).

Social accountability includes a range of activities or mechanisms (in addition to the vote) that citizens can use to make the government assume its responsibilities. Social accountability approaches can be tactical or strategic. The programmes that use a tactical approach work on the side of the citizens and usually at local level, with no links or interventions at policy level. They are based on the assumption that increasing citizens' knowledge can stimulate their active participation and intervention in the management of services and the drafting of public policies. The strategic approach implies a more integrated intervention aiming to create a favourable environment for dialogue and motivate both citizens and service providers to enter into collective action that results in the increased quality of public services (Fox 2015).

International experiences accumulated to date have been unable to identify a specific approach that will guarantee the efficacy of social accountability processes. They have nonetheless enabled some findings to be made. A literature review provides the following important findings:

- Processes for generating social change are rarely simple and linear, and hardly ever evolve as planned (McNeil & Malena, 2015);
- Processes for generating social change are usually lengthy, and can sometimes take a decade or more (McNeil & Malena, 2015; O'Meally, 2013);
- In comparison with the tactical approach (which strengthens the citizen side), the strategic approach (which strengthens both the citizen side and the public service provider side) has been shown to have greater potential for generating the desired changes (Fox, 2015);
- Success varies not only according to the approach used but also according to the context (Fox, 2015).

³ For the purposes of the CEP programme *social accountability* was translated as *responsabilização social*. This followed the practice of other programmes working in this field in Mozambique.

⁴ Social contract refers to processes through which the community, explicitly or tacitly, agrees that state authorities can limit some of their freedoms in exchange for the state protecting their rights and guaranteeing security and adequate provision of public goods and services. UNDP (2016).

There is no simple recipe for the success of social accountability interventions. The direct replicability of methodologies tends not to work (Fox, 2015; Halloran & Flores, 2015; Joshi, 2014; Joshi & Houtzager, 2012). Thinking in terms of best fit rather than best practices is therefore recommended when designing social accountability programmes (O’Meally, 2013). This means that social accountability interventions must be adapted to local conditions, building on existing practices, structures, mechanisms and opportunities. It is also important that the programmes should be developed on a base of continuous learning, and that they are supported by flexibly designed activities which will permit them to be adapted to the context (McNeil & Malena, 2015; O’Meally, 2013).

3. CEP: A CITIZEN ENGAGEMENT PROGRAMME IN MOZAMBIQUE

CEP emerged in response to the concern, particularly on the part of international cooperation agencies, to find out whether a social accountability programme could play a role in increasing the effectiveness of aid given to the Mozambican government. It was consensual, including among civil society and the government, that the policies and programmes defined at central level had limited impact at the level of service provision, despite government efforts to train, supervise and monitor those services. In 2012 the problem of service quality was seen not as the absence of policies but as the deficient implementation of policies, programmes and norms. It was hoped that CEP would show whether bottom up pressure from the base from citizens using the services could complement and strengthen the top down policy and management efforts being made by government, and thus achieve increased quality in health and education services. Along this line of thought, CEP was implemented within a learning perspective, with a view to evaluating the potential of this type of intervention to improve the quality of health and education services and learn lessons for the future.

3.1 The Citizen Engagement Programme (CEP)

CEP's main goal was to increase the influence of citizens on improving the quality of health and education services at the level where they are provided: schools and health units. In order to achieve this CEP promoted:

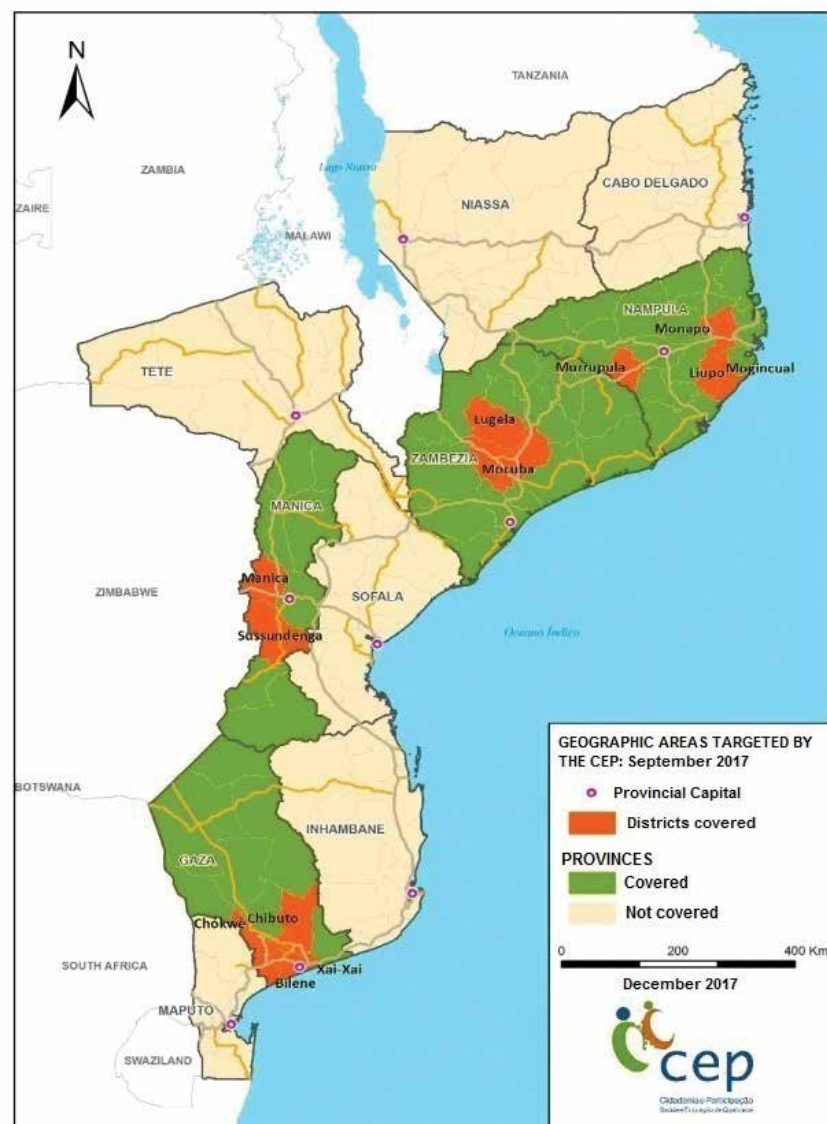
Specific objectives:

1. *Increased awareness among citizens of rights and entitlements to health and education services.*
2. *Increased capability and active involvement of citizens and their representative groups in monitoring health and education services.*
3. *Constructive citizen engagement with service providers and government to resolve the performance problems identified.*
4. *Taking issues that cannot be resolved locally to higher action-taking levels (district, provincial, national), and contribute to more systemic and sustainable solutions to them.*
5. *Building knowledge and disseminating learnings and lessons among social development actors.*

CEP used two community monitoring methodologies: the community score card (CSC) and the citizen report card (CRC). This study discusses experiences with the former, which was used to involve citizens and providers in the analysis and solution of service delivery problems at primary level.

The CSC was progressively implemented in 119 service units (primary schools and health centres), located in 12 districts⁵ in 4 provinces. The map of Mozambique below shows the geographical areas where the activities were implemented.

Image 1 – Map showing areas of CEP implementation (2017)



⁵ CEP was implemented in the following districts: Liupo, Mogincual, Monapo & Murrupula in Nampula; Lugela & Mocuba in Zambézia; Manica & Sussundenga in Manica; and Bilene, Chibuto, Chókwe & Limpopo in Gaza. There was a re-drawing of district boundaries during the implementation period, with implications for the programme: Mogincual was divided into two districts (Mogincual & Liupo), Xai-Xai district took the name of Limpopo, and an Administrative Post in Bilene district where the programme was operating was transferred to Limpopo.

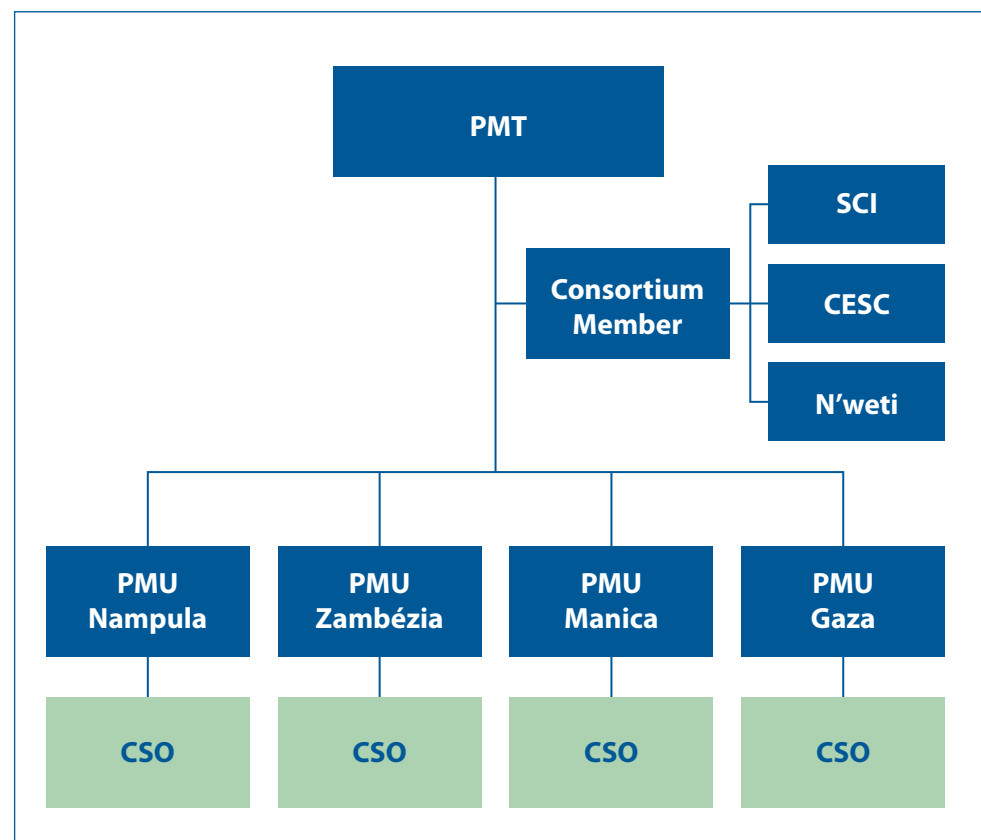
CSC activities were implemented on the ground from April 2014 to September 2017; the longest implementation period of around 3 years and 3 months was in Nampula, and the shortest period was in Zambezia (18 months). Seven local civil society organisations implemented the CSC for the periods shown in the table below.

Table 1 – CSOs that implemented the CSC by province, district and period of implementation

ORGANISATION (HQ)	PROVINCE	DISTRICT	PERÍOD OF IMPLEMENTATION
Facilidade – Institute for Citizenhood and Sustainable Development (Nampula)	Nampula	Liúpo Mogincual Murrupula	15.03.2014 / 31.10.2017
Vukoxa –Humanitarian Association for Support to the Elderly (Chókwè)	Gaza	Chókwè	15.07.2014 / 31.10.2017
OCSIDA - Community Development Organization (Macia)	Nampula	Bilene-Macia Limpopo	15.07.2014 / 31.10.2017
ANDA – National Association for Self-Sustainable Development (Manica)	Manica	Manica Sussundenga	1.02.2015 / 31.10.2017
NANA – Development Support Organization (Mocuba)	Zambézia	Lugela Mocuba	1.04.2015 / 31.12.2016
Watana – Vulnerable Children Solidarity Association (Monapo)	Nampula	Monapo	1.07.2015 / 31.10.2017
Nova Vida – New Life (Xai Xai)	Gaza	Chibuto Limpopo	30.01.2016 / 30.09.2017

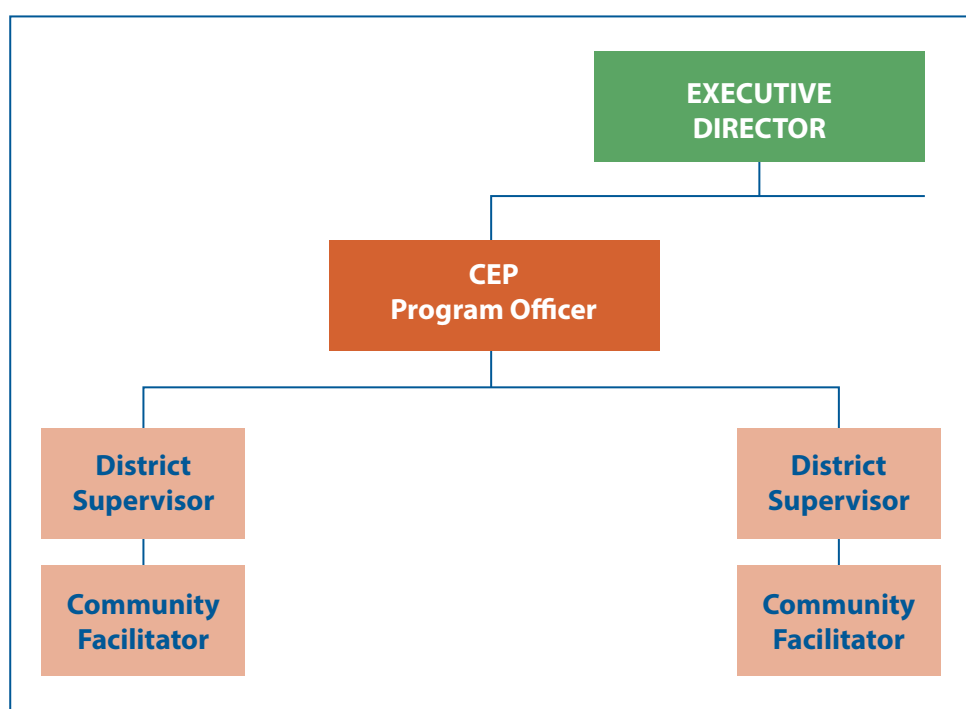
These local organizations received support in terms of training, technical assistance and monitoring from management teams established by COWI and from CEP consortium partners for specific activities. The support was structured as follows:

Figure 1 – Supporting structure for CSC implementation



Each CSO had the following implementation structure:

Figure 2 – CSO internal structure for implementing the CSC



3.2 Background

The CEP programme started up in September 2012, when there were still only a small number of actors⁶ implementing social accountability projects. The existing projects had varying objectives and approaches, ranging from increasing participation in preparing and monitoring the State budget, particularly at municipal, district and national levels (participatory budget and budget tracking); the creation of spaces and opportunities for citizens to bring their voices into the management of basic services such as water, education and social protection; the promotion of citizens' voices in the planning of services through the use of community monitoring methodologies such as the Citizen Report Card (especially in the municipality of Maputo); and the Community Score Card in education.

⁶ See the survey of existing initiatives in late 2012. CEP (2013).

A general feature of these projects was the use of tactical approaches: the projects operated on the citizen side without working systematically with government, and were not geared towards building horizontal and vertical links and alliances that would increase impact and sustain the intervention. In addition, most of the projects were implemented on the ground by activists and facilitators from outside the communities involved, and without having done prior information and awareness-raising activities about rights and responsibilities.

Poor coordination among the organizations implementing these projects contributed to reducing their transformational potential. The absence of linkages likewise limited the learning and knowledge-building about how social accountability programmes could be developed in Mozambique in order to promote more human and sustainable development and a more democratic and inclusive society. The knowledge that was being amassed internationally had little influence on local experiences and local experiences were not taken into consideration when analyzing processes at international level.

4. THE CONTEXT OF CEP IMPLEMENTATION

As mentioned in chapter 2, context has a strong influence on the approaches and results of social accountability programmes. In Mozambique CEP was implemented in a context in which a legal framework and policies that enabled and encouraged citizen participation in the management of public goods was in existence, defining citizens' rights and government responsibilities and establishing participatory spaces.

Notwithstanding this framework of policies and laws that opened up spaces and opportunities for citizen intervention in the management of services and drafting of policies and development plans, in practice such interventions found an environment of fear on the part of everyone involved, and government in particular. Neither government nor citizens and civil society were familiar with citizen service monitoring approaches, which were seen as something external to the normal management of public goods. This environment varied among regions and generally became less favourable the further one went from the centre (Maputo) to the periphery (districts and localities).

From 2015 onwards a political discourse that was more favourable towards inclusive citizen participation helped to strengthen CEP's messages, assisting the implementation of service monitoring activities and demands for the guarantee of rights. This discourse promoted citizen-centred public services and some anti-corruption measures, mainly regarding petty corruption.

Programme implementation showed that opportunities for citizen participation can be reduced for various reasons: less openness and tolerance of criticism on the part of government leaders, limited capability of citizens and citizen groups to act, absence of civic leadership and negotiating skills.

This chapter analyses some features of the context that had a direct influence on the implementation of CEP, particularly factors of a socio-political and economic nature, and those linked to the development of civil society, citizen participation and government-citizen relations.

4.1 General context

CEP started up in an climate that was politically unstable and suffering from a lack of security and extreme poverty. This situation worsened throughout the period of implementation.

The implementation phase began in late 2013⁷, a month before local elections (October 2013) and a year before legislative and presidential elections (October 2014).

⁷ The programme design included a one-year inception phase, which ran from 17 September 2012 to 16 September 2013, and progressive expansion to the four provinces. In each province introducing the programme, selecting implementation sites and partners in dialogue with government and civil society, took 4-5 months. The first training course for CSC facilitators was held at the end of March 2014 in Nampula.

In Mozambique, electoral processes have often taken place in a climate of conflict, with results contested and low popular participation, which required civil society to do careful risk management with regard to its interventions. This limited the space for public service monitoring interventions such as CEP.

The programme was also implemented in an environment of military conflict that began in late 2013 and continued to worsen until the end of 2016. This situation affected programme implementation in various ways: increasing the perception of risk in participation, reducing hopes for a better future and the possibility of influencing it, and at some periods restricting mobility. A truce signed in late 2016 meant that the programme's final year could be carried out in a less insecure environment. However, the search for solutions to the conflict outside the democratic institutions put in question their value and that of the democratic system in general. Democratic values, principles of the rule of law and respect for human rights are cornerstones of CEP.

Finally, CEP was implemented in a context of severe poverty, with an overwhelming majority of citizens living on less than USD1.9 per day (69% in 2011)⁸, while the government had limited resources with which to respond to the need. Furthermore the implementation period coincided with a phase of floods and droughts that affected family economies and at some points their availability for participating in programme activities, particularly in Gaza. External budget support for the government was drastically reduced in 2016, which exacerbated the difficulty of public services to respond.

A proactive position of promoting collaboration and being constructive in the search for solutions to the problems made it possible to say, as CEP reached its end, that the programme was able to manage the negative aspects of the context in such a way that they did not prevent it achieving its objectives.

4.2 Sociedade civil

A fundamental question for social accountability approaches is active citizenship and a strong civil society. CEP found that civil society organizations (CSOs) had limited capacity for social accountability interventions, given that the experience of most of them was in service provision. Only around one-third of the local organizations with which the programme worked had any experience in areas linked to governance in general and social accountability in particular. In most of those cases the CSOs implemented sporadic projects around social audits, budget monitoring and tracking and the CSC. The experience of half the organizations with which CEP worked was almost exclusively of service provision in the area of HIV/AIDS, and some of them had quite incipient internal structures.

The challenge of moving from service provision, which complements government activities and is therefore well received by government, to activities monitoring and evaluating government, required a lot of support, mentoring and close follow up on the part of the programme management team, both

⁸ World Bank (December 2016).

for technical support and for supporting decisions on how to manage the new relationships with government. This change also demanded new negotiating and management skills.

Much discussion was needed throughout the programme in order to promote approaches that would empower the local groups (as opposed to “extractive approaches”⁹) to deal with social inclusion and gender equality (which are not predominant values in society) and to clarify the organisation’s advocacy role as a member of civil society. On occasion resistance to change was only overcome when results began to emerge and the programme began to be looked on positively by service providers and government, which was of great benefit to the organizations implementing CEP.

In view of the context, it was decided to work with organizations that were as integrated as possible in the areas where the programme was implemented. Experience showed that these district-based organizations understood the context and had the skills to navigate it, as well as having connections that were more important to the success of the programme than technical and organizational limitations which could be resolved through training, mentoring and supervision. The fact that these organizations had some local legitimacy seems to have acted as a deterrent to reprisals. Working with district-based organizations also enabled greater proximity to and protection of citizens involved in the CSC processes, who could call on the organizations in the case of intimidation and reprisals. CEP’s experience suggests that the places where there was most fear of participating and suffering reprisals were the ones where the organizations had least physical presence. This would be an important question for future research.

4.3 Citizen participation

In Mozambique participation has been a value to be encouraged ever since independence. However, the concept and meaning of participation has not been very developed, and is interpreted in different ways.

For many people, participation was (and continues to be) what enables the government to expand its services on the basis of citizens’ contributions (participation) in goods or labour to compensate for the gaps in infrastructures (building classrooms, accommodation for expectant mothers), personnel (cleanups and other non-technical activities, compensating for the lack or shortage of support staff in schools and health units). At times participation was also seen as a means of ensuring that service providers and government fulfilled their duties (for example meetings for criticism/self-criticism and denunciations held in communities during the first ten years of independence).

During the process of building participation the question of citizens’ rights to services became diluted, and participation in the sense described in the previous

⁹ The expression “extractive approach” began to be used during the programme to describe projects where the implementers arrive in a certain area and collect/extract what they need, leaving nothing for the local population and not thinking about organizational, political and other consequences.

paragraph became obligatory, with absences punished. During programme implementation CEP came across cases of newborn babies being denied access to services because the birth had taken place outside the health unit. The right to access could only be resumed when the mother had completed a punishment such as cleaning the entire precinct of the health unit for a given period. Or the physical punishment of a child who failed to bring a snack to the celebration of the 100th class because the grandmother was so poor that she couldn't afford it¹⁰.

Participation as the right to monitor and evaluate services funded from tax revenue is rarely seen in the health and education sectors.

When these processes carry on for decades with no alternative models, as is the present case, the possibility of thinking about rights in the way that they are established in policies and laws becomes very remote. To this can be added an unfavourable context of traditional norms and values that remove unalienable rights from some groups of people and promote leadership based on tradition rather than on merit. A rights-based approach was important for being able to respond to some of the challenges and advance with the CSC process.

The implementation of CEP shows that policies are important but neither determine nor guarantee openness to social accountability initiatives, at least in the Mozambican context in which institutions are weak and informal systems rule.

4.4 Citizen-government relations

Mozambique's experience is having an extremely centralized political authority and resorting to violence to settle political conflicts. This experience goes from the pre-colonial and colonial periods and continues over more than 40 years of independence. The grand changes in political systems (independence and a multi-party regime) were brought about through armed violence. One-party systems throughout the twentieth century and the lack of or minimal contestation from trade unions, intellectuals, etc, prevented the development of either an open society that is appreciative of different ideas or the practice of active citizenship.

Intervening in two areas of public service provision (health and education), the programme found specific patterns of power relations that influenced, but were also (in differing degrees) influenced by the CEP experience.

Government as father

Various studies, daily discourse in the mass media and the experience of CEP combine to show that for many citizens the government continues to be seen as a father figure, particularly in the more rural areas distant from the centre¹¹. Socio-cultural norms determine that the father is not contradicted, and that

¹⁰ CEP: O Caso da 100ª Lição. Histórias de Mudança. Educação, No. 4, Julho 2017. (CEP: The Case of the 100th Lesson. Stories of Change, Education, No. 4, July 2017.)

¹¹ The same rule applies to individuals. The president is father, the head of a programme is father or mother, for street sellers the potential client is mother.

benevolence is expected from him and is given as and when he may decide. The fact that much of what is legislated about citizen rights in Mozambique is seen as a future goal and not a present reality creates particular challenges to work in the field of human rights. In the health and education sectors patient charters and school regulations ensure citizens' rights for the implementation of which infrastructures and resources are lacking.

This reality may have been a contributory factor to the fears of service providers and government about publicising the rights of citizens. There were cases of sector managers trying to choose the rights that could be disseminated, due to concerns about not promising what they know they are (objectively) unable to give. The concept of what is effectively a right and can therefore be demanded thus becomes diluted, and gets treated in the informal way, where the provider has discretionary powers. If this positioning on the one hand inhibits criticism of government and its representatives, on the other it absolves citizens from their responsibilities of working for change. This lack of active citizenship was a fundamental issue with which CEP had to deal. The programme amended its approach, turning towards identifying issues for action that had the possibility of short term solutions, in order to show that it was possible to obtain results and thus mobilize increased participation.

The strengthening of the ruling party's discourse as liberators, and the lack of separation between ruling party and government, contribute to the difficulty of understanding access to basic services as a right for citizens and a duty for government, within the framework of a social contract between citizens and government. This difficulty is felt not only by citizens but also by providers and government officials, for whom access to services is sometimes a private gift and not a public responsibility¹².

Lack of options

The limited supply of services increased the risks of participation. In many areas where CEP was implemented the health centre with which it worked was the only one in an area of many dozen square kilometers, in regions where there is no public transport and the little existing private transport is irregular and expensive. Though the situation of access to services is better in education because there are more schools, especially 1st level primary schools, the possibility of residents in these areas having a choice of services is almost non-existent.

This shortage of services (and lack of alternatives) makes citizens extremely vulnerable to abuse, and creates an atmosphere in which transforming paternalist and frequently abusive power relations is difficult. Citizens, citizen groups and all the participants involved in monitoring the services were aware of the risks of pointing out faults and criticising unethical behaviours, given the possibility of reprisals. The poverty levels also influence the capacity of the services to respond, both in terms of staff (often less qualified than they should

¹² This position can be seen clearly when aid has to be distributed in crisis situations: on occasion there is a discourse about some communities that deserve aid, and others that do not deserve it.

be) and of financial resources, which prevent the resolution of issues that are critical for the quality of service.

A programme such as CEP, which increases expectations and promotes demand for better services, has the potential to increase dissatisfaction which could lead to conflicts. This context made it necessary to do the awareness-raising and mobilization activities in parallel with providing information about the government's financial situation, so that the citizens could take informed decisions. The engagement meetings between citizens and service providers provided an opportunity for exchanges of information between the two parties that helped to clarify not only citizen expectations but also the providers' and government's ability to respond.

Involvement and support of public managers

From the beginning CEP met government leaders who understood the programme's potential to support their management function in a way that would permit a better response to the needs and interests of the community. Participation and listening to voices began to form part of the governance of some of these leaders, which enabled them to have better contacts and relations with the communities. It sometimes seemed that CEP's intervention supported those leaders in the distinction between their government functions (which guarantee and monitor policy implementation) and the public services sector (which has to provide services in the terms defined by law). This happened most often at the level of administrative posts and district services, but also in district governments. This ability to separate functions is an essential component of establishing the rule of law.

5. THE COMMUNITY SCORE CARD

This chapter provides a step by step presentation of the CSC methodology implemented by CEP. The methodology was constructed by the organizations and people who were implementing it as an iterative process, and enabled visible results in the context in which it was implemented. The main challenges that marked the process and the solutions developed by the programme are outlined, together with the main learnings and a reflection on how the experience in Mozambique relates to international social accountability experience¹³. With this it is hoped to help activists, professionals and analysts in Mozambique and other countries to think about implementing the CSC in a more flexible way, based on the daily reality of the context within which they are working.

Before implementation began CEP underwent an initial period of preparation and adjustment of its methodologies and instruments, and mobilization of the health and education authorities at central level. The hierarchical system of health and education services in Mozambique means that high level ministerial support for a social accountability programme is important for its acceptance by civil servants at lower administrative levels.

One factor that helped acceptance by the two sectors at central and provincial levels was the link between what the programme aimed to achieve and the policies (strategies) of the health and education sectors for involving communities and improving their services. To make this link more explicit the programme management prepared two specific documents describing how CEP could contribute to the strategic vision and priorities of each sector¹⁴. One of the decisions taken then, which proved to be appropriate for the intended goals, was to choose to work with the service providers within the framework of existing mechanisms in the schools and units, instead of creating new parallel mechanisms. Those spaces were the Co-Management and Humanisation Committees (CMHC)¹⁵ in health units and the School Councils (SC) in primary schools.

¹³ The comparison with experiences in other countries made use of a survey by Erika Lopez Franco, IDS, in 2016, at the request of CEP (internal notes from the programme).

¹⁴ CEP – Comunidades Envolvidas na Saúde (Julho 2013) e CEP: Cidadania e Participação no Sector de Educação: Apresentação ao Ministério da Educação (October 2013). (Communities Involved in Health (July 2013) and CEP: Citizenship and Participation in the Education Sector: Presentation to the Ministry of Education.)

¹⁵ The names of institutions, services, bodies, etc, underwent changes throughout the implementation of CEP. For ease of presentation this document uses the names in force at the time it was written. For example, using CMHC instead of “co-management committee”, which was the name in use when the CEP programme began.

The CMHC is a body comprising members of the community and representatives of the health staff and management, who work together in the planning, implementation, follow up and monitoring of health unit activities. This body has a mandate to analyse and take decisions about the life of the health unit.

Source: MISAU (2012). Terms of Reference for the establishment and functioning of the Health Unit Co-Management Committees.

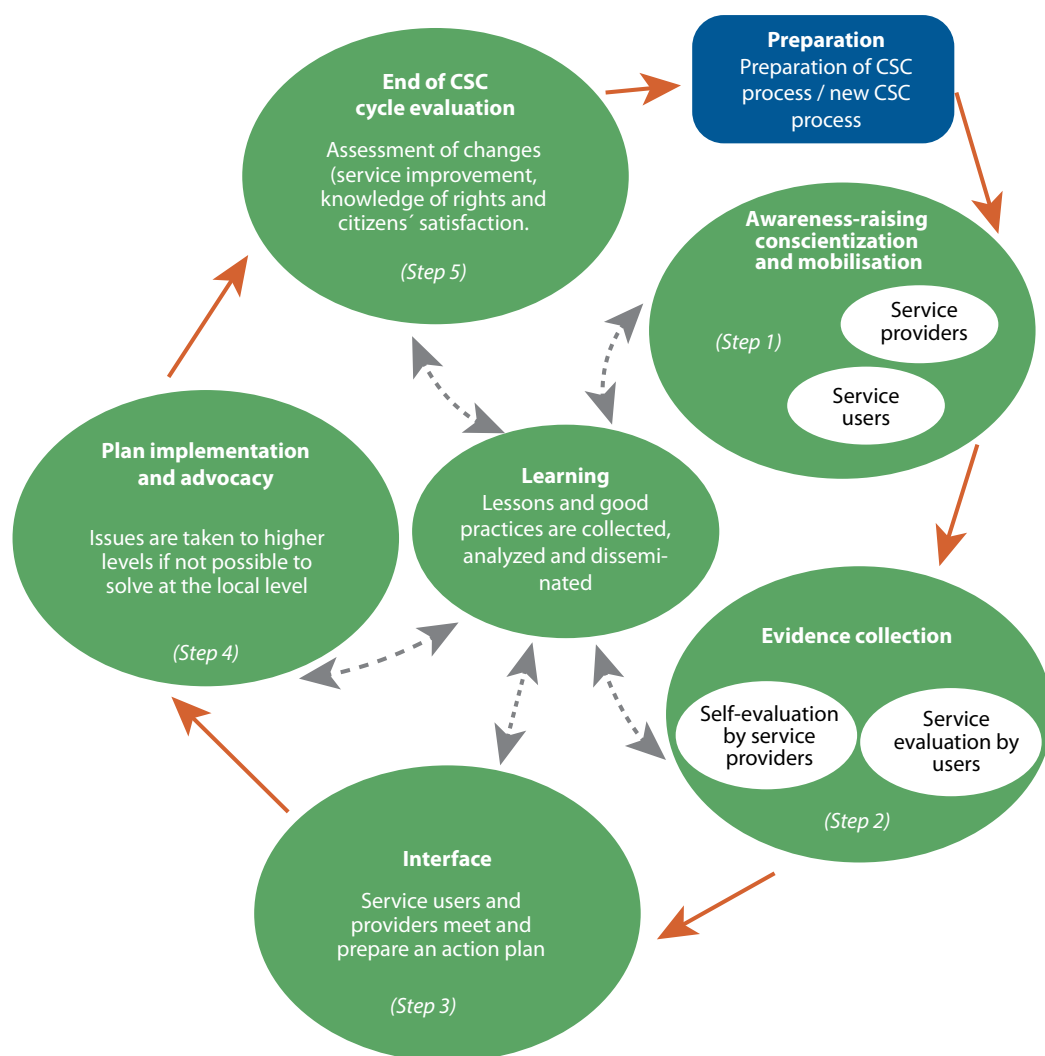
The SC is the highest body for consultations, monitoring and inspection of the education establishment. It operates in the school, in coordination with the respective bodies.

Source: MINEDH (2015). Support Manual for the Primary School Council.

Consistent with this CEP approach, various international studies have emphasized the importance of understanding and knowing the sectors in which the CSC is implemented. Sectoral characteristics (in this case of the health and education sectors) can give entry points for thinking about opportunities and constraints regarding improvements in service delivery. Those studies also show that sectoral characteristics have greater influence on institutions and power structures than technical questions (McCloughlin & Batley 2012).

Within the CEP framework the CSC was implemented in five main steps. The graphic below shows the CSC process as implemented during CEP's final phase.

Image 2 – CEP Community Score Card cycle



Key: The arrows in brown show the implementation process; the dotted line arrows in lilac show the inputs into the learning process. CEP, October de 2017

The implementation method for each step in the CSC cycle is explained below, together with the main learnings obtained.

5.1 Step 0 – Preparation of the CSC process

Each CSC cycle was preceded by a preparatory phase, the aim of which was to present the CSC process to local authorities, service providers and community leaders in the areas where it was to be implemented. The essential idea was to create a favourable environment for the CSC by highlighting the contributions it could make to each sector's strategies. It also helped to identify people within each institution and sector who had particular interest in the approach, and

who could work more closely with the programme and facilitate links among the parties.

The main activities included separate meetings with the local government structures (district government, district health and education services, heads of administrative posts and localities), providers of public services (schools and health units), co-management mechanisms and community leaders. These meetings were focused on presenting CEP and the CSC cycle and introducing the programme officers, supervisors and facilitators from the CSO that would be implementing the programme.

Another important action was a survey to collect information on the infrastructure and type of services provided by each school/health unit covered, and on the communities served by the school/health unit. With regard to the communities it was important to define the neighbourhoods that were using a given school or health centre, the total population involved and their internal organization, such as existing formal and informal groups, and the hierarchy of leaders and other influential people.

What did we learn during this process?

Selection of the service units should be made on the basis of in-depth knowledge of local conditions.

Implementation at district level began through a dialogue with the district administration and sectoral government authorities. As a result of these meetings the district services indicated the schools and health units where they would like the CSC to be implemented. Recognizing their own limitations in the area of supervision, the authorities often wanted the CSC cycle to be done in the places furthest away from the district capital, where it was most difficult to monitor the services. Their choice of units did not take into account the programme implementation strategy (for example, it was hoped to work in service units that already had minimally functional co-management mechanisms), nor physical access or other logistical issues.

After the first experiences the need for the local CSO grantees to do the preparatory work from the beginning became clear. They had better knowledge of the region to be able to negotiate with government as to the units where CEP would be implemented. CEP therefore began to involve the selected implementing organizations during the presentation of the programme to district governments and in the choice of units where the intervention would take place.

The selection of local partner organizations takes time, and specific support needs must be defined from the beginning.

The process used by CEP to choose its local civil society partners proved to be appropriate for the programme objectives. The programme management made a survey of existing organizations in each province and district, and the organisations were then analyzed in the light of the criteria defined for the selection of partners¹⁶. Two or three were shortlisted for more in-depth interviews, with a view to evaluating interest and commitment to the values and approaches that were to be employed, and to identifying specific support needs. This model made it possible to start activities with a clearer idea of how to work with each organization.

CEP's experience is consistent with previous studies, which have highlighted the selection of implementation partners as a key determinant of the results of social accountability initiatives. Based on an analysis of experiences in six African countries, Tembo and Chapman (2014) showed that "it is necessary to invest time in the identification ... of intermediaries with skills, networks and attributes that can really 'change the game' in the specific context in which they operate, rather than providing generic support".

It is important to be fully informed about the local communities and their power dynamics in order to ensure the necessary inclusion and representativity of community members.

The initial CSC approach was to carry out just one detailed survey, of the services offered by the selected units; there was no plan for a survey of the respective communities. As a way of getting more involved with the community, the local government would indicate the community leader with whom the team should work. This led to situations in which the grantee CSO was only working with structures linked to the ruling party, and created the risk that CEP would be perceived as politically aligned with one particular party and become involved in political-party conflicts, as well as excluding specific groups.

In the light of this there was a clear need for more in-depth knowledge and new capabilities for analyzing power relations. In July 2015 CEP therefore organized training on the mobilization of knowledge and advocacy, which helped to get a better understanding of the various forms of political power and the participatory spaces and mechanisms where citizens could be able to influence change. An instrument was created as guideline for data collection in the communities, including detailed information on community leaderships. In practice the partners adapted the approaches so that the work in the communities would be based on local realities. They usually began by involving the most influential leader in the community, regardless of his or her party political, religious or other position. With the support of this figure all the other leaders and influential people were invited to awareness-raising sessions about the goals of the CSC.

¹⁶ The main criteria for selecting the CSOs were: having an effective presence in the district and province where CEP would be implemented; having experience of work in the social areas of education and health; having internal reporting mechanisms and administrative and financial management capacity; and being a legally registered non-governmental organization with no party affiliations. See the CEP Operations Manual (CEP, August 2013).

In practice the work additionally revealed that the participation of formal governmental authorities (heads of localities and administrative posts) in those initial meetings often helped to legitimate the process (which could have been perceived as political agitation and create serious fears) and contributed to its acceptance by other leaders. The support of government authorities was usually easy to mobilize when they were able to perceive that CEP could help to strengthen their role of guaranteeing implementation of the government programme, and find local solutions without disclosing the difficulties to hierarchical superiors. In these cases the challenge became one of avoiding cooption of the programme.

Involvement and mobilization of the government authorities is fundamental, and requires ongoing work.

CEP's experience proved the importance for success of involving the leaderships of the services and the local authorities from the beginning of the intervention. The mobility and transfers of civil servants are challenges that affect many development programmes in Mozambique. CEP found that over time many supporters of the CSC in public institutions and government were transferred to other areas, making it necessary to once again present CEP, raise awareness and mobilize the new leaders. In order to ensure good understanding and transparency with the authorities, these efforts became incorporated into the CSC methodology: whenever the leader of a service unit, government body or sector changed, the programme was re-presented. As time went by these personnel changes had less impact on the programme, since more people within the institutions already knew about the programme and could explain it. From 2016 onwards the programme began to make formal delivery to government in a more systematic and regular way of citizens' opinions about the services and the results achieved by the action plans, which seems to have contributed to a much more favourable environment for service monitoring by the community.

Various international studies have found that building relations with political authorities and other powerful actors is critical, and should be continuous, beginning before the implementation phase. One study on different strategies for implementing score cards in various African countries found a close correlation between changes in the distribution of resources and co-production of services, and the involvement of a credible local leadership in support of the process (Wild et al 2015).

5.2 Step 1 – Awareness-raising, conscientization and mobilisation

The actual CSC process began with information and conscientization activities that aimed to increase the knowledge of service providers and citizens about the rights of users of public services. This step also included information about service standards and norms, the responsibilities of service providers and the mobilization of citizens to monitor the services provided by schools and health units.

Photo 1 – Awareness-raising and mobilization



CEP's awareness-raising, conscientization and mobilization was done through interpersonal communications and community media such as community radios and theatre groups. Significant quantities of print materials were also distributed to complement those efforts, such as booklets and magazines about rights, participation and responsibilities, concrete stories of change showing how citizens and service providers organized themselves to solve problems, and late on in the programme explanatory leaflets about what to do in specific cases where rights have been violated.

The awareness-raising, conscientization and mobilization process began with a largescale initial community meeting, where community members chose people to form working groups in representation of specific population groups such as women, young people and adults, leaders, young and adult men, male and female school pupils, etc.

At least seven distinct groups were established for education: male pupils, female pupils, fathers and those in charge of a child's education, mothers and women in charge of a child's education, those in charge of the education of vulnerable children, local leaders and school staff. Seven groups were established for health: adult women, young women, adult men, young men, community leaders, people with chronic diseases and service providers. The aim was to have 12-15 interested and voluntary members of each group.

Following the organization phase, interpersonal conscientization activities continued within these focus groups, dynamized/encouraged by facilitators from the grantee CSOs. In the beginning at least two of these sessions were held with each group, but by the end of the programme a component of group discussions had been introduced, in which the groups met more regularly (once or twice a month) to discuss rights and responsibilities in a more practical way (linked to personal experiences) and to talk about their experiences of participation.

What did we learn during this process?

It is important to begin conscientization on the supply side before mobilizing the demand side, with a view to creating a more favourable climate for more constructive citizen participation and less fear.

When the programme started its awareness-raising activities it began working with the community and citizens, and awareness-raising and mobilization of the providers was only done later. However, the first experiences with the CSC showed that this approach (starting on the demand side) contained a real likelihood of generating conflicts, since the supply side was not prepared for the process. Providers and government were afraid that knowledge of their rights would lead citizens to make demands to which the government would be unable to respond, and they were not accustomed to being monitored by the community.

Locally there was questioning of the capacity of citizens and communities to evaluate the health and education services. Many service providers considered that people with little or no schooling would be unable to understand the way the services functioned and to evaluate their quality. It was particularly difficult for schools to accept that children could evaluate the way the school was functioning. In the health units the social distance between providers and users was even bigger and the space for users to criticize was smaller, due to the lack of healthcare alternatives.

From the second year onwards CEP inverted the process, beginning with the conscientization of the service providers before starting activities with the

communities. This contributed to a more constructive and open climate and fewer tensions.

The international studies do not mention this need to begin on the supply side. However, they do emphasize that the work both on voices (“demand”) and on social accountability (“supply”) needs to be consistently and systematically coordinated, rather than assuming that one leads to the other. Understanding the nuances and diversity of “supply” is fundamental for being able to advance citizen demands beyond the provision of first line services (Fox 2014).

Understanding the connections between the CSC and sectoral policies and strategies increases the motivation and acceptance of service providers.

During implementation CEP noted that the knowledge of providers about sectoral policies, regulations and in particular the functioning of participation mechanisms in their own sectors was more limited than had been expected. This was affecting their ability to understand why community monitoring of services should be done and the role of citizens in the co-management committees. In response the programme decided that just as had been necessary at top government levels it was equally important at local level to provide a clear demonstration of the connection between CSC goals and sectoral policies and strategies, in order to win the support of the providers. To this end a number of training sessions with service providers were held, in coordination with the district sectoral authorities.

Another perception was that the training was more effective when the sectoral heads at district level were physically present, particularly for the sessions on co-management mechanisms. This active presence sent a message that the issue was important for the government and formed part of its programme, and thus encouraged greater acceptance on the part of the leadership and staff of the service units, who often regarded the co-management mechanisms as a task that wasted time and did not add value to the service.

Conscientization is more effective when community communication precedes interpersonal communication.

Contrary to the programme design, awareness-raising and conscientization about rights began with the interpersonal communication activities carried out by the CSOs with the groups mentioned above, instead of starting with information disseminated by the community communication media. This was due to the delay in producing materials for training the radios and theatre groups.

CEP’s experience showed that the messages on citizen’s rights and government duties had increased credibility when they were transmitted through the community radios first, in particular when the radio programmes involved government leaders at district level in the presentations and explanations. Beginning the communication activities through the radios created a more favourable climate for the work of the facilitators, who would be starting their

awareness-raising in a context in which the community and the service providers had already heard about these topics on the local radio.

As mentioned in chapter 3 above, one challenge in the awareness-raising and conscientization process was the absence of critical thought and the generalized perception that everything provided by the government is good; that the government is a father and fathers cannot be criticized. Previous studies in Mozambique have also pointed out that the low levels of knowledge about rights and service norms reduce the effectiveness of efforts to involve citizens in formal and informal participatory spaces (CEP 2012, KULA 2014).

There is much international evidence that significant changes in the relations between citizens and authorities require social accountability initiatives to have a truly transformative potential (Fox 2014). One starting point is that citizens should come to recognize the authorities as service providers for the population, and as holders of responsibilities, rather than seeing them as holders of absolute power over resources and decision-making (Flores & Halloran 2014). Transforming the popular perception into an understanding of government as a provider with obligations to citizens was one of the main goals of CEP's awareness-raising, conscientization and mobilization activities.

Theatre is a very attractive vehicle for sending messages and helping to create a demand for action.

Initially the CEP communication strategy for conscientization was insufficiently clear on how and when to use theatre to achieve the programme's objectives. Theatre activities were thus begun by being used on the basis of demand and convenience. When the internal discussion on social inclusion went deeper, it was found that theatre had enormous potential for informing and mobilizing the most vulnerable and/or marginalized groups, and for dealing with sensitive issues, including social exclusion, with the community as a whole.

CEP therefore used theatre as a means of communication and mobilization for reaching the most marginalized groups, who lived furthest away and had less or no access to the community radio. To this end theatre performances were planned to coincide with the days and places where for example the National Social Action Institute was paying its subsidies to those most in need. It rapidly became clear that the plays were attracting a lot of attention, not only from the marginalized groups but from every sector of the population; the audience numbers were systematically higher than expectations.

At a certain stage the service providers or government authorities themselves began to request theatre performances to stimulate debate about sensitive issues. In schools the theatre groups performed plays about teacher absenteeism, a problem about which the school managements usually had difficulty in taking decisions. The use of theatre as a means of conscientization has a long history in Mozambique, and according to CEP's experience has great capacity to mobilize people around concrete issues.

5.3 Step 2 – Evidence collection

During step 2 citizens evaluated the quality of services received in the health centre or school, and the service providers made self-evaluations of sectoral performance.

Community concerns collected were prioritized for the engagement phase in accordance with the following criteria:

1. An issue given priority by more of the focus groups;
2. An issue felt and presented by the main beneficiaries of education and health services (eg students and health unit users, particularly women);
3. A specific issue raised by more vulnerable people (eg chronically ill, mothers and those responsible for the education of children with special needs, elderly people, etc);
4. An issue with the potential for a solution/success within the period defined for the action plan.

In essence, this phase comprised the holding and facilitating of meetings by the CSO facilitators, who worked with the community members organized in focus groups to identify their main concerns or the causes of dissatisfaction with regard to the health or education services offered locally. In the same way, the service providers were organized into working groups to discuss their concerns.

In the first CSC cycle, for increased effectiveness the groups were recommended to identify a maximum of 4-6 concerns. Each group decided on its priorities through discussions until consensus was reached. They also analyzed the causes of the problem and defined proposals for solutions. The groups then chose two members each to represent them during the following CSC stages.

Each group also identified the features of the services that they considered to be functioning well and with which they were satisfied. This approach began to be used when it was realized that the service providers reacted very defensively when they only heard about problems.

The CSOs then systematized the information generated by the groups, and produced a summary report of the concerns of both citizens and providers. Following this they organized other meetings, one with the representatives of all the community focus groups, and another with representatives of the service providers. These meetings served to validate or correct the report, and to define the final prioritization of the community and provider concerns, which would be taken to the next step - the engagement meeting. The representatives of community groups and the community also prepared for that meeting by agreeing on the strategy for presenting the concerns and negotiating the priorities.

Photo 2 – Evidence collection



What did we learn during this process?

To promote citizen voices and effective participation, it must be the citizens who identify the problems in service provision.

In the first communities where CEP conducted a CSC cycle, a list of indicators of quality pre-defined by the education and health authorities was taken to the meetings and the citizens were asked to evaluate them¹⁷. After the first experiences it was clear that the concerns listed by the authorities were not always the most relevant for citizens. After giving marks to the pre-defined indicators participants in the meetings would begin to talk about other issues that were of greater concern.

¹⁷ For example, the indicators included staff absenteeism, waiting time in the health unit, availability of educational materials.

In order to create a genuinely participatory space and contribute to empowering the groups, it was decided to leave the communities and providers to define the issues they themselves wanted to discuss and evaluate. However, in order to satisfy the needs of the government authorities and enable a comparison among the groups/units by CEP's external evaluators, at the end of the meeting the participants were requested to mark nine indicators of quality defined by the respective sectors¹⁸.

CEP's experience showed that leaving the selection of indicators of quality to the criteria of the citizens has greater impact in terms of empowerment and mobilization for action than using criteria defined by the government. Nonetheless this change was not very easy, meeting with initial resistance on the part of some partner organizations. On the one hand, it is a change that requires greater efforts in training and supporting the CSC facilitators and more implementation time; on the other hand it obliges the CSO to be clearer about its position as a member of civil society, as the political risks of allowing open debate are greater. CEP's experience is that notwithstanding dependence and fear of reprisals, it is possible to mobilize people to come together to evaluate service provision on the basis of indicators that they themselves have chosen.

To give voice to the most marginalized groups, their specific concerns must be prioritized in the action plans.

In CEP's initial phase, the CSOs chose the issues to be taken to the engagement meetings with providers, essentially on the basis of the frequency with which each concern was mentioned by the groups. During the process it was noted that the concerns of the most vulnerable groups and those of the main beneficiaries of the services (eg school pupils) were often very specific and were mentioned only by those groups. Thus there were not enough mentions to get on to the list of priorities. Given the importance of taking the opinions of these groups into account, CEP introduced alterations to the criteria for choosing priorities and oriented the CSOs to make sure that the final list would always include a minimum of two or three issues raised specifically by those groups (ie, issues that were related to the specific situations of the members of those groups).

International experiences have also found that the programmes based around community participation may favour the most communicative people and exclude minorities, given that the process requires consensus on the priorities (Orone & Potter 1995). Specific capacities must be developed to respond to the challenges of social exclusion. Good facilitation was not sufficient for raising the concerns of the most marginalized groups in the majority of cases analyzed in Ethiopia, Malawi, Tanzania and Rwanda (Wild et al 2015). As mentioned above, CEP managed to improve the quality of facilitation and the inclusion of marginalized groups by using various strategies simultaneously.

It is a recognized fact that CSOs working on social accountability with vulnerable

¹⁸ These indicators were selected from the list of indicators of the quality of service stipulated by government using a criterion of priority for indicators on questions that could be influenced by citizen intervention. They can be found in the CSC Cycle Evaluation Forms used with the focus groups for health units (5.A) and schools (5.B). CSC Implementation Manual, CEP (October 2017).

and marginalized groups need to focus their efforts on supporting citizens at the base, so that it is their voices which are heard rather than “appropriating” them; this involves working in long term partnerships to develop the sustainability of mobilizing citizens for change (Lopez Franco & Shahrokh 2015); donors have to be aware that time is a fundamental factor for “success” (Thembo and Chapman 2014).

The work of awareness-raising must enable marginalized people and groups to recognize for themselves the issues that are specific to them, and to find the internal and collective power to act in the public arena. Given this, it is vital to think about the creation of propitious environments and other forms of support, including logistical and financial, for citizens to be able to defend their agenda and increase their confidence (Cornwall 2008). The method adopted by CEP safeguarded the voices of the most vulnerable, while at the same time hearing the concerns of the majority. An additional finding mentioned in previous studies, and also found relevant by CEP, was that aggregating data protects individuals who are thus able to express their concerns or complaints without being identified and running the risk of reprisals (McGinn et al 2015).

Another factor that needs consideration is that including the excluded is usually expensive in financial terms (the people live further away; they may need intermediaries who are more sensitive to the characteristics of the group, which takes more time; etc). These costs have to be accepted by the funders, which implies looking at *value for money* and efficiency differently from the current dominant approach.

The importance of the theme of social inclusion in social accountability programmes led CEP to draft a document that reflects on this experience, the challenges and the responses found¹⁹.

The success of collecting evidence depends on the abilities of the facilitators.

CEP understood the importance of working with local CSOs that had in-depth knowledge of social organization, practices and culture at local level from the early days. But the organizations that were most integrated locally often had limited technical capacity, and were not used to working on rights- and community-based approaches. During implementation of the CSC this was manifested by difficulties in facilitating group discussions and recording the concerns presented. To overcome the difficulties, CEP increased the number of facilitators so that they could always work in pairs. These pairs included one more adult person, with greater community recognition, and one younger person with more schooling who could take notes. The CSO’s district supervisors were oriented to provide increased support and supervision of the community-level work.

¹⁹ CEP. (December 2017). Inclusão Social e Relações de Género em Programas de Responsabilização Social: A Experiência do CEP em Moçambique. Maputo, Mozambique. (Social Inclusion and Gender Relations in Social Accountability Programmes: The Experience of CEP in Mozambique.)

CEP also began to carry out short and specific training activities, as the needs emerged, so that the facilitators would be better prepared. This approach contrasts strongly with the initial idea that two facilitators per district would be enough to implement the CSC in dozens of service units and that one initial training course would be sufficient.

Consistent with the CEP experience, various international studies have also found that the role of good facilitation is crucial to the formation of groups and to enabling people to articulate their concerns, as well as deepening understanding of different issues.

5.4 Step 3 – Engagement between citizens and providers

The goal of the engagement step (known as “interface” in other programmes) was to bring citizen representatives and service provider representatives together to discuss the concerns identified by each party and find solutions to them. The engagement meeting was organized within the framework of the co-management mechanisms, and on the basis of the discussions a new joint prioritization of concerns was drawn up. Possible solutions for improving service provision were then discussed, ending with agreement on an action plan to be put into practice.

Photo 3 – Engagement between citizens and providers



The problems could often be solved at local level. However, in addition to discussing how to resolve problems that could be solved locally, the engagement meetings were also used for taking decisions on how to proceed with the problems that needed to be taken to higher levels for decision. To increase the legitimacy and appropriation of the action plans that emerged from the engagement, CEP recommended that the activities should be integrated into the school or health unit's annual plan, which would enable access to additional resources.

In the early days of CEP discussions in the engagement meetings were facilitated by the programme officers from the grantee CSOs, but the responsibility was progressively passed to the district supervisors as they gained self-confidence and were recognized as legitimate by providers and local government²⁰. One of the challenges of working with local activists and staff is that like the rest of the community they are often subordinate to the leaders and authorities in the area. For this reason the facilitators and supervisors had difficulties at first in requesting answers from community leaders and service providers, and needed external support.

What did we learn during this process?

The engagement meeting is critical to generating change, but if it is not properly prepared it can be a cause of increased distance and even conflict between the parties.

CEP initially organized the engagement meeting as soon as the OSCs had completed their reports on citizen concerns with the quality of services. There were various occasions when the meeting atmosphere became tense, marked by accusations from the citizens. In reaction the service providers took defensive positions, which was not helpful for dialogue. One of the defence mechanisms used by the providers, especially in health, was to use technical language to avoid dialogue and silence the community representatives. In order to avoid tension, the CSOs started to prepare both providers and citizens for the engagement, emphasizing the objective of seeking solutions rather than finding people to blame for the problems.

With better preparation it became possible to begin building commitment and bonds of trust between the two sides. Sectoral heads at district level who were interested in the programme and/or in improving their services began to be invited to the meetings. Their presence in the engagement meetings usually helped to establish a better balance of power (because the heads tended to support the voice of the citizen), but also facilitated and speeded up the issues that had to be taken to higher levels when service units were unable to resolve them. Some problems were thus resolved in record time, increasing motivation for both community and providers to continue with the approach.

²⁰ The programme officers were in charge of the technical implementation of CEP within each CSO. Each district where the programme was implemented had a supervisor who directed the work of the facilitators, who lived in the communities. CEP's CSC Implementation Manual includes general guidelines for the responsibilities of the various people involved.

Previous studies have widely considered the engagement step as the most critical moment of the CSC. Similarly to CEP, they also observed that the engagement meeting can become confrontational if not carefully and correctly managed. The component of dialogue is fundamental for social accountability initiatives, ie a constructive engagement that facilitates understanding and the planning of actions by communities, health units/schools and local officials (McGinn et al 2015). It is important that a qualified facilitator with a strong personality should be in charge of this meeting (CARE Malawi 2013).

The engagement permits the sharing of information with the holders of power, sometimes for the first time, and that the information is taken more seriously by being presented as a collective concern rather than an individual one. In the Mozambican context, where individualism (and individuality) are not normally well looked upon, to appear representing a greater will, that of the group, gives force that individuals on their own do not have, particularly in times of serious political contestation. It is important to remember that citizen participation does not only have to do with changing policies, it is also profoundly political.

The integration of the CSC approach into sectoral participation strategies requires the existing bodies – the School Councils and the Co-Management and Humanisation Committees – to appropriate the process.

At the start of the programme the SC/CMHC were only involved in the preparatory phase and the engagement meetings. As a consequence, they were unable to identify with the community concerns and did not feel themselves to be part of the process. To meet this challenge CEP institutionalized some training and preparation for the co-management mechanisms before the engagement meeting. As a preliminary measure CEP supported the district government to carry out formal training for these co-management mechanisms, so that they could understand their responsibilities and their mandate to bring citizens' voices into the management of service units. Next, and prior to the engagement meeting, the grantee CSOs also worked with these bodies to clarify and discuss the community concerns with service quality and priorities. At the culmination of the engagement, members of the CMHCs and SCs thus knew how to take positions and discuss the arguments presented.

Without the participation of people with decision-taking powers the results of the engagement do not have legitimacy.

During the first experiences of CSC implementation, CEP held the engagement meetings at the appointed time and date even if, for example, the unit directors were absent. It was found that in those cases the conclusions of the meetings were not taken on board, and nor were the action plans implemented, since those present did not feel that they had a mandate to take decisions and commit the institution. It was therefore concluded that the presence of the following people at the engagement meeting needed to be given priority: the director of

the service provision unit, the most senior community leader and the president of the SC/CMHC. However, it was sometimes impossible to have all these leaders present at the same time, due to their other commitments. It was thus decided that if one of those people was unavailable the participants had to decide whether the meeting should be held or not, and if it was held, what should be done (and who would do it) to ensure that the absent leaders would later accept the results.

To give voice to citizens, their voices have to be prioritized rather than those of the service providers.

At the end of the engagement meetings the participants agreed jointly on an action plan for taking corrective measures regarding the concerns that had been presented. Due to the limited resources (human, financial and time) it was not possible to deal with all the concerns, and agreement had to be reached on priorities. The number of concerns raised by the communities always greatly surpassed those of the providers. In order to give citizens their voice and prevent the specific concerns of providers from dominating the priority list of the action plan, CEP decided that the number of specific service provider concerns in the plan of action should be limited. The reasons for this had to be explained to the providers, but they agreed to accept the proposal.

A majority of the issues included in the unit action plan must be soluble within one CSC cycle.

The service providers tended to bring concerns related to infrastructures to the engagement meeting. Often these could not be resolved locally, nor within the 6-12 month period agreed for implementation of the action plan. This is standard behavior in development projects in Mozambique, because there is lengthy experience and an expectation that projects will build something (schools, classrooms, housing for expectant mothers) that will bring visible material benefits. CEP understood that in order to generate results and maintain the level of mobilization the solution of priority concerns had to be feasible and have the potential for short term success.

Studies in other countries have emphasized the importance of social accountability initiatives in providing governments with opportunities to remedy situations when they are appropriately informed, or to provide credible explanations for why some standards cannot be reached (Joshi 2014). Nonetheless the facilitators should be cautious, given that service providers usually want to dominate the conversation and lead a technical debate in which citizens cannot take part. Regardless of the case, it is important that the facilitators ensure the flow of communication from a group of providers to the others so as to ensure that everyone is aware and knows what to expect from the engagement meeting.

5.5 Step 4 – Implementation of the action plan and advocacy

The fourth step in the CSC was implementation of the action plan agreed between citizens and service providers in the engagement meeting. The plan's timescale was decided in accordance with its alignment with the calendar of the government plan for the service units. The SCs, and CMHCs in the health centres, took on primary responsibility for implementing and monitoring the action plan. The CSO facilitators monitored the plans of their local units in monthly, in coordination with the co-management mechanisms, community members and service unit managements. The programme officers and supervisors verified the plan's progress on a quarterly basis.

In addition to keeping an eye on local implementation of activities, the SC / CMHCs had the task of taking issues that could not be resolved at local level to higher levels (administrative post or district) for decisions. The service providers themselves also contributed to the advocacy work, using the existing communication channels in their respective sectors. The CSOs supported these processes, presenting the most common community and service unit concerns at district level and trying to influence the district governments to include activities that would respond to those concerns in the district plans and budgets (PESOD). They made use of existing coordination forums for this purpose (eg coordinating councils, meetings with community involvement, government meetings, etc).

Photo 4 – Following up the action and advocacy plan



The advocacy chain continued from the districts to provincial level through the efforts of the provincial CEP management team, and up to central level in order to influence national policies through the learning and advocacy networks hosted by CESC and N'weti for the education and health sectors respectively.

What did we learn during this process?

Implementing the action plans faced difficulties and needed support from the local CSOs.

Regular systems for following up implementation of the action plans were not initially planned. It was assumed that the SC/CMHCs knew how to go about implementation. However, various types of difficulty arose that the councils/committees were unable to resolve on their own. It was also found that for many of the people involved in the co-management mechanisms, including service providers, producing a plan was something new which they had never done before. The situation on the ground required closer accompaniment, and CEP institutionalized a way of providing it, with responsibilities defined within the CSOs, instruments produced and a monitoring and supervision process implemented²¹.

Civil society, and in particular many CSOs, are not properly prepared for advocacy functions.

It became clear that a number of CSOs involved in the programme had difficulties in positioning themselves for advocacy work, defining themselves as service providers and not as advocacy actors²². There was reluctance to face up to government and accept the risks that could result. This situation arose mainly among the more structured organizations that had received capacity-building support and had access to larger amounts of funding.

Another factor that affected engagement in advocacy was the lack of active links with other civil society organizations in the districts, in the provincial capitals and in Maputo. In a context of intensive CSO competition for resources and few incentives for cooperative work, there was little experience of forming networks, alliances and coalitions. CSOs working in districts at grassroots level had few links with other organizations working at provincial and/or national level. Thus many CSOs obviously had limited experience and knowledge of advocacy work, and the risks of doing it are high, particularly for those who work far from the decision-taking centres in Maputo.

CEP sought to respond to this situation by providing technical assistance to the CSOs, but the process took time and several advocacy opportunities were lost during the first years. In the second half of CEP's implementation period the

²¹ As for the other stages, further information about the process, resources and instruments can be obtained from CEP's CSC Implementation Manual.

²² It should be stressed here that during this period a few well known CSOs in Mozambique began to present themselves as service providers rather than advocacy organizations. The context at the time was one of relatively high risk, particularly for organizations that were working with and in the area of extractive industry and natural resources.

CSOs began to take more initiatives to bring the issues raised by communities regarding service quality to discussions with district-level institutions and leaders. The production of short reports based on data from the BetterData²³ system began to make it easier to show evidence from the grassroots, while the stories of change that were disseminated over time showed the possibilities of intervening and being successful. It became very clear for CEP management that in order for local/community organizations to be brought into advocacy it is important to ensure the availability of human, financial and time resources for providing necessary technical assistance at the moment when it is needed. Considering the frequent changes of date for meetings and the short term planning of activities, the CSOs need significant support to be able to organize themselves for substantive participation. In the Mozambican socio-political context, above all in the rural areas, stimulating a real civil society commitment to struggle for the common good requires dedicated and long term efforts which have political, organizational and financial costs.

CEP's experience is consistent with various international information sources that have concluded that changing the vision and implementation practice of a CSO is a long term process; the donors must be aware that their role comprises only part of the conundrum of social accountability.

The advocacy plan must be flexible and take advantage of opportunities that arise.

The CEP team did initial mapping of spaces and processes (sectoral coordinating councils, provincial meetings with community involvement, annual sectoral evaluation, etc) to support the advocacy work of partner organisations. Each organization was additionally asked to produce a district map. However, it was not always easy to use those spaces, because agendas and calendars were in constant change. It was difficult for the local CSOs to plan meaningful participation in the meetings, and likewise difficult to organize technical assistance in the way originally planned. As a consequence, advocacy activities became more or less improvised. Maintaining the initial goals, the CEP management systematized the production of regular information so that it would always be available in case of need, thus enabling the grantee CSOs to take advantage of opportunities whenever they arose.

Monitoring and evaluating the results of advocacy work is a major challenge.

During the five years of the programme, CEP organized and took part in dozens of meetings where it presented the CSC experience and tried to influence government plans and priorities. Government authorities recognized the added value of CEP in various contexts, given that the programme "not only helped to identify the problems, but also supported their resolution". Producing a

²³ Better Data is an information system developed for CEP.

useful register of every attempt to influence government was challenging. And measuring the impact of those efforts at higher levels was even more challenging. Influencing national policies requires dedicated long term work, and even then it can be difficult to evaluate the impact. It was particularly difficult to collect all the information on what the schools and health centres were doing, because interventions were made outside CEP's institutional space: schools and health units, encouraged by the first successes obtained with the support of the CSO implementers of CEP, began to carry out other activities that were within their mandate and for which they were totally responsible, without the need for external support and without reporting to CEP.

5.6 Step 5 – Evaluation of the CSC cycle

The final step, which closed a CSC cycle, was evaluation of the results and the process in each service unit. For this purpose the CEP implementers organized meetings with citizens, service providers, local leaders and other relevant actors to analyse the CSC process and identify the changes achieved regarding the priority issues included in the action plan. At the same time, for CEP's own evaluation, a new assessment was made of knowledge about rights and user satisfaction. Thus, as in step 1 (awareness-raising, conscientization and mobilization phase), firstly separate meetings were held with the same focus groups which had done the initial survey of problems. This was followed by a meeting with representatives from all the groups, which discussed and reached conclusions. Members of the SCs and CMHCs, heads of schools/health units and local leaders also took part in the evaluation.

Photo 5 – Evaluation of the CSC cycle



What did we learn during this process?

When changes take place, everyone recognizes them.

The implementing CSOs in different districts were found to have used different models for the final evaluation, depending on the contextual dynamic. This exercise intended to bring together again the focus groups constituted in the initial phase, so that they would have the opportunity to reflect on the results achieved and evaluate the process. However, it was not always possible to locate the people who had been involved in the initial phase, so in order not to delay the process the community members were asked to select other people with similar characteristics to reconstitute the groups. In this way it was possible to do the evaluations, and it was found that including new people did not cause difficulties. Where there had been changes, all the community members and service providers were able to identify them, even when they had not initially participated in the CSC.

Positive CSC results encourage people to continue the process of social accountability.

In the vast majority of service units where the CSC cycle had been implemented some kind of change was achieved. Most commonly noted were changes in attitude (eg more respect) and in behavior (less absenteeism and more punctuality) on the part of service providers. In the light of the positive changes, people generally expressed motivation to continue the dialogue and deal with new issues. This attitude enabled the mobilization of local leadership, service providers and citizens to begin a second CSC implementation cycle.

6. LEARNING ABOUT THE CSC

Learning had a central role in CEP, with the objective of (i) promoting reflections and exchanges of experience among the various actors involved and interested parties; (ii) managing the learning achieved and the knowledge produced, making it all accessible to other audiences; and (iii) systematizing the learning within the programme to guide the revision and adaptation of methodologies in use and inform advocacy activities.

The learning processes were implemented in crosscutting and iterative form, with the participation of all the parties involved in the programme. Within the framework of its “Innovation Laboratory” the CEP management team accompanied the CSC cycles, documented the processes, compiled the lessons learned and took part in methodology revisions whenever necessary. The lessons and recommendations were shared with CEP’s partners and immediately integrated into implementation, meaning that the approaches used at the end of the programme were considerably different from those with which the programme began at the time of the first CSC cycles. The lessons and experiences were also shared with other interested organizations on a continuous basis.

Three types of process/events were adopted in order to make the learning systematic:

- Internal reflection meetings in the CSOs at the end of each CSC step to analyze methodological and contextual questions; this approach was first tried out by Facilidade in Nampula, and having proved its usefulness was expanded to the rest of the programme;
- Exchanges of experience between peers at local level: exchanges of experience between groups of citizens, between co-management mechanisms and between providers as well as between other groups. The topics for discussion were defined by the participants according to their interests. A frequent theme was how the different units had managed to resolve a specific problem (eg teacher absenteeism, etc);
- Learning events at district, provincial and national level to promote debate among civil society, academics, government decision-takers and civil servants. These events became real opportunities for dialogue with government and the clarification of doubts, and in this way contributed to a climate of increased trust and lower levels of fear.

Photo 6 – Learning activities



The “Innovation Laboratory” was supported by BetterData, an information system developed by Kwantu, a consortium partner. The implementing CSOs used it to post all the data from their CSC forms²⁴. This data was then aggregated for the production of specific reports, for example on the main problems raised by citizen groups and providers, the degree of knowledge about rights, levels of satisfaction with various aspects of service provision, perceptions of the influence of citizens over the management of services, etc.

²⁴ The forms can be found in part II of CEP’s CSC Implementation Manual.

What did we learn during this process?

Efficiency and effectiveness of the methodology increases with experience of its implementation.

The CSC implementation period varied throughout the programme, and became more efficient and effective in the final two years. By then, the cycle was taking 2.5-3 months between awareness-raising (step 1) and preparing an action plan (step 3). The main factor was the experience that the facilitators, CSO staff and programme management had gained, improvements to some of the instruments in use and the radio programmes being broadcast from the beginning of the cycle onwards.

Crosscutting learning produces a lot of knowledge. In order not to lose the most valuable product the information to be recorded needs to be prioritized.

CEP developed a crosscutting and iterative learning model throughout programme. Crosscutting because it traversed all the processes and activities, and iterative because proposals for improvement were immediately implemented and tested, in a cycle of action-reflection-learning-action. The production of knowledge was thus happening simultaneously in different places. The volume of information became so large it was impossible to register all the new data all the time. For a programme on the scale of CEP, it is neither realistic nor practical to try to capture all information. The programme tried to document some of the changes and the factors that influenced them by compiling 42 "Stories of change".

However, the large volume of information being generated in a relatively short time meant that some critical processes did not receive appropriate attention and in-depth reflection. For example, it would have been important to follow in detail how the changes in attitudes and practices happened, and the incentives to change for providers and government. It would also have been important to have a better understanding of how processes of this type, which introduce new concepts that have little connection with the world view of rural communities, can be implemented.

Exchanges of experience are motivating for the actors.

The meetings for exchanges of experience were found to be very popular. The opportunity to share success stories and challenges with others who have been going through similar situations contributed to horizontal learning and clearly motivated the participants. However, it was not possible within the timeframe of the programme to follow up and see to what point the experiences shared bore fruit and resulted in activities in other contexts.

Reflection meetings helped to adapt activities to the context.

CEP allowed flexibility in the way each CSO adapted the CSC steps locally. The reflection meetings held by the CSOs at the end of each step supported them to evaluate the approaches used and adjust certain features to the context. CEP's experience demonstrates that continuous evaluation and learning makes a major contribution to the effectiveness of the CSC approach.

The information system must be accessible for users and suitable for local conditions in order to be an effective instrument.

BetterData encountered various difficulties that made using it slower than expected. The challenges included: (i) the limited capacity of local organizations to work with complex databases; and (ii) the fact that the data registration forms for the CSC were not all available when the database was designed. In general the system did not manage to produce information in real time for the implementing CSOs in the provinces. By the end of the programme changes had been introduced to make the aggregation and presentation of data more automated.

7. CHANGES ACHIEVED

Internationally the CSC process has been described as an approach that promotes mutual trust, dialogue and collaboration in the resolution of questions of low quality services, through joint decision and joint problem-solving. The general objective of social accountability mechanisms is the promotion of new channels for interaction with a view to minimizing the democratic deficit that characterizes traditional party politics and electoral processes (Fung & Wright 2003).

However, international experiences have shown that it is rare for the CSC to generate changes beyond local level. When analyzing the results of CSC implementation in four African countries Wilde and his team (2015) found that most of the “impact” referred to improvements in behaviours and the direct service providers’ ability to respond. In particular this was in contexts where the government faces major challenges, and where ineffective decentralization (political, administrative and financial) restricts local authorities, as is the case in Mozambique. The same study found that only one country could show a clear example of information being channeled to national level and contributing to political dialogue (but not necessarily to change).

CEP’s experience does not differ much from those experiences: various changes occurred at local level and fewer in national policies. But a key factor in this result is the limited duration of the programme and the decision taken at the beginning of the programme to do evidence-based advocacy. Evidence that enabled advocacy at provincial and national levels only began to emerge in the fourth year. In any case, the importance of local changes should not be underestimated. It is often these changes that have a greater and more immediate impact on citizens’ quality of life and that lead to greater or lesser adherence to public health and education policies.

CEP was designed on the premise that the challenge of public services in Mozambique was not so much the absence of appropriate policies but their non-implementation up to the peripheries. The perception continues that there is still much to be done to guarantee that existing policies are implemented to their full potential. The CEP Advisory Committee recognized that feedback to higher levels, in particular to central level, is a fundamental component of programmes such as CEP, enabling central sectoral bodies to have better knowledge about the reality of policy implementation, the challenges, but also the progress and successes, with a view to refining the existing political instruments²⁵.

The strategic approach to the CSC implemented by CEP (which involved both service providers and citizens and working at different levels) made a considerable contribution to improved communication between health centres/schools and citizens. A more open dialogue made it possible to promote changes in the quality of services in 65% of health units and 56% of schools where the programme was implemented, between 2014-2017. Various cases of abuses of power were identified and corrected; community members took initiatives to

²⁵ Advisory Committee on 24 August 2017. Notes from the meeting.

improve the physical conditions of the health units and schools; and there are numerous examples of service providers who changed their attitudes to patient care.

The final external evaluation recognized that CEP contributed to improvements in the quality of services in the units where it was implemented. These improvements were essentially non-monetary, such as improved attitudes and behaviour of staff, and the ability of the staff to work with the community. But changes in procedures were also recorded, such as the use of the Direct Support to Primary Schools (ADE) budget in schools and the functioning of the CMHCs and SCs. CEP also played a role in getting the district authorities to allocate increased resources, both human and material, to the service units where the CSC was implemented.

In terms of governance, the programme created a more open environment and increased provider interest in dialogue and listening to the communities. It strengthened the role of co-management mechanisms and increased information flows between them and the surrounding communities, so that the mechanisms began to gain increased legitimacy. CEP also contributed to establishing closer links between these committees and the district services.

CEP contributed to increasing citizens' knowledge of their rights and responsibilities, and about the type of health and education services available in their communities. CEP's internal monitoring data showed that between the beginning and end of the first CSC cycle (about 1 year) the percentage of focus groups that knew at least five pupils' rights rose from 6.7% to 22.7%. Among focus groups involved in monitoring the health units the rise in knowledge was from 7.4% to 38.7%²⁶. In 2017 the level of knowledge of focus groups integrated into the 2nd CSC cycle was 34.4% and 21.7% in education and health respectively²⁷.

Improved understanding of service rights and standards seems to have raised the expectations of citizens with regard to the way they are treated in the health centres and schools. In some cases this was translated into reduced satisfaction with the quality of services received in their communities, as can be seen in the table below. However, the dialogue with providers also contributed to making expectations more realistic, and for the community to understand the challenges of the service providers. Taking the complete set of indicators for the whole implementation period there is an increase in citizens' general satisfaction levels regarding the quality of services in the places where the programme was implemented²⁸.

²⁶ The rights laid down in the Regulation on Basic General Education and the Patient's Charter were used as a basis for education and health rights.

²⁷ It was not possible to evaluate the cycle with these groups.

²⁸ See www.cep.org.mz for informational forms giving more information on the degree of citizens' knowledge, levels of satisfaction with services, and main concerns with regard to quality of services, among other matters.

Table 2 – Evolution of community satisfaction with the services they receive

INDICATOR	2015	2016	COMMENTS
Waiting time in health units	33%	42%	These results may reflect changes in the organization of services, the conduct of professionals and/or communication between the parties.
Respect for patients and family members shown by doctors and nurses	40%	50%	
Illegal charges in health centres	45%	42%	This minor drop may be due to increased awareness of the right not to pay and lack of change in the services.
Teacher presence	39%	47%	See the first comment.
Protection of children against sexual harassment in schools	55%	46%	See the second comment.

In some cases the demand creates challenges for infrastructures and staff. If the government is unable to deal with this situation the risk of demobilizing people will grow over time. However, if the government responds efficiently there may be hope that those changes will result in improved schooling and health for children in the long term. Seeing changes happen also had a positive effect. In the districts where the programme was implemented the co-management mechanisms mobilized themselves and took initiatives, often without waiting for support from CEP. The final evaluation recognizes that the CMHCs supported by CEP functioned better, listening and responding to questions raised by users, and had strengthened their role as a bridge between patients and health unit management. It was clear that the CSC experience gave them more confidence in their capacity to respond to people's needs and to generate change. But the challenge of sustainability of these mechanisms remains, if the authorities do not continue to support and supervise them.

Various CEP partner organizations were also empowered by seeing changes happen. Their initial reservations were transformed into conviction and mobilization. Some of these organizations are now adapting the CSC approach to other sectors and expanding to new districts.

Changes of attitude were greater on the supply side. Many district, provincial and even national authorities have shown increased openness to listening and considering citizen concerns, and have recognized the value of citizen monitoring. It was certainly not only the experience of CEP that influenced them, but given the constant communication and interaction that CEP developed with government authorities at all levels it clearly contributed. This has also been evidenced from the various invitations to the CEP team to take part in strategic discussions about citizen participation in decision-taking at national level. CEP's advocacy networks – N'weti and CESC – were invited and took an active part in preparing the new strategy on the quality of service and humanization in health, the strategy to eliminate illegal charges in the public sector, and some socio-economic plans in the health and education sectors. MINEDH additionally requested CESC to start publishing an annual report²⁹ on citizen perspectives with regard to the services received in schools, including proposals for solutions to problems.

To summarise, it can be seen that the changes achieved took place essentially at the level of mentality and attitude. It is recognized that improvements requiring significant financial investments tend to happen more slowly. However, the changes in attitude that were generated are not to be despised. They are often the most difficult to achieve, and constitute the foundations for continuity and future changes. The main challenge will be to ensure that this movement continues beyond CEP and that the political or financial context does not lead to a backward step in the exercise of rights.

²⁹ CESC. Estado do Sector: Percepção dos Cidadãos sobre a Provisão de Serviços de Educação Primária em Moçambique. CEP: Maputo, Abril 2016. (State of the Sector: Citizens' Perceptions on the Provision of Primary Education Services in Mozambique.)

8. CONCLUSIONS

The CSC experience implemented by CEP is consistent with many results from previous studies on social accountability. The most important lesson is to avoid the mechanical replication of methods and processes that have worked in other places. The CSC can be used for social accountability when it is adapted to needs and to the local context.

This report reflects on the CSC approach used by CEP, which was constructed on the basis of previous experiences and the learning acquired throughout implementation. The approach described here produced results at local level (service units and districts) and stimulated interest in increased citizen participation in the management of health and education services.

Looking back and reflecting, the most important features of CEP's CSC approach, which enabled it to achieve positive results, were the following:

- Use national policies and strategies promoting the quality of services and citizen involvement in their management (and in demanding accountability), and likewise the civil society participation in drafting and revising health and education policies, as pillars of support that justify the programme. This provided strength and motivation for government bodies to support the programme.
- Work through local organizations that know the beneficiary communities, their values and customary norms and practices. Thanks to the knowledge of local collaborators CEP was able to carry out its activities, reducing tensions and avoiding conflicts.
- Adopt a work philosophy based on the rights and empowerment of citizens and community groups.
- Conscientize and mobilize both citizens and service providers, beginning with the provider side. This strategic approach was key to the building of a constructive climate and openness to dialogue.
- Develop activities focused on the desired results but based on a flexible work plan that is adaptable to the local context of each community. It was only through doing this that CEP was able to identify the real concerns of citizens and create the space for finding solutions locally.

CEP put new items that contribute to refining social accountability approaches on the agenda for discussion in Mozambique. The table below summarizes the new features of the CSC introduced by the programme, comparing them with previous experiences of using this methodology.

Table 3 – Innovative features of CEP’s CSC approach

WHAT HAPPENED BEFORE	WHAT WAS INNOVATED
Work mostly with the demand side (citizens)	Worked both with the demand and supply sides, and with government
Data gathering to inform government	Connect the intervention to each sector’s strategies for community involvement and for service quality
Processes carried out by agents external to the community, with few conscientization activities	Empowerment of groups and citizens, with agents close to or from the community; intensive conscientization work through radio, theatre and interpersonal communications
Government quality indicators	Quality indicators defined by the citizens together with the government indicators
Local level (district)	Service units level, also district, provincial and central (both civil society and government)
Small short term projects	4-year implementation programme

9. BIBLIOGRAPHY

Banco Mundial (Dezembro 2016). Acelerando a Redução da Pobreza: Lições, Desafios e Oportunidades.

CEP (2013). How Active Citizens Can Make a Difference in Improving Service Delivery in Mozambique: Phase 1: Mapping Citizens Engagement Programmes, Initiatives and Experiences. Maputo.

CEP (Julho 2013). Comunidades Envolvidas na Saúde. Maputo, Moçambique.

CEP (Agosto 2013). Manual de Operações do CEP: Regras e Diretrizes de Apoio à Gestão Global do CEP. Maputo, Moçambique.

CEP (Outubro 2013). CEP – Cidadania e Participação no Sector de Educação. Maputo, Moçambique.

CEP (Dezembro 2017). Inclusão Social e Relações de Género em Programas de Responsabilização Social: A Experiência do CEP em Moçambique. Maputo, Moçambique.

CEP (Outubro 2017). Manual de Implementação do CPC pelo CEP. Maputo, Moçambique.

COWI (2012). Manage the Implementation of Citizen Engagement Programme - Mozambique, Copenhagen, Denmark.

Fox, J. (2015). Social Accountability: What Does the Evidence Really Say? GPSA Working Paper No.1, September, the World Bank. Washington, DC.

Green, D. (January 2015). Promoting Active Citizenship: What We Have Learned From 10 Case Studies of Oxfam's Work. Oxfam International.

Halloran, B and Flores, W. (April 2015). Mobilizing Accountability: Citizens, Movements and the State. Global Partnership for Social Accountability: Transparency and Accountability Initiative.

Joshi, A & Houtzager, P.P. (2012). Widgets or Watchdogs? Conceptual explorations in social accountability. Public Management Review, Volume 14, Special Issue: The Politics and Governance of Public Services in Developing Countries.

Joshi, A. (September 2014). Reading the Local Context: A Causal Chain Approach to Social Accountability IDS Bulletin 45.5, 'Localising Governance'.

KULA (2014). Relatório de Pesquisa Formativa: Saúde e Educação de Qualidade: Gaza, Manica, Nampula e Zambézia. Maputo, Moçambique.

McNeil, M. and Malena, C. (2010). Lessons from Social Accountability Initiatives in Africa, World Bank. Washington DC.

Mcloughlin, C. & Batley, R. (2012). The politics of what works in service delivery: An evidence-based review, International Development Department, University of Birmingham, United Kingdom.

O'Meally, S. C. 2013. "Mapping Context for Social Accountability: A Resource Paper." Social Development Department, World Bank, Washington, DC.

Tembo, F. & Chapman, J. (2014). In search of the game changers: Rethinking social accountability, London.

The World Bank (2003). World Development Report: Making Services Work for Poor People, Washington, D.C.

UNDP (2016). Engaged Societies, Responsive States: The Social Contract in Situations of Conflict and Fragility, New York.

Maputo, December 2017

COWI Moçambique, Lda
Av. Zedequias Manganhela, nº 95, 2º andar, Maputo
Telefone: +258 21 358 300 Fax: +258 21 307 369
Email: cowi@cowi.co.mz