

**SOCIAL ACCOUNTABILITY IN INDIA**  
MOVING FROM MECHANISMS TO OUTCOMES AND  
INSTITUTIONALIZATION IN LARGE SCALE PUBLIC PROGRAMS

December 16-17, 2009, Country Inn Suites, Jaipur  
WORKSHOP CONCEPT NOTE

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Strengthening accountability relationships between policy makers, service providers and citizens is at the core of the public accountability effort. In the South Asia region, “demand side” approaches – the strengthening the voice and capacity of citizens to directly demand greater accountability and responsiveness from public officials and service providers – are increasingly gaining traction. These approaches often involve social accountability processes which rely on citizens, service users and civil society organizations to exact accountability and have been implemented by government and civil society alike in South Asia.

Since 2005, the World Bank has also led an effort to initiate and mainstream social accountability initiatives in the region. The first stage of this effort involved 6 projects<sup>1</sup> in various service delivery contexts throughout India and Sri Lanka that integrated participatory data collection and tools of analysis with enhanced spaces for citizen with the state. These initiatives have lead to a new generation of social accountability practices that emphasize a solid evidence base and direct interaction between citizens and government functionaries. These initial efforts also established a community of practice on social accountability in the region to bring together key stakeholders in civil society organizations and government to develop a shared understanding of best practices. The workshop, *Application of Social Accountability Mechanisms in CDD and Decentralization Programs in South Asia*, was held in March 2007 to draw out the initial lessons from these 6 projects and to identify a second set of interventions that strengthen and deepen current social accountability practices. As a result, 3 initiatives<sup>2</sup> that have scaled up the activities of the earlier projects were implemented and will be featured in a **Workshop in Jaipur in December 16-17, 2009**.

These three social accountability initiatives were introduced in large scale public programs through engagement with different levels of government in various sectors. As well, the cost of these social accountability initiatives represents a small and strategic investment in proportion to the budgets of the public programs, which run into the billions of rupees. Finally, because many social accountability initiatives have been conducted but never systematically assessed, these initiatives were also selected based on their outcomes-oriented design. As a result, three types of impacts were analyzed: behavior changes in service users and providers, institutional and policy changes at various levels of government and development outcomes (Annex 2 provides specific examples of these impacts and outcomes).

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<sup>1</sup> Funded through the TFESSD sponsored *Capacity Building and Piloting of Social Accountability Initiatives for CDD in South Asia* (FY 05 - TF053870), these pilot projects are: Social Accountability and The Community Assessment Process Tool for the Gemidiriya Program (Sri Lanka), Piloting Community Score Cards in the Health Context in Andhra Pradesh, Piloting Community Score Cards in Satara District, Maharashtra, Measuring Effectiveness of the Mid Day Meal Scheme in Rajasthan (Public Expenditure Tracking Surveys), Performance Ratings of Gram Panchayats in Chhattisgarh and The Experience of Citizen's Report Cards in Kerala.

<sup>2</sup> These initiatives were funded through the TFESSD sponsored *Alliance for Demand-side Governance for Social Accountability in South Asia: From Pilots and Projects to Influencing Policy and Programs* window.

Two of the initiatives (Maharashtra and Andhra Pradesh) addressed issues that often affect public service delivery systems such as absenteeism, poor coordination between service providers and program staff and lack of infrastructure support. The initiative in Maharashtra addressed problems related to decentralized service delivery at the District level. Although well-resourced to deliver core development services, Satara District failed to meet development targets before this intervention. The social accountability intervention, a combination of micro-planning and community scorecards - created an institutional platform at the community level for feedback between service users and providers and converged various service providers and functionaries at the District level. This initiative has improved service delivery and ultimately, development outcomes in terms of child nutrition, maternal health and water and sanitation. Satara District saw a 46 percent increase in normal nutritional grade children and a 16 percent increase in immunized children within the one year period of the accountability initiative.

The intervention in Andhra Pradesh addressed problems in a large-scale public education program in two Mandals. After two rounds of monitoring and feedback through a community scorecard process, this intervention mobilized parents and the broader community to take an active role on the management of schools. The social accountability process has galvanized public investment, public action and social capital to improve the state of education in these Mandals, including a 10 percent drop in teachers' absenteeism, 100 percent enrollment specifically in seven villages and a Government Order by School Education Department to establish School Sub-committee at the village level.

The third initiative (Rajasthan) addressed the lack of public awareness of and participation in the flagship wage employment guarantee program of the Government of India – the National Rural Employment Guarantee Scheme (NREGS). A combination of two social accountability tools - community scorecard and citizen report card - gathered feedback from NREGS beneficiaries as well as State-level government functionaries on NREGS and initiated a series of behavior and institutional changes that have informed higher levels of government. Among other institutional changes, a District-level technical committee has formed to measure the technical feasibility of *Gram Panchayat* proposals and a Task Force is set up to explore more comprehensive convergence of NREGS.

In addition to these 3 initiatives, the Andhra Pradesh social audit of NREGS will also be featured as an institutionalized social accountability process. The social audit process in Andhra Pradesh has completed social audits through a cadre of over 44,000 certified village social auditors and in public hearings state-wide. This process has audited over \$500 Million in NREGS expenditure, publicly scrutinized over 4 million NREGS records under the Right to Information Act and ultimately created a strong deterrent impact on rent-seeking officials. Serving as a role model, this social audit initiative has paved the way for the institutionalization of demand side accountability approaches in other State Government programs in health, education and other sectors to improve service delivery, governance and accountability in the state. This session will highlight the sequence of interventions that have made the institutionalization of social audits possible in the context of NREGS in Andhra Pradesh.

Based on these social accountability interventions and their impacts and outcomes, the workshop will deliberate on possible strategies for:

- **Institutionalization:** How can social accountability interventions be fully integrated into large public sector institutions and their programs?
- **Scale-up:** How can social accountability interventions shift out of the piloting phase and dovetail into other larger public programs?
- **Replication:** Finally, while each intervention is driven by context-specific needs, what important lessons do they offer in order to be replicated in a variety of other service delivery contexts and sectors?

**Workshop Objective and Expected Outcomes:** This Workshop will feature the outcomes of these 3 social accountability interventions and draw out feedback from key policy makers, World Bank project managers, academics and CSOs to guide and inform policy and project design for these and other similar initiatives. Specifically, the workshop will address how can these social accountability processes be scaled up and institutionalized as well as the underlying challenges and considerations in implementation.

**Target Audience:** This workshop will bring together 30-40 participants, including a primary audience of:

- Key Government of India and State level officials, policy makers and planners who have already implemented similar initiatives or are interested in implementing social accountability processes on a large scale and
- World Bank project managers who are interested in integrating social accountability processes into project operations.

In addition to this primary audience, select stakeholders are also invited, including:

- Academics focusing on social accountability and related issues (such as service delivery, Right to Information, National Rural Employment Guarantee Scheme, Sarva Shiksha Abhiyan, etc.)
- Civil Society and Resource Organizations,
- Representatives from donor organizations who are interested in the social accountability agenda and
- Media outlets that have already or are interested in covering these initiatives.

**Design & Methodology:** The overall workshop design is modular, with a dedicated session for each intervention. First, presentations on each social accountability intervention, led by the implementing organization, will feature the process, its findings and impacts. A moderated panel discussion will follow to draw out the key considerations and challenges in implementation, scaling up and institutionalization. Moderators and panelists will include a mix of government representatives, academics, civil society organizations and World Bank representatives who are best positioned to provide guidance on these interventions based on their experience in the sector.

This event is jointly organized by  
CUTS Center for Consumer Action, Research and Training (Jaipur, India) and the World Bank

## ANNEX 1: SUMMARY OF THE SOCIAL ACCOUNTABILITY INITIATIVES

### Community Ownership of Village Plans through Micro-planning & Community Monitoring (Satara District, Maharashtra)

Partner Organizations: Zilla Parishad (ZP), Satara and Yashwantrao Chavan Academy of Development Administration (YASHADA), Pune

Social Accountability Tools used: Micro-Planning and Community Score Card

Summary: In Satara District, Maharashtra; an institutional platform for dialogue and a structured, iterative process of feedback between citizens, government and service providers has produced clear development outcomes in terms of child nutrition, maternal health and water and sanitation.

### Assessing 2Qs (Quality and Quantity) Outputs of the National Rural Employment Guarantee Scheme (NREGS) (Sirohi District, Rajasthan)

Partner Organization: The Consumer Unity and Trust Society (CUTS), Jaipur, Rajasthan

Social Accountability Tools used: Community Score Cards and Citizens Report Cards

Summary: In Rajasthan, feedback gathered from 825 NREGS beneficiaries as well as government functionaries on NREGS in the District has initiated a series of policy and behavior changes around NREGS implementation as well as raise awareness amongst beneficiaries on key entitlements of the program.

### Implementing Social Accountability Mechanisms in the Context of School Education (Tirumalgiiri Mandal and Jainoor Mandal, Andhra Pradesh)

Partner Organization: The Center for Good Governance, Hyderabad and MV Foundation, Hyderabad

Social Accountability Tools used: Community Score Cards

Summary: In Andhra Pradesh, mobilization of parents combined with monitoring through a community scorecard and feedback to service providers has galvanized public investment, public action and social capital to improve the quality of education.

## ANNEX 2: KEY IMPACTS AND OUTCOMES

45 percent increase in infant breastfeeding immediately after birth, 30 percent increase in infant breastfeeding for first six months (Maharashtra)

16 percent increase in institutional deliveries by trained attendants (Maharashtra)

All drinking water sources in the villages were disinfected and unsafe drinking water samples have decreased significantly by approximately 63% at the end of first year (Maharashtra)

### Behavioral Changes

Awareness about NREGS entitlements and provisions has risen dramatically among workers (Rajasthan and Andhra Pradesh)

Over \$500 Million audited in NREGA expenditure (Andhra Pradesh)

4 million NREGS records have been publicly scrutinized under the Right to Information Act. (Andhra Pradesh)

2082 functionaries have been removed from services or disciplinary actions have been initiated (Andhra Pradesh)

Strong deterrent impact on rent-seeking officials (Andhra Pradesh)

Institutional platform for continuous dialogue and feedback between community and service (Maharashtra and Andhra Pradesh)

Cadre of community monitors including community groups and NGOs, women and youth that assist in local problem solving and improved targeting (Maharashtra and Andhra Pradesh)

Task Forces that converge users, service providers and government to inform program design (Maharashtra)

### Institutional & Policy Changes

Government Order by School Education Department to form School Sub-committee at the village level, create a scope for community feedback and functionaries involvement (Andhra Pradesh)

A Task Force has been set up to explore more comprehensive and effective possibilities of convergence with NREGA (Rajasthan)

A Technical Committee including engineers drawn from various departments of the District was formed to measure the technical feasibility of *Gram Panchayat* proposals (Rajasthan)

Open trainings on various aspects of project measurement are conducted weekly for NREGS beneficiaries (Rajasthan)

46 percent increase of children in normal nutritional grade (Maharashtra)

Total sanitation and significantly decreased the waterborne diseases in all 178 villages of the intervention (Maharashtra)

A 16 percent increase in immunized children within one year, covering 94 percent of the children in the community (Maharashtra)

**Developmental  
Outcomes**

Program Redesign and Resource Reallocation to Improve Program Effectiveness and Public Expenditure Efficiency (generation of innovative solutions to local problems through interaction of community and service providers) (Maharashtra and Andhra Pradesh)

Improved Quality of Service Delivery (reduction in mortality rates and malnutrition) (Maharashtra)