Practitioners Convening on Community Monitoring for Accountability in Health: Participant Experiences in Community Monitoring

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Accountability and Monitoring in Health Initiative
Public Health Program

OPEN SOCIETY FOUNDATIONS

TABLE OF CONTENTS

INDEX OF TABLES

II.1. General Information

II.2. Context Setting and Social, Economic and Political Conditions

II.3. Implementation of Community Monitoring

II.4.Theories/Concepts and Explanations for Social Change

II.5. Results and Contributions of Community Monitoring and Lesson Learned

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SECTION I: SYNTHESIS OF CONVENING PARTICIPANTS' RESPONSES TO THE QUESTIONNAIRE ON COMMUNITY MONITORING FOR ACCOUNTABILITY IN HEALTH

I.1 Introduction

This report was produced as a background document for: "Practitioners Convening on Community Monitoring for Accountability in Health", which was held in Johannesburg, South Africa from 18 – 20 July 2011. The convening was organized by the Accountability and Monitoring in Health Initiative (AMHI) of the Open Society's Public Health Program (PHP), in close collaboration with an advisory group[1] of four experienced practitioners from Guatemala, India and Zimbabwe.

This report presents the analysis of the responses of convening participant organizations to a questionnaire that was designed to collect and collate their experiences and lessons in implementing community monitoring for accountability in health initiatives. The responses of 21 organizations to the questionnaire, which were returned up to July 5th 2011, were included in the analysis.

Organizational responses to the questionnaire were entered in an EXCEL template ordering the entry of individual responses to questions by all participants in columns and answers to all questions by each participant in rows.

The synthesis of responses followed three different strategies:

A) Those questions that had straightforward responses (such as years of experience) were classified in ranges and the frequency of responses within each range was annotated. See example below:

How long has your organization been implementing community monitoring

Experience	Frequency
Less than one year	0
Between one and three years	6
Between four and seven years	4
Between eight and ten years	2
More than ten years	9

B) Questions allowing a classification of responses (i.e. type of community monitoring work carried-out by the organization) were synthetized using "open coding". For some questions, allocating the responses from questionnaires to "codes" was straightforward, so frequency of responses was annotated. See example below:

[1] Advisory Group members included Abhay Shukla (SATHI, India), Abhijit Das (CHSJ, India), Rene Loewenson (TARSC, Zimbabwe) and Walter Flores (CEGSS, Guatemala)

Why is your organization engaged in community monitoring for social accountability

Responses	Frequency
Part of organization's strategic plan/operational plan	8
To create knowledge	1
To achieve sustainability of our projects	1
Part of the PHC strategy the organization has	2
Requisite of our funding	1
We are a grassroots organization	1
To give community members a voice/empower them	7

For other questions, the response from organizations could be classified within several "codes". To avoid exclusion of responses or forcing one response into a single code, the organizations whose response fitted within a given code were annotated as per ID number (not frequency). In this way, an organization response may appear in more than one "code". See example below:

What type of community monitoring work does your organization undertake (in terms of issues and focus) specifically on holding public health authorities/department accountable for their policies and services?

Issues/focus	ID
Monitoring institutionalized spaces	1
Health facility surveys and community score-cards to monitor availability, access and quality of healthcare services including medicines and human resources	3, 7, 8, 10
Research on issues, interventions and tools around community participation, priority setting and power relations in decision making	1, 3
Meetings with citizens and local health authorities to discuss and act upon equity of access, resource allocation and expenditure	4
Social audits on use of public resources and the situation of healthcare services	5, 16
Monitoring different sectors, health education, road safety, nutrition, livelihood	9, 13
Social mobilization, media advocacy and litigation	11
Budget and expenditure monitoring	12
Public hearings, campaigns and monitoring local healthcare services	14
Monitoring social and economic rights through sentinel site surveillance, participatory action research, community photography	15
Public hearings and tribunals	16

C) Some questions were open-ended and were related to the particular experience of

organizations. Due to the wide diversity of responses, they were not classified in "codes" but inserted as stated by organizations or summarized (cases with a large text allowing). The responses are presented orderly from organization with ID No. 1 to organization with ID No. 21.

The second section of the report presents a summary of key themes emerging from the analysis of responses to each one of the below mentioned five sections (I.2 to I.6) in the questionnaire. Please note that for each answer, the "coding" is in itself a synthesis. Therefore, it is recommended that the readers review each table summarizing the responses to each question.

I.2 General information on the organizations and their area of work

The questionnaire responses reveal a rich diversity of organizations. At least two of them are research organizations based in an academic environment. The majority are hands-on organizations working directly in the field. There are also organizations that play both roles: directly involved in field work around community monitoring and also implementing specialized research when required.

Organizations range in relation to their experience of work with community monitoring. Almost half of the organizations have been implementing community monitoring for more than ten years, whereas a quarter of respondents have been working in this area between one and three years.

More than half of the organizations work at several levels - national, state, regional, and local - and also mostly work in coalition with other organizations, mostly civil society and community based.

I.3 Context setting and the social, economic and political factors

This section aimed to explore contexts and conditions related to the practice of community monitoring. Almost all organizations responded that the political conditions, structural determinants and policies have an influence on community monitoring.

In relation to contextual conditions that limit community monitoring, most organizations identified issues around asymmetries of power and vested interests of powerful elites that might be present at different levels of government and society. Both political context and a lack of political will were next identified as the most frequent contextual determinant of community monitoring.

One question in this section of the questionnaire explored how organizations were dealing with the limitations and barriers set by the contexts where they work. Most frequent responses were: by involving government officials, doing advocacy with different stakeholders, doing community mobilization and strengthening community based organizations.

The questionnaire also explored what resources would facilitate dealing with the challenges imposed by context. The two most frequent responses were financial resources to expand and sustain community monitoring and organizational support for civil society organizations

I.4 Implementation of community monitoring

The questionnaires reveal different approaches and very rich experiences in the practice of community monitoring for accountability in health. For some organizations, the implementation is a very systematic process following step-wise actions. These organizations have produced manuals and guidelines. Some others describe a concrete approach to implement one or two known methods of community monitoring (CRCs - Citizen Score Cards, etc.). At least a quarter of organizations made explicit that their approach to community monitoring would go beyond data collection and analysis to include other key strategies and components such as capacity building, advocacy, social mobilization and participatory research.

Most organizations reported using any of the various well-known methods and tools for community monitoring and social accountability. Some organizations have adapted the existing tools to reflect their local work and contexts, and some others reported to have developed their own data collection and analysis tools.

In relation to capacity building, all organizations carried out different forms of capacity building. Some of the organizations described a systematic approach to capacity building such as detailed and validated contents for training, establishing a chain of trainer of trainers from the national level to the local level, and other highly valuable strategies such as mentorship and continuous training.

For data collection and analysis, most organizations provided a detailed description on how they implement data collection and analysis. Some organizations reported developing their own data collection tools; some others described innovative actions or tools such as public hearings.

Organizations reported innovative approaches to communicating evidence and carrying-out advocacy such as street plays, radio programs and use of both local and national media. Evidence is communicated not only to communities but also to different levels of government and the general public.

A key issue in community monitoring is the actions that follow after presenting the evidence. Most organizations reported active responses following presentation of evidence and adoption of recommendations by authorities. At least one organization reported that "not much happens due to lack of political will" and other stated that litigation is pursued if everything else did not work.

I.5 Theories, concepts and explanations for social change

The majority of organizations provided an explanation for social change as result of community monitoring. In their explanation, they made reference to concepts and principles in development theory such as Paulo Freire's critical pedagogy and popular education, conceptual frameworks from sociology, ethics and human rights. No single organization reported to have developed a specific framework to guide its work on community monitoring. Several organizations responded that they do not use concept or a theory of change and other left the question unanswered.

In relation to how organizations defined or understood the relation between the state and citizens, those who responded defined it as part of the social contract theory and as a power relations issue. It is important to note that a quarter of all organizations did not answer this question.

In terms of how power is conceptualized, the most frequent responses were that power is understood as a situation in which some have power and others not. The second most frequent response was seeing access to information as power. Here again, a third of organizations did not respond this question.

In terms of empowerment, most organizations conceptualize and see empowerment as agency-citizenship action. The next most frequent response was empowerment from a human rights perspective. It is important to note that almost half of all organization did not answer this question.

I.6 Results and contributions of community monitoring and lessons learned

Improved public services and improved communication among stakeholders is the most frequent response as contributions of community monitoring. The next most frequent contributions reported were increase on awareness, especially on human rights; democratization of the public sector; and the participatory process of citizens.

In terms of contributing to government responsiveness, more than half responded positively noting that increasing government responsiveness due to community monitoring.

In relation to contributions to empowerment, most responses stated that through community monitoring, citizens are empowered with skills to monitor and demand answers. Citizens also engage in planning with officials and researching issues impacting on service delivery in their community.

In terms of contribution to trust, half of all responses provided different types of evidence about improved trust as expressed in joint planning; improved communication; open and respectful discussions about problems and how to solve them. The other half of the responses stated that there is contribution to trust building but without providing specific examples.

Most organizations are aware that community monitoring may entail unintended outcomes-positive and negative. The positive unintended outcomes described by some is the spilling of the work of community monitoring in health services to other sectors (education, agriculture) and other communities beyond those targeted. Also the fact that community monitoring has provided recognition and legitimacy to community based and civil society organizations was reported as another unintended positive effect. In relation to negative unintended effects, there is mentioning of the fact that the poorest or most marginalized do not participate in the process. Also that some cultural values that are negative or unsupportive of community actions emerged during the process, that were no accounted for during the beginning of the projects.

In relation to strengths of community monitoring, all organizations referred to aspects described

above (responsiveness, empowerment, participation, rights, etc.)

In terms of weaknesses, several stated that community monitoring is time consuming for both facilitators and communities. Also, there is a high reliance on volunteers and it is important to be aware that volunteering has limitations. Other pointed out that community monitoring requires certain conditions to be in place in order to be effective. Other weakness identified is that the actions that followed the actual monitoring depended on how authorities reacted to the findings. In contexts where authorities were non-responsive, community monitoring has led to frustration in communities

As additional lesson learned, respondents expressed a need to strengthen the evidence base in relation to empowerment, trust and social change. This included in addition to systematizing knowledge on community monitoring practice, also on understanding and refining approaches towards how to use community knowledge to produce evidence that is acceptable to funding agencies and state parties. Other lessons learned included the relevance of gender monitoring.

One organization, recognizing the fact that transnational corporations (TNC) affected the state and communities, called for developing an approach to monitor TNCs to hold them accountable for their actions.

Another lesson emerging was that the communities need institutional support for evidence based monitoring that called for long-term and continued support.

SECTION II: SUMMARY TABLES

II.1. General Information

Table 1.1 General Information on respondents.

ID No.	Name of the Respondent	Name of the Organization and website	Country
1	Soraya Cortes	Universidade Federal do Rio Grande do Sul (Federal University of Rio Grande do Sul). http://www6.ufrgs.br/ppgs/	Brazil
2	Zerubabel Ojoo	Management Systems and Economic Consultants Ltd	Uganda / Ethiopia
3	Jens Byskov	DBL-Centre for Health Research and Development. www.dbl.life.ku.dk	Denmark (Field work: Kenya, Tanzania, Zambia, Malawi, Uganda)
4	Adah Zulu	Lusaka District Health Management Team (LDHMT)	Zambia
5	Elias Wakhisi	The Institute of Social Accountability. www.tisa.or.ke	Kenya
6	Itai Rusike	Community Working Group on Health (CWGH). www.cwgh.co.zw	Zimbabwe
7	Robinah Kaitiritimba	Uganda National Health Users/Consumers Organisation (UNHCO). www.unhco.or.ug	Uganda
8	Nhlanhla Ndlovu	Centre for Economic Governance and AIDS in Africa (CEGAA). www.cegaa.org (undergoing refurbishment)	South Africa
9	Agnes Pauline Apolot	Uganda Debt Network. www.udn.or.ug	Uganda
10	Sita Sekhar	Public Affairs Foundation (PAF). www.pafglobal.org	India
11	Phillip Mokoena	Treatment Action Campaign (TAC). www.tac.org.za	South Africa
12	Daygan Eagar	Budget and Expenditure Monitoring Forum (BEMF) (coordinated by SECTION27). www.section27.org.za	South Africa
13	Shobhana Boyle	Child in Need Institute (CINI). http://www.cini-india.org	India
14	Rakhal Gaitonde	'Community Health Cell Extension Unit	India

ID No.	Name of the Respondent	Name of the Organization and website	Country
		(CEU), Chennai of the Society for Community Health Awareness Research and Action (SOCHARA)'. www.sochara.org , www.cahtn.in	
15	Rene Loewenson	'Training and Research Support Centre (TARSC). www.tarsc.org	Zimbabwe
16	Abhijit Das	Centre for Health and Social Justice. www.chsj.org	
17	Abhay Shukla	Support for Advocacy and Training to Health Initiatives (SATHI). www.sathicehat.org	India
18	Renu Khanna	SAHAJ – Society for Health Alternatives. www.sahaj.org.in	India
19	Cesar Amado	FORO SALUD (Foro de la Sociedad Civil en Salud). http://www.forosalud.org.pe/	Perú
20	Walter Flores	Centro de Estudiospara la Equidad y Gobernanza en Sistemas de Salud-CEGSS (Center for the Study of Equity and Governance in Health Systems). www.cegss.org.gt	Guatemala
21	Jashodhara Dasgupta	SAHAYOG. www.sahayogindia.org; www.negotiatingrights.org	India

Table 1.2 Why is your organization engaged in community monitoring for social accountability work?

Responses	Frequency
Part of organization's strategic plan/operational plan	8
To create knowledge	1
To achieve sustainability of our projects	1
Part of the PHC (Primary Health Care) strategy the organization has	2
Requisite of our funding	1
We are a grassroots organization	1
To give community members a voice / empower them	7

Table 1.3 What type of community monitoring work does your organization undertake (in terms of issues and focus) specifically on holding public health authorities/department accountable for their policies and services?

Issues/focus	ID No.

Issues/focus	ID No.
Monitoring institutionalized spaces	1
Health facility surveys and community score-cards to monitor availability, access and quality of healthcare services including medicines and human resources	3, 7, 8, 10,20,21
Research on issues, interventions and tools around community participation, priority setting and power relations in decision making	1, 3,20
Meetings with citizens and local health authorities to discuss and act upon equity of access, resource allocation and expenditure	4,20,21
Social audits on use of public resources and the situation of healthcare services	5, 16
Monitoring different sectors, health education, road safety, nutrition, livelihood	9, 13,21
Social mobilization, media advocacy and litigation	11
Budget and expenditure monitoring	12
Public hearings, campaigns and monitoring local healthcare services	14,21
Monitoring social and economic rights through sentinel site surveillance, participatory action research, community photography	15
Public hearings and tribunals	16

Table 1.4 How long has your organization been implementing community monitoring?

Experience	Frequency
Less than one year	0
Between one and three years	6
Between four and seven years	4
Between eight and ten years	2
More than ten years	9

Table 1.5 Geographical scope of the work: Is it country-wide? Is it at the level of regional or provincial government? Is it at municipal or other local government equivalent? For each of the geographical division listed above, please tell us the number.

Levels: National/country wide; Regional; Provincial; and Municipal/local government	Frequency
Only one level (any of the 4 levels)	4
Two levels	6
Three levels or more	6
Exclusively municipal/local government level	3
No answer (or empty answer)	2

Table 1.6 Is the community monitoring carried-out individually by your organization or as a part of a coalition?

Community monitoring is implemented…	Frequency
Individually by the organization	4
As part of a coalition of civil society /community based organizations	10
As part of a coalition including both civil society/community based organizations and government organizations	1
As part of a coalition with international agencies (United Nations or that sort)	
A coalition of civil society with universities/academic organizations	1
Non-descript coalition	3
No answer (or empty answer)	2

Table 1.7 Please indicate the estimated total number of personnel from your organization involved in community monitoring.

Personnel	Frequency
Less than four	3
Between four and eight	4
Between nine and fifteen	3
More than fifteen	7
No answer (or empty answer)	4

Table 1.8 Who is providing financial support to your community monitoring work?

Source of funds	Frequency
International private funding agency (foundations, private universities)	4
National/federal, provincial/municipal government	2
Communities themselves	0
Voluntary individual donors	0
International Public agencies (i.e. USAID, SIDA. IDRC,NORAD)	2
International financial organizations for development (World Bank, Asian Bank, African Bank, etc.) Global Fund, UN	3
Several different sources	5
Local or national non-public sources	2
Funding agencies	2
No answer (or empty answer)	1

Table 1.9 Is the community monitoring work financially or in kind (facilitating vehicles for transport, providing office space, printed materials) supported by country authorities (being at national, regional or municipal level)?

Type of support provided by authorities	Frequency
Funding to pay for personnel or field work	2
In-kind support for transport, office space or printed materials	1
Both	2
No support	11
No answer (or empty answer)	5

Table 1.10 What other research, policy or advocacy work does your organization do that interacts with the monitoring of public policies and services and accountability?

Other work activities	Frequency
Human rights research (including right to health)	8
Education	1
Budget tracking	4
Data management	1
Advocacy on health issues	8
Research	6
Policy recommendations/research	6
Anti-corruption initiatives	1
No answer (or empty answer)	2

II.2. Context Setting and Social, Economic and Political Conditions

Table 2.1 Are there specific political, social and economic conditions that facilitate community monitoring in the context where your organization work?

List of conditions facilitating community monitoring	Frequency
Political will/structures/policies	15
Active civil society	8
High education levels	1
Well-performing health system	1
Cultural practices	1
Funding agency pressure	1
Favorable economy	1
No answer or empty answer	3

Table 2.2 In the same line of the questions above, are there specific political, social and economic conditions that difficult community monitoring in the context where your organization work?

List of conditions that difficult community monitoring	Frequency
Historical context of exclusion	4
Political context that is not supportive	11
Bureaucracy	1
Power asymmetries/vested interests	6
Inner problems within civil society	2
Getting monitoring tools accepted	1
Scaling up community monitoring	2
International agencies shifting policies	1
Lack of access to information	3
Lack of political will	7
Lack of experience	1
Economic insecurity	3
Lack of mechanism to ensure the law is followed	4

Table 2.3 What has been your organization approach to deal with those conditions that make community monitoring difficult and to take advantage of the facilitating conditions?

List of approaches to deal with difficult conditions	Frequency
Promote participatory mechanisms	4
Focus on hands-on training	4
Promote change through sharing of information	3
Involve governments (and its officials) in the process	8
Doing advocacy on different subjects	5
Focus on the communities (or CSOs)	5
Promote a conducive political climate	3

List of approaches to deal with difficult conditions	Frequency
Mobilization	4
No answer or empty answer	1

Table 2. 4 Has your organization identified conditions that, if they were to be in place, would facilitate further community monitoring work?

List of conditions that would facilitate	Frequency
Financial resources	11
Organizational support for CSOs	11
Increased media coverage	2
Closer working relationship between the state and CS	5
Training for Civil Society	3
Promotion of evidence-based advocacy/participatory	3
Legal backing/frameworks	7
More access to information	2
Proper participatory framework	1
Educational programs/reforms	4
Political will	2
Better communication	1

Table 2.5 Any other relevant information that would help to understand the context in which community monitoring is implemented by your organization.

Other relevant conditions	Frequency
Working with organizations that work with civil society	2
Promote learning	2
Having good track records	1
The monitoring we do takes place in non-transparent settings	3
We identified properly trained cadres	1
We work with other organizations to learn more	1
Communities are not homogenous	1
History of social and economic exclusion	1
No answer or empty answer	10

II.3. Implementation of Community Monitoring

Table 3. 1 Organizational approach to implementing community monitoring.

GENERAL APPROACH	ID No.
List processes/approach	
From a research perspective and capacity building to civil organization and government	1
Providing training on the use of monitoring tools based on demands of clients/citizens	2
Training on the application of participatory priority setting tools	3
Consensus building	4
Social audits of specific public funds	5
Rights based approach to community monitoring and the right to social accountability	6
Multi-pronged: capacity strengthening; engagement with stakeholders and interface with policy formulators	7
Monitoring health care delivery as part of the Treatment Action Campaign	8
A 10 step approach. Key steps are: consulting communities on their interest to implement community monitoring,; training volunteers, implementing field work, report writing, dialogue with authorities and advocacy at national level	9
Improving governance through the active participation of citizens	10
Active citizenship by empowering communities with tools that will enable participation, advocacy and demanding accountability-access to health care	11
Sharing information, identifying training needs and facilitating collaboration among organizations doing community monitoring	12
Supporting the documentation and systematization of community monitoring initiatives	13
Key aspects that include critical engagement; people-centered approach and negotiation (non-confrontational), users' buy- in, rights based.	14
Community monitoring approach: Based within member civil society organisations, through community monitors in sentinel sites in around 58 districts of Zimbabwe with approximately three sites in each district. It triangulates evidence from the three monitors in each district to report on indicators of socio-economic progress that have been identified within civil society forums and by community monitors and through feedback from national and technical institutions. The system is subjected to scientific and peer review and reported nationally. It has features of other participatory approaches in synthesizing, organizing and presenting the evidence of ordinary people. *The community research approach:* Draws the agenda and deeper	15

GENERAL APPROACH	ID No.
questions through dialogue with civil society members. We build research capacities in membership based CSOs through training in designing, implementing and reporting on research and support for engaging stakeholders for action or policy changes based on the CSOs priority areas. CSO members are capacitated through training in research questions and data collection, data presentation and reporting, and mentored in doing the work. The programme facilitates dialogue on the research findings and on possible interventions. *The participatory action research:* Implemented through a learning network through building skills and resources for participatory inquiry, building common protocols across communities to allow for exchange on the knowledge generated and the actions taken across sites, including on the role of participatory inquiry in building power and action within communities through the learning network, to better apply and sustain the methods and develop further the work around the evidence.	
Facilitating community monitoring in a systematic manner, with emphasis on processes rather than tools.	16
Coordinating the implementation from the village to block, district and state level. A monitoring committee at each level collates the findings from the level below, monitors the health system at its own level, and passes these results up to the next level one or two times a year.	17
A continuous step-wise approach: 1. Conduct mass meetings in the bastis (small settlements)/slums to find out what the burning issues are; 2. Ask people whether they are willing to come together to solve these issues and to form an action committee. 3. Engage in capacity building exercises – entitlements, legal standards etc., and skills for data collection, documentation, writing applications, dialogue and negotiation with duty bearers.	18
A monitoring cycle with regional projects supported by volunteering citizens and NGOs. Feedback is provided to the local and regional levels, about the scope, effects and adjustments in the work by the monitoring actions. Also access to information related to the legal framework in the country.	19
Participatory community monitoring of public health policies and healthcare services. The approach starts with the implementation of a capacity building process that include information and skills around legal framework in the country around right to health, participatory planning and monitoring, advocacy. After the capacity building, the actual monitoring is implemented in a step-wise manner: 1. Collecting information through health facility surveys around personnel, availability of essential drugs and medical supplies,	20

GENERAL APPROACH	ID No.
availability of essential medical equipment; 2. Interview with a sample of families that sought health care during the last quarter; 3. Data analysis and report writing; 4. Present finding to health and municipal authorities and develop a participatory action plan to resolve the situation; 5. Community vigilance that activities in the action plan are implemented; and 6. Starting the next round of data collection and analysis to assess whether situation has improved when compared with most recent monitoring cycle.	
The approach consists of the following steps: 1. Participatory discussions with CBO partners and MSAM women leaders help to identify the key issues for monitoring each year (there are two MSAM Steering Committee meetings each year). 2. Studying the entitlements provided by the state in this regard; and develop simple, mostly pictorial material, in the local language (Hindi), to make the MSAM women aware of the issue, and to inform the MSAM women about their entitlements. 3. Organize capacity-building workshops for the MSAM leaders on that particular issue (the leadership teams of 5 women handle 5 issues) which are residential and usually of three days duration. In these workshops, the materials and pictorial tools are used to explain the issues, encourage discussions and plan for monitoring. 4. Following the workshops, detailed plans are made with CBO partners who facilitate the MSAM women leaders to carry out their monitoring exercises. 5. The CBO partners work with the local MSAM leaders to carry out the monitoring in the planned number of health centers or villages, and collect the data. They may make use of the Right to Information Act as well. 6. SAHAYOG supports them in analyzing the data, and preparing composite reports. 7. The CBO partners and SAHAYOG organize District Dialogues with the relevant officials and inform them about the monitoring findings, and the MSAM leaders engage in discussions with officials on how to effectively improve the situation.	21
List of methods/strategies:	
Applying accountability for reasonableness framework	3
Social auditing methodology	
Participator budgeting through civic meeting a local level and at central level with parliamentarians; advocacy by the community; community score cards	6
Community score cards	7
Policy analysis and budget monitoring at district level, surveying patients on issues around access, daily monitoring of service delivery, systematic research on barriers and achievements around access.	8

GENERAL APPROACH	ID No.
Citizen score card (feedback on service delivery) community score cards (assess services and develop agenda for reform)	10
Social mobilization, media advocacy and litigation	11
Social audit; public tribunal/hearing/dialogue; citizen report card and community report card.	16
1. Local monitoring of health services 2. Local analysis and regional findings 3. Consolidation of information at the national level, by grouping similar conditions and identifying emblematic cases 4. Actions of political impact at the level of national government (executive, legislature, ombudsman and such others) 5. Elaboration of proposals of strategic nature	19
CEGSS implements a monitoring system that was developed in collaboration with representatives from CBOs and public health personnel. Data collection tools are based on health facility surveys and ethnographic interviews to families. To assess availability, the analysis compare existing availability gathered from facilities against national standards identified in national norms and protocols.	20
There are no standardize training or methods since new issues for monitoring are decided each year. However, the participatory process to capacity building and conscientization (in Paulo Freire's method) is always present.	21

Table 3.2 Processes, methods and tools used in community monitoring in relation to community mobilization.

COMMUNITY MOBILIZATION	ID No.
Key list of processes/methods and tools	
Participating in formal institutionalized spaces.	1
Working with existing Community Based Organizations (CBOs).	2
Working with different organizations within the sector, including CSOs and beneficiaries.	3
Public events and door to door sensitization.	4
Community sensitization forums, cooperation with credible community based organizations, opinion leaders and grassroots.	5
Community discussion, highly participative community scorecard, policy and situational research.	6
Through dialogue, use of radio and faith based fora.	7
Community meetings, Meetings with public facility management teams, and Situational analysis exercises.	8
Collaborating with community leaders at the local level. Leaders may come from different sectors: government workers, political parties' leaders, religious leaders, opinion leaders, elders, retired civil servants, etc.	9

COMMUNITY MOBILIZATION	ID No.
Local partners go to the villages and mobilize communities. Also Focus Group Discussions and community score cards as tools to gather information and motivate people.	10
Through a small cadre of community health advocates linked to Treatment Action Campaign branches and health facilities.	11
Organization members mobilize their constituencies around specific issues discussed in larger forum.	12
Street plays, songs, group discussions and use of IEC material.	13
There is one animator for every 5 panchayats (groups of villages). At the beginning of the process, the animators organize one cluster level meeting in each of the villages of his 5 panchayats. Additional volunteers are selected through this meeting. These volunteers are the core members of both the monitoring committees as well as the community mobilization activities. In each area, the mobilization activities depended on the strength of the implementing NGO.	14
Through membership based Civil Society Organizations. (CSOs). The evidence collected through community monitoring is used by CSOs to raise demands with parliamentarians, statutory bodies, private sector bodies and others.	15
Through the work of Village Health and Sanitation Committee, formal village-level bodies recognized by the Government. These volunteers motivate communities to act on findings from the monitoring.	17
Mobilization occurs during citizen surveillance of health services at the local level and during advocacy and political demands to bring about reforms in the health system	19
This is a central component of surveying healthcare facilities and interviewing families to gather information. Also, mobilization is central during the analysis of data and presenting the findings of the monitoring report to authorities.	20
To strengthen the analytical capacities of grassroots organizations, participatory training is implemented using popular education methods.	21

Table 3.3 Processes, methods and tools used in community monitoring in relation to Capacity building of community based organization and other key actors.

CAPACITY BUILDING	ID No.
Key list of processes/methods and tools	
Discuss research results with community leaders, public officers and health professionals. Dissemination of findings helps to understand citizens' role in the monitoring process in order to qualify their involvement and strengthen their organizations.	1
Training of community on tools and methodology, and working with service providers, CBOs and inclusive community representatives selected by community itself.	2
Capacity building of health staff to be responsive and to promote	3

CAPACITY BUILDING	ID No.
beneficiary empowerment.	
Through trainings, workshops, talks.	4
By developing a social audit guide which has proved to be an instrumental tool in capacity building of CBOs and key actors. The guide is disseminated through religious organizations, community based organizations, locational and district meetings. We also conduct Trainer of Trainers (TOTs) workshops.	5
Skills training in various aspects of social accountability monitoring.	6
Capacity building involves: raising awareness on the purpose and benefits, components of the Community Score Card (CSC) process, techniques on how to generate perspectives of consumers and providers and establish a direct feedback mechanism between both parties. An effective CSC undertaking requires a skilled combination of understanding of the socio-political context of governance and the structure of public finance at a decentralized level, a strong advocacy campaign to ensure maximum participation from the community and other local stakeholders.	7
Situational analysis with partners; Needs identification through meetings and training workshops for partners.	8
Building the capacity of local government leaders at the lowest local government level so that they can understand the Community monitoring processes. This will limit conflict when the community monitors are requesting for information and undertaking the monitoring activities. Also building the capacities of other CBOs within the areas where community monitoring takes place.	9
Training workshops.	10
Capacity building to CBOs on advocacy tools and prevention and treatment literacy knowledge. The capacity building is expanded to 11 countries in the region where Treatment Action Campaign conducts one regional training every year for regional partners.	11
This is done in two ways. The first is to ensure that those organizations that are in need of training are identified and put in touch with forum members who can provide it. The second involves the development of workshops on key issues identified by the forum.	12
Trainings.	13
PENDING	14
-Participation of CSOs in learning networks. -Direct mentoring and technical support. -Support through a regional newsletter, electronic materials. -Inclusion on formal training such as the TARSC public health short course training for people working at district level in health but who may have failed to get an opportunity to get formal training in health. -Health literacy programs.	15
-Implementing State level Training of Trainers (ToT).	17

CAPACITY BUILDING	ID No.
-Training of block facilitators at the district level. -Trainings of Village Health and Sanitation Committee members.	
-Establishing a Boards of Directors -National Forosalud, to strengthen the structure of regional work. -Presence of members from the Board of Directors in different spaces where national and regional polices affecting social development and health -Implementing public forums for analysis and debate at key moments of the political context development.	19
Capacity building is the initial phase prior to implement community monitoring. This process aims to develop skills and knowledge around the following themes: • Legal framework for health and social participation in Guatemala. • Public polices and the role and responsibilities of different actors. • Participatory planning and monitoring. • Implementing participatory monitoring for accountability. • Strategies and activities to demand accountability of authorities and advocacy. The above capacity building is organized around 7 one day workshop and study guides for participants to study at home.	20
Capacity building workshops (3 day) on the specific issue to be monitored is organized. Through simple pictorial tools, issues explained and discussed.	21

Table 3.4 Processes, methods and tools used in community monitoring in relation to data collection and process for analysis.

DATA COLLECTION AND ANALYSIS	ID No.
-Analysis of documents (government and civil society) -Analysis of meetings minutes of councils or user organizations that make detailed records of their meetings, -observation of meetings (councils, user organizations), -Interview of community leaders, public officers and councils' participants. Analysis carried-out around: (1) to reconstruct the dynamic of work of participatory mechanisms and user organizations, (2) to analyze how participants were involved in these participatory mechanisms and organizations, (3) to analyze the factors that could have most influenced involvement, and (4) to verify which factors had most hindered civil society involvement.	1
CBOs and Service Providers working together.	2
Baseline, context, process and evaluation survey both qualitative and quantitative data.	3
Through surveys, activity reports and tally sheets; analysis is usually only through review meetings.	4

DATA COLLECTION AND ANALYSIS	ID No.
Relevant project documents were availed to TISA; also engage research consultants.	5
-Community Scorecards: The Community Score Card (CSC) is a participatory, community based monitoring and evaluation tool that enables citizens to assess the quality of public services such as a health center. The Health Centre Committee (HCC) assesses the scorecard results and after analysis they are in a favorable position to provide the service providers with feedback from service users/community. -Budget analysis: Budget analysis, which includes analysis of laws and budget regulations, covers one entire province and its districts. Communities can examine budget allocations in relation to their rationality, efficacy, and efficiency. After obtaining comparative, budget-related data. They can prepare a draft analysis that they can discuss first on a limited basis with other stakeholders, and then at a series of public discussions. The community monitors can also publish and disseminate the results of the analysis.	6
Designing our own tools, select the communities, train data collectors etc.	7
-Community monitoring observations and unstructured conversations with public service beneficiaries. -Surveys: focus groups, interviews, quantitative and qualitative data analysis methods.	8
Community monitoring data is collected on a daily basis. The community members thereafter agree on a day or two to verify the data that has been collected by various members. This data is then synthesized into a simple report that will be presented to duty bearers for advocacy purposes. UDN developed a simple monitoring tool for data collection and has also built the capacities of the community monitors to write simple reports.	9
We either hire a firm to do the data entry and analysis; or get the data entered and do the analysis in-house.	10
-Data collection is collected through daily community activities conducted by TAC branches in their communities and reported to our Monitoring and Evaluation (M&E) department for analyses. -We are using the community dialogues or community survey to provide broader analyses of the community context. -We are moving on-to cellphone reporting mechanism to get timely data from our community monitors and in the course of 2012 financial year we will be implementing health facility surveys where patients or service users will use Short Messaging Service (SMS) to inform TAC on the state of services in their local health facilities using a toll free number.	11
Data collection really depends on the organization involved. The forum	12

DATA COLLECTION AND ANALYSIS	ID No.
does, however, coordinate the collection of information and documents that may be used by member organizations in their own work or as part of joint forum activities.	
Report/Score cards.	13
The tools for data collection are divided into separate sheets according to the life cycle. Each sheet lists services that are guaranteed by the government during that particular period. The format is of a series of questions with three possible replies – a reply representing a positive state of affairs is given a green color, one with a so-so state of affairs a yellow color and one with a poor state of affairs a red color (invoking the traffic signal approach). Some services are represented as circles to represent the fact that a number of components need to be present to make it a comprehensive service. Similar to the color coding for the individual questions there is a consolidation based on the same color codes that is dependent only on the number of greens received for that dimension / service.	14
-In the community monitoring programme a common and simple data collection tool is used in all sites, distributed, collected, checked, followed up on, analyzed and data from sites in the same district triangulated. - Data is analyzed, summarized and circulated to civil society organizations for comments and then reports finalized. -The civil society organizations use the evidence in their engagement while time trend and cross issue analysis is done to raise cross cutting issues. A summary is given to local monitors to provide to local branches of civil society for follow up; however the engagement is primarily through civil society with national or provincial levels. -The evidence is particularly channeled to parliament committees for their oversight of gaps and issues in state commitments and to organizations that provide funding for programs. -In the community research programme a range of qualitative and quantitative, observational and other tools are used depending on the issue being discussed and the data is analyzed at local level and at national level and draft tabulations discussed to develop the interpretation and conclusions. The reports are finalized and circulated for wider peer review and engagement. -The local civil society organizations use the evidence in their engagement while time trend and cross issue analysis is done to raise cross cutting issues. The evidence may be used to assess performance on legal or policy obligations. -In the PAR work, the collection, analysis, reflection cycle is done entirely within the community through participatory approaches to share, organize and systematize evidence, identify problems, reflect on how these can be addressed and engage with authorities on the problems identified, options for action and areas for expected action by state and	15

DATA COLLECTION AND ANALYSIS	ID No.
other stakeholders. The work includes various participatory tools for monitoring the delivery on identified actions as a collective responsibility of all those involved- local state, non-state and community organizations.	
-The Village Health Committee members and block facilitators from the civil society organizations have been involved in the process of filling up the village health report card, with active guidance from the nodal NGO/CBO. Information is collected on the following indicators: village level disease surveillance services; maternal and child health services including immunization, antenatal care and postnatal care; curative services at the village level; child nutrition services; availability of services and quality of care at Primary Health Centre; utilization of village untied fund; and adverse outcomes (denial of health care, maternal death, infant death). -Once they are filled, the village report cards are displayed in a prominent place in the village and a copy is sent to the Primary Health Centre level monitoring committee for further dialogue and action.	17
Performance monitoring network of health services in in different regions. The monitoring is carried-out by citizens.	19
-Citizens carry-out two main tasks: a) surveying healthcare facilities to assess the availability of resources and resolution capacity at public health care facilities and b) interviewing a sample of families to gather information about their experience while seeking health care at public facilities. Each of these two tasks has their own data collection tools. The standards for availability of drugs, medical equipment and human resources at healthcare facilities, are all based on the national standards set by the Ministry of Health. The monitoring evaluates whether surveyed healthcare facilities are complying with availability of drugs, medical equipment and health personnel as stated in the national norms and protocols. -Collected information is fed into a simple table .Community boards carry out the analysis with the technical assistance of CEGSS. A report is produced and findings presented during the meetings of the Municipal Council for Development (COMUDE). From these meetings, an action plan is drafted with decisions aimed to correcting problems and allocating resources towards needed services and communities. The next step is to monitor the decisions making process, and whether targets are being achieved.	20
Data collection is very simple so that women leader can play an active role (they are usually not literate). One-page forms include five or six questions that can be learned easily. The analysis is a simple collation of averages of the data. Information on individual cases is gathered, which is very important to indicate experience with the health system.	21

Table 3.5 Any other component of relevance to your approach to community monitoring.

OTHER COMPONENTS	Frequency
Sharing of results with community, and higher levels of local administration beyond community and their service providers.	2
Publication of peer-review papers: -Public learning to address a democratic deficiency Implementing accountability for reasonableness framework at district level in Tanzania: A realist evaluation. Implementation Science 2011, 6:11 doi:10.1186/1748-5908-6-11 http://www.implementationscience.com/content/6/1/11 -Njeru MK, Blystad A, Shayo EH, Nyamongo IK, Fylkesnes K. Practicing provider-initiated HIV testing in high prevalence settings: Consent concerns and missed preventive opportunities BMC Health Services Research 2011, 11:87 doi:10.1186/1472-6963-11-87. Link: http://www.biomedcentral.com/1472-6963/11/87	3
Encourage communication and mutual participation.	4
Training partners to undertake their own monitoring, use secondary data to monitor aspects of service delivery.	7
Findings of the monitoring activities are wholly owned by the community monitors, because they are involved in the whole process. UDN only facilitate community monitors with little funds for meals, transport and venue during the meetings with duty bearers.	9
For surveys we use research agencies and train their teams to do the survey. We also train local partners to monitor the survey work.	10
-The use of cell phones to transmit data via Short Messaging Service (SMS). -The development of automatically generated reports to enable transparent and easy access to information at all levels to everyone. -Support from a number of academic institutions / academics during the whole process.	14
There isn't a monolithic approach and there may be interaction on issues across two or more styles of community assessment and monitoring as needed for community evidence on an issue to be 'heard' and to have strategic impact.	15
The community monitoring process that we had designed for the Government of India sponsored community monitoring of NRHM has a dedicated website (www.nrhmcommunityaction.org). However this website has not been updated in the last 18 or more months as the project has reverted back to the Government of India. The website includes all the tools and resources that were developed centrally and then adapted and translated in different states	16
-Public hearings or 'Jan Sunwais' (Public Hearings) are an extremely important component of CBM (Community Based Monitoring). -Jan Sunwais are public hearings, attended by large numbers of local community members, POs, NGOs, government officials and prominent persons from the region. At Jan Sunwais, people are invited to report	17

OTHER COMPONENTS	Frequency
their experiences of poor health services and denial of care, as well as findings included in the village health report cards. The authorities present are then expected to respond to these testimonies, stating how the problems will be addressed. Under CBM in Maharashtra Jan Sunwais have been organized at the PHC level and district level and since 2010 also at the block level. Thus about 180 Jan Sunwais have been organized in Maharashtra so far as part of the CBM process. It is important to note that though the Jan Sunwai strategy is not new, CBM is the first occasion that this strategy has been included as an integral activity for the public health system. This official mandate has helped implementing organizations ensure the presence of government officials in the hearing. In these hearings, people have spoken passionately and movingly about problems with the availability of medicines, availability of medical personnel at the service point, inadequate ambulance services, irregularities in the provision of incentives, illegal charges, poor attitudes of service providers, instances of denial of health services and a number of issues with larger policy decisions. In many places, Jan Sunwais were often the first opportunity that communities had to publicly share their views about the local health services. Jan Sunwais were also often the first time that health officials were held accountable and expected to respond to the health-related demands of villagers. -Feedback from various implementing NGOs and CBOs indicates that Jan Sunwais have been an extremely effective tool of CBM in Maharashtra. They have brought many issues of denial of care to media and government attention. They have also brought about concrete outcomes where the Primary Health Centre, block or district Health Officer issued orders for certain services to be improved or delivered. Jan Sunwais have offered ordinary village people a direct face-to-face mechanism to communicate their personal experiences to medical officers and gave these officers a chance to respond. They also provided a mediation mechanism between programmatic design and systemic issues and local level implementation.'	
-We have protocols in the local language Gujarati. -We are also producing a manual in Gujarati to train Community Development Committees that undertake community monitoring for determinants of health as well as health care services.	18
Advocacy actions: The findings of the monitoring process are the main input to plan and agree the strategies and actions to demand accountability of public authorities and changes related to allocation of resources to improve availability of essential drugs, medical supplies and personnel at public	20

OTHER COMPONENTS	Frequency
healthcare facilities. Actions to be implemented include the analysis of political forces and seeking alliance among political actors (members of parliament and others) and use of mass media (newspapers, radio and others). In each of municipalities, there are by-monthly meetings to discuss and agree advocacy actions and review the outcomes of implementing such activities. -Other advocacy actions include In the year 2010, CEGSS in collaboration with CBOs produced three educational newsletter and three educational radio programs. These advocacy actions generated a good deal of interest among authorities and the general public.	

Table 3.6 Role of community based organizations.

List of roles for community based organizations	Frequency
Participation in different levels of the health councils	3
Monitoring healthcare service delivery	11
Mobilizing community members	8
Monitoring technical work	3
Priority setting partnership	3
Disseminating information to the public/government	2
Make decisions with other decision-makers	4
Form partnerships with others	2
Policy implementators	4
'Key partners'	2
Provide input for policy/research	3
Advocacy work	3

Table 3.7 Role of health and other authorities at local level.

List of roles for health and other authorities at local level	Frequency
Support participatory mechanisms	1
Provide/collect information on service delivery	7
Assessing their performance in service delivery	2
Authorize community monitoring exercises	2
Take issues up to higher-level authorities	2
Internal coordination of community empowerment	2
Supervise	1
Policy implementators	1
Local facilitators of reforms or change	2
Providing/sharing information	4
Mobilizing CBOs	1
Collaborate with communities	2
Take action on issues	2

List of roles for health and other authorities at local level	Frequency
Service providers	2
Manage resources	1
Orientation on CBM	1
Planning actions	3
Training CBOs	1
No answer or empty answer	1
Provide feedback	1

Table 3.8 Role of health and other authorities at national level.

List of roles for health and other authorities at national level	Frequency
Not a strong influence	4
Authorize the community monitoring exercises	3
Receive monitoring reports	2
Action in policy areas (changes or implementation of policy)	9
Dissemination of information	1
Provide finances	2
Give policy guidance	1
Provides information and feedback	3
New policy formulation	1
Mobilize local-level stakeholders	2
Support CBOs	1

Table 3.9 Role of personnel from your organization.

List of roles for personnel from organizations	Frequency
Help understand community monitoring/provide technical assistance	7
Plan/facilitate and implement community monitoring	12
Not very successful role	1
Act on information	3
Monitoring/advocacy	4
Identify/train CBOs	6
Provide information to CBOs	4
Disseminate information	3
Supporters or hand holders	1
No answer or empty answer	2

Table 3.10 Other social actor of relevance to your context and approach to community monitoring.

List of roles for other social actors of relevance	Frequency
Health professionals should monitor	1
Health professionals should promote participatory mechanisms	1

Donors give funds/technical assistance for community monitoring	3
Traditional and religious organizations are not used	1
Government structures/levels	3
Faith-based organizations	2
NGOs	3
Governments give information for monitoring	1
Communities that monitor voluntarily	1
Local leaders	2
Media	3
No answer or empty answer	11

Table 3.11 Tools, processes and methods used to communicate the evidence gathered to health and other authorities

Communicating the evidence to health and other authorities	ID No.
-National Council of Health mainly via the 'roda de conversa' (circle of chat) a virtual community discussing participation in the health area. -The Ministry of Health's Secretaria de Gestão Estratégica e Participativa (Secretary of Strategic and Participative Management) stimulates researches on the subject, give prizes for best analysis and practices (awards are decide by independent consultants) and gathers information produced by many researchers.'	1
Presentation of key findings of the community monitoring to local governments, health providers and communities	2
District and national dissemination in conferences and workshops. The donor community still reluctant.	3
Reports, briefings, posters, seminars.	4
TISA shares information through magazines (the local development monitor) which is produced annually; social audit reports, through the media and community/public forums that are held at ward levels.	5
-Community meetings organized by the Health Center Committee for health related issues -Budget debates and consultative meetings (HCC) -Attending Parliamentary Portfolio Committee on Health (PPCH) meetings to communicate gathered evidence'	6
-We hold interface meetings between the rights holders and duty bearers and present the findings. -We also provide the authorities with reports. Media including TV, radio, print, website, attend various meetings and make presentations.	7
-Small community gatherings and/or big public hearings, strategic meetings with authorities.	8
-UDN organizes dialogue meeting (sub county, district and national level) to share the findings with policy/decision/duty bearers.	9

Communicating the evidence to health and other authorities	ID No.
-Monitoring reports are produced and disseminated to various stakeholders. -UDN produces bi- monthly updates and Policy Review Newsletters that are shared with various stakeholders. -UDN has sponsored weekly radio talk shows managed by community monitors where the findings from the monitoring activities are shared and discussed with the general public.	
We make presentations in power point to the service providers, in a public meeting and also hold open house meetings to discuss issues. We meet with service providers to come up with a reform agenda as well.	10
Production of TAC reviews, reports and submissions to law and policy makers. TAC also sits in the South African National AIDS Council which is the highest policy forum on HIV/AIDS in the country. We also use electronic communication through website and TAC mailing list to activist to share best practices and models for replication.	11
'The forum communicates with health authorities at forum meetings, through submissions on substantive issues to parliament and through direct communication through letters and issue based meetings.	12
Score cards are used to gather information and analyze data which is then displayed in public level dialogues with government departments.	13
A Panchayat Health Report Card (PHRC – Sheet 10 of the tool set) was developed based on the consolidation of the tools of that Panchayat (group of villages). This was printed on large 'flex' banners and displayed at a number of village level meetings and during the planning process.	14
-Brief reports circulated as soft copies, hard copies in a searchable database on the TARSC website www.tarsc.org and civil society websites; -Through forum specific briefs – e.g. on a particular issue for a specific forum -District briefs for local negotiation -Through email mailing lists -Through the EQUINET newsletter - Formal presentations (PowerPoint) to alliance forums and policy forums. - Community photography. -Media adverts and reports.	15
There have been many tools used over the years.	16
There are officially mandated State level dialogues between the state officials and civil society representatives on an annual basis. These	17

Communicating the evidence to health and other authorities	ID No.
dialogues help to address issues that have not been resolved at lower levels and reinforce the commitment of the entire health department. They have proven instrumental to the development of CBM. One element that makes these meetings particularly fruitful is the simultaneous presence of state, district and block level health officials. The participation of these government representatives helps to assign responsibility to take corrective action which is reported right away during the meeting itself.	
-Dialogues with elected representatives, with service providers, with city level authorities. -Representations or appropriate offices. -Press releases	18
-Local and Regional: Forosalud promotes meetings with local and regional community leaders, health authorities, the ombudsman (regional level). -National: Forosalud promotes press conferences and activities that focus on debate of the political leaders and officials of the state, which makes the issue of the health situation and the need for a reform of the sector. For this they have already developed partnerships with networks of patients, health promoters, groups of affected populations, NGO's, among others. It participates in the National Health Council, where it is put into debate the health problems. -Forosalud has every two or three years a National Conference of Health, where different actors reported the health situation and sets a health agenda, which aims to be shared with the State.	19
-Written reports. -Meetings between community representatives and authorities.	20
-Presented to local health authorities at annual events called “District Dialogue”. Women speak and reports are distributed in written form to authorities and the media. In some occasion, a delegation of women presents the findings to higher level authorities.	21

Table 3.12 Communicating the evidence to the rest of the population and other key bodies.

COMMUNICATING THE EVIDENCE TO POPULATION AND OTHER KEY BODIES	ID No.
Mostly people who already participate are informed about the evidence available.	1
Evidence is also presented to the Ministry of Health.	2
Not yet fully done, but intended through scale up of the intervention.	3
Through stakeholder meetings and reports to higher levels of authority. However not adequate.	4

COMMUNICATING THE EVIDENCE TO POPULATION AND OTHER KEY BODIES	ID No.
Through the media and the Local Development Monitor which is widely disseminated across the country.	5
-Attending PPCH meetings to communicate gathered evidence. -Press releases.	6
During meetings and also through reports and interaction with the media and posted to UNHCO website.	7
-Through partners' networks and other social events in the community. -Public hearings involving select community representatives who would share the information with their own constituencies. -Use of community radios and community newsletters.	8
As described in 3.4	9
We have in several cases gone back to the community with the findings at public meetings.	10
Circulated to all the relevant population through TAC mailing list which covers representatives from donor communities, international partners, regional partners, national stakeholders and government official and policy makers and more over to communities we represent.	11
Work produced by forum members is distributed through the mailing list and made available at meetings. Media statements are also produced and any relevant budgeting and expenditure related documentation is distributed through the forum and its networks.	12
-The results are shared with all levels of department officials as well as civil society groups. This is done through the implementing NGOs and the District and State level mentoring committees formed for the same.	14
The community monitoring used to insert a briefs in local newspapers but with increasing costs, communication is now mainly through circulation by email and website downloads of the full monitoring reports or summary/brief. -Exhibits have been held of the community photography. -Publication made available on websites. -Dissemination in the EQUINET newsletter (10000 readers).	15
Briefs, press releases, reports.	16
-Use of media for dissemination of findings and news about processes has been a key element of CBM. The mass media has helped generate public awareness about the problematic condition of the public health system and the potential of CBM to improve it. -Certain strategies have increased the potency of media involvement in CBM. First, SATHI appointed and oriented media fellows to report on CBM-related activities. Second, SATHI convened a state media workshop. This workshop provided a forum to share	17

COMMUNICATING THE EVIDENCE TO POPULATION AND OTHER KEY BODIES	ID No.
preliminary data on healthcare deficiencies with the media, and helped reporters better understand issues associated with the quality of health services. Thirdly, SATHI has appointed a state media consultant; a working journalist with experience of facilitating media coverage of developmental and health issues has been associated as a consultant with the entire process of CBM. This was a measure which proved quite effective in involving senior media persons from multiple major newspapers, and ensured continuous following up of involvement of the media at both state and district level, including the electronic media. These strategies have ensured that so far a few hundred news items concerning CBM in Maharashtra have appeared in various newspapers, along with TV coverage on several state level channels. -Further a quarterly newsletter on CBM called 'Dawandi' (term for traditional public proclamation) is regularly published and distributed across the state. This quarterly newsletter has been conceptualized as a medium to widely publicize various observations made during Community Based Monitoring, and also to inform readers about current events in the health sector, along with views of various stakeholders and experts related to health. This publication includes articles about various schemes and programs under the broad umbrella of NRHM, which people should be aware of in order to claim their rights. -It also includes opinion pieces, in order to promote discussion and involve the end-reader in the movement that is Community Based Monitoring. Exemplary positive work by field and healthcare staff, and articles that bring out their own concerns to the forefront are also included in the publication. Readers are given various kinds of information to enable them to be vigilant and proactive towards improving health services in their area. Dawandi also includes interviews with officials who are involved in the decision making process, with experienced healthcare workers and with experts from the public health arena. One popular element of the subscription is a photo-piece which carries photographs depicting the state of public health facilities in various parts of the state where CBM is being implemented. Sometimes it depicts the poor state of infrastructure or disorganization, and at other times it displays improvements at various levels due to active efforts by citizens and those involved in the larger CBM process.	
-Press conferences. -Television channels. -Local radio channels.	18
-Through media: print, radio, television. By informing and	19

COMMUNICATING THE EVIDENCE TO POPULATION AND OTHER KEY BODIES	ID No.
organizing a multi-party group of congressmen recently elected to undertake to promote the right to health. -Actively participating in spaces for academic discussion: observatory of the CIES, forums in Universities. -Talking directly with decision makers in the State: encounters with officials of the Ministry of Health.	
-Through community newsletters and radio programs.	20
-Collaboration with the media to disseminate the findings of the monitoring exercise. -Serious cases of denial of care are submitted to the state human rights institution.	21

Table 3.13 Actions that follow the presentation of results of community monitoring to authorities or any other social actors

List of actions that follow after presenting the results to authorities and other social actors	Frequency
Not much due to lack of interest from powerful stakeholders	1
Pertinent actions (they work if a solution is within their means)	3
Active response in involvement	4
Scaling-up of good practices	2
Inclusion in activities or funding	1
Adoption of recommendations	5
Media work	4
Produce research findings	3
Lobby and negotiate with stakeholders	3
Sometimes changes, sometimes opposition	1
Reforms	3
Litigation if all else fails	1
No answer or empty answer	1

II.4. Theories/Concepts and Explanations for Social Change

Table 4.1 Has your organization developed any specific theory, concepts or explanation for social change supporting the community monitoring work?

Theory/concepts and explanations for social change	Frequency
No development of specific theory or concepts	2
Provide explanations of social change supported on existing conceptual frameworks in the literature	13
Explanation of social change based on the organization strategic plan, goals and objectives	2
No response to the question	4

Table 4.2 Conceptualizing the relationship between state and citizens regarding public policy, public services and accountability?

Concepts/explanations for the relationship citizen/state relationship	Frequency
The definition of the relationship changes in accordance to the research	1
Weak relationship	2
Democratic deficiency	1
Social contract theory (symbiotic relationship)/partnership	4
Power relationships where some have power and others do not	4
Good relationship	1
Participatory democracy	1
Human rights perspective	2
No answer or empty answer	5

Table 4.3 Conceptualizing power relations in the context where your community monitoring is carried-out.

List of concepts/explanations for power relations	Frequency
Human rights perspective	1
The definition of the relationship changes in accordance to the research	1
They balance with the use of CBOs	1
Power relationships where some have power and others do not	5
Structures cause power imbalances	3
Access to information improves power balance	2
Information is power	3
No answer or empty answer	7

Table 4.4 Conceptualizing empowerment of community based organization (CBOs), citizens and other social actors.

List of concepts/explanations for empowerment of CBOs and other social actors	Frequency
Human rights perspective	3
The definition of the relationship changes in accordance to the research	1
Empowerment improve with the use of CBOs	2
Human rights and social contract theory	2
Agency	4
Information is power	2
Action-research	1
No answer or empty answer	8

II.5. Results and Contributions of Community Monitoring and Lesson Learned

Table 5.1 Results and contributions of community monitoring in the geographical, social, economic and political context where organizations work.

List of general results and contributions	Frequency
Democratization of the public sector	5
Promotion of democratic and participatory processes	5
Sharing values helps promote agendas	2
Improved communications/services between stakeholders	6
Creation of partnerships	3
Awareness increases	7
Rights are not privileges	6
Building a stronger civil society	4
No answer or empty answer	3

Table 5.2 Results and contributions of community monitoring in relation to Government responsiveness

List of results/contributions in government responsiveness	Frequency
Yes	12
Limited but changing	4
Not yet responding	1
No answer or empty answer	4

Table 5.3 Results and contributions of community monitoring in relation to improvements to public services

List of results/contributions: Improvements to public services	Frequency
Yes	6
Change about to start	1
Small scale change	4
Not very clear	1
No answer	9

Table 5. 4 Results and contributions of community monitoring in relation to improvements in social inclusiveness and equity.

List of results/contributions in social inclusiveness and equity	Frequency
Yes	6
Increasing	2
Not yet	1
Limited	2
Difficult to say	2

List of results/contributions in social inclusiveness and equity	Frequency
No	3
No answer or empty answer	5

Table 5.5 Results and contributions of community monitoring in relation to empowerment of citizens and other social actors.

List of results/contributions in relation to empowerment	Frequency
Positive results, although not described in questionnaires	4
Limited empowerment to those sensitized using PRA	1
Greater space and legitimacy gained by health civil society and CBOs	2
Citizens are empowered with skills to monitor and demand answers; involved in planning with officials and researching issues impacting on service delivery in their community	11

Table 5.6 Results and contributions of community monitoring in relation to trust (between citizens and public officers/public organizations).

List of contributions around TRUST and method/approach used to generate the evidence	Frequency
Positive results, but not specific description in questionnaire	7
Different types of evidence about improved trust expressed in joint planning, communication, open and respectful discussion about problems and how to solve them	9

Table 5.7 Results and contributions of community monitoring in relation to unintended effects – both positive and negative.

List of positive and negative unintended effects	ID No.
POSITIVE EFFECTS	
Service providers used the results to publicize their achievements, used ranking to compete against other agencies and also used the results to gather more funding for their projects.	10
There are some anecdotal reports of this awareness spilling over into other dimensions of public services like food and nutrition services, education etc.	14
Positioning of Forosalud as the organization that monitor and engage with problems affecting the health of the people	19
-Community monitoring has enhanced accessibility of information by citizens from respective offices like CDF and to the larger community through the social audit report.	5

List of positive and negative unintended effects	ID No.
-The process further enhanced citizen mobilization, raising the awareness on how funds operate, their role and who to hold accountable in case of misappropriation.	
NEGATIVE EFFECT	
-Participatory mechanisms not always expressed the relationship between associative life and democratic institutions. They can be captured by the prevalence of clientelistic relations in countries with recent democracies, like Brazil. The question is how to develop mechanisms that would make it rational for policy makers and their clients to give up these unequal social relationships, accepting to operate within a more symmetric context. -The characteristics of the participatory mechanism design, by itself, would not be enough to make relationships more horizontal. This would depend on: the density and quality of the organizations behind the individuals or representatives there participating; the differential levels of participants' legitimacy and of civic engagement in the community. -The participants are not often the most deprived social groups. The part of the population, that has poor economic, social and educational background and that does not look for or cannot find political representation in the pluralistic sphere, will reproduce the same situation in participative spaces. -There tend to be a hyper involvement of the State, and of the State bureaucracy. -Participatory mechanisms fell short from guarantying the involvement of individual participants or civil society representatives with similar power as managers, government bureaucracies or experts. In other words, there would be an unequal distribution of power among government participants and civil society. The fora's institutional design does not avoid power imbalance, because they cannot overcame social and political environments that produce and reproduce inequality.	1
Some cultural and political values may be revealed as suppressive which may give repercussions.	3
Communities are now carrying the biggest burden of caring for the sick.	6

Table 5.8 Any other results of relevance to your context.

List of ANY OTHER RESULT OR CONTRIBUTION OF RELEVANCE and method/approach used to generate the evidence	ID
-The best approach is to initiate and maintain on sustainable basis constructive dialogue between health service providers and the communities they serve to deal with constraints to quality health	2

service delivery. -Use of simplified forms of Community scorecards and citizen report card by communities and health providers would most appropriate. -Continuous display of information on service delivery.	
-After implementing the project, TISA has been able to link up with other redress institutions networks like Kituo cha sheria , shelter forum and Kenya Anti-Corruption Commission to seek for redress on areas were funds have been misappropriated which they could not if the project had not been initiated.	5
-Through UDN monitoring activities, the CSOs especially CBOs at local levels have developed their capacity to engage their leaders and public officials in analyzing the effects and benefits of government programs and discussing issues of accountability and transparency for effective service delivery. These interactive processes have been a source of learning for other groups outside the project area. -As people at the grassroots learn advocacy and lobbying, they have developed their negotiation skills, which they have put into practice and have continued to interact with their leaders and decision makers. -The information materials developed by UDN have been handy and useful resources, not only at the districts where monitoring is undertaken but also other districts.	9

Table 5.9 Major strengths of community monitoring in the context where the organization works.

List of STRENGTHS of community monitoring	ID No.
In highly unequal societies, with strong authoritarian traditions, such as Brazil, participative mechanisms can be seen as important steps towards the building up of democratic public institutions. In the health area they have made State bureaucracies, health professionals, health care providers (even private ones) more accountable and responsive to the needs and expectations of formerly excluded social groups.'	1
Services improve dramatically at communities and service points where it is implemented.'	2
Community leadership is the ultimate aim. Politicians, managers and the technical experts share their monitoring with that of communities for better, mutually committing and more sustainable solution, because they are agreed to be legitimate and fair compromises.	3
-Improved communication and equity. -Enhanced understanding of each other's roles.	4
• Social audit complemented financial audit by providing clear and succinct information on performance against social	5

List of STRENGTHS of community monitoring	ID No.
objectives. • The results can be fed into the strategic review and planning processes to improve overall performance and social impact. • It has resulted into increased accountability of Public officers to its stakeholders and has further enhanced democratic practice since citizens who were directly involved are able to seek information from relevant office with ease. • The methodology of social auditing could be tailored to ensure baseline and comparable information is produced by communities themselves and presented to duty bearers to inform future planning.	
• Empowers citizens to influence public decisions that directly affect their lives. • Enhances government responsiveness and accountability to citizens. • Enhances citizen understanding of public budgets and budget constraints, creating more realistic expectations. • Enhances citizen confidence in public institutions and the legitimacy of government actors. • Promotes greater democracy and equity in the allocation of public resources for e.g. by encouraging the redistribution of spending in favor of less well-off communities. • Encourages community cohesion and helps build understanding, trust and consensus among citizens. • Promotes productive dialogue and constructive working relationships between public sector actors, citizens, CSOs and communities.	6
It has potential to change things, it is also more realistic, focuses on community needs, and it is an important tool for influencing policy and practice and for putting government on pressure.	7
• Community education and empowerment. • Increased community participation in the development processes (planning, budgeting, implementation and monitoring. • Community vigilance in questioning and demand for accountability. • Improved working relationship between communities and local leaders. • Community led initiatives and advocacy at local level.	9
Empowerment of the community, bridge building that happens between providers and citizens, and citizens being informed of what they are entitled to as services.	10
Communities have been the soul driver of HIV response through encouraging change in behavior and challenged some of the cultural norms in responding to the growth of the epidemic.	11

List of STRENGTHS of community monitoring	ID No.
Evidence based community monitoring has allowed for greater participation in the governance of the health system. This has served to give effect to the promise of South Africa's constitution which demands public participation in all spheres of government. This allows for the voice of those worst affected by poor service delivery to be heard. So community monitoring is empowering.	12
Community mobilization Presence of NGOs Media Advocacy	13
• Significant awareness component. • The tools were developed based on a life cycle approach – with people most affected being approached during the monitoring thus the interest levels in filling the tools is very high (Thus school children fill in the school health program assessment, and adolescents fill in the assessment of the adolescent program etc.). • The tools are simple / intuitively simple in concept. • We have been able to identify NGOs to support the process. • We have been able to identify 'champions' for the process within the department. • We have taken care to involve a large number of 'stakeholders'.'	14
Strengths; fosters collective inquiry; shifts control over evidence to community level; encourages use of community experience; profiles evidence from communities at higher levels; strengthens voice; rapid turnover of results; a tool for civil society that is seen to be based on evidence rather than politics; brings community rather than CSO organizational issues into negotiations; can make stronger links between CSOs and their members; can bridge local issues into national policy dialogue; can produce change.	15
Strengthens community faith/participation in governance, improves service delivery, and gives credibility to the community and facilitators.	16
Please see chapter 13 of report on CBM.	17
Active participation (voluntary) and with the knowledge of the health system public. Active network of people and institutions. Capacity of response and proposal (programmatic) posing new initiatives and necessary Interaction of citizens with members of the academy and prominent professionals, sharing knowledge and experience.	19
-Through a participatory action research approach and community monitoring, citizens affected by inequity in health can become research partners and actively participate in the monitoring of public policies and service delivery. -Demanding actions from local governments, parliament and the	20

List of STRENGTHS of community monitoring	ID No.
executive branch is a valid and reasonable intervention to promote health care equity. -Improve trust between citizen and state officials-of relevance to build collaborative relationships and social fabric.	
-It is carried out by the community women in partnership with the local CBO. -The CBO and SAHAYOG have constructed a space where the findings can be shared. -The method is flexible and varies according to the issues identified by the women and the CBOs.	21

Table 5.10 Major weaknesses of community monitoring in the context where the organization works.

List of WEAKNESSES of community monitoring	ID No.
The imbalance of power: State bureaucracies, health professionals, health care providers can choose not place sensitive issues on the agenda, and do not take into account community, user or citizen demands. However, not always what people demand is what they actually need. Claims for more hospitals and highly complex services in regions where civil society have strong organization capacities can further accentuate health inequalities.	1
Where no dialogue exists and information on service delivery not displayed and shared, services are poor and distrust exists.	2
It is demanding and may create new hierarchies between extrovert and introvert personalities. I may also constrain long term strategic decisions that respect beyond local community conditionalities of e.g. environmental and economic nature.	3
-Lack of legal backing. -Shifting or high turnover of health workers. -The prevailing political environment can hinder or impact on the work.	4
• The negative attitude of the duty bearers to address citizen demands apparently limits citizen engagement efforts. • Citizen advocacy efforts are marred with political threats and intimidation by duty bearers and political threats.'	5
• Where Participatory Budgeting is new, it is important to invest time and effort upfront to ensure that both the citizens and the government officials understand its principles and rationale. • Governments / Local authority may not be interested in involving citizens and civil society in the budget process. They may see it either as interference and a threat to their political legitimacy or doubt citizens' competence to identify and agree on	6

List of WEAKNESSES of community monitoring	ID No.
priorities. • It may be very difficult to get copies of primary project documents and government records. If the decision-makers involved have anything to hide, they are unlikely to cooperate freely. Challenges of using community scorecards • The success of this approach depends at least in part on good facilitation, to ensure that group discussions stay on track and really elicit authentic views. • The scorecard process does not overtly address power imbalances within communities. • The consensus approach could obscure significant divisions and disparities amongst community members. • Frontline service providers usually have very little authority to make changes in service delivery systems and facilities. The process can be thwarted if the solutions flowing from interface meetings cannot be implemented. • This could lead to heightened expectations amongst communities and service providers, followed by loss of trust in the accountability system to effect real change.'	
It needs a lot of time and patience and resources	7
• Since most of the community monitors are semi-literate, the quality of community monitoring reports is low. • High cost of community trainings coupled with high levels of illiteracy among the rural population • Low level of women participation yet they are the most affected • Sustaining voluntarism'	9
Sometimes community can be misled by political leaders or vested interests can hijack local issues.	10
One of the major weaknesses is around communities resolving to extreme major due to frustration of lack of accountability and corruption amongst government leaders and local authorities which hinder service delivery.'	11
Long-term support from stakeholders, including community members themselves, remains a challenge. For the forum it is difficult to sustain the participation of organizations beyond a small core group. This limits opportunities to develop networks to support groups involved in community based monitoring.'	12
Lack of participation from government authorities Small scale of CBM application-difficult to sustain mobilization across state'	13
• We have not yet reached the full community; our work is still limited to a few representatives of the community.	14

List of WEAKNESSES of community monitoring	ID No.
• Being fully funded by the government there is some concern that if we become too critical the funding may suddenly stop. • While the village structures have been worked on and are in place, the structures at higher levels of organization like the administrative block, the district and the state are yet to be fully functional and in place. • We have not been able to tap in to the energy of a number of other similar processes (social audit) that are going on in the state / country. • Given the intensity of work in the early phases we have not been able to factor in cross learning between districts and blocks. • There is a need to build in concurrent evaluations, research studies etc. for more objectively understanding what is happening in the field.'	
May not always produce the positive effects expected- depending on the context, capacities, leadership, links with engagement by CSOs, perceived quality of the evidence. With control of many areas of delivery at national level in a centralized health system (especially rural) depends on engagement actions of the CSOs and coalitions at national level, 'displacing communities; local level engagement and actions may not address structural determinants so may build power around less fundamental determinants that re more accessible to local action, leaving key areas of state and private sector performance unchanged.'	15
It is an accountability activity which requires a number of conditions in place viz. Strong community interest, Government endorsement, availability of standards of practice which derive from/ or can be related to human rights standards, possibility of change (without a possibility of change the community can become fatigued), , lack of resources for change, nuanced relationship with front line service providers to be critical as well as maintain the possibility of improved relationships and improvement in services etc.'	16
Please see chapter 14 of report on CBM for discussion of challenges. Also see section in CBM article on 'Limits to CBM and key challenges.	17
Volunteerism sets limitations on action by the provision of few resources. Powers of monitor citizens are limited, mainly in the information management network and the Internet. In some regions where projects are being developed, there may be a phenomenon of dependency of the funder.	19
-It is time consuming for both, facilitators and communities. -Requires personnel with special skills and the right attitudes.	20

List of WEAKNESSES of community monitoring	ID No.
Even if trained, not every person is interested to work in community monitoring. -We are still a very small team facing a large demand from CBOs.	
-We do not have standardized format, module or manual. -Very limited funding to carry out the monitoring work. -Our work depends on the voluntary work of citizens, does not receive government funding. -No formal accountability to take action in the light of the findings.	21

Table 5.11 Other lesson learned of relevance

List of ANY OTHER LESSON out of community monitoring	ID No.
• Community participation and monitoring is the key to service delivery. • Local leaders' appreciation of community participation easing government implementation and monitoring of programs and projects. • Community monitoring takes time and needs a lot of patience among those who are implementing so that the communities can understand why they are monitoring.	9
-For community monitoring to work there needs to be a great deal of institutional support to develop the capacity of community members to engage in evidence based monitoring. -This requires support from all levels of government and a multitude of role-players with differing skills and capacities. -The risk here, however, is that interests other than those of the community may start to take precedence. It is therefore necessary for communities and community based organizations to lead projects and identify partners they want to work with. -Ownership needs to be clearly articulated.	12
-Need to better address gender in monitoring. -Globalization means that global actors, funders, corporates have a powerful influence on both state and community and models are needed for joint state and civil processes to hold TNC actors accountable – i.e. community monitoring cannot do it all and should not displace these other models!	15
-The need to strengthen the evidence for empowerment, trust, democratic practices and others, that is generated as result of community monitoring implementation.	20

APPENDIX 1: QUESTIONNAIRE TO COLLECT AND COLLATE COMMUNITY MONITORING EXPERIENCES FROM INVITEES TO THE "PRACTITIONERS CONVENING ON COMMUNITY MONITORING FOR ACCOUNTABILITY IN HEALTH"

INTRODUCTION:

This questionnaire has been prepared to gather background information for the convening: **"Practitioners Convening on Community Monitoring for Accountability in Health",** to be held in Johannesburg, South Africa, July 18-20 2011. The questionnaire is being sent-out to all confirmed participants. The gathered information and analysis will be an essential input for the above meeting and will contribute to achieve the expected outcomes. To revise the above, please refer to the concept note that all participants should have received by now.

For the purpose of this questionnaire, we have used the term ***"community monitoring"*** as a generic term to refer to the following:

Community monitoring for accountability in health: An approach carried-out by civil society groups for ensuring greater government accountability and transparency in health care to its citizens at the local, national, regional and global levels. An inclusive description is as follows:

> ***systematic documentation and review of the availability, accessibility and quality of health services against specific government commitments or standards by actual beneficiaries of services, for the purpose of doing advocacy with providers and policy makers to improve the services***

Some of the essential elements of such initiatives include: a theory of change for the specific context in which it is implemented; instruments to collect and analyze data; clear advocacy strategies that are based on the findings of the assessment; collective learning informing the next round of performance assessment.

As such, the essential features of community monitoring in health are:

1) It is based on an **'accountability framework'** and linked to government responsibility for the provision and/or overseeing of health services as a right to the people
2) It reflects the **'people's or community perspective'** on health services and how governments are responding to their health rights towards realizing its health-related commitments
3) It is an **'empowering process'** where capacities of participating people/community is enhanced to address power imbalances that affect their health
4) It is linked to **'advocacy/action plan'** with the aim as changing or improving the implementation of health policies or programs and not a stand-alone activity with information collection as an end in itself

All the participants invited to this convening have been recommended and selected based on their own and their organization's experience. ***Therefore the questions below are not exclusionary and please feel free to adapt your answers in this questionnaire as they best fit your experience.***

Questionnaires will be collated and analyzed by Walter Flores and his team at the Center for the Study of Equity and Governance in Health Systems. A copy of the analysis will be provided to all participants during our meeting.

Please be assured that the information you are providing will only be used for the purpose of our meeting. No information provided by any participant will be disseminated to any organization or person outside to our meeting without prior approval.

Completed questionnaires and any request for information or clarification should be directed to Walter at: www.cegss.org.gt

We will appreciate if you can return the completed questionnaires back by June 24th.

1. GENERAL INFORMATION AND CONTEXT SETTING

1.1 Name of your organization

1.2 Telephone and fax

1.3 Website

1.4 Why is your organization engaged in community monitoring for social accountability work?

1.5 What type of community monitoring work does your organization undertake (in terms of issues and focus) specifically on holding public health authorities/department accountable for their policies and services? If you implement more than one type of community monitoring, please describe briefly all of them.

1.6 How long has your organization been implementing community monitoring?

1.7 Geographical area of work
1.7.1Country:

1.7.2 Please provide a short description of the geographical scope of the work: is it country-wide? Is it at the level of regional or provincial government? Is it at municipal or other local government equivalent? For each of the geographical division listed above, please tell us the approximate number of units covered by your organization in the work (e.g. 2 provinces or 5 municipalities, etc.)

1.8 Is the community monitoring carried-out individually by your organization or as a part of a coalition? If part of a coalition, please provide a brief description of the coalition.

1.9 Please indicate the estimated total number of personnel from your organization involved in community monitoring: Full-time_____Part-time_____

1.10 Who is providing financial support to your community monitoring work? (E.g. funding agency, community itself through voluntary donations or any others)

1.11 Is the community monitoring work financially or in kind (facilitating vehicles for transport, providing office space, printed materials) supported by country authorities (being at national, regional or municipal level)? If yes, please describe briefly the type of support received by your organization

1.12 What other research, policy or advocacy work does your organization do that interacts with the monitoring of public policies and services and accountability?

2. CONTEXT SETTING AND SOCIAL, ECONOMIC AND POLITICAL CONDITIONS

2.1 Are there specific political, social and economic conditions that **facilitate** community monitoring in the context where your organization work? If so, please describe them.

2.2 In the same line of the questions above, are there specific political, social and economic conditions that **difficult** community monitoring in the context where your organization work? If so, please describe them.

2.3 What has been your organization approach to deal with those conditions that make community monitoring difficult and to take advantage of the facilitating conditions?

2.4 Has your organization identified conditions that, if they were to be in place, would facilitate further community monitoring work? (E.g. expanded legal provisions, financial and other resources to carry-out the work, stronger civil society leadership, skills in facilitators, communication of findings to a wider society, etc.). If so, please describe them.

2.5 Please add any other relevant information that would help to understand the context in which community monitoring is implemented by your organization.

3. IMPLEMENTATION OF COMMUNITY MONITORING

3.1 Please explain your organizational approach to implementing community monitoring and its key activities. In case your approach is systematized in an electronic publication or website, please also attach the documents or the link to a website.

3.2 Please describe the specific processes, methods and tools used in community monitoring in relation to

- 3.2.1 Community mobilization
- 3.2.2 Capacity building of community based organization and other key actors
- 3.2.3 Data collection and process for analysis
- 3.2.4 Any other component of relevance to your approach to community monitoring

In case your approach is systematized in an electronic publication or website, please also attach the documents or the link to a website.

3.3 Please describe the specific role of each one of the following actors while implementing community monitoring:

- 3.3.1 Community based organizations
- 3.3.2 Health and other authorities at local level
- 3.3.3 Health and other authorities at national level
- 3.3.4 Personnel from your organization
- 3.3.5 Any other social actor of relevance to your context and approach to community monitoring.

3.4 What tools, processes and methods are used to communicate the evidence gathered to health and other authorities? In what forums? Please briefly describe and attach any relevant documents.

3.5 Is evidence also communicated to the rest of the population and other key bodies? If so, please describe briefly.

3. 6 What type of actions follow once the results of community monitoring are presented to authorities or any other social actors? Please describe.

4. THEORIES/CONCEPTS AND EXPLANATIONS FOR SOCIAL CHANGE

4.1 Has your organization developed any specific theory, concepts or explanation for social change supporting the community monitoring work? If yes, please provide a synthetic description. In case your approach is documented in an electronic publication or website, please also attach the electronic file or the link to a website.

4.2 How does your organization explain or conceptualize the following aspect in regard to community monitoring:

4.2.1 The relationship between state and citizens regarding public policy, public services and accountability

4.2.2 Power relations in the context where your community monitoring is carried out

4.2.3 Empowerment of community based organization, citizens and other social actors

5. RESULTS AND CONTRIBUTIONS OF COMMUNITY MONITORING AND LESSON LEARNED

5.1 What have been the results and contributions of community monitoring in the geographical, social, economic and political context where your organization works?

5.2 Have you been able to identify specific results and contributions of community monitoring in relation to the following categories:

5.2.1 Government responsiveness

5.2.2 Improvements to public services

5.2.3 Improvements in social inclusiveness and equity (resource allocation and others)

5.2.4 Empowerment of citizens and other social actors

5.2.5 Trust (between citizens and public officers/public organizations)

5.2.6 Unintended effects – both positive and negative

5.2.7 Any other aspect of relevance to your context.

In case you have identified specific results or contributions to any of the above, please describe them including the method or approach used to identify them.

5.3 In relation to lesson learned, what are the major **strengths** of community monitoring in the context where your organization works?

5.4 Also as lesson learned, what are the major **weaknesses** of community monitoring in the context where your organization works?

5.5 Please add any other lesson learned that you consider relevant.

6. ADDITIONAL INFORMATION

6.1 Please add any other relevant information that you might consider relevant for us to understand the unique features of the community monitoring work carried-out by your organization.

6.2 Through this process, we are also aiming to build and share and inventory of available resources on community monitoring. Please inform us of resources your organizations have produced from the list below, including full references and web links.

6.2.1 Training manuals/books

6.2.2 Peer-review articles or any other journal type publication

6.2.3 Documentaries or audiovisual materials

5.2.2 Any other documentation produced by the organization

- END OF QUESTIONNAIRE -