CARE International

Inclusive Governance Progress Report

The CARE 2020 Program Strategy, which was agreed in 2014, outlines three elements of CARE's core approach: strengthening gender equality and women's voice; promoting inclusive governance (IG); and increasing resilience. The promotion of IG should thus be a core part of how CARE works everywhere, in fragile and conflict-affected states and least developed countries, as well as in middle income countries and the global North. In 2015, CARE developed an **inclusive governance guidance note**. This report highlights some of the accomplishments and learning over the past few years in promoting IG across the CARE confederation. It will show how IG has been integrated by looking at the scoring against the IG markers and what IG models projects are incorporating. It will then show examples of achievements by Global Outcome Area (GOA), by highlighting case studies where CARE and partners have supported meaningful participation and managed to influence decision making. Finally this report will highlight some of the IG Network's key learning since the global programme strategy was launched.
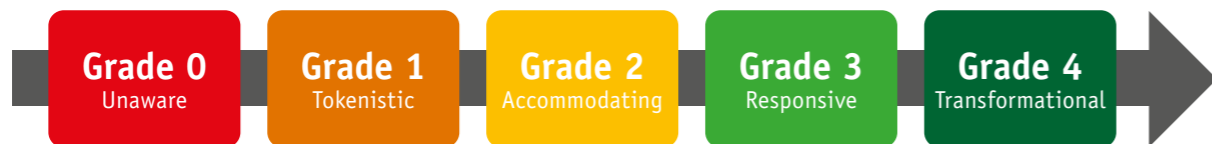
a. Inclusive Governance Marker integrations

The CARE **IG marker** is an internal accountability and learning tool which aims to assess to which degree a project or initiative is integrating IG into programming. The IG marker vetting form (shown below) guides the project team through a set of questions whose answers will generate a final score. The score goes from a range 0 to 4

CARE Inclusive Governance Marker Vetting Form

and places the project on a continuum from 0 unaware to 4 transformational. With the introduction of the IG Marker CARE now has a more accurate way to progress in incorporating inclusive governance into all our work.

In general, a project's performance against the IG Marker may be increased by developing more politically-informed context analysis

| Grade 0 Unaware | Grade 1 Tokenistic | Grade 2 Accommodating | Grade 3 Responsive | Grade 4 Transformational |

1. FY15 and FY16 data are compared by converting a 3 point score (Not Integrating, Partially Integrated, Fully Integrated) into 4 (Unaware, Tokenistic, Accommodating, Responsive, Transformative).

(such as Political Economy Analysis – (**PEA**), incorporating activities across all three domains of the Governance Programming Framework (**GPF**), pursuing strategies to engage different stakeholders at different levels (from local to national) to multiply impact, and integrating robust feedback systems that ensure transparency, participation and responsive complaints mechanisms.

Globally, in FY16, we find that the **majority of projects incorporate IG** in some way (62% accommodating), but only a limited number (5% responsive and 8% transformative) do so in a way that is likely to trigger a significant response from power-holders and

Figure 1: Inclusive governance integration, all projects and initiatives, FY16
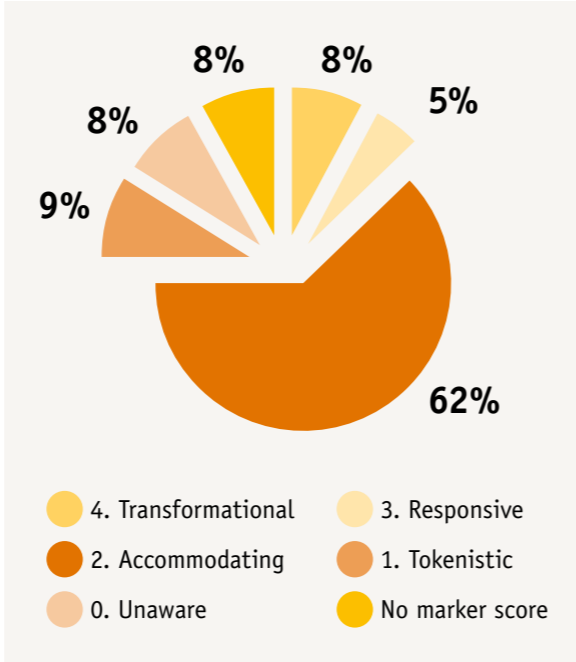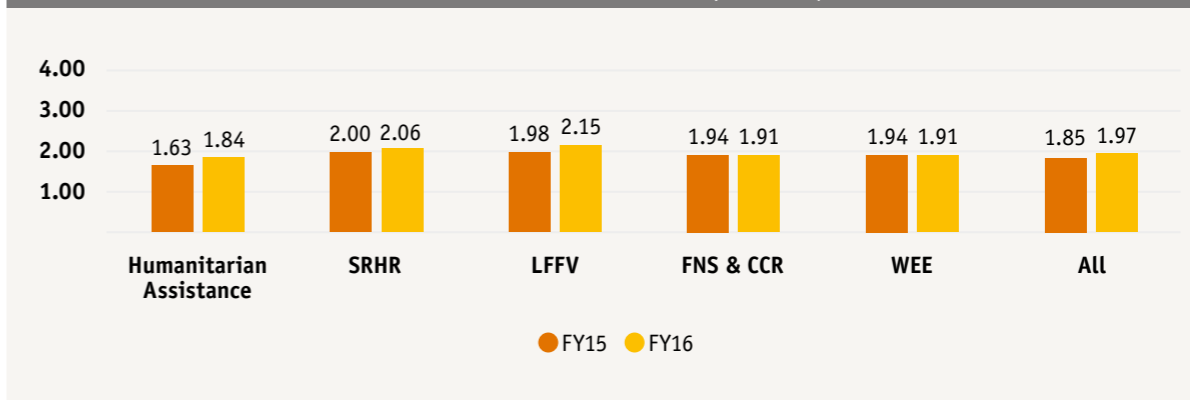

- 4. Transformational
- 3. Responsive
- 2. Accommodating
- 1. Tokenistic
- 0. Unaware
- No marker score

8% 8%
5%
8%
9%
62%

Figure 2: Inclusive governance integration by outcome area (FY15-16)

	Humanitarian Assistance	SRHR	LFFV	FNS & CCR	WEE	All
FY15	1.63	2.00	1.98	1.94	1.94	1.85
FY16	1.84	2.06	2.15	1.91	1.91	1.97

potential transformation of the system. In total, **4,415,356 direct participants were reached by projects that were responsive or transformative**.
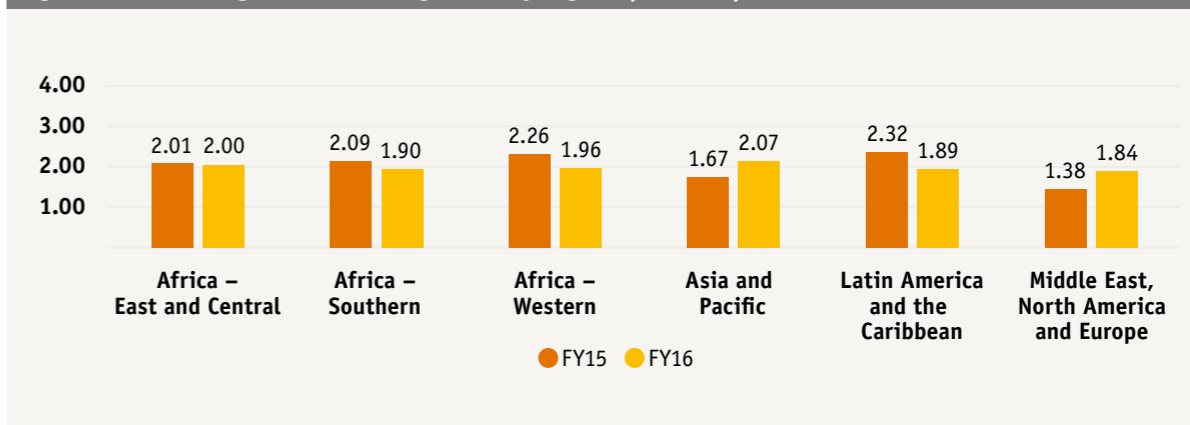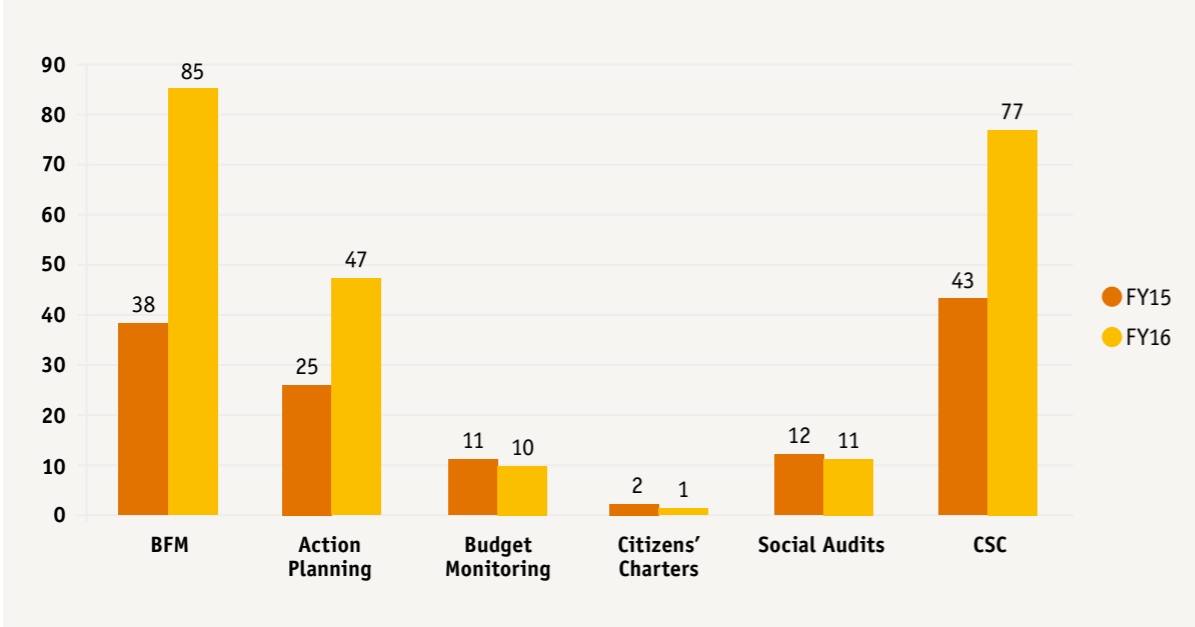
Comparing CARE's Projects / Programs Information and Impact Reporting System (PIIRS) data over the last two fiscal years,[1] we find that there has been a slight increase in mainstreaming IG in the majority of CARE's outcome areas, as *figure 2* shows:

The analysis of IG integration by outcomes does not show significant differences. Generally, as one would expect, humanitarian assistance has the lowest proportion of projects which score

themselves as responsive and transformative (7%). Food Nutrition Security and Climate Change (FNS & CC) reaches 11%, Sexual and Reproductive Health and Rights (SRHR) and Women's Economic Empowerment (WEE) both achieved 12% and Life Free from Violence (LFFV) slightly higher at 18%. However, in terms of the number of people reached by IG responsive or transformational work, FNS & CC is the highest.

Integration across regions has also been inconsistent. On average, only 2 regions (Asia and the Middle East) scored themselves as having increased IG integration over the last fiscal year, as *figure 3* shows:

Figure 3: Inclusive governance integration by region (FY15-16)

	Africa – East and Central	Africa – Southern	Africa – Western	Asia and Pacific	Latin America and the Caribbean	Middle East, North America and Europe
FY15	2.01	2.09	2.26	1.67	2.32	1.38
FY16	2.00	1.90	1.96	2.07	1.89	1.84

b. IG models uptake

Another way to assess the integration of IG is in the uptake of recommended IG models. In FY16, **177 projects in total reported using IG models** – or 18% of all projects. Social accountability is one of CARE's great strengths in promoting IG. 98 projects incorporated recommended social accountability models, with as many as **77 projects implementing Community Score Cards (CSC)**. A further 70 projects implemented participatory planning and budgeting processes such as community action planning and 85 projects reported the inclusion of Beneficiary Feedback Mechanisms (BFM). As we can see in the graph below, IG model uptake has increased:

Increased model uptake shows there is increasing recognition that IG matters, but also suggests growing acknowledgement by project teams that these models are effective at helping increase trust, changing attitudes and behaviours, and improving decision-making and resourcing for marginalized groups. However, many projects that are implementing these models are not reporting them in PIIRS. So, these numbers are likely to be much higher.

Figure 4: Inclusive Governance Model Integration

Legend: ● FY15 ● FY16

Category	FY15	FY16
BFM	38	85
Action Planning	25	47
Budget Monitoring	11	10
Citizens' Charters	2	1
Social Audits	12	11
CSC	43	77

c. Improving reporting on IG

CARE's approach is fundamental to achieving our goal to support 150 million people from the most vulnerable excluded communities to overcome poverty and social injustice by 2020. So in the following section we will show some examples of how IG can be functional to achieve a greater impact in CARE's Global Outcome Areas (GOAs).

In line with the Sustainable Development Goals (SDGs), and in order to more systematically capture progress against the Strategy 2020, CARE has developed 25 **global impact indicators (GIIs)**. Three of these are of particular interest to IG:

• **Indicator 5: % of disaster/crisis affected people in areas of CARE responses who report satisfaction with regards to relevance, timeliness and accountability of humanitarian interventions.**

• **Indicator 19: # and % of people of all genders who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces.**

• **Indicator 20: # of new or amended policies, legislation, public programs, and/or budgets responsive to the rights, needs and demands of people of all genders.**

For the first time CARE has developed indicators to measure outcomes from CARE's approach (19 & 20). The hope is that CARE's projects will more systematically report on how citizens participate and exercise their voice in public spaces and how they have had influence over legislation and resources. This will tell us more about how we are supporting more effective women's leadership and political empowerment, and how CARE is multiplying impact.

In order to support our ambition to report more rigorously on our influence, CARE has been working with partners Pamoja Evaluation Services to pilot a new methodology called **Contribution Tracing** in Ghana and Bangladesh through the **Innovations in Capturing Complex Change** initiative. Findings from the learning partnership will be available in early 2018.

A key informant interview for USAID Ghana's Strengthening Accountability Mechanisms (GSAM) contribution tracing evaluation in August 2017. Photo CARE Ghana.

Impact Indicator 19:

CARE's projects contributed to at least 185,000 people of all genders participating meaningfully in formal or informal decision-making spaces (185,353), with an increase in rates of participation of 27.9 percentage points (24 projects).

Voices of women and the poor in local budget prioritization

One excellent example that demonstrates how to promote more meaningful citizen participation is the **Journey for Advancement in Transparency, Representation and Accountability (JATRA)** project in Bangladesh, supported by the World Bank's Global Partnership for Social Accountability. The project aims to support

Community Score Card: End users give feedback for improvement of local government services. Photo CARE Bangladesh, JATRA Project.

more meaningful participation for marginalised groups in local planning and budgeting. The project focuses on getting Union Parishads (the lowest level of government) to hold pre-budget meetings at Ward level (Ward Shavas) to consult with poor and marginalized citizens, particularly poor and extreme poor women, about their priorities for the Union budget. In 2015, at the 135 Ward Shava meetings, 48% of the participants from poor and marginalized households were women; in 2016, the figure had crept up to just over 51%. Overall, nearly 55% of the demands or issues raised at the meetings in 2016 came from the poor and extreme poor people, compared with 51% in 2015. 25% of all demands were placed by poor and marginalized women in 2016, as compared with 19% in 2015. This shows how CARE's approach to citizen engagement has not only enabled more poor and marginalized women to participate in public meetings, but also helped increase their confidence to present their interests to public authorities. JATRA has been part of the contribution tracing pilot, so we expect to present further findings on outcomes in 2018.

The USAID-supported **Ghana Strengthening Accountability Mechanisms (GSAM)** aims to improve the transparency, accountability and performance of local government through the oversight of capital development projects in 100 districts across Ghana. In 50 districts, the Ghana Audit Service evaluated how district assemblies plan and implement capital development projects, and the GSAM consortium has supported them to disseminate the findings. In a further 50 districts, the consortium is supporting local CSOs and citizens to employ a combination of social accountability approaches to evaluate the performance of their district assemblies. To date:

- **More than double the proportion of citizens in the target districts now has knowledge of capital projects undertaken in their communities (18% - 37%).**

- **In total, 112,235 citizens have had the opportunity to engage with their district assemblies to discuss issues of capital project planning and implementation and to demand improved performance from their assemblies.**

GSAM was also part of the contribution tracing pilot, so we will share more findings on project outcomes next year, but for now you can see some **initial insights** from the team on how the project is helping to trigger government responsiveness.

Impact Indicator 20:

CARE influenced policies, laws, budgets and programs, from local to international levels in 45 projects.

One example that is particularly significant to CARE's aims to combine social accountability with advocacy is in CARE's efforts to influence Malawi's first ever National Community Health Strategy (2017 – 2022) which was approved in July 2017. In this strategy, there is clear acknowledgement that '*social accountability… strengthens the quality of care*' and we find the recommendation to strengthen community leadership and '*[roll] out enhanced social accountability mechanisms at community level*' with explicit mention of '*scorecards*'. There is even recognition of the role social accountability can play in supporting district-level health planning (p.18, p.x, p.19).

This is a vital step to institutionalize the uptake of social accountability in community health, and the challenge now is to secure additional funding for the Government to make this roll out across the country a reality.

Humanitarian Action

IG approaches can be incorporated into CARE's humanitarian action in various forms, but this may be more challenging as working with and through governments and civil society organisations is not always possible in humanitarian contexts. In cases where governments lack legitimacy or in which civic space is closed, it may be especially hard.

However, at the centre of **CARE's Accountability Framework (AF)** is a commitment to get our impact groups to score our own performance. And in line with Sphere standards,[2] the most common way in which CARE has integrated IG into humanitarian programming is through Beneficiary Feedback Mechanisms (BFM). In FY16, **85 projects reported implementing BFMs**. The majority of these were in CARE's humanitarian action. Global impact indicator 5 focuses on satisfaction with regards to the relevance, timeliness and accountability of humanitarian interventions.

Impact Indicator 5:

Over 555,000 disaster/crisis-affected people surveyed reported satisfaction with the relevance, timeliness or accountability of CARE & partners' humanitarian interventions, 93% of those receiving support (of the 26 projects reported in PIIRS).

CARE has also experimented with a cutting edge feedback methodology called **Constituent Voice™** (CV), developed by Keystone Accountability. CV is designed to be a quick and flexible way to gather perspectives from different stakeholders and act on feedback faster. Based on the Net Promotor Score (NPS) methodology, CV asks a limited number of questions on a regular basis through

2. Sphere Core Standards: http://resources.spherehandbook. org/resources/Sphere_Core_Standards_and_CHS.pdf?string=~sh_ resources/resources/Sphere_Core_Standards_and_CHS.pdf

tailored micro-surveys, developed using an online platform called the CARE Neighbourhood within Keystone's **Feedback Commons**. This allows projects to produce one simple score that establishes the proportion of respondents who are 'promoters', 'detractors' and 'passives', giving a quick picture of whether partners or impact populations view CARE's intervention favourably or not (see figure 5 below). The Feedback Commons also allows projects to benchmark themselves against other CARE projects globally, which have selected the same survey questions.

Over the last year, programmes in Bangladesh (Shouhardo III and Krishi Utsho), Ghana (Ghana Strengthening Accountability Mechanisms – GSAM), Nepal (Nepal Emergency Response), Tanzania (Ardhi Yetu Program – Our Land and Pesa Kwa Wote) and Zambia (Scaling up

DFID-funded Zimbabwe Mobile Cash Transfer (MCT) programme beneficiary Tsungirirai Madziro (left) buying groceries using her e-wallet, assisted by shopkeeper Viola Murambi (right) in Zaka District, Masvingo.

Figure 5: Detractors, Passives and Promoters

Detractors | **Passives** | **Promoters**

0 1 2 3 4 5 6 | 7 8 | 9 10

Net Promoter Score = **% Promoters** − **% Detractors**
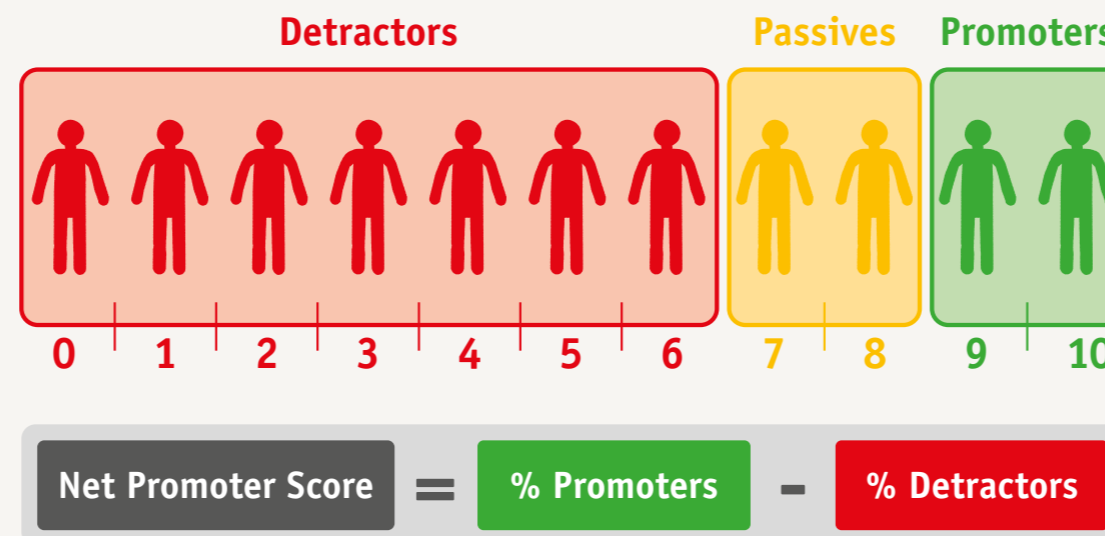
Nutrition - SUN) have piloted the method. The learning from this work will be published in the next fiscal year. The ECHO-funded Listen, Learn Act (LLA) project also piloted the method in Mali and Lebanon with Ground Truth (Keystone Accountability's sister organisation, applying CV to humanitarian contexts). In Mali, for example, it was noted that the method had helped the team ask for feedback in a more systematic manner, to consult communities more frequently and underlined the importance of complaints committees. Despite language barriers, the surveys were considered to be efficient and effective, and the introduction of dialogue meetings with communities improved community satisfaction, including increased perceptions that they were listened to and their views were valued. There were also fewer complaints in intervention areas, and this is partly attributed to the method.

Stakeholder feedback in cash programming

The DFID-funded Zimbabwe **Mobile Cash Transfer (MCT)** programme provided unconditional cash transfers to vulnerable households in drought affected communities in four of Zimbabwe's southern provinces, aiming at covering half of their basic food and nutritional needs. Following Sphere standards, one key objective was to ensure that target households received timely cash transfers and feedback was acted upon.

Between September 2015 and February 2016, the project was able to resolve 81% of the 6,961 total complaints. Feedback mechanisms provided information that led to better verification of beneficiaries to minimize inclusion errors, better handling of disputes regarding blocked lines, and timely reports of money not reaching beneficiaries.

Sexual and Reproductive Health and Rights (SRHR)

CARE has a long history of conducting social accountability in the health sector, with significant success. Examples such as **Participatory Voices** in Peru show how CARE and partners were able to integrate health monitoring from community up to national level policy. However, the most common approach that CARE has used in this outcome area is the Community Score Card (**CSC**). Commitment from CARE's SRHR team to accountability finds expression primarily in the use of this approach. With at least 14 SRHR projects implementing CSC in FY16, this was more than any other

global outcome area. Further, the establishment of **CSC Consulting** has also been an important step to increase staff capacity and build the evidence base around what works.

The CSC is a social accountability approach designed by CARE Malawi in 2002, and it is used to monitor the availability, access and quality of public services. The CSC process provides a framework for service users and providers to separately score the services and then come together in an interface meeting to discuss identified issues. The result is an action plan, and the cycle is repeated periodically (on average, every 6 months) until key issues are addressed.

Accountability in maternal health service delivery

The **Maternal Health Alliance Project** (2011-2015) used the CSC approach in in Ntcheu district, Malawi, to identify reproductive health service challenges, to get service users and providers to jointly generate solutions, and to work in partnership to implement and track the effectiveness of those solutions in an on-going process of improvement.

The project carried out a **cluster-randomized control evaluation** of the project's 10 intervention sites and 10 comparison clusters. The evaluation consisted of a women's survey, a health worker survey and a medical chart review at baseline (2012) and endline (2014). And the results were impressive. In intervention villages there was a:

- **6% greater increase in the number of women receiving a postnatal visit;**

- **20% greater increase in the number of women receiving a home visit during most recent pregnancy;**

- **57% greater current use of modern family planning, and;**

- **Satisfaction with health services increased by 16%.**

One key reason satisfaction improved is due to a perceived improvement in the relationship between health workers and communities (37 point increase) and a sense of greater commitment of health workers (26 points). There were also significant increases in perceptions of the availability and accessibility of information (22 points) and increased involvement of men and youth in family planning (33 points and 23 points respectively).

This clearly shows how IG methods such as CSCs can make important contributions to health outcomes.

The DFID-supported **Maternal and Newborn Health Improvement (MANI)** project in Kenya also implemented CSCs in 20 health facilities. After only six months many facilities began reporting an improved relationship between service users and service providers (44% at baseline to 69% follow up). Staff attitude and behaviour improved, with improved attendance by health professionals. Procedures at facilities became more efficient, open and equitable. Facilities reported improved availability of essential drugs, laboratory reagents and medical equipment (40% to 59%). Facilities also reported holding more regular and consistent health education for community and Continuous Medical Education for staff (35% to 64%). There was also improved time management and punctuality at some facilities as well as better delineation of responsibilities among existing staff (47% to 61%).

The CSC process was widely accepted by health managers across all sub counties. One of Sub County Public Health Officer, for example, said:

" This approach gives a good opportunity for exchange of information. The community really gets to express their felt needs... CSC has helped to mend relationships. Health workers used to think that the community was very negative about them... both sides need to appreciate and hear the others' genuine feelings. [Through this process] the community can understand the facility's shortcomings. "

Women's Economic Empowerment (WEE)

Incorporating IG is also key to increasing Women's Economic Empowerment (WEE). CARE is committed to increase women's ability to negotiate decisions within households and their voice in claiming their economic rights all the way from the community to the national level. Supporting women's mobilization, strengthening their capacity for collective action and negotiation, and building spaces to advocate for their rights are at the heart of this ambition.

Numerous projects have used Village Savings and Loans Association (VSLAs) and other producer groups as platforms for women's collective action and political leadership, as expressed in the Women on the Move Impact Growth Strategy in West Africa. In Niger, the number of members of the Mata Masu Dubara VSLAs running for public office increased ten-fold between 2004 and 2016 from 112 to 1,069. Equally, efforts in Latin America's regional

gender programme to support domestic workers unions to advocate for their labour rights has influenced the ratification of ILO Convention 189 to help ensure decent working conditions for domestic workers in Bolivia and Ecuador. We also find significant efforts to mainstream IG in value chain programming through Community Action Planning.

Community action planning in cocoa value chains

CARE Ghana **Cocoa Life** programmes, funded by Mondelez, have supported the revival and overhaul of the Community Development Committees (CDComs) in cocoa farmers' communities. To ensure gender parity in the CDComs, CARE helped to introduce a quota system of between 30 and 50%. Female farmers are also supported to play an active role in decision-making in community structures at district and national farmer forums through 30%-50% quota allocations. With limited state

Female cocoa farmers in Cote d'Ivoire play an active role in decision-making at district and national farmer forums and raise their concerns through the use of Community Action Plans (CAPs). Photo CARE.

coverage in the area, these committees have the mandate to provide essential services, basic education, and represent citizens' voices in the lowest tier of administration through Community Action Plans (**CAPs**). Community Action Planning is a bottom-up participatory process where communities come together to analyse their needs, potentials and priorities, and develop collective vision, strategies and action plans for improving their well-being.

CARE has helped the CDComs to raise their concerns in district development plans. Through the use of CAP, CDComs are increasingly serving as a platform for citizens to effectively influence local service delivery and development agendas, strengthening citizen engagement in local decision making, and enabling citizen collective action towards addressing local issues affecting their lives. Through their Community Action Plans, Community Development Committees have even started negotiating with relevant host communities and state authorities over land ownership.

Food & Nutrition Security and Climate Change Resilience (FNS &CCR)

Food and Nutrition Security and Climate Change Resilience programming has employed various means to promote IG. There have been a diverse range of efforts such as bridging VSLA groups with peace committees/networks in the **Tufaidike Wote** project in the Democratic Republic of Congo (DRC), and the use of Community (Adaptation) Action Plans for climate change advocacy in the **Adaptation Learning Programme** (ALP) in Ghana and Niger. In Ghana, for example, the District Assemblies of Garu Tempane and East Mamprusi were held accountable for including the Community Adaptation Action Plans in the district plans. And in part, these efforts prompted a revision of the national planning guidelines for all districts to include climate change issues.

Women's leadership in value chains

Using VSLAs as a platform, the Gates Foundation-supported Pathways **to Secure Livelihoods** Programme in Malawi, Tanzania, India, Mali, and Ghana; and the **Women's Empowerment: Improving Resilience, Income and Food Security** (**WE-RISE**, funded by the Australian Government) Programme in Ethiopia, Tanzania, and Malawi both supported women's participation in formal and informal groups and helped build their confidence in speaking in public meetings, shifting attitudes around women's political participation. Across the two programmes between baseline and endline we find an:

• Increase in women's confidence speaking about gender and other community issues at local level (7.3 percentage points);

• Increase in women demonstrating political participation (7.7 percentage points);[3]

• Increase in the proportion of women holding leadership positions in groups (9 percentage points).

These were not priority issues in the two programmes, and this may help to explain why men's participation increased more sharply in some cases. This therefore prompts us to reflect on how we can more deliberately make linkages between saving and producer groups and other spaces to promote women's participation and voice.

Amplifying the voice of national civil society around water rights

In the **PROGRES II** project (2013-2017) in Niger, funded by the Danish Government, CARE has worked to support 3 key national partners (Association pour la Redynamisation de l'Elevage au Niger, Réseau Billital Maroobé and Développement pour un Mieux Etre). With CARE's support, particularly as a connector and broker, these partners have expanded their membership 6 times, and included thousands more people in their processes (47% of new members were female). These partners were also able to access money from the Swiss and French governments for their priorities. The partners helped build conflict resolution forums and links between people and the actors who can help solve their problems. They also conducted more than 10 studies on pastoralist and water rights to sway government decision-making. Partly as a result of these efforts, the government has passed new water rights laws, and the president included natural resource management concerns in his speech before the United Nations.

3. Voting, expression in public meetings, and membership of community advisory teams or local government meetings

Life Free from Violence

CARE's 2020 strategy highlights the importance of supporting the voices of women and men from communities where it works to represent and negotiate their rights and interests in district, national, regional and global forums. And these commitments are well expressed within Asia Pacific Impact Growth Strategy for a Life Free from Violence.

Four pillars within CARE's   model at the strategy's heart clearly highlight the importance of IG: facilitating community dialogue and action on socio-cultural norms; strengthening solidarity movements, evidence-based policy influencing, and service provider coordination and strengthening. Improving the linkages between local women's solidarity groups and organizations in the women's movement at regional and national levels is a crucial step for CARE to multiply impact. A Life Free from Violence (LFFV) has the highest proportion of responsive and transformative projects of all outcome areas in large part because of how it has integrated advocacy in country-based programming.

Since 2012, CARE Rwanda's Vulnerable Women's Programme (VWP) has used Community Score Cards (CSC) to monitor the delivery of gender-based violence (GBV) services. The approach has even been scaled up to influence the Gender Monitoring Office to consider using it as a nationwide approach. The approach has led to various service delivery improvements. For example, as a result of agreements in scorecard action plans, the Isaro project was able to provide greater privacy for survivors seeking assistance with the provision of a separate space, and service providers agreed to ensure a GBV trained nurse was available at all times to counsel survivors.

Shifting social norms on GBV through accountability

Not only did CSCs help address service delivery problems, it also helped to address the social norms that underpin the prevalence of GBV in the first place, and thus support GBV prevention as well as attention. In the EU-funded **Umugore Arumwa** ("A Woman Is Listened To") project (2013-2015) CARE worked with two national implementing partners, Haguruka and Rwanda Women's Network, in Gakenke and Gatsibo districts. The CSC approach was used as a process to help communities and households identify issues of 'conflict within families' and help envision what 'families living in harmony' should look like. Local leaders were therefore crucial in supporting the process. Attitudes around GBV shifted significantly.

ODI research revealed that women had more self-confidence to express themselves publically on issues which they did not before, including taboo issues such as non-consensual sex. They were also more confident in approaching local authorities, such as village heads, about issues such as husbands trying to sell their joint assets without their consent. Men's attitudes also shifted, and this was seen to be a critical step forward in challenging the social acceptance and tolerance of GBV and changing relations between men and women. As a result, local leaders consistently reported that instances of domestic violence and non-consensual sex within marriage had substantially reduced and women had significantly greater equal access to household resources than before the CSC.

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The inclusive governance team has developed a 3-page document summarizing **top learning from inclusive governance programming**. This document's purpose is to enable more consistent application of our "best" thinking. It includes five key recommendations for how to have more effective inclusive governance programs at scale:

1. Effective use of power analysis: Politically-smart context analysis needs to be used in a smart way for it to be useful. The wealth of information generated from political economy and conflict analyses needs to link explicitly to a theory of change. The process works best if analysis takes place at local levels and in a participatory way.

2. Thinking and working politically at multiple levels: We should find the appropriate mix of "bottom up" and "top down" strategies. We need to both strengthen citizens' voice and work with power-holders to make them more inclusive. We need to go from working "tactically", using off-the-shelf tools and pre-made models, to "strategically" embedding our action into the existing context.

3. Vertical Integration- from local to national impact: Social accountability tools like **CSC** are good at supporting communities to address problems that can be resolved locally, but tend to get stuck in this "lower accountability trap". More systemic issues (e.g. budget or staff allocations), need to go beyond the community level and use evidence generated to link community action to sub-national and national policy and budget influencing, engaging a broader range of stakeholders.

4. Actively supporting women to influence public and potential decision-making: Women face different barriers to participation in public and political decision-making processes and actual influence within them. Programme design must take account of both to increase women's power over decisions that affect their lives.

5. Effective use of ICTs to take citizen's voice to scale: ICTs can be used to aggregate citizen data across districts (horizontal integration), and to support citizen mobilisation up to the national level by using the data to influence higher level decision-making processes (vertical integration). However, ICTs are not the silver bullet and no one makes citizens active by just giving them a mobile phone. ICTs can become a multiplier by building upon existing civic action without being extractive.