SOCIAL ACCOUNTABILITY IN SERVICE DELIVERY IN CAMBODIA

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Introduction

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The Royal Government of Cambodia, decentralisation of and deconcentration reform, adopted Strategic Plan on Social Accountability for Sub-National Democratic Development in 2013. The Strategic Plan aims to improve public service delivery and strengthen relations between the state and citizens, as these are associated with local development and accountable and effective governance. However, little has been written about social accountability in Cambodia, aside from Burke and Nil (2004), World Bank (2013), Rodan and Hughes (2012), Norman (2014) and Babovic and Vukovic (2014). Most research

was conducted at an early stage of social accountability initiatives in Cambodia and scant attention has been paid to how and why social accountability initiatives emerge in Cambodia and to what extent they work to motivate collective citizen action and influence state response. This study is intended as a contribution to filling this gap and informing realistic expectations of social accountability.

Social accountability here is defined as ongoing collective efforts by civil society to hold public officials accountable for their decisions and actions. It is to be achieved through imposing political and reputational costs on public officials to respond (Peruzotti and Smulovitz 2006). A variety of social accountability tools have been experimented with. These include community scorecards for social

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Social accountability initiatives in service delivery: waste water management.

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services, public expenditure tracking surveys, local participatory budgeting, public forums, capacity building and other forms of local civic engagement. Social accountability is thus an evolving umbrella concept for a wide range of approaches adopted by civil society to aggregate interests and voice and exert stronger demands on state officials (on voice, see Goetz and Jenkins 2005; Hirschman 1970).

This article is based on the findings of a study on social accountability published in CDRI Working Paper 102 (Eng, Vong and Hort 2015). The study investigates how social accountability initiatives have worked in Cambodia, why they worked in the ways they have and with what results. Specifically, the study examines the extent to which social

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accountability has delivered its promises. What is its contribution to empowering ordinary Cambodians to mobilise effectively and pressure public officials into promoting policies that benefit them and improve public services?

The support for social accountability provided by donors and government offers a range of opportunities to different actors. This study seeks to understand whether the way social accountability is being promoted and implemented in Cambodia has so far provided ordinary Cambodians (especially the poor) with genuine power to scrutinise state institutions and place public demands effectively. These points are examined through three examples of social accountability initiatives in service delivery: primary health care, school textbook monitoring, and urban clean water and solid waste management.

Urban clean water and solid waste services

This case study looks at a donor-financed and -initiated social accountability project in clean water and solid waste management. Silaka, a Cambodian NGO based in Phnom Penh, was contracted to carry out the project, which was implemented from March 2011 to March 2013 in two sangkats in Takhmao municipality, a city about 12 km from Phnom Penh. These sangkats were selected for being the poorest and most lacking in access to piped water and sanitation services. The project set out to strengthen local governance and local democracy through the use of social accountability tools.

Accountability in water supply and waste management

Water supply in Phnom Penh and surrounding areas is the responsibility of the Phnom Penh Water Supply Authority, a state agent that is financially and institutionally autonomous. It has the authority to make decisions about personnel, investment, financial management, and outreach programmes. Sanitation is much more complex than piped water because there are several ministries involved, leading to limited investment and government attention. Solid waste management is the responsibility of the Ministry of Environment. Solid waste collection and management services are usually provided by private companies contracted by the Ministry of Economy and Finance without the involvement of local authorities.

In both cases, decisions about service provision are made by national-level actors with little local feedback and participation.

Outcomes

More than a year after the project had ended, there was no significant improvement in poor people's access to water and sanitation services in the two sangkats. The field visit in August 2014 found that 37 households had access to solid waste services but only in the sangkat located along National Road 2. Some poor households living along paved road in one of the sangkats were connected to piped water. But their access to clean water was not a result of the social accountability project (none of the households interviewed were aware of the social accountability initiative), but of the effective use of patronage networks by local elite.

In both communes, the project achieved little towards villagers' empowerment. The organised neighbourhood committees, which the project hoped would become key actors in placing demands on officials for improved services, ceased to exist as soon as the project ended in early 2013. Some of the representatives said that the knowledge and skills they gained from the project could be useful but they were reluctant to speak out about issues for fear of reprisal, besides which their participation in public forums did not elicit genuine response from officials.

From fieldwork observations, officials showed little enthusiasm for working with Silaka on the project. Both local officials and service providers interviewed for this study remained reluctant to accept the demands and criticisms of citizens and Silaka.

School textbooks monitoring initiative

The Khmer Institute for National Development (KIND), in collaboration with the Affiliated Network for Social Accountability in East Asia and the Pacific, implemented a social accountability project called "Feedback for Improving the Quality of Education" between 2012 and 2014, funded by USAID-Building Bridges for Better Spending in Southeast Asia. This case study investigates the textbook tracing project, with a focus on the project's contribution to empowering parents and students in their relationship with school and education officials to influence changes in service provision

Accountability in education

The Ministry of Education, Youth and Sport (MOEYS) is responsible for the overall education system, quality, policies and regulations. Under the ministry are provincial departments and district

offices. The district office in particular plays very important roles because it works directly with schools over policy compliance and also provides technical support and oversight.

Despite attempts to delegate major functions and responsibilities within the sector, decision making remains highly centralised. Citizen's participation and feedback are expected to be channelled through school support committees. The committee is expected to monitor activities, review the budget and check quality. It also has authority to approve the school development plan before the school sends it to higher levels. In practice, the committees rarely discuss substantive matters regarding the curriculum, staff, budget management or quality control.¹

Outcomes

From the outset, this project seemed to achieve significant results. The director of KIND claimed that it led to a number of MOEYS policy actions under the new minister. Based on the public expenditure tracking survey and citizen report cards, the minister made two changes. First, the ministry issued a warning to stop illegal sales of state textbooks on the open market (Ministry of Education Youth and Sport 2014). Second, the ministry created a working group to manage textbook development and reinforce textbook distribution and usage at every school. It is not clear, however, how effective these measures have been given the scant enthusiasm from lower level officials for compliance and participation in the project.

Empowering students and parents to monitor and oversee school performance was a key aspect of the project. The interviews with project participants and non-participants showed that they were very interested in taking part in social accountability activities and wanted the project to bring positive change to schools. Their interest reflected their awareness of the right to free education and of the obligation of the state. Despite their enthusiasm, there was a strong sense of reluctance to express their dissatisfaction with schools at public meetings for fear of being marked out or humiliated by school and high level officials.

The long experience of education officials in working with NGOs provided an enabling environment for KIND to implement a social accountability project, at least when compared with

other sectors. Nonetheless, while there was good cooperation from some national ministry officials, other actors in the ministry such as the publishing and distribution house and deconcentrated offices were not keen to cooperate. There is still quite a strong feeling of distrust among these officials towards NGOs and their activities. The interviews with district officers and school principals indicated that they were not interested in working with KIND on this project. They told us that they only do what they are instructed by the ministry.

Community scorecards and local health care

In this case study, change in local health services is examined based on the findings of the Community Scorecards for Health Services Project. The World Bank-funded project was implemented in 2012 by Buddhism for Health in 20 health centres in Takeo's Kiri Vong operational district. For this case study, one health centre—Chi Khmar—was selected, which covers three communes: Chi Khmar, Smaong and Tralach. The three communes contain 25 villages with a combined population of more than 160,000, the vast majority of whom are rice farmers.

Accountability in primary health care

With accountability in mind, the health sector has institutionalised a participation structure which includes village health support groups (VHSGs) and health centre management committees (HCMCs). In addition, every health centre has a complaints box (World Bank 2013). This structure was envisaged to promote health centres' downward accountability (Ministry of 2008, 9). In practice, however, there are hurdles and some successes. The complaints box has rarely been used. Prohibitive factors include illiteracy, lack of awareness and fear of being identified (World Bank 2013, 35). The VHSG has also been underused. The World Bank (2013) attributes this problem to the perceived status of VHSGs as extensions of health centres. When received, user complaints are discussed at HCMC meetings. This may necessitate followup with the health centre workers concerned and commune council interventions, resulting in friendlier attitudes and a better service (World Bank 2013, 37). Unfortunately, as the World Bank (2013) indicates, HCMC assertiveness is not widely evident.

¹ For detailed analysis of school management committees, see World Bank (2013) *Voice, Choice and Decision*.

Outcomes

The project was to enhance the quality of services and care at health centres, and on this the project largely succeeded. Buddhism for Health's monitoring reports show that the action plan as a result of community scorecards was mostly successfully implemented. At Chi Khmar health centre a pump was installed to supply water to toilets, and a medical waste disposal facility issue was partly resolved. Importantly, health centre staff attitudes, working hours and diagnosis were addressed at internal meetings, leading to a more user-friendly service, regular operating hours and appropriate prescribing practice.

Both government officials and service providers indicated positive impressions and a receptive attitude. Operating district and health centre staff found the community scorecard provided a useful opportunity to discern public opinion and service gaps and show their willingness to take corrective measures. This attitude was underpinned by a national workshop, attended by NGOs and the secretary of state for health, before the social accountability project started to cultivate a joint decision about its implementation.

Although service delivery outcomes have been achieved, empowerment remains an illusion. At the start of the community scorecard process, the lead facilitator commented that it was difficult to entice villagers to attend village meetings because many were busy or simply disinterested. A participant villager, who could barely recall the experience, confirmed that people who were busy did not go to the meetings; however, those who were at home complied with the invitation, whether they were interested or not. In this light, people did not attend community scorecard meetings out of an urge to voice their opinions about health services but to comply with an authoritative invitation and fulfil a social routine.

Policy implications

This study examined three examples of social accountability initiatives in public services in order to explain how social accountability works in Cambodia, and to identify specific dynamics that enabled or constrained these initiatives. Overall, we found that the initiatives had not contributed to greater participation of villagers in the governance of public services nor led to improved relations between government and NGOs, though some improvements in service provision were documented.

The important point for policy from this study is that enhancing the impacts of social accountability initiatives in Cambodia requires removing some of the constraints discussed in the three examples; namely citizens' reluctance to demand improvements and criticise services for fear of reprimand, and service providers' lack of genuine interest in necessary interventions.

A number of recommendations can be drawn to inform and feed into the design, strategy and implementation of future social accountability initiatives in Cambodia.

- NGOs need to do more groundwork before they implement accountability projects to ensure they involve the right people with the appropriate level of authority and at the right level for the project.
- Project funders need to conduct regular monitoring to ensure inclusiveness particularly of villagers who have no connections with local authorities, marginalised groups and opposition supporters.
- Conduct an analysis of the sectors to find out whether government officials accept social accountability principles in the first place. This is important as it affects the result of social accountability initiatives and at the same time impacts on villagers' empowerment and their motivation to participate in the projects.
- There is merit in implementing local accountability projects prior to elections, as the government is more likely to listen and be responsive to local demands.

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