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14 Social accountability monitoring as an approach to promoting active citizenship in Tanzania

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Introduction

This chapter scrutinizes attempts to promote change in current citizenship habits through different forms of participation. It focuses on social accountability monitoring (SAM), which is one of the intervention approaches globally used to facilitate changes in citizenship practices, especially in regard to citizen-state relations. The approach is widely employed by many civil society organizations (CSOs) to promote people's active participation in order to influence the outcomes of governance processes (UNDP 2013; Ahmad 2008). SAM draws its legitimacy – among actors focusing on democratic governance and development – from its ability to create new spaces for citizens and civic groups in which to interact with the government and its agencies; it thereby recognizes citizen participation as a necessary and important practice (Friis-Hansen & Ravnkilde 2013), especially in contexts where the government is traditionally the dominant actor in governance. Previous research has shown that there are multiple factors affecting the outcomes and implementation of SAM. Context-based factors include the role of different kinds of political institutions, the types and capacity of CSOs involved and the nature of state-society relations and those between groups and citizens (Hickey & King 2016; King 2015; Campbell et al. 2010; Shankar 2010). In addition, intervention-based factors such as the credibility of lead actors – that is, individuals and organizations (Joshi & Houtzager 2012) – also have impact on results.

In this chapter, we analyse the ways in which the implementation of SAM both promotes and hinders the ideal model of active citizen participation in Tanzania. We begin with general discussion based on the literature, followed by illustrative examples from the context of a CSO initiative located in Kondo District whose goal is to improve service delivery in the health sector. In the course of this, we address the following questions: (a) What kind of model is SAM, both in general terms and from the perspective of the particular CSO implementing it? (b) What kinds of changes does SAM promote with regard to citizen-state relations at the local level? (c) What kinds of discrepancies can occur between ideal SAM-models and their implementation in Tanzania?

In what follows we first review the principles of the SAM approach, then discuss the model used and outcomes and discrepancies with the model in the course of its implementation. In conclusion, we argue that the success of the SAM model in promoting changes in the direction of a certain kind of active citizenship depends on whether the promotion of the ideal model takes into account contexts at the local level.

Social accountability monitoring and active citizenship

In this section, we describe the SAM approach and the kind of active citizenship it promotes, briefly sketching the approach's historical background in international development in general, and in Africa in particular. We then analyse accountability as the central issue in the SAM model, as well as experiences of promoting "active citizenship" through SAM as an established governance framework.

The adoption of the SAM approach in sub-Saharan Africa commenced in the mid-1980s as a corrective mechanism for failures in public service delivery systems. Indeed, early initiatives came along with the adoption of World Bank (WB) and International Monetary Fund (IMF)-led Structural Adjustment Policies (SAPs) that promised to fix trade and production environments in order to boost declining economies and public service delivery (Malena & McNeil 2010). In the same vein, governance was equally subject to reform that promoted approaches facilitating citizen-led forms of accountability. Therefore, SAM has been adopted in order to provide a mechanism that stimulates improvement in service delivery (Friis-Hansen & Ravnkilde 2013) and addresses socio-economic inequalities, especially poverty (Ringold et al. 2012). With the SAM approach, citizens and civic organizations undertake a wide range of actions in order to hold the state to account; this gives citizens the opportunity to contribute to improving the results of governance and to influence the quality of service delivery (Claasen & Alpin-Lardies 2010).

Generally, social accountability monitoring as an approach seeks to promote a particular view of active citizenship, one cornerstone of which is a participating citizen. Participation involves the shift in status of ordinary people from mere beneficiary to citizen, from consultation to decision-making and from appraisal to implementation. In promoting the right to participation in social, economic, cultural and political life, SAM is embedded in and draws from the nexus of basic human rights (Gaventa 2004). The approach emphasizes citizens' rights to be active and involved in making and implementing decisions that affect them, and, thus, also regards participation as a duty towards the government and fellow citizens. According to Gaventa and Valderrama (1999), participation is both the right and duty of a citizen in situations where local governance calls for the increased participation of civil society in activities that traditionally form part of the public sphere. This implies that participation is a key element in governance at all levels. It facilitates the introduction of improvements to public services, makes local

government more accountable and, more importantly, deepens democracy by complementing representative forms with more participatory forms (Gaventa 2002); as Lister (1998) observes, participation is an expression of human agency in the political arena. In line with this, SAM's underlying idea is that the influence of, and exercise of control by, citizens on governance happens not only through indirect or representational forms of participation, but also through direct participation. Therefore, the idea of participation as a civic right emerges from the discourse of governance and citizenship that seeks to address the exclusion of citizens from policy formulation and decision making, especially in key areas that affect their lives.

Moreover, SAM's view of active citizenship expects informed citizenry, as information catalyzes citizens' action. This idea guides the philosophy behind SAM initiatives in sub-Saharan Africa. For example, those in Tanzania focus on motivating citizens to "be informed, involved, and monitor every move, in order to make their government work for them" (Mugizi 2013; Colm 2008). In this respect, people are expected to speak their minds and be proactive in demanding accountability, as citizens' actions are supposed to trigger state responses. So, SAM initiatives emphasize the realization of basic political and civic rights, access to information, as well as government responsiveness vis-à-vis citizens' demands.

Additionally, SAM builds on the accountability resulting from active citizen participation as a cornerstone of good governance. Accountability, in this context, plays two main functions: first, it prevents, or rather limits, the abuse of power and ensures the predictability of the actions of the state and its agencies; second, it provides continuous public supervision and control of the state and its agencies in order to ensure that public services are suited to citizens' needs and interests (Joshi 2013; Green 2015; Malena & McNeil 2010). SAM emphasizes the importance of citizens' participation (direct or indirect), which enables them to demand accountability from policy makers, service providers and program managers, and to ensure that public/state institutions act in their best interests. It also denotes the "rights-duty" relationship between state institutions as duty bearers and citizens as rights holders (Clippinger et al. 2014; UNDP 2010), thereby aligning citizenship with the rights-based approach to development in which duties are well executed and rights are realized.

Accountability framework literature conventionally identifies vertical and horizontal forms of accountability (Joshi 2013; 2008; Ahmad 2008). Vertical accountability takes place between state and citizens, wherein the main instruments that citizens use to hold duty bearers accountable are periodic elections, usually considered democratic practices. Horizontal accountability takes place between different state agencies via a separation of powers. A form of political accountability, it is exercised through checks and balances applied to state institutions that involve parliamentary oversight, independent judiciary and ombudsmen offices, such as anti-corruption bureaus, human rights commissions, Comptroller and Auditor Generals and public service

codes of ethics. Nevertheless, in order to ensure the optimal reinforcement of existing accountability mechanisms, governance actors encourage citizen-led accountability initiatives that go beyond periodic elections. In this regard, SAM initiatives respond to the situation that vertical and horizontal accountabilities are never self-sufficient and exhaustive enough to make public officials fully inform citizens regarding the happenings taking place in the public service arena, especially at the grassroots level (World Bank 2007; Hyden et al. 2003).

It is not the intention of SAM to replace existing accountability mechanisms; instead, it is meant to reinforce and complement them by emphasizing the direct or indirect participation of ordinary citizens and civic groups in demanding accountability from the duty bearers. SAM initiatives can be initiated and/or supported by the state, civil society and/or citizens, although very often they are demand-driven and operate from the bottom up (Clippinger et al. 2014; Malena & Chhim 2009). Although widely employed, the environments in which SAM initiatives are implemented differ from context to context, involving a range of implementation mechanisms and actors at various levels and across the sectors (UNDP 2013; Claasen & Alpin-Lardies 2010). In Africa and elsewhere in Asia and Latin America, SAM has been implemented in various ways in the course of building accountability that relies on citizens' engagement. Examples of these approaches include information campaigns (i.e., Citizen Charters and Citizens Service Centres) and budget transparency (i.e., public reporting of revenues and expenditures, budget literacy campaigns, public expenditure tracking and independent budget analysis), as well as social accountability checks (i.e., community score cards, social audits, citizen report cards, citizen satisfaction surveys, grievance redress and citizens' juries). The approaches also include different forms of consultation, such as public hearings, focus group discussions and advisory committees, participatory planning, community management, community contracting and citizen membership in decision-making bodies (Friis-Hansen & Ravnkilde 2013; Mattes 2010; World Bank 2005; 2003).

Generally, SAM initiatives aim to strengthen the voices of citizens when demanding greater accountability and responsiveness directly from public officials and service providers. They emphasize the importance of the moral responsibility of public officials, politicians and service providers to be transparent and responsive to the needs of the people in terms of how they exercise authority, on the basis of the relationship between right holders and duty bearers (Friis-Hansen & Ravnkilde 2013; Khadka & Bhattarai 2012). However, the environment in which implementation of SAM initiatives takes place creates a number of limitations that inhibit both reinforcing and complementing existing accountability mechanisms. In Tanzania, for example, the SAM implementation environment is characterized by the constrained interface between CSOs (facilitators of SAM initiatives) and state institutions because the public accountability culture and its systems are relatively weak

compared to the strong executive arm of the government (Green 2012; APRM 2011; Lawson & Rakner 2005). Because of the state dominance of service delivery and governance processes, the goal of meeting the objectives of SAM initiatives while at the same time overcoming state fears of citizen involvement remains a challenge. This has implications for how CSOs, as facilitators of such initiatives, can effectively manage activities to encourage and support citizens' active participation. Therefore, the benefits of the SAM approach are not automatically realized; rather, successful implementation in this regard depends on grassroots realities when encouraging citizens to exploit opportunities to shift towards active citizenship and overcome challenges that may inhibit the move.

Implementation of social accountability monitoring

In this section, we discuss experiences of implementing SAM initiatives in Tanzania, where the model is employed by a large number of CSOs. We provide illustrative examples from an organization called Sikika,¹ a nation-wide NGO that implements SAM in the area of health services provision, and one among the Tanzanian CSOs that have been at the forefront of ensuring that local communities in Tanzania are empowered enough to engage in all the essential matters that determine their wellbeing. Sikika's special interest lies in promoting the active engagement of citizens with health service providers and policy makers in order to realize good governance and the accountability of public resources, especially at the lowest levels of governance (local government authorities) and service delivery (health centres) (Sikika 2015). Sikika has also implemented a SAM initiative in Kondoa District, from where we have drawn the research material informing our reflections. This includes one-to-one interviews with thirty community members from three selected villages in Kondoa District, as well as two programme officers from Sikika. In addition, we interrogated interview materials with secondary data extracted from SAM program implementation reports and observation of actual village environments, especially in the respective health service centres. In what follows, we first describe how the SAM model is perceived and implemented in the context of Tanzania in general, and from CSO and Sikika perspectives in particular. We then discuss the outcomes of SAM initiatives, once again, firstly in general and then in the particular context of Kondoa, finally pinpointing discrepancies between ideal principles and the actual implementation of SAM.

Social accountability monitoring: the NGO perspective

In Tanzania, NGOs consider the SAM approach a mechanism that creates an alternative civic space for citizens' participation in governance and service-delivery processes, especially at lower levels of governance. Therefore, through implementation of SAM initiatives, NGOs tend to create a novel space for

citizens' engagement that differs both from the existing everyday life in the communities and from state-organized spaces. In occupying the alternative civic space, NGOs emphasize two major elements in the promotion of active citizenship: citizens' voices in decision making and citizens' access to information.

Citizens' voices in decision making are of paramount importance, especially when reflecting on the scale of the particular decision and its implication. Where decisions concern the urgent need to improve basic service delivery in a particular community, citizens need to take part in decision-making processes in order to influence or contribute to their outcomes. In Tanzania, the lack or insufficiency of citizens' ability to influence these processes is one of the key challenges facing marginalized community members. The challenge is especially observable in rural communities at the lowest possible levels of governance. In a context where public actors dominate community life and civic activities, the prevailing question is the extent to which citizens' voice can be integrated into decision-making processes, ultimately facilitating community members' making a difference.

Through SAM initiatives, CSOs promote citizens' voices in decision making in service delivery processes, as exemplified by Sikika's interventions, which mobilize communities at the village level. Sikika implements SAM by enabling local communities to monitor plans, budgets and implementation of health service delivery through a SAM team formed by representatives from the community. The purpose of this particular activity is to ensure that the decisions and actions of local government authorities' officials and health service workers take into account community concerns. Although the institutional environment for implementation of SAM initiatives lacks an elaborate legal base and a clear shared understanding of their status among local governance actors, Sikika's initiatives have helped to highlight the importance of citizens' voices in expressing community demands, as noted by one SAM team member, a representative of a rural community:

For a long time now, we have experienced poor services being provided by health centres and dispensaries in our communities, but it was not easy for community members to change the situation. Now, by means of participating in a SAM team, at least we have reminded health service workers and district officials about key challenges which people wish to be addressed.

In Tanzania, access to information is a right guaranteed in the constitution and legislatively protected by the Access to Information Act of 2016. This is important in order to afford citizens the opportunity to participate democratically in community life. Promoting access to information has the goal of cultivating citizen acceptance and support of democratic principles such as participation, accountability and transparency. In this respect, the SAM approach provides an opportunity to create a common space wherein

individual citizens may be seen and heard, and reveal themselves through arguments, discourse and action, with citizens being considered users, producers and conductors of information. In its implementation of SAM, Sikika conducted an awareness campaign in local communities about the right of access to information, its importance and ways of gaining access to it. The purpose of the awareness campaign was to cultivate a more informed populace in order to facilitate meaningful state-citizen interactions. For example, representatives of local communities formed a SAM team to conduct accountability monitoring in health services that enabled them to ascertain the evidence-based status of the service in selected health centres. This enabled local communities to dialogue with health service workers and district officials to demand accountability on identified issues including alleged misuse of money and power.

Accountability monitoring activities helped to improve information supply channels. For example, one district authority clarified an identified mismatch between budget figures and the actual status of services in health centres. Villagers learned that discrepancies between budget estimates and actual expenditure often occur because they depend on disbursements from central government. Similarly, the district authority took corrective measures on practical concerns raised by the SAM team, for example, they started immediate renovation of incinerator in one of the health centres for which funds had been allocated, although somehow implementation had been delayed.

Outcomes of citizens' engagement: Results from SAM initiatives

The outcomes of the SAM approach in Tanzania are expected to manifest in the form of a change in citizens' habits and practices in their interaction with government officials and/or service providers, a response to the exercise of citizenship rights among community members on the one hand, and effective execution of duties among service providers on the other. It is the right of citizens to access information regarding service delivery processes, and use such information to act; at the same time, it is the duty of service providers to share such information freely and take necessary measures to comply with citizens' demands. Such new habits and practices either constitute corrective measures for governance and service delivery challenges or reinforce already existing accountability mechanisms. As elucidated by Claasen and Alpin-Lardies (2010), SAM as an approach to promoting active citizenship aims to empower ordinary citizens in the exercise of their inherent right to hold governments accountable for how they exercise authority. Likewise, an attempt to promote citizens' engagement focuses on influencing the ways in which citizens play their role in interactions with government officials, that is, decision-makers and service providers (Green 2015; Malena & McNeil 2010). Thus, SAM initiatives across the country and in a range of sectors have focused on promoting three main elements: community interest and participation in

service delivery activities, community willingness and confidence to voice accountability issues and adherence to formal administrative procedures at service centres.

The CSOs' quest to cultivate community interests and members' participation in service delivery activities has the goal of offering greater control over the actions of service providers by the underprivileged. Community control of service delivery processes is expected to influence the outcomes of service delivery by ensuring that community demands are taken into consideration. The essence of citizens' engagement in service delivery activities is to ensure inclusive processes (UNDP 2013; Gaventa & McGee 2013) in which communities are viewed as key stakeholders (Malena & Chhim 2009). In this respect, by implementing SAM initiatives, CSOs have aimed to awaken a community spirit of participation in order to exploit individual and collective intelligence in influencing decision-making processes and service-delivery outcomes in different sectors and communities.

CSOs mobilize local communities to attend village meetings that deliberate on different issues of common concern and the implementation of collective decisions. For example, in Sikika's intervention, communities in selected villages participated in village meetings that deliberated on issues of cleanliness and the lack of pit latrines at their health centres. Furthermore, the communities went on to implement those decisions by contributing their manual work in constructing pit latrines and cleaning the health centre's surroundings. Thus, SAM served as a mechanism that provided space for citizens' participation in decision-making and service-delivery activities that collectively addressed the identified service challenges. At the same time, community participation in monitoring the physical status of health service provision ensured that service providers executed their duties effectively and made economic use of allocated funds according to the demands of local communities and budget provision.

Development of community willingness and confidence are additional outcomes that CSOs expect to achieve from SAM initiatives. Community willingness is about the desire to take collective action to ensure the accountability of service providers, while community confidence relates to the conviction of community members that they possess the power (rights) which, if exercised, can influence or change an existing situation through collective action. Thus, willingness and confidence are considered important attributes in effective citizen participation in social, economic and political life (individually or collectively). Similarly, Friis-Hansen and Ravnkilde (2013), and Gaventa and Barrett (2010), suggest that community willingness and confidence cultivate a sense of altruism on issues of community interest, such as the need to address challenges facing public service delivery, without which it would be hardly possible to promote change in citizenship habits.

The mechanism employed by CSOs to cultivate community willingness and confidence involved a sensitization campaign in local communities in order to develop enthusiasm and motivate them to voice pressing accountability

concerns in their everyday encounters. For instance, Sikika mobilized local communities – beneficiaries of health services – to take necessary action based on information (evidence of shortfalls) collected during health service monitoring activities in their villages. Consequently, people started to report service irregularities to the responsible authorities and request information and clarification from health service workers. Some of the raised issues, such as the limited availability of basic medicines, received immediate attention in the shape of increased budget allocation by the district authority. Similarly, community demand was raised on other issues that required long-term solution to be solved such as shortage of health workers in respective health centres. All of these constituted important achievements for the SAM approach.

An additional expected outcome that CSOs aim to achieve by implementing SAM initiatives is the adherence of district officials and service providers to formal administrative procedures. The latter are important attributes of state-citizen interaction because they establish a system of rules that aims to ensure the accountability of office-holding individuals. Therefore, CSOs' advocacy of "active citizenship" in the context of the SAM approach focuses on ensuring that local communities at lower levels of governance take an active role in state-citizen interaction to reinforce adherence to existing local governance systems. SAM thus facilitates the effective use of existing administrative procedures in order to limit the abuse of power and ensure the predictability of service providers in their interactions with communities. In relation to service delivery, limiting the abuse of power and ensuring predictability results in meaningful and continued interaction between service providers and communities in the context of "duty bearer–right holder" relationships (Clippinger et al. 2014; Ringold et al. 2012).

In order to ensure adherence to existing governance systems, CSOs mobilized communities to demand information about service delivery in their health centres. This prompted service providers to respond to community demands, providing the required information in accordance with established procedures; in other words, SAM promoted the use of existing systems through which service providers should provide information to the public. For example, Sikika mobilized villagers to demand health service information from health centre workers in the form of reports of medical supplies, budget allocations and the key decisions made by health centre committees. Although the use of public notice boards seemed to be somehow ignored by health workers, it is still among the existing mechanisms for ensuring transparency and making service providers to account for their decisions and actions. Indeed, it makes it possible for interested individuals to have easy access to information about health plans, budgets, financial and implementation reports, available medicines and other key decisions made by health centre committees. Due to ever-increasing demand from villagers, health service workers started to post information deemed important on public notice boards for wider access by the villagers. Indeed, the use of public notice boards at health centres helped to reduce unnecessary confrontations between

health service workers and communities, at the same time encouraging communities to follow health-related information at their respective health centres continuously.

Tensions in the implementation of SAM: Ideal versus reality

In this section, we point out some typical discrepancies when it comes to putting ideal SAM models into practice. The extent to which anticipated SAM outcomes can effectively be achieved depends on the dynamics involved during its implementation in a particular context. Ideally, the process of implementing a SAM approach requires the kind of methodologies that can ensure not only the instrumental objective of improving service delivery (Friis-Hansen & Ravnkilde 2013; Joshi 2008), but that also deepen grassroots democracy by making citizen-state interaction at lower levels of governance more transparent and open to civic involvement (Malena & Chhim 2009; Gaventa 2004; 2002). Many CSOs in Tanzania implement SAM initiatives in order to mobilize communities to re-define citizen-state relationships and promote wider citizen participation in community life, as well as building accountability that relies on citizen engagement in decision-making and service-delivery processes. However, there are challenges to balancing the “ideal process” of SAM against “realities on the ground”. In what follows, we discuss five examples where ideals and practices can collide, examining the ideals of making SAM a community-led process that ensures the wide participation of community members, enhances citizen-service provider dialogue, and promotes access to information and the legitimacy of CSOs facilitating SAM initiatives.

First, there is a tension between the SAM model’s ideal of citizens’ engagement initiatives being community driven, and the practice of significant CSO facilitation. Historically, citizen engagement in governance and development processes in Tanzania has had a narrow field, and open interaction between citizens and government officials/service providers has been limited (Lawson & Rakner 2005; Lange et al. 2000). The SAM approach, and related initiatives implemented by many CSOs, aims to mobilize communities to engage in redefining citizen-state relationships as a way of opening up the space for citizen participation. Experiences of such initiatives show that facilitators of the approach have managed to promote the participation of communities in decision-making processes in the framework of interaction between rights-holders and duty bearers, especially those related to service delivery. For example, Sikika assisted local communities in collecting evidence of poor prioritization in budget allocations on the part of the district authority with regard to infrastructure development in their health centres. As a result of the activities of the SAM team, the district authority responded to community observations regarding allocations which it had previously ignored on the grounds of “limited budget”. Subsequently, the district authority incorporated the idea of constructing mortuary buildings in health

centres into its comprehensive district health plans, and disbursed some funds to facilitate the renovation of other worn-out buildings. Thus, the CSO managed to cultivate understanding among community members of the importance of citizen engagement in service-delivery processes.

Ideally, citizen participation ought to be the goal of all community members, one driven by the impetus provided by individual consciousness and the community. However, in this case participation was by invitation of the facilitating CSO rather than initiated within the communities. Brock, McGee and Gaventa (2004) observe that one of the major challenges of invited participation is the risk of limiting consideration of the best interests of citizens. The facilitators, such as CSOs, tend to know more than citizens and, thus, take control of proceedings. Sikika conducted open public meetings with villagers to introduce a SAM program focusing on health service delivery, even though the communities had not previously established that health services required such interventions. In practice, the actual implementation of service-monitoring activities was controlled by the facilitating CSO, rather than being community driven. Consequently, communities lacked ownership of the SAM process, which, in the end, compromised the essence of citizen engagement and the need to promote active citizenship.

Second, while SAM ideally encourages broad community participation, the scope of participation can be effected by the representation approach used by CSOs during implementation. The essence of promoting broader citizen participation in community life emanates from the need to create a more democratic society. Indeed, meaningful governance at the local level cannot be imagined without the effective participation of the largest possible number of local community members (Mugizi 2013; Green 2015). In a context where power and civic responsibility have been somewhat dominated by the state, citizen engagement initiatives aim to open up space for more inclusive governance processes that allow the direct exercise of citizenship rights and duties at grassroots levels. In Tanzania, CSOs have implemented SAM initiatives with the purpose of facilitating the participation of the people in deciding on matters affecting their lives, planning and executing their development programs and fostering partnerships between civic groups at lower levels of governance. For example, Sikika's SAM initiatives demonstrated that citizen participation has influenced decision-making processes and the quality of health-service delivery. Subsequently, communities acknowledged that they were enjoying relatively improved service delivery in the form of increased availability and accessibility of medicines, medical reagents and other medical supplies in their health centres.

However, although SAM aimed to promote greater citizen participation at the local level, in many cases the level of participation may be limited to just a small number of community members. For instance, Sikika opted to work with a few representatives selected at public village meetings. As one villager recalled,

I remember I participated in the SAM meeting. One day Sikika people came to our village and conducted an open meeting with village community members. They first explained the purpose of coming and then introduced the SAM project. It was at that meeting where we selected one person who went to Kondoa town to represent our village in the SAM project.

During actual implementation, 15 members representing different categories of health service stakeholders – including ordinary villagers, ward councillors, health workers, religious leaders, the district management team and district health board, ward executive officers, CSOs and health centre boards – formed the district SAM team. Out of 15, only five members represented local communities (ordinary villagers) in the SAM district-based team that carried out the actual monitoring activities in the selected health centres. Thus, the anticipated wider community participation was limited to voting for SAM team representatives, which was exercised during open meetings at which Sikika introduced the SAM program in the various villages. In this respect, the expected benefits of the ideal of wider citizen participation collided with practices of participation through representation by a few selected individuals.

Third, social accountability interventions aim to promote meaningful dialogue between citizens and service providers. This ideal often clashes with the unwillingness of the service providers to undertake such dialogue. Through the application of SAM models, CSOs envision a stronger citizen voice directly demanding greater accountability and responsiveness of public officials and service providers. Citizens are expected to interact freely with service providers in order to communicate what needs to be shared. In so doing, CSOs strive to make citizen engagement sufficiently user-friendly to attract the interest of ordinary community members and win their confidence. Participation mechanisms and means of communication are ideally facilitative in order to encourage community members to fit into engagement processes. Developing such an environment is necessary in Tanzania because historically the space for citizens' engagement, especially at lower levels of governance, has not been open or broad. However, during the implementation of SAM, interaction between community members and service providers, in some instances, can be characterized by the overreaction of both parties to each other. For example, Sikika documented that, during verification visits, SAM team members encountered resistance and limited cooperation from health workers in some health centres in the form of reluctance to provide the required information (Sikika 2013; 2016).

Rather than offering an accountability tool, service providers sometimes considered SAM activities to be police work intended to uncover wrongdoings. Health workers perceived citizens as being too demanding and asking things that, before the SAM intervention, were taken for granted by both stakeholders. Villagers had previously accepted being told that some

medicines were not available in their service centres even when no official information was posted on the public notice board. On the other hand, citizens considered service providers uncooperative due to their reluctance to respond to demands or clarify answers to the questions posed to them, hence fuelling tensions. Thus, CSOs' efforts to promote active citizenship was constrained by the lack of desire for mutual learning between service providers and local communities. Generally, service providers misinterpreted initial WB and IMF drives to have the SAM model adopted across Africa and other developing countries as a corrective mechanism for failures in public service delivery systems (Malena & McNeil 2010).

Fourth, while SAM interventions aim to promote citizen access to information, its implementation can be checked by the inability of local communities to understand the information accessed, something required in order to make appropriate use of information gained from their active participation, as opposed to that available as "listeners" or passive participants. In light of this, CSOs work to promote civic awareness in communities to cultivate a better understanding of pressing issues regarding accountability and transparency in service delivery processes. For example, Sikika's accountability monitoring cycle ensured that local communities got access to, and stayed well informed on, health service plans, budgets and implementation reports, including both physical and fiscal status. In practice, however, it was rather difficult for SAM team members from local communities to understand the content of documents such as district plans, budgets and implementation reports, largely due to the use therein of rather technical English. SAM team members relied on analysis of the reports after translation and digestion by CSO facilitators. This might have affected their confidence in the course of interacting with service workers/district officials. As one community member reported:

When we started doing analysis of district plans and implementation reports, it was a challenging task to me. This is because most of documents were written in a foreign language [English], which made it difficult for me to understand the content. However, I am very thankful to our facilitators who helped to interpret and put it in an understandable language [Swahili].

When there is a low level of education among local community members, it is potentially possible to get them to accept information in the form it has been explained to them by facilitators, even where there may be two or more different interpretations. In the SAM model, access to information is not only about availability and accessibility, but also about information that is clearly understandable and consumable by ordinary community members. SAM provides the means for citizens to access and process information, as well as cultivating the capacity and incentive to take action individually or collectively.

Fifth, there are tensions between the ideal of the full legitimacy of CSOs to facilitate accountability interventions, and the practice of restricting and delegitimizing these activities by the government. In Tanzania, the government recognizes CSOs as important governance actors who play a vital role in promoting “active citizenship”. Following the rapid political changes between the mid-1980s and early 1990s, Tanzania experienced a nationwide vibrancy in civil society in terms of an increase in number of CSOs and their respective activities. These operated with different levels of organizational and resource capacities. For example, by 2000, more than 8,000 CSOs were engaged in a range of different activities, including human rights, good governance, democracy, basic service delivery, environmental conservation, community development and poverty reduction. Generally, CSOs provided additional civic space to government-created avenues for citizen-state interaction.

Yet the legitimacy of CSOs’ promotion of active citizenship collides with a restrictive environment that constrains their performance and expected outcomes in terms of meaningful citizen-state interaction. During its implementation of accountability monitoring activities, Sikika clashed with political officials (councillors) in Kondo District Council, which led to sanctioning of Sikika’s operations in the district. Councillors claimed that the ban was due to Sikika’s “insulting” councillors by accusing them of being uneducated and therefore lacking the capacity to analyze issues in a comprehensive manner; Sikika, on the other hand, perceived the reason for the ban to be an intervention that indicated irregularities in the management of public resources, particularly health sector resources, which councillors did not want disclosed (Sikika 2015). Although Sikika was later allowed to continue operations, such a situation indicates that the district council had some reservations with regard to how far SAM activities should be allowed to extend. This partly explains the general preference among state institutions (in this case local government authorities) for retaining dominance in governance and service-delivery processes rather than favouring interventions that cultivate active citizen participation. It is apparent that the government considers CSOs important actors when they work on intervention projects that directly support improvements in service delivery, such as the construction of infrastructure and provision of other deliverables. Conversely, CSOs engaging in advocacy activities that seek to address non-tangible aspects of service delivery such as transparency and accountability are accorded limited cooperation.

Conclusion

We can draw three main conclusions based on our analysis of SAM. First, as it is promoted by Sikika and many other Tanzanian CSOs, SAM offers a model that promotes active citizenship involving ideas of direct participation, access to information and accountability. This implies the need for changes in current state-society interaction in contexts where the state has been the

dominant actor in governance, such as in Tanzania. Second, we contend that SAM is able to facilitate some changes in citizen-state relationships. Adoption of the model has stimulated villagers to take part in governance and service delivery activities due to increased access to information, which cultivates citizens' confidence and readiness to engage in interaction with service providers. The increased participation of local communities has, in turn, promoted better public service delivery, as well as making public service providers accountable and responsive to citizens' demands. Third, there are, however, some discrepancies between ideals espoused by the SAM model and its practical application; these include its implementation through the participation of only a few invited community members, the reluctance of the service providers to collaborate, community members' inability to understand the accessed information and the de-legitimation of CSO mandates by government officials.

In conclusion, we argue that the successful implementation of SAM is always dependent on sufficient knowledge of existing state-citizen relations. In the Tanzanian context, this should include how to stimulate active citizen participation in order to influence decision-making processes and outcomes, especially at lower levels of governance. The implication for the design and implementation of SAM interventions, in any part of the world, is that an adequate analysis of the political, social and economic landscape in which implementation will take place is needed in order to instigate sustainable changes in the citizen-state relationship that will endure after the end of CSO facilitation; otherwise, as our analysis shows, the outcome might contradict the initial aims of improving that relationship. Essentially, social accountability interventions aim to promote the agency of citizen-based accountability initiatives that ultimately help to reinforce existing accountability mechanisms. An absence of political will at different levels of governance and inadequate official support for social accountability interventions can hamper the capacity for, and commitment to, activism among citizens and civil society actors, and discourage lobbying for the desired active citizenship. Therefore, rather than experiencing SAM as a "police work" by CSOs and citizens, it should be considered an acceptable accountability mechanism geared towards meaningful state-society interactions.

Note

- 1 Sikika is one among many Non-Governmental Organizations (NGOs) increasingly being recognized by the Government of Tanzania as important partners in nation building and national development, and valuable forces in promoting the qualitative and quantitative development of democracy. Sikika is a Swahili word, which literally means "to be heard". Its formal registration as an NGO took place in 2009 as a Limited Company, guaranteed under the Company's Act (2000). Legislatively, there is single law that governs registration of civic organizations in Tanzania. In addition to the Company's Act (2000), there is other legislation such as the NGO Act (2002), Cooperative Societies Act (2003) and the Societies Act (1954). While

the NGO Act (2002) is currently the national-level instrument governing registered NGOs, many robust advocacy civic organizations consider registering under the Company's Act (2000) the best option because of what is said to be limited direct control and the strong-handedness of government. Since its establishment, Sikika has envisioned the realization of quality health services for all by reinforcing accountability and transparency in health resource management. Today, Sikika's organizational purpose is to enhance health and public finance systems through SAM and advocacy at all government levels.

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