



EXTENSION OF
IMPLEMENTATION OF SOCIAL ACCOUNTABILITY FRAMEWORK (ISAF)
IN SUSTAINABLE DEVELOPMENT GOALS
(SDG 16.6.2)

16 PEACE, JUSTICE
AND STRONG
INSTITUTIONS



Extension of Implementation of Social Accountability Framework (ISAF) in Sustainable Development Goals (SDG 16.6.2)

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Target 16.6: Develop effective, accountable and transparent institutions at all levels

Indicator 16.6.2: Proportion of population satisfied with their last experience of public services

Rationale:

Governments have an obligation to provide a wide range of public services that should meet the expectations of their citizens. SDG 16.6.2 aims to generate globally comparable data on the availability and quality of services as they were actually delivered to survey respondents. To this end, SDG 16.6.2 focuses on the three service areas of healthcare, education and government services (i.e. services to obtain government-issued identification documents and services for the civil registration of life events such as births, marriages and deaths) and based on specific attributes as well as overall satisfaction¹.

The RGC has been striving to empower citizens, strengthen partnerships between sub-national administrations (SNAs) and citizens, and leverage enhanced accountability of Subnational Administrations to improve local service delivery and satisfaction of the service users through the implementation of Social Accountability Framework (ISAF). ISAF was introduced as a platform for coordinated action by government and civil society to operationalize the Strategic Plan on Social Accountability for Sub-National Democratic Development adopted by the Royal Government of Cambodia (RGC) on July 11, 2013. The Strategic Plan and ISAF are important elements of the RGC's broader democratic development agenda, as implemented through the second (2015-2017) and third (2018-2020) 3-Year Implementation Plans (IP3). This agenda, in turn, is implemented in the context of the RGC's national development vision, as outlined in the recently approved fourth Rectangular Strategy (2018 – 2023), which calls for the development of social accountability mechanisms in pursuing overarching national goals of growth, employment, equity and efficiency.

During Phase I (2016-2018), ISAF activities were successfully rolled out to 75% (18 out of 24) of provinces, 62% (98 out of 159) of districts, and 56% (827 out of 1410) of communes across the country. At the end of the first phase of ISAF (end 2018), ISAF will have reached just over half of the communes in the country (827 of 1410). The ISAF Phase II is to achieve full national coverage (rolled out to 88%, 22 out 25, of provinces and capital in 2020). During Phase I, ISAF focused exclusively on rural primary schools, health centers and communes. ISAF Phase II efforts to enhance the transparency, accountability and effectiveness of these three essential services will continue and deepen while ISAF activities will be expanded to cover sangkats and district/municipal/khan (DMK) administration services from 2021.

SDG 16.6.2 and ISAF Performance Indicators

¹ <https://www.undp.org/content/oslo-governance-centre/en/home/library/sdg-16-appetizer-16-6-2.html>.

The aim of indicator 16.6.2 is to measure satisfaction of the service users in the last experience' of public services in the past 12 months. It is supposed to be measured through five attributes-based questions under each service area (Health, Education, and Administration services). The attributes are listed in the below table:

| Attributes | Healthcare service | Education service |
|------------|--|--|
| 1. | Accessibility (<i>includes a range of issues such as geographic proximity, delay in getting appointment, waiting time</i>) | Accessibility (<i>geographic proximity</i>) |
| 2. | Affordability | Affordability |
| 3. | Quality of facilities | Quality of facilities |
| 4. | Equal treatment for everyone | Equal treatment for everyone |
| 5. | Courtesy and treatment (<i>Attitude of healthcare staff</i>) | Effective delivery of service (<i>Quality of teaching</i>) |

Since 2014, the performance of public service providers (primary schools, health centers and communes) has been monitored annually by the ISAF project in 19 provinces across the country. The NCDD-S has collected, stored in a database and made available through its [website](#) this data on performance. Through ISAF, this data was posted annually in all participating communes.

Table 1. Performance indicators measured on an annual basis in all communes participating in ISAF

| Commune service | Healthcare service | Education service |
|---|--|--|
| Councils must ensure that meetings are held in each village to consult with citizens every year during the Commune Planning process | 8 to 11 staff on duty during working hours to provide you with the care that meets your needs. | Schooling free of charge for every child starting at age 6 until grade 9 1 teacher for every class and every 42 students. |
| Councils are meant to hold 12 monthly meetings per year and display the date, time and topic of the meeting | 24 hour standby duty for emergencies with publicly posted contact information and schedule. | Teachers should teach 211 days each year. |
| Councils will issue at least 80% of all birth, death and marriage certificates in 3 days | 12 drug deliveries to your health center ensure you have enough medicine for treatment. | Students in grades 1-3 should receive 3 textbooks, and students in grades 4-5 should receive 4 textbooks. |
| Councils will display six sets of public information | At least 4 antenatal care visits to ensure growth and monitoring of a healthy baby | At least 90% of children age 6 should attend primary school, both boys and girls. |
| Councils will establish a Project Management Committee for every project | Safe deliveries at health facilities with trained birth attendants | No more than 10% of students should have to repeat a grade |
| | Children are protected from diseases by immunizing children under age 1 with DPT3. | 80% of children will start grade 1 and go on to complete grade 6. |

These performance indicators are analyzed annually and a report is submitted to the Project Steering Committee (PSC)², NCDD and line ministries and the general public, allowing for the assessment of performance over time.

SDG 16.6.2 and ISAF Community Score Card data

SDG indicator 16.6.2 requires comparable data on satisfaction of citizens with public services. To generate harmonized statistics, this indicator should be measured through five attributes (table 2)-based questions. It also specifies a reference period of “the past 12 months”. This attributed based questions are aligned with the community score card methodology that has been conducted across the country since 2014. The table below illustrated the example of alignment of the questions in the SDG 16.6.2³ and also community score card methodology.

Table 2. The five attributes-based questions

| | Thinking about this last experience, would you say that | Strongly agree | Agree | Disagree | Strongly disagree |
|------------|---|-----------------------|--------------|-----------------|--------------------------|
| 4.1 | It was easy to get to the place where I received medical treatment. | 3 | 2 | 1 | 0 |
| 4.2 | Expenses for healthcare services were affordable to you/your household. | 3 | 2 | 1 | 0 |
| 4.3 | The healthcare facilities were clean and in good condition. | 3 | 2 | 1 | 0 |
| 4.4 | All people are treated equally in receiving healthcare services in your area. | 3 | 2 | 1 | 0 |
| 4.5 | The doctor or other healthcare staff you saw spent enough time with you. | 3 | 2 | 1 | 0 |

ISAF uses an adaptation of the community scorecard methodology to empower citizens to monitor and assess public services and propose actions for improvement, and collaborate with local government officials and service providers in implementing those actions. By 2020, the CSC methodology has been used in 1,078 communes, 822 health Centers and 5,107 primary Schools in 20 provinces and capital. More than 350,000 citizens took part in these assessments.

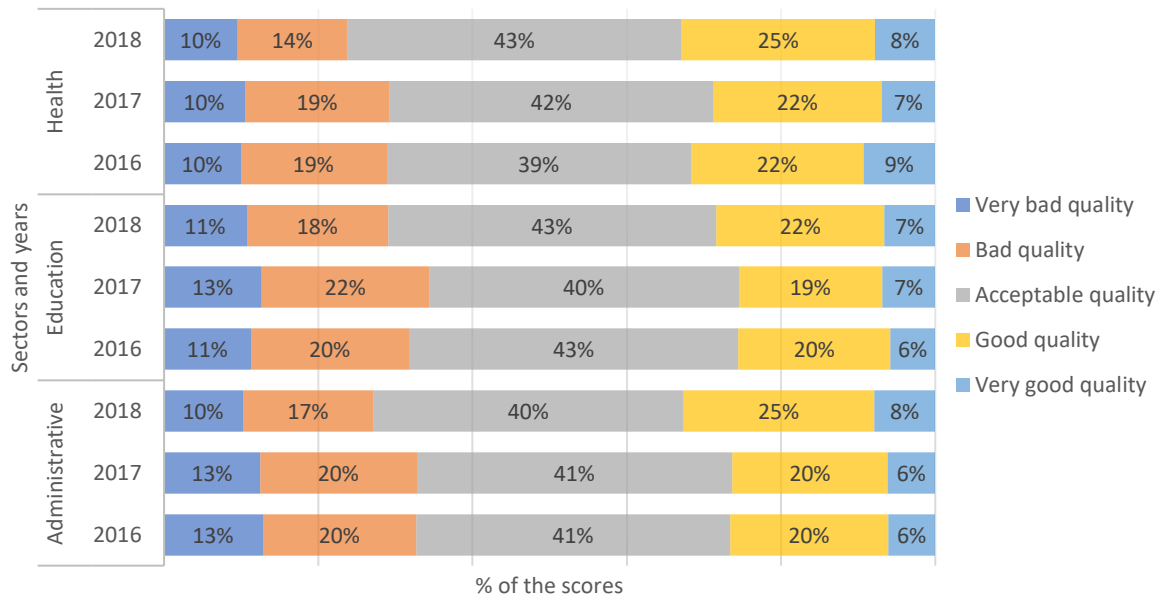
Analysis of the data generated of community Score Card during ISAF phase I (2016-2018)⁴ was conducted by World Vision International and the NCDDs with the support of a national consultant, Development Partners and ISAF implementers. The review of the data allowed to identify that the ISAF process allowed to capture all over the country a significant amount of data on the satisfaction of citizens with the performance of service providers. The data is based on ratings provided by the citizens and service providers and collected by the implementing partners over several years. For the review, the data was consolidated by World Vision International Cambodia. This unique dataset included more than 720,000 votes from 180,000 people who participated in the scorecard meetings by scoring the quality of local services of 680 commune administrations, 934 primary schools and 506 health centres. The data also includes detailed information about approximately 33,900 actions adopted following town hall meetings about the services provided in these 2120 facilities.

² The PSC is comprised of three senior representatives from government, three representatives from civil society, and representatives of financing development partners.

³ <https://unstats.un.org/sdgs/metadata/files/Metadata-16-06-02.pdf>.

⁴ <https://www.wvi.org/sites/default/files/2020-04/Review%20of%20the%20ISAF%20data%20from%20Phase%20I%20-%20Final%20-%208%20April%202020%20-%20World%20Vision%20International.pdf>

Figure I. Distribution of satisfaction scores by services and by years



At the national level, the information on the perception of the citizens generated through the ISAF process can be used as a proxy to measure the effectiveness and efficiency of public spending on local services by line ministries and the Ministry of Economy and Finances (MEF). The findings on the citizens' perception of staff performance are relevant to the Ministry of Civil Service (MSC). The National Committee for Sub-National Democratic Development (NCDD) and Ministry of Interior (MOI) can also use the ISAF data to complement their regular local governance survey, which seeks to measure the satisfaction of citizens with local government. At the provincial level, the ISAF data would be useful to both de-concentrated line departments for vertical accountability and decentralized Subnational Administrations for horizontal accountability over technical offices and facilities.

However, the ISAF data on citizen satisfaction (rating) and on the performance of service providers has the potential to be also used as a proxy indicator for Indicator SDG 16.6.2: proportion of population satisfied with their last experience of public services. The ISAF data on the performance indicators of service providers has also the potential to be also used to report on SDG 16.9: by 2030, provide legal identity for all, including birth registration, and also SDG 16.7: Ensure responsive, inclusive, participatory and representative decision-making at all levels.

Recommendations:

- ISAF and reporting on the progress toward the achievement of SDG 16.6.2.** The CSDGs, adapting and contextualizing the targets of the Sustainable Development Goals (SDGs), were published early 2019. The same year, the Royal Government of Cambodia produced its first Voluntary National Review (VNR). Unfortunately, the CSDGs do not include a contextualized target for Indicator 16.6.2 (Proportion of the population satisfied with their last experience of public services). The data generated through the ISAF process would have provided a very good baseline for this indicator and it is now clear that very relevant data will be collected on a regular basis by ISAF implementing partners for at least 4 more years (until end of 2023) at no cost. We recommend an update of the CSDGs to include an additional indicator related to SDG 16.6.2 that will allow to use the ISAF data.
- Coordination amongst CSOs supporting citizen participation in ISAF and similar social accountability initiatives (with the support of Development Partners, NCDD-S and line ministries).** This is applicable primarily among CSOs involved in the implementation of ISAF but should also involve CSOs involved in the implementation of other similar social accountability initiatives. The

consolidation of the ISAF data will require a strong level of coordination among stakeholders supporting citizen participation. To be achieved, this coordination will also require a more effective coordination between development partners and national and local authorities.

- **Formalize performance monitoring and reporting by line ministries** – While performance against service standards and use of finances is monitored to a certain extent by line ministries at district, provincial and national levels, this information is not utilized systematically by ministries to respond to performance gaps at the local level. Formal review mechanisms should be strengthened and the timely collection, and sharing/posting of information at the service provider location should be monitored and supported by ministry officials. An official endorsement of the ISAF data and of the data sharing products by NCDD-S and/or line ministries would ensure a stronger receptivity by potential users and potentially increase the influence/use of the data.

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