

Citizen Voice and Action (CVA) Model



Field Practitioner Version



World Vision

Middle East, Eastern Europe Region (MEER)

Produced by the Development, Learning & Impact team

Local Level Advocacy Learning Hub





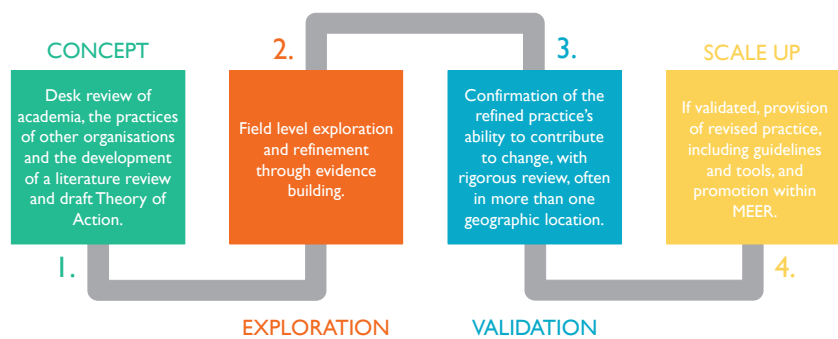
Evidence 4 Change

The Evidence 4 Change series publishes the evidence-based practices by World Vision and its partners in the Middle East, Eastern European region (MEER) that successfully contribute to changes in the well-being of children.

All practices are developed from learning within the context of field implementation and are refined by field

practitioners who work in partnership with technical staff. This collaboration of regional and national technical staff and field practitioners forms the MEER Learning Hubs. The ultimate purpose of this work is to enhance World Vision's technical approaches and therefore its contribution to improving the well-being of children.

Evidence-based practices pass through four stages:



How to Make the Most of this Publication

Executive Summary For a quick understanding of this model and evidence	Summary of the Issue To understand the situational context and statistics that led to the development of this model	Theory of Action To know how this model works and its logic	Results: Contribution to Change For more details about the evidence behind this model
Guidelines To contextualise and operationalise this model	Tools and Resources To access particular tools and resources, including logframes or monitoring & evaluation for implementation	Appendix For a more detailed outline of our research methodology and results	Bibliography To learn more about the research and documentation of the practice



Citizen Voice and Action (CVA) | Empowering Communities for Improved Well-being of Children

Citizen Voice and Action (CVA) is an evidence-based, social accountability model. It is designed to contribute to the transformation of communities into more democratic and socially accountable ones, able to lead local improvements for the well-being of children. CVA operationalises and strengthens relationships of direct accountability among citizens, policymakers and service providers. It tackles the root causes of poverty, vulnerability, marginalisation, exclusion, inequality and poor governance.

A growing body of evidence shows that social accountability efforts by citizens and civil society organisations can serve to create new effective, vertical mechanisms of accountability and

strengthen existing horizontal ones.¹ Significant challenges such as weak citizen voice and oversight are addressed and lead to better-informed policy decisions, responsible management and leadership, and more efficient and responsive investment decisions.² More broadly, CVA promotes democracy, transparency and development.

MEER's Local Level Advocacy Learning Hub validated and refined CVA in 26 communities in five countries in MEER: Armenia, Kosovo, Romania, Pakistan and Lebanon. Evidence from this process showed CVA's contribution to improved access to services and its ability to generate evidence for influencing policy at the national level in both transitioning and fragile contexts. Further, CVA complements programming in areas where World Vision is providing services to enhance the sustainability of results and impact.

ONLINE

Citizen Voice and Action documents and information about other practices in the Evidence 4 Change series are available at www.wvevidence4change.org

Overview of CVA's Contribution to Change

CITIZEN VOICE AND ACTION

01



Enabling citizen engagement.

02



Engagement via community gathering.

03



Improving services and influencing policy.



120,155

direct beneficiaries in
23 communities.

Cost effective

\$2.62
per beneficiary

ARMENIA

47,400
beneficiaries

CVA integrated into the government's 4 year Community Development Plan

national guidelines to benefit **700** communities in their local planning.

"The methodology World Vision helped to develop has influenced the practices of local level planning and budgeting," the head of the department for Local Self Government, Ashot Giloyan said.

In its 2015 awards, the international Open Government Partnership initiative recognised Armenia's legislated online information management system for municipal governance including new participatory reforms.

Government-mandated **medical checks** of children in **13 schools**

PAKISTAN

61,000
beneficiaries
20,000 children

Hiring of

10 medical staff in three Basic Health Units.

30%↑
increase in antenatal care

54%↑
increase in safe deliveries

45%↑
increase in postnatal care



20,000 children benefitting from expanded immunisation



KOSOVO

Proposed amendment of the **Child Protection Law**

The legal provisions will benefit approximately

1 million children.



ROMANIA

55,063
children in
6 communities

Additional **US\$188,000** spent by the government and the private sector for improving

17 schools



with heating, infrastructure, water access, toilets, playgrounds, a school bus and surveillance cameras.

Recognition by the Ministry of Education of the need for **improved pedagogical standards.**



LEBANON

Guide for parents on the role of **parents' councils** in schools.

Visible **reduction in school dropout** rates in most of the schools.





Acronyms

4CDP	Four Year Community Development Plan
BHU	Basic Health Unit
CAG's	Community Active Groups
CSO	Civil Society Organisation
CVA	Citizen Voice and Action
EBP	Evidence Building Plan
EU	European Union
FGD	Focus Group Discussions
GPSA	Global Partnership for Social Accountability
MDG	Millennium Development Goals
MEER	Middle East, Eastern European Region
NGO's	Non-Governmental Organisations
RBA	Rights Based Approach
RIC	Rights Information Centre
ToA	Theory of Action
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development



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Executive Summary

According to the 'Millennium Development Goals (MDGs) Report 2015', millions of people live in poverty and hunger without access to basic services, with the number of people living in extreme poverty at 836 million. About 57 million children of primary-school age are not in school. Over 160 million children under 5 are small for their age and about 16,000 children die each day before celebrating their fifth birthday, mostly from preventable causes.³

In many countries where World Vision operates, public services fail to meet the needs of families living in poverty. Yet services are essential for the well-being of children. Poor health and lack of access to affordable healthcare are often the causes of households falling into poverty, while lack of access to education ensures this poverty moves through generations. Limited access to such basic services adversely affects the development of children and is linked to rising poverty, exclusion, marginalisation, low quality of education and high unemployment levels.

In most countries the public sector is responsible for the provision of services. Services, however, are not always available, and when they are, they


are often poorly designed or poorly implemented. Currently, civil society organisations (CSOs) often provide much-needed services that can or should be provided by the state, which is not sustainable.

When the public sector fails and CSOs do not provide an alternative, those living in poverty often have no choice but to do without or access services through non-state providers, where they end up paying more than the wealthy for services that are worse in quality.

Recognising the problems

When governments fail in the provision of services, including services for the poor and marginalised, they often fail for reasons related to resourcing and planning. Resources available and allocated to accomplish the aspirations set out in government policies are often limited. While limited resources are understandable, the issue is further complicated when limited resources are not allocated to the right priorities through good planning, planning that includes the voice of citizens as to what matters most.

Both participation and accountability are critical to ensuring good planning and execution. Many governments have made commitments to ensure participation and have guidelines meant to guide the



involvement of all stakeholders in the process. Citizen participation is critical to ensure that policies are designed and delivered in a way that enables people to receive the right services critical to their needs in a way in which they can access. Many factors, however, adversely affect people's ability to participate and influence government services. The exclusion of marginalised and discriminated groups from participatory spaces, and the suppression of poor people's voices by dominant elite groups, remain serious obstacles in achieving effective participation of people.⁴

Weak accountability between citizens and politicians through democratic electoral processes also exacerbates the problem, providing opportunities for mismanagement, corruption and waste.

Upholding principles of participation in the execution of policies is what leads to empowerment, improved governance and improved public policies and services. Participation of the community must be meaningful, involving all categories of stakeholders (especially the marginalised) and ensuring that the process is sustained. Strengthening citizen voice and engaging civil society are critical to responsive governance mechanisms.

Participation, particularly by the marginalised, however, requires sustained mobilisation and awareness programmes for community members to help them to participate in monitoring and seeking accountability from local leaders. It requires a shift toward strengthening citizen engagement to ensure citizen participation in decision-making and policy influence. Citizens and users of services can affect the quality of social services by influencing the decisions of policymakers **through voice** and by influencing the behaviour of service providers **through client power**.

Finding the solutions

To empower citizens and help them find their voice, World Vision implemented the CVA model in five countries in MEER. As much as governments have the responsibility for ensuring services, citizens need to be empowered and engaged in order to hold them accountable to deliver them. The CVA model equips communities with knowledge on policies, strategies, government responsibilities and skills as well as on platforms for influencing local governments to fulfil their commitments and mandate. It works by facilitating a cordial relationship between community members and their leaders so that the monitoring and accountability process is based on mutual trust and a respectful environment.



The model was applied in both fragile and transitioning contexts. Evidence indicates that governments in both contexts will respond well to CVA if a community is organised, articulate in its demands and does so in an atmosphere of peace and mutual respect.

Summary of results: CVA's contribution to change

The CVA model was evaluated based on the theory of action that held that *by enabling citizens, they will be able to engage with their local leaders, which in turn will lead to improved services and systems of government*. The CVA qualitative evaluation was guided by the unique methodology, the Bellwether approach, developed through a Harvard University Family Research project.⁵ The statistical tests performed to determine the effectiveness of the CVA intervention were independent t-tests for Armenia and one-way ANOVA with Bonferroni corrections for the post-hoc tests for Romania. The summary of results reflects some key highlights. For a fuller summary of evidence, please see the Results: CVA's Contribution to Change section in this publication.

How do we know the model is effective?

The evidence showed that the CVA model successfully brought change in

services in all contexts, countries and communities where it was implemented. In Armenia, Romania, Pakistan and Lebanon, it was instrumental in changing health and education services to benefit an estimated 120,155 direct beneficiaries, the majority of them children, in 23 communities or municipalities.

In the fragile states, Pakistan communities experienced improved medical results with the hiring of 10 medical staff in three Basic Health Units (BHUs), which led to a 54 per cent increase in safe deliveries, 30 per cent increase in antenatal care and 45 per cent increase in postnatal care, as well as an increase in the number of women attending antenatal care (about 30–40 per day). Over 61,000 people benefited from these services, of which an estimated 20,000 were children who benefited from expanded immunisation. In Lebanon, a simple guide for parents on the role of parents' councils in schools was developed and there was a reduction in school dropout rates in most of the schools.

In transitioning economies, 13 schools in Armenia contributed to improved health through check-ups for children and new, quality schoolbooks, while 17 schools in Romania received improved heating, infrastructure, water access,



roofing, toilets, playgrounds, surveillance cameras and a school bus. These services benefited 47,400 people in Armenia and 5,635 children in Romania. Verified additional funding received in Romania alone for these services was US\$188,000. The CVA model also influenced national policy design. In Kosovo it influenced the design of the Child Protection Law, and in Romania government recognised the need for improved pedagogical standards.

Besides improvements in human resources and infrastructure, the communities also experienced improved relationships with their local government officials and service providers. Government officials at all levels (from the prime minister in Kosovo to national ministers in Armenia and Kosovo and regional government officials in Pakistan) in all the countries responded positively to the needs of the community and committed to sustaining the changes.

In addition to new services, the model also empowered communities and increased their skills and ability to engage and influence government, which will enable them to continue to engage government long after World Vision's support has ended. The independent evaluation of CVA using a quasi-experimental design found that the CVA empowered communities

by providing them with the necessary knowledge and skills to engage in further action. For example, in Armenia, 84.8 per cent of adults who participated in the programme reported knowing how to claim their rights as compared with only 54.4 per cent of adults in the non-intervention communities (control group). Results were also higher for adults in Romania as well as children in Armenia and Romania who participated than for those that did not participate in CVA programming.

In most of the countries CVA also contributed to achieving excellent results regarding influence at both the national and local levels. For example, in Armenia the CVA model was integrated in the government's 'Four Year Community Development Planning' (4CDP). The model was so highly appreciated by the government that it was integrated into local government planning practices, with the 4CDP now on the Ministry for Territorial Affairs website (www.arlis.am). At the local level, communities enhanced their confidence to influence – 66.2 per cent of Armenian adults and 67.9 per cent of Romanian adults feel confident to influence local government and service provider for public services as compared to only 51.5 per cent of Armenian adults and 39.9 per cent of Romanian adults who did not participate in the



intervention. Similar results were found with the children, with 93.5 per cent of Armenian children and 88.6 per cent of Romanian children who participated being confident in their ability to influence as compared to only 60.9 per cent of Armenian children and 26.8 per cent of Romanian children who did not participate.

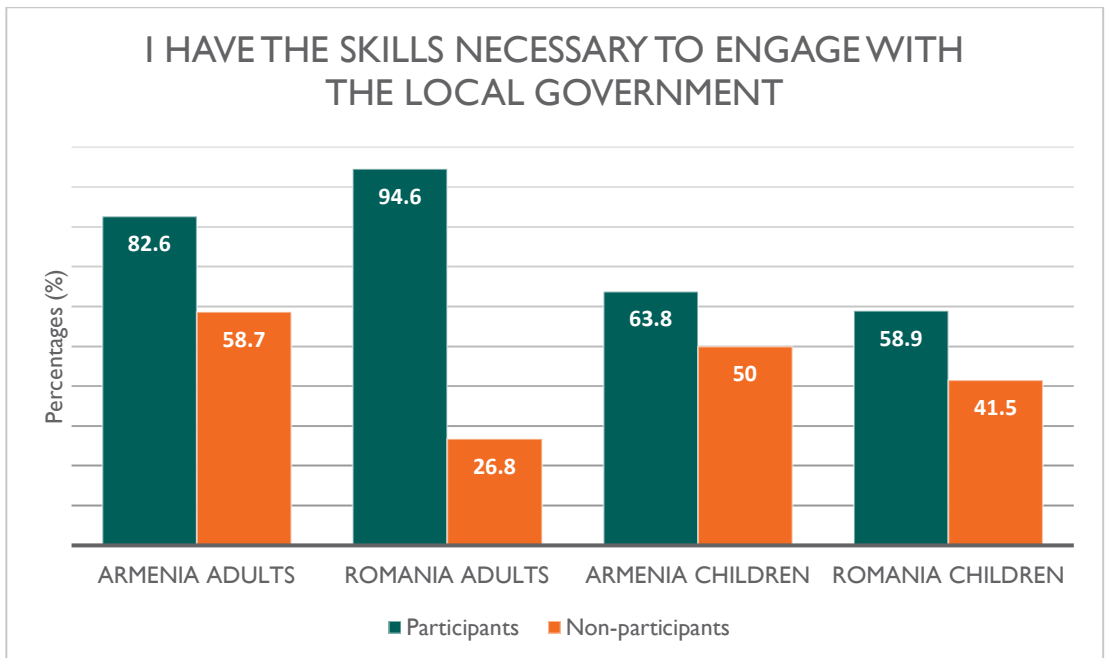
CVA also successfully builds skills to engage with governments, such as communication, monitoring, lobbying

and mobilisation skills. Survey results, showed statistically significant ($p < 0.05$) differences in favour of participants in CVA when compared to non-participants (see Figure 1).

How do we know it is sustainable?

CVA demonstrated sustainability in the evaluation according to World Vision's five sustainability indicators. The evaluation showed clear evidence of sustainable impact in the local ownership it created and inspired, as demonstrated

Figure 1. Skills necessary to engage with the local government: comparison

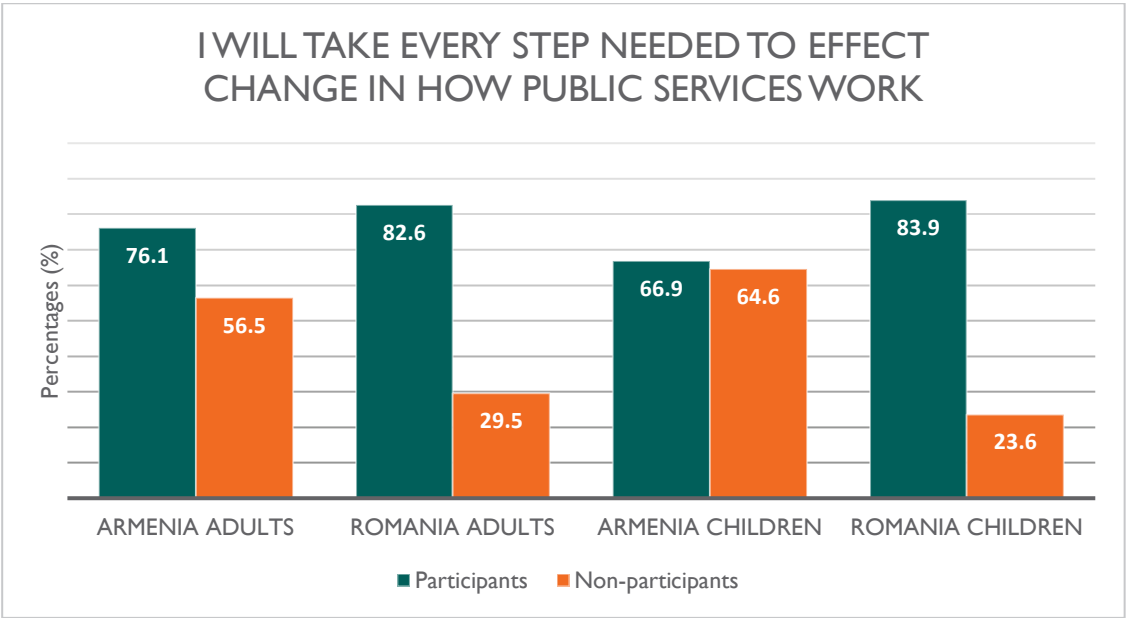




in Figure 2. ‘As communities are informed and empowered, they build the skill and confidence to sustain dialogue with service providers and decision makers long after World Vision has left the area programme.’⁶

community groups took leadership in partnerships with government, United Nations (UN) agencies, international organisations, local organisations and national networks.

Figure 2. Effecting change in public services



In all the countries, the services received were largely provided by the government and will continue as they are now part of the respective local government plans and budgets. CVA also transforms relations. Evaluation findings showed that communication improved between government leaders and local citizens. Partnerships also increase in CVA. Across all the national offices, the

Finally, CVA is a social accountability methodology that seeks to hold leaders accountable for implementation of policies and other commitments to service delivery. Results indicate that there was evidence of the accountability loop. ‘CVA gave them power and information. They know how to form a group, get information, elect a leader, get organised and start dialogue with duty bearers.’⁷



How do we know it is scalable?

The CVA model is able to be scaled both horizontally and vertically. CVA is already being scaled by national offices within World Vision, including MEER, as offices look to use CVA in the context of all their community programmes. CVA is an enabling model and relevant to multiple sectors, such as health, education and child protection, to enhance their local services. To achieve this horizontal scale, CVA has been integrated in all of World Vision's national office technical approaches and programmes in MEER. As an example of vertical scale, the Government of Armenia integrated CVA into its guidelines to be used by 700 self-governing authorities. Local partners are also using the model.


Is it cost effective?

CVA proved to be cost effective, especially in Armenia, Romania and Pakistan.

- **Armenia:** The total number of verified direct beneficiaries from all the services was 47,400. The total cost for the project was US\$77,442. The cost per beneficiary is US\$1.63
- **Pakistan:** The total number of direct beneficiaries was 67,120 people, the majority of them children, and the total cost for three years was US\$162,000. The cost per beneficiary is US\$2.41.
- **Romania:** The total number of beneficiaries was 55,063 children. The total cost for three years was US\$204,085. The cost per beneficiary was US\$3.71. The work in Romania might benefit another estimated three million children in preschool, primary and high school once the accreditation standards are implemented in 2018. Of note in Romania is that the government provided US\$188,000 of the

Table 1. Costs per country

Country	Cost	Beneficiaries	Cost per Beneficiary
Armenia	\$77,442	47,400	\$1.63
Pakistan	\$162,000	67,120	\$2.41
Romania	\$204,085	55,063	\$3.71
TOTAL	\$443,527	169,583	\$2.62



US\$204,085, which means for each US dollar spent, another US\$0.92 was matched from other sources.

Overall in all the three countries, the total cost was US\$443,527, and the total number of beneficiaries was 169,583 direct beneficiaries, the majority of them being children. The cost per beneficiary, therefore, was US\$2.62 across the three countries for which data was readily accessible and available.

Of note, the services provided, will continue to be provided because the government is providing them. This means more children will continue to benefit and ultimately enjoy improved well-being.

Other benefits and unexpected outcomes

While CVA is a model for local-level advocacy, CVA brought additional, unexpected benefits in almost every country. For example:

- CVA is generally a model that works at the local level in separated communities. During implementation, however, there was unexpected national-level policy influence in Armenia, Romania and Kosovo.

- In Romania, CVA data was used to contribute to nationwide research on school pedagogical standards. The results of the research contributed to influencing the government to consider improving the pedagogical standards.
- In Pakistan, faith leaders played a critical role in mobilisation and awareness raising, including in mosques during the Friday sermons.
- The men's groups in Pakistan were active in promoting the reproductive health needs of their wives. This contributed to more women seeking antenatal care and giving birth at health facilities.

The evidence shows that CVA is changing the quality of services and the lives of citizens for better societies for children. CVA is recommended for scale up in World Vision national offices. The model fits with all contexts and requires at least two years for implementation and often three. For more information on adapting CVA, see the guidelines in this publication.



Summary of the Issue

Child-focused policies, strategies and action plans that are relevant and implementable can significantly support the well-being of children. Such actions enable accessible and functioning public services for children. In many countries where World Vision operates, however, public services, such as health and education, are failing to serve the needs of households living in poverty. Moreover, poor health and lack of access to affordable healthcare are often the cause of households falling into poverty, while lack of access to education ensures this poverty moves through generations because education is the single most effective route out of poverty.⁸

According to UNICEF and other agencies, the quality of services remains poor across many countries despite having near excellent sector policies, plans and actions plans.


Yet, the public sector – which is responsible for the provision of these services in most countries – is consistently failing. Those living in poverty often have no choice but to access services through non-state providers, where they end up paying more than the wealthy for services that are worse in quality.⁹ According to

UNICEF and other agencies, evidence from different countries indicates that the quality of services remains poor across many countries despite having near excellent sector policies, plans and actions plans.¹⁰

According to the UN's 'MDGs Report 2015', millions of people still live in poverty and hunger, without access to basic services, with the number of people living in extreme poverty at 836 million. About 57 million children of primary-school age are not in school. Over 160 million children under 5 are small for their age, and approximately 16,000 children die each day before celebrating their fifth birthday, mostly from preventable causes.¹¹

A European Commission report observes that poverty levels in Europe remain stubbornly high.¹² By 2015, 80 million people were at risk of poverty (prior to the financial crisis), with 19 million being children.¹³ The school dropout rate was reported to be 15 per cent.¹⁴

These challenging statistics are rife across MEER. In Bosnia and Herzegovina, relative poverty was reported to be 17.9 per cent of the total population,¹⁵ and extreme poverty stood at 15 per cent in 2014 (slightly higher than the global average of 14 per cent).¹⁶ In



Kosovo, relative poverty stands at 29.7 per cent.¹⁷ In Pakistan the population living below the poverty line is 12.4 per cent. Primary school enrolment is 57 per cent, and the graduation rate is 50 per cent. By 2013, Pakistan was totally off-track with regard to achieving all the health indicators related to the health MDG targets.¹⁸ These statistics are a grim reminder of how challenging and all-encompassing poverty can be for children and their families.

While service delivery is poor in some cases because of funding shortages, a major part of the problem is often diagnosed as the lack of accountability between citizens and politicians through democratic electoral processes.¹⁹ These factors combined lead to poor implementation of policies, strategies and action plans developed by governments based on which public services governments have promised to provide. Transparency and accountability mechanisms are also usually weak. The European Commission notes that corruption remains a serious problem in most European Union (EU) enlargement countries, which are countries being considered for EU ascension. Corruption also affects citizens directly when accessing certain public services such as education and health. Tools to prevent corruption remain underused.²⁰ A low level of active citizen participation in

community issues compounds all of the above.

This endemic cycle of poverty across many countries requires a shift toward strengthening citizen engagement to ensure citizen participation in decision-making and policy influence. Currently, CSOs often provide much-needed services that can or should be provided by the state. This approach, however, is not sustainable and, as much as governments have the responsibility for ensuring services, citizens need to be empowered and engaged in order to hold them accountable to deliver them.

As a result, the European Commission has recommended that all governments should, as a matter of priority, focus on addressing the socioeconomic needs of citizens.²¹ CSOs, too, are moving from service delivery to advocacy in order to secure more sustainable, widespread change.²² Generally, development actors and practitioners recognise that

Strengthening citizen voice and the engagement of civil society are critical to responsive governance mechanisms, ultimately resulting in more efficient service delivery.

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responsive governance mechanisms.²³ Further, due to a lack of transparency in many government operations, there is a strong possibility that governmental promises or policies will not be enforced if citizens (and parliament) do not try to hold governments accountable. Citizens and users of services can affect the quality of social services by influencing the decisions of policymakers – through voice – and by influencing the behaviour of service providers – through client power.²⁴ From a citizens' perspective, the most critical accountability dimension of local government is whether services under

local government responsibility meet the standards that citizens expect.²⁵ Therefore, strengthening citizen voice and the engagement of civil society is critical to responsive governance mechanisms, ultimately resulting in more efficient service delivery.²⁶





Theory of Action

Overview of the CVA practice

CVA is an evidence-based, social-accountability model. It contributes to the transformation of communities into more democratic and socially accountable ones, able to lead local improvements in services for the well-being of children. CVA operationalises and strengthens relationships of direct accountability among citizens, policymakers and service providers by creating new, effective, vertical mechanisms of accountability and strengthening existing horizontal ones. To do so, it enhances the skills of citizens to better engage local leaders and influence policy. It uses a community scorecard, which is a Rights Based Approach (RBA) to development used by the World Bank and other organisations, and it uses monitoring standards. CVA breaks through many of the problems identified in engaging the community and leads to the meaningful, 'bottom up' participation and empowerment of the users of public services.²⁷

Social accountability models have many benefits. They promote democracy, transparency, development and consequently improved public service delivery and more informed policy design.²⁸ They can improve service

effectiveness and enhance legitimacy.²⁹ They can increase government resources, both from international donors and from tax-paying citizens, as well as contribute to political stability and peace.³⁰ Social accountability is the cornerstone of good government and a prerequisite for an effective democracy.³¹ Social accountability models can empower people, particularly those who are poor,³² because the CVA process moves beyond nominal consultation to include formerly disenfranchised groups in decision-making.³³ Social accountability models can increase awareness of entitlements, empower people to demand accountability, and claim rights as well as increase the practice of active citizenship.³⁴ They can also increase the understanding of citizens regarding how their local government works because they are exposed to skills and knowledge.³⁵

How does CVA work?

The CVA model includes *three sequential phases* that build on one another. Depending on the level of a community's exposure to advocacy and its relationships with government and service providers, some phases can take more time in different contexts. It may also happen that a community may be ready to take actions during earlier phases, with the government responding and providing services.

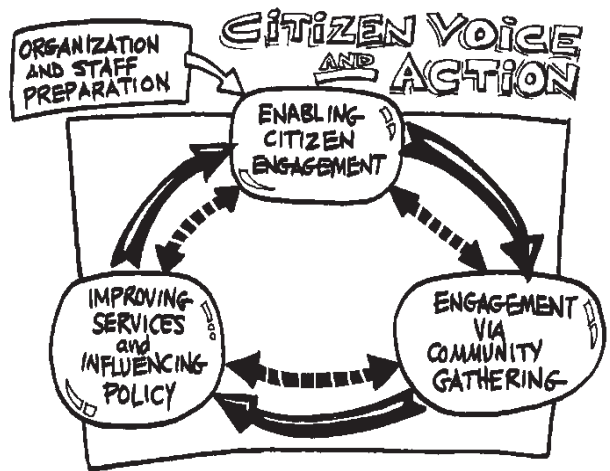
Phase One: Enabling Citizen Engagement

Phase One builds the capacity of citizens to engage on issues of governance and sets the foundation for subsequent phases. To engage effectively with governments, citizens need support and awareness to enable them to act. This stage involves a series of processes (such as document review, interviews, debates, formal and informal gatherings, social events and so forth) that raise awareness and understanding on public policies, the meaning of citizenship, accountability, good governance and human rights, including women's and children's rights. (A media campaign supplements these citizen-driven and CSO-driven activities.) Critical to Phase One, citizens learn how abstract human rights translate under laws into concrete government commitments. This phase lays the groundwork for communities' education and mobilisation to ensure that those rights are respected. After this phase, communities are ready for constructive and well-informed dialogue with governments.

Phase Two: Engagement via Community Gathering


Community gathering describes a series of linked, participatory processes

Figure 3. How CVA works



that focus on assessing the quality of public services and on identifying ways to improve their delivery. Community members who use the service, service providers and local government officials are all invited to participate in the community gathering. The process is **collaborative – not confrontational**. Four types of meeting sessions are held:

- **The Initial Meeting:** citizens, service providers and local government representatives learn about the CVA process, its objectives and what they can expect moving forward.
- **Monitoring Standards:** stakeholders recall what they have learnt during Phase One about their legal entitlements. With this information, community representatives visit the facility that



is the subject of monitoring and check the actual status against the defined government commitments. A simple quantitative method is used to record observations.

- **Scorecard Process:** provides both service users and providers with a simple qualitative method of assessing the performance of service delivery. The scorecard process asks service users and providers what an ideal service provider would look like, and compares reality with the ideal. Communities develop proposals for improving services at this stage.
- **Interface Meeting:** stakeholders share monitoring standards and scorecard findings with a broader group. Based on this information the community, government and service providers create action plans to improve services or to introduce improvements in the local community.

Phase Three: Improving Services and Influencing Policy

Communities begin to implement the action plan they created as a result of the community gathering process. Citizens and other stakeholders act together to influence policy at both local and higher levels. In effect, communities organise what amounts to

a local-level campaign, with objectives, targets, tactics and activities designed to influence individuals who have the power to change the situation they face at the local level. Based on evidence from different CVA groups,

Once communities realise successes through CVA, they restart the monitoring process and focus on increasingly more complex and challenging issues. Thus, CVA functions cyclically, aiming to sustain over the long run the new working interdependence between communities and governments.

communities often form coalitions to influence progressively higher levels of government.

Process of developing and validating the CVA model

World Vision has applied CVA for over a decade and has evidence of success in different contexts. This evidence was brought into the process of developing and validating the model to determine its relevance and effectiveness in Eastern Europe and in the fragile contexts of MEER. The process was led by MEER's Local Level Advocacy (LLA) Learning Hub and took about three years.



As part of this process the LLA Learning Hub examined past experiences, including past successes and lessons learned, and incorporated them into the validation process. As Armenia had more past success than most, many of the lessons incorporated were based on Armenia's experience. The LLA Learning Hub then worked with national offices to look at issues in Eastern Europe. CVA has worked in education and health sectors specifically on contributing to improved access to public services, so discussion was needed to look at how to apply CVA to other sectoral needs. A theory of action (ToA) was then agreed upon for the specific sectors, mainly education and health, and later refined during implementation. The learning hub developed an Evidence Building Plan (EBP), a comprehensive plan for

collecting evidence, which further helped to harmonise and strengthen some of the areas of interventions.

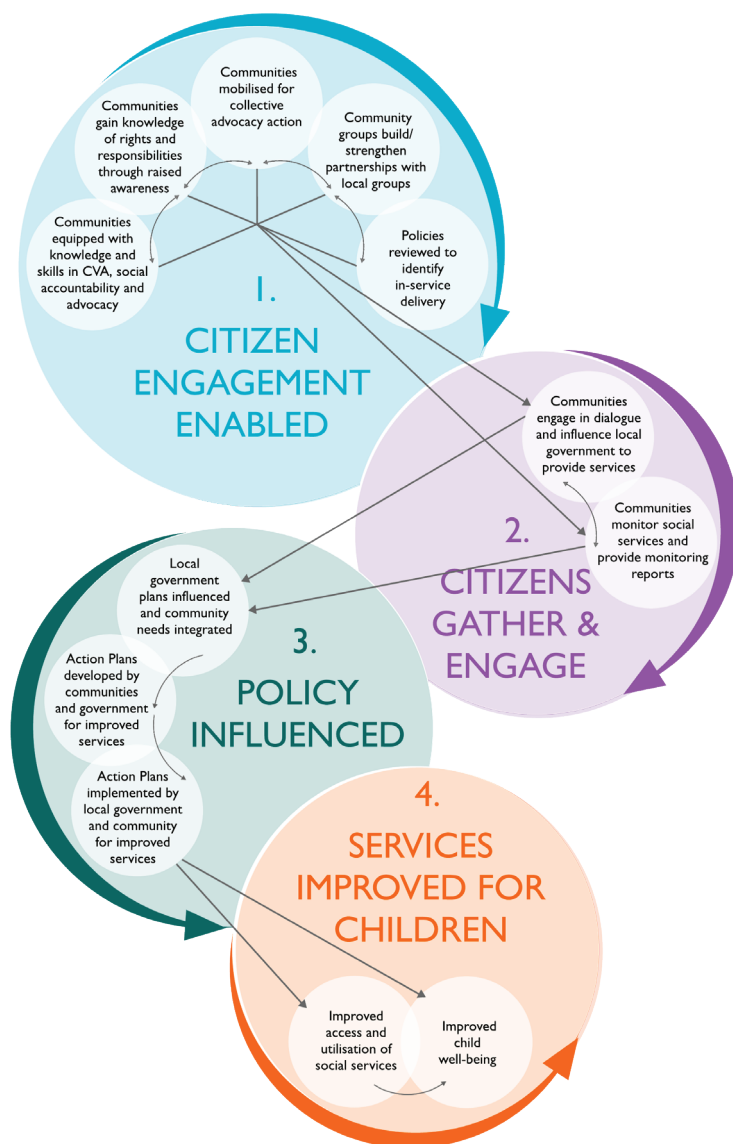
CVA was evaluated using the ToA and a theory of change. Evaluators developed tools, collected data, processed and analysed it and had it validated through stakeholders. Stakeholders actively participated, including World Vision staff at all levels, local government officials and public service providers such as health unit officials, staff in schools, religious leaders and other community members and beneficiaries. The model was internally reviewed and all information validated by key World Vision offices and stakeholders as well as external reviewers.



Theory of Action

The CVA model seeks to promote citizens' access to and utilisation of public services ultimately leading to the improved well-being of children. The ToA is also based on the three phases described above and recognises that access to public

services is a key driver for development and improvement in the well-being of children. CVA seeks to improve public services through community empowerment as well as constructive engagement among communities, local government and service providers.





Results: CVA's Contribution to Change

How do we know it contributes to change?

The theory of change for CVA envisaged an ultimate change in improved access to services by the community, especially children. The evidence supporting CVA is, therefore, based on the evaluation of this theory of change and how each component (as summarised in the previous section) contributed to the change.

During the three-year process of adapting, validating and implementing CVA in MEER, CVA led to substantial changes in the services and their quality available in 23 communities or municipalities in four different countries to benefit a total of 120,155 direct beneficiaries, the majority of them children. Specifically, according to the CVA evaluation³⁶ and other verified evidence, as a result of implementing the model in communities in these countries, the following changes happened.

Armenia: beneficiaries – 47,400 people, most of them children, in 10 communities

- integration of CVA into the government's 4CDP national guidelines to benefit 700 communities in their local planning

- government-mandated medical checks of children in 13 schools
- quality of school textbooks improved.

Pakistan: beneficiaries – 67,120 people, most of them children, in three communities

Following citizen-government engagement, the government added medical staff in three BHUs. Following the addition of these staff, there was:

- a 54 per cent increase in safe deliveries
- a 30 per cent increase in antenatal care
- a 45 per cent increase in postnatal care
- an increase in the number of women attending antenatal (about 30–40 per day)
- an estimated 20,000 children benefiting from expanded immunisation
- improved patient/staff relationships in Muzaffargarh District in Pakistan.

Lebanon: four communities

- a simple guide for parents on the role of parents' councils in schools
- visible reduction in school dropout rates in most of the schools (specific data was not available).

Romania: beneficiaries – 55,063 children in six communities

- 17 schools with improved heating, infrastructure, water access, roofing, toilets, playgrounds, surveillance cameras and a school bus
- additional US\$188,000 spent by the government and the private sector for these improvements
- recognition by the Ministry of Education of the need for improved pedagogical standards.

Kosovo: three communities

- proposed amendment of the Child Protection Law seeking to improve the situation of street children and child labour. The legal provisions will benefit approximately **1 million children** in Kosovo.

A summary of the evaluation observed:

As with any evaluation of advocacy initiatives, assessing contribution to government response can be a challenge. But there was strong evidence, direct from senior government officials that they responded to the lobbying of citizens who had been empowered through CVA. The knowledge, self and collective efficacy developed helped citizens to pressure government for actions which improved services in schools and pre-schools, health clinics, social services and protection, disaster relief, electricity and waste management.³⁷

Additional details of the results are presented later in this section.





Research Methodology

The results of the effectiveness of the CVA model are based on the results of the evaluation that was conducted in five countries: Armenia, Kosovo, Romania, Pakistan and Lebanon. The evaluation followed the application of CVA in these countries for a period of three years.

The evaluation of the CVA model was evaluated using a mixed-methods research design as outlined below. It was a theory-based evaluation and based on the theory of change that assumed:

1. *by training community members in the CVA methodology, communities will be empowered*
2. *empowered communities will be able to influence policies and plans and structures of government*
3. *influencing policies, plans and structures will contribute to improved access and use of quality public services.*

Quantitative Methods: A survey was undertaken of the intervention group, those formed through a sample of the direct project participants and beneficiaries, and equivalent control groups.³⁸ The experimental group, or those involved in the project, was randomly selected from the list of direct participants and direct and indirect beneficiaries; the control group, or those not involved in the project, was randomly selected from the matching community outside of the project area. The results of the survey groups were compared to see the difference. The sample size for each project was determined in accordance with organisational standards for rigor (confidence interval 95 per cent, margin of error 5 per cent). The statistical tests performed to determine the effectiveness of the CVA intervention were independent t-tests for Armenia and one-way ANOVA with Bonferroni corrections for the post-hoc tests for Romania.

Qualitative Data Collection and Analysis: ‘Measuring’ advocacy outcomes is challenging without knowing what influences decision makers; therefore, interviewing them is one of the few ways of understanding this influence. The CVA qualitative evaluation was guided by the unique methodology, the Bellwether approach, developed through a Harvard University Family Research project.³⁹ Analysis of contribution to results was done in line with the following key areas: effectiveness, efficiency, impact and sustainability. Specifically, the following key methods were used: document and literature review, semi-structured and in-depth interviews, tracking of relevant social and mainstream media, review and/or sighting of government documentation, focus group discussions (FGDs) and review of timelines for each outcome. In addition, in all data management, organisational ethical standards of research were followed.

In total, 1,372 people participated in the quantitative part of the evaluation: 539 adults (106 men and 433 women) and 833 children (432 boys and 401 girls). Some of them also took part in the qualitative part.

How do we know it is effective?

CVA aspires to an empowered community able to influence government for improved services. The quantitative and qualitative evaluation, therefore, assessed the three components and their contribution to the desired ultimate change as well as the results at each of the three components. Analysing the results at each component was based on the assumption that, without realising change at a particular component, it would be hard to realise the results at the next component and certainly the final results. Therefore, the presentation of the effectiveness of results highlighting the effectiveness of the model is per component.

I. By training community members in the CVA methodology (which provides skills and knowledge on rights and responsibilities and on monitoring policies and engagement), communities will be empowered.

Knowledge of rights in relation to public services

According to the World Bank, informing citizens of their rights and responsibilities, engaging their interest and mobilising them to build coalitions and partnerships with different stakeholders are core aspects of social accountability.⁴⁰ Most aspects

of empowerment depend on how knowledgeable the people are. Evidence from the evaluation reveals that CVA is effective in empowering communities with knowledge and skills.

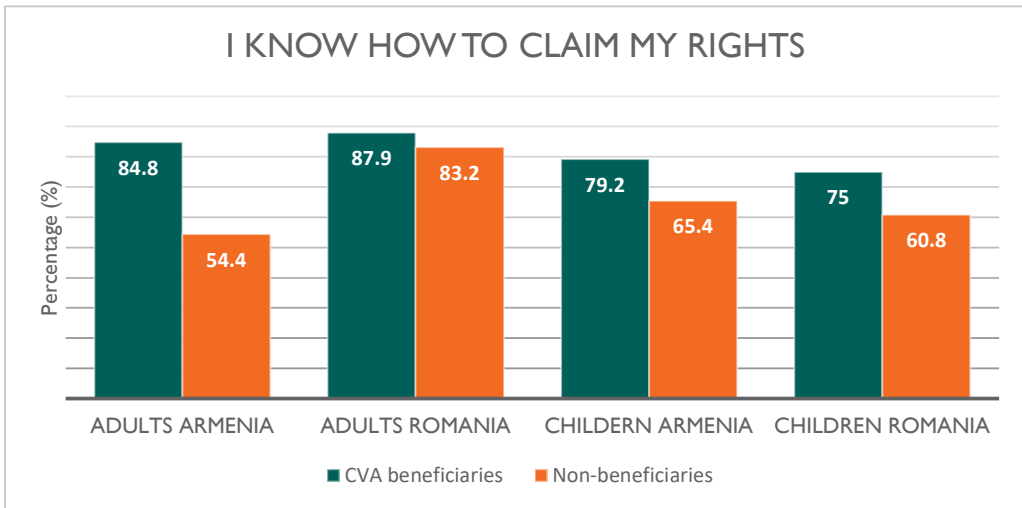
The evaluation of the CVA approach speaks to the effectiveness of this intervention in terms of empowering the community by providing them with the necessary knowledge and skills to assume related action (e.g., to monitor stakeholders and initiate discussions with them). The results are largely conclusive across contexts (Romania and Armenia), age groups (adults and children) and type of beneficiaries (direct participants and beneficiaries).⁴¹

In a comparison between communities that participated in CVA and those that did not, for both adults and children





Figure 5. Claiming rights



there is a statistically significant ($p < 0.05$) difference in terms of respondents' ability to claim their rights, except for the adults in Romania.

Knowledge of duty bearers and their responsibilities

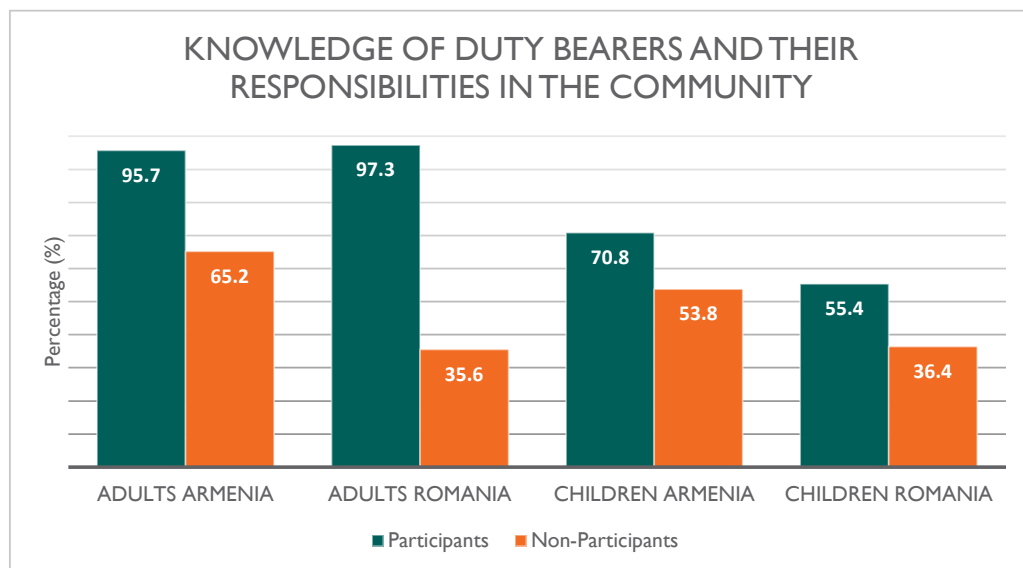
For accountability approaches like CVA to work, there is a need to broaden citizens' access to policymaking institutions.⁴² This affirms the need for enhancing their knowledge regarding public institutions and officials and the responsibilities they have when they serve in these roles. The CVA methodology was successful at increasing this knowledge. For example, in Kosovo the evaluation results reveal that a comparison between the ethnographic findings and the quantitative surveys showed that where adults or children are involved in the

CVA processes, there is an increase in knowledge, willingness, capacity, activeness, and quality of relationships to service providers and officials.⁴³

Without improved knowledge in relation to public institutions and officials, it would be hard to influence them effectively. CVA was found effectively to bridge such a gap.

In Armenia, students from 13 schools in the Lori region were able to influence regional government officials to conduct mandated medical checkups in schools. This service was in addition to other services such as Internet access and hygiene. This new service was made possible because the students had acquired knowledge of the duty bearers and their responsibilities.

Figure 6. Duty bearers



Survey results revealed statistically significant ($p < 0.05$) differences in favour of participants regarding their knowledge and responsibilities of their duty bearers as compared to those that did not participate, as shown in Figure 6.

2. Empowered communities will be able to influence policies and plans and structures of government

Confidence, skills and ability to influence and regulate government

According to Holla, Koziol, Ringold and Srinivasan, citizens may not be willing or able to challenge providers if they do not feel empowered to do so.⁴⁴ While it is important to possess knowledge, the act of influencing requires a certain level of confidence. This attribute grows over time in CVA with practice, coaching and

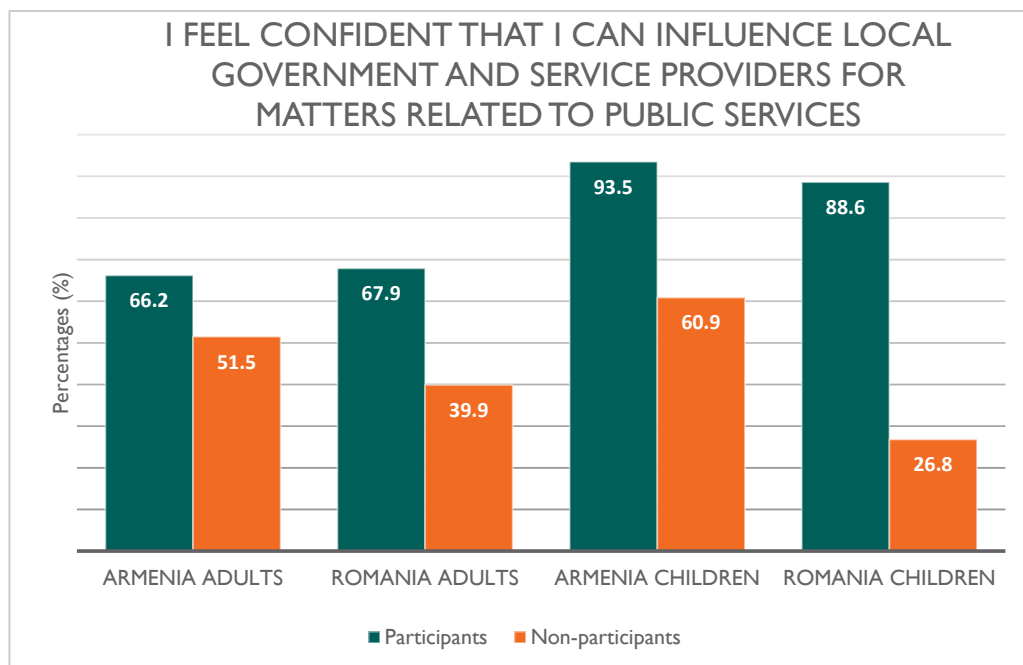
mentoring. When compared to non-participants, CVA participants reported statistically significant ($p < 0.05$) higher levels of confidence to influence across all age groups in Armenia and Romania.

Further, evidence reveals that, as a result of CVA,

‘people got mobilised, they understood their role and the importance of acting together for improved learning conditions for their children. Parents learnt the importance of having positive dialogue, they felt valued, more confident and children’s attitudes changed. They wanted to get involved in more activities to change things in their school.’⁴⁵



Figure 7. Confidence in ability to influence



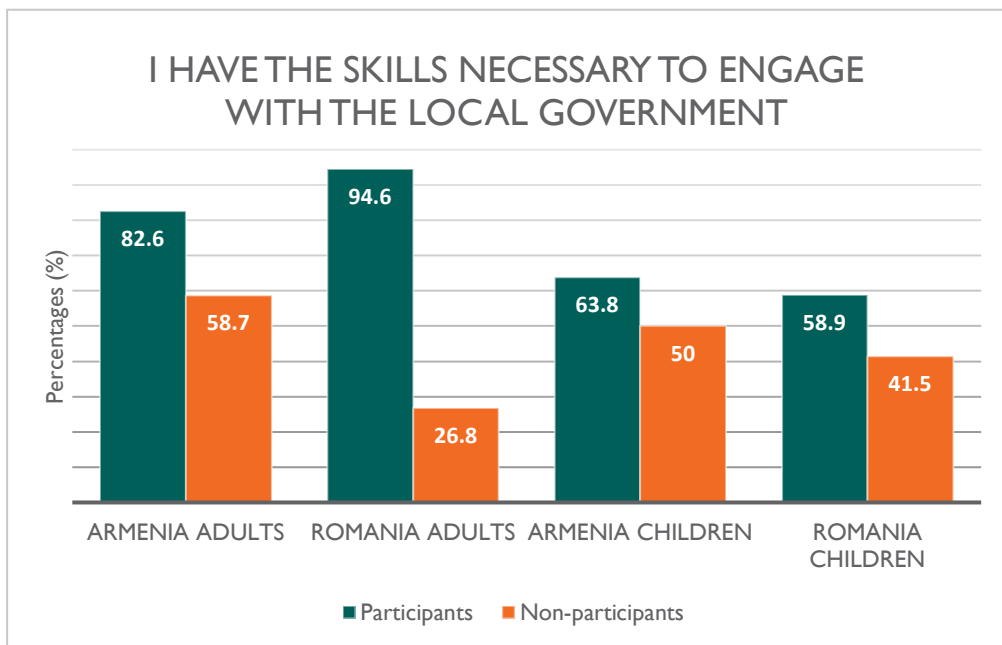
Both quantitative and qualitative data from the evaluation indicate improved confidence.

There are various skills that are also critical for influencing, but studies show that ‘skills to implement social accountability interventions are limited.’⁴⁶ Because of this lack of skills, CVA intentionally equips participants through training, mentorship and coaching with communication, monitoring, lobbying and mobilisations skills. Based on the results of the evaluation, there were statistically significant ($p < 0.05$) differences in favour of CVA participants when compared to

non-participants, when asked about having skills to engage with local government (see Figure 8).

Ability to influence is demonstrated when the government responds. Studies show that ‘the most crucial and challenging element of a social accountability strategy [is] . . . to be able to elicit a response from public officials and effect real change’.⁴⁷ Evidence found that the CVA model was able to help citizens successfully influence and obtain a response from government. Senior government officials involved acknowledged the important contribution of CVA in contributing to

Figure 8. Skills to engage local government



influencing policies at local and national levels for the well-being of children, as well as addressing social exclusion, marginalisation, and vulnerability of the most vulnerable children and communities.

In Armenia, the process was so successful that the government integrated CVA and is using it as a national model for the government's approach to participatory governance (4CDP). This action was part of legislative amendments in 2015 for which Armenia received an award from the Open Government Partnership.

The head of department for Local Self Government, Ashot Giloyan,

said the 'methodology World Vision helped to develop has influenced the practices of local-level planning and budgeting.' All of Armenia's 700 self-governing authorities now have access to the methodology because of the importance the government placed on effective civic engagement. He said until 4CDP was developed, laws on civic engagement in planning were 'a piece of paper, not a proper planning process.' 4CDP is now on the Ministry for Territorial Affairs website (www.arlis.am).⁴⁸

In Romania, WV Romania played a critical role in lobbying for national changes to the accreditation standards



for schools based on research findings in the report 'Dialogue for the Quality of Education: The School Seen through the Eyes of Parents and Pupils'.⁴⁹ The report, which was widely publicised through more than 13 articles and radio broadcasts, was published on the website of the Ministry of National Education and was disseminated by the national government to schools and education authorities in the country's 41 counties. The head of the government's National Education Agency on Quality Assurance for Pre-University Education, Mr Serban Iosifesc, told World Vision that the recommendations would be included in new school accreditation standards.⁵⁰

In Kosovo, the children's delegation met the Kosovar prime minister, Isa Mustafa, in order to draw attention to gaps in government response and support to child labour and street children under a draft Child Protection Law. The youth delegation, which included street children involved in CVA activities, had drafted its own amendments to strengthen the governance provisions for child labour and street children. These amendments were adopted by the government under the new draft law, which is pending approval by the Kosovar Assembly (parliament). Additionally, disadvantaged Roma, Ashkali and Egyptian communities were for the

first time brought together to lobby their parliamentary representatives on improving social protection.⁵¹

In Pakistan, more than 85 per cent of community members recognised that training and mutual meetings with health service providers and authorities empowered them and enabled them to speak up for their rights on availing quality health services as per government policy.⁵²

Willingness to engage in action and monitor services

The World Bank observes that 'it is important to attain the willingness and ability of citizen and civil society actors to actively seek government accountability'.⁵³ The CVA model instils in participants the will to engage and to continue to engage in order to monitor government's commitments and services. According to evaluation results, a comparison of CVA participants and non-participants regarding their willingness to engage in further action related to monitoring public services revealed statistically significant ($p < 0.05$) differences in favour of CVA participants, demonstrating its effectiveness (see Figure 9).

The capability to monitor services is one of the key skills required for enhanced ability to influence. The CVA model

Figure 9. Willingness to engage in actions to monitor public services

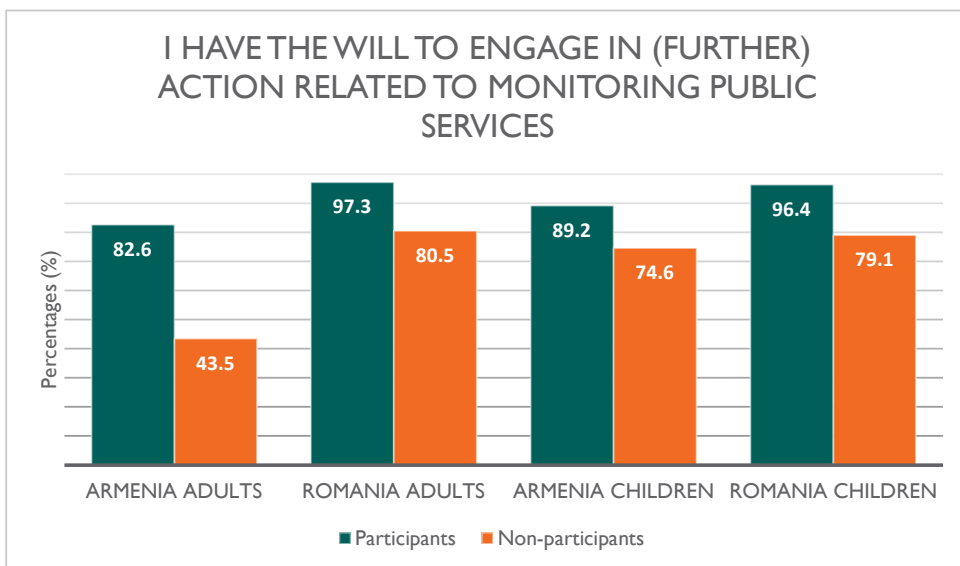
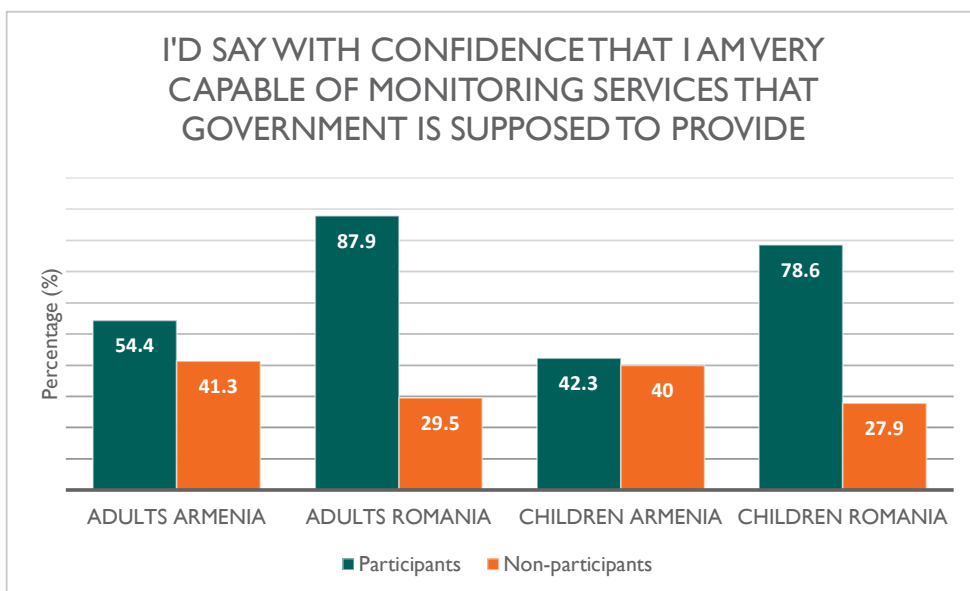


Figure 10. Confidence in monitoring skill



equips participants with monitoring skills. With the exception of children in Armenia, when asked about their capability to monitor services, results

revealed participants scored statistically significantly ($p < 0.05$) higher compared to non-participants as shown in Figure 10, which further signifies CVA's



effectiveness. The evaluation, however, did not investigate and determine why the results for Armenian children differ from the other participants.

3. Citizens' influence on policies, plans, and structures will contribute to improved access and use of quality public services.

The well-being of a community, and especially its children, is guaranteed by the availability and quality of services. Agarwal, Heltberg and Diachok note that 'the philosophy behind social accountability centres on the role of empowerment and information in enhancing government commitment and service delivery'.⁵⁴ This is the ultimate goal of CVA. The ToA envisaged that 'once empowered, communities will be able to influence government to provide services'. Evidence from the evaluation reveals that due to their ability to influence, government responded by providing services. For example,

Based on qualitative data, government action included the hiring of new staff and the building of services infrastructure for improved services. The work in Romania was effective in influencing the thinking of national education officials, if not necessarily resulting in government changes.⁵⁵


According to evidence from the evaluation,⁵⁶ the following public services were verified as provided by government in response to communities' influence. Results are presented by country.

Armenia

As previously highlighted, CVA was integrated into the government's 4CDP system, and the government mandated medical checks in schools for the children of the Lori region. In addition, textbook quality improved. A prominent concern noted by students was the quality of school textbooks. Student representatives shared their feedback on the poor quality of textbooks with government officials. The textbooks had been long used and were worn out and not easy to use, which affected students' learning. Mr Mesporp Ghalachyan, the head of Armenia's National Institute of Education, was confident that the student feedback would result in new textbooks.

Pakistan

The government hired ten additional staff, including new midwives and doctors, in three BHUs and improved patient to staff relationships in Muzaffargarh District in Pakistan, where more than 67,120 people use the services of these clinics. As a



result of these hires, in the district of Muzaffargarh alone the District Health Department recorded a 54 per cent increase in safe deliveries, a 30 per cent increase in antenatal care and a 45 per cent increase in postnatal care in the three basic health clinics.

In the CVA discussion groups, women reported unease in talking to male medical officers. With the presence of female staff, the number of women attending health clinics for antenatal checkups (about 30–40 per day) increased, according to Dr Umer Farooq, a medical officer at a Dewala clinic.

An estimated 20,000 children benefited from this expanded immunisation after the CVA groups raised this issue with government authorities.

More than 90 per cent of female and male participants rated services of health facilities as improved after project interventions. They highlighted positive changes in health-staff behaviour and appreciated staff for their cooperation and openness for discussions.⁵⁷

Lebanon

As previously mentioned, Lebanon had two key results: (1) the development of a simple guide for parents on the role of parents' councils in schools in Lebanon, which synthesised legislative

and regulatory frameworks; and (2) a reduction in school dropout rates in most of the schools, as reported by participants. This was based on feedback from the schoolteachers and students during qualitative interviews.

Romania

The Ministry of Education recognised the need for improved pedagogical standards and increased consultation with students and parents. The head of the Education Standards Agency suggested that the government would adopt some of the World Vision recommendations. In addition, there were improvements in 17 schools, including heating, infrastructure, water access, roofing, toilets, playgrounds, surveillance cameras and the purchase of a school bus. The improvements cost US\$188,000, funded by government and the private sector. These results benefited 5,635 children throughout all the Romanian communities.

Kosovo

In Kosovo, the draft national-level Child Protection Law was amended to include information presented by children to improve the situation of street children and child labour. The children presented the amendment to the Kosovar prime minister, and it was adopted in the government's final law, which is currently pending. Roma, Ashkali and Egyptians, who are among the most vulnerable and



marginalised in Kosovo, made up the team that engaged the government. Once passed, this law will benefit an estimated **1 million** children in Kosovo.

How do we know it is sustainable?

From the local-level advocacy perspective, sustainability is viewed from two perspectives: (1) sustainability of community engagement and vigilance, and (2) sustainability of service delivery. The assessment and presentation of evidence on sustainability for the CVA model is according to five key indicators of sustainability used by World Vision.

1. Local ownership

According to the evaluation results, there was clear evidence of sustainability in that communities that are informed and empowered build skills to also sustain the dialogue with service providers, even after World Vision no longer operates in the community.⁵⁸ This qualitative finding also mirrored the survey results of participants in CVA compared to non-participants. As reported earlier, with the exception of children in Armenia, there were statistically significant ($p < 0.05$) differences favouring CVA participants for both adults and children who expressed a strong commitment to participate in efforts aimed at effecting

change in how public services work (see Figure 10).

2. Sustaining service delivery

Most of the services received were largely provided by the government, and these will continue because they are now part of the respective local government plans and budgets. The health workers in Pakistan, school quality improvements in Romania, provision of periodic medical check-ups in Armenia, policy changes in Armenia, Kosovo and Romania – all these will continue to be provided, as confirmed by government officials.


‘School children in Armenia provided feedback to the authors of school textbooks, with anticipated changes to textbooks nationwide as a result of the feedback.’⁵⁹

‘In Romania, school accreditation standards nationwide are anticipated to change as a result of the citizen feedback and research.’⁶⁰

3. Transformed relationships

The evaluation of CVA revealed changes in the nature and quality of relationships. For example, the evaluation found the CVA methodology to be

an effective approach for building networks, increasing knowledge



and capacity, and advocating for CP [child protection] policy and implementation. The CVA process seems to be able to contribute to improved relationships between service providers and receivers and to build multi-ethnic bridges in contexts of high inter-ethnic tensions.⁶¹

In another situation, it found

there was improved communication with the school leadership including clearer, more structured feedback and a sense that lobbying activities could be successful. In one school there had been ‘no communication’ between teachers and parents. ‘Parents used to send their children thinking that the school was always okay. CVA gave them power and information. They know how to form a group, get information, elect a leader, get organised and start dialogue with duty bearers.’⁶²

Another observation attesting to transformed relationships was from Mr Iosifesc in Romania, who heads the government’s National Education Agency on Quality Assurance for Pre-University Education. He described the project’s efforts to build stronger dialogue between schools and communities as ‘best practice.’⁶³

4. Partnering

Partnerships are at the core of the CVA model. The evidence from the evaluation indicates that there were multiple partners working with World Vision, including UNICEF, government line ministries and local government agencies, CBOs and local non-governmental organisations (NGOs). For instance, in WV Romania, ‘the [education] report, was launched jointly at a press conference with the education ministry, UNICEF, teachers and the National Agency for Child Rights protection’.⁶⁴ In Kosovo, World Vision worked with a network of child rights organisations. The partners have continued to lobby for implementation of the plans and resolutions and in the case of government, the implementation is happening. In Pakistan, World Vision worked with the faith leaders. Hafiz Saeed Ahmed, an imam of the Union Council Kharak District Muzaffargarh, who participated in the project, stated: ‘I developed the action plan to deliver the information on reproductive health issues in the light of Islam to the community through Friday sermons and community sessions.’⁶⁵

5. Social accountability

CVA is a social accountability methodology that seeks to hold leaders accountable for implementation of



policies and other commitments to service delivery. Results indicate that there was evidence of the accountability loop. 'CVA gave them power and information. They know how to form a group, get information, elect a leader, get organised and start dialogue with duty bearers'.⁶⁶

Establishing an environment for community members and service providers to dialogue is the essence of accountability.

Government equally appreciated this level of established communication. Mr Iosifesc noted that 'community participation in school activities and feedback to government had been stronger in areas covered by CVA'.⁶⁷

Accountability is meant to lead to improved implementation of policies. Through CVA, communities were able to make government and service providers provide services that are sustainable. This points to how CVA contributes to sustainability.

How do we know it can be scaled?

The CVA model is able to be scaled both horizontally and vertically. CVA is already being scaled by national offices within World Vision, including

MEER, as offices look to use CVA in the context of all their community programmes. CVA is an enabling model and relevant to multiple sectors, such as health, education and child protection, to enhance their local services. To achieve this horizontal scale, CVA has been integrated in all of World Vision's national-office technical approaches and programmes in MEER. As an example of vertical scale, the Government of Armenia integrated CVA into its guidelines to be used by 700 self-governing authorities. The partners in Armenia, Rights Information Centre (RIC), have adopted CVA as part of their programming approaches.

How do we know it is cost effective?

CVA is very cost effective. An analysis was done based on criteria of costs and results that directly benefited the community. In this case the considered beneficiaries are the direct beneficiaries of the services that were confirmed to have been received by the community at the time of the evaluation. The costs presented are for only three national offices (Armenia, Romania and Pakistan). To arrive at the actual cost per person, the following steps were taken:

Costs mapped: All the costs that were incurred for the period of implementation in each of the countries

were mapped. The costs included programme support, implementation and other related costs for the implementation period of FY14–FY16.

Ascertaining of services: Ascertained services are services that were confirmed to have been provided by government as a result of the contribution of CVA. The confirmation was done by government and communities.

Direct beneficiaries ascertained: The last stage obtained the actual number of direct beneficiaries from the services mentioned. For instance, in the case of a school, it was the number of schoolchildren considered, not secondary beneficiaries like parents, teachers and management.

Armenia

In Armenia, the total number of verified direct beneficiaries from all the services was 47,400. The total cost for the project was US\$77,442 (\$20,394, \$35,265 and \$9,783 in FY13, FY14

and FY15 respectively). The cost per beneficiary is US\$1.63.

Pakistan

In Pakistan, the total number of direct beneficiaries was 67,120 people, the majority of them children. The total cost for the project for three years was \$162,000 (\$42,000, \$60,000 and \$60,000 in FY14, FY15 and FY16 respectively). The cost per beneficiary is US\$2.41.

Romania

The total number of beneficiaries was 55,063 children in Romania. The total cost for the project during the three years of implementation was US\$204,085 (\$80,083, \$60,466 and \$63,536 in FY14, FY15 and FY16 respectively). The cost per beneficiary was US\$3.71. It is also important to note that in Romania, for the US\$204,085, the government was able to provide US\$188,000. This means for each US dollar spent, another US\$0.92 was received.

Country	Cost	Beneficiaries	Cost per Beneficiary
Armenia	\$77,442	47,400	\$1.63
Pakistan	\$162,000	67,120	\$2.41
Romania	\$204,085	55,063	\$3.71
TOTAL	\$443,527	169,583	\$2.62



Overall in all the three countries, the total cost was US\$443,527 and the total number of beneficiaries was 169,583, the majority of them children. The cost per beneficiary was US\$2.62 across the three countries for which data was readily accessible and available.

The total numbers exclude an estimated four million children (three million in Romania and one million in Kosovo) who might benefit from implementation of policy changes starting in 2018.

It should also be noted that the services provided will continue to be provided because they are part of the government system. This means more children will continue to benefit and ultimately enjoy improved well-being.



Guidelines for CVA Practice

Guidelines for contextualising the CVA model

The guidelines provided are based on experience gathered from applying the model in different contexts. They will only need minimal adjustments in a new context. The guidelines also take into consideration experiences shared by partners and community members during monitoring and evaluation. Specifically, the following key aspects should be taken into consideration when deciding whether to use and contextualise CVA:

Do not make CVA a stand-alone project

During implementation, it is important to have any project that uses CVA be part of or complement other projects. For example, if a local area programme has education programming that offers direct services like training teachers, CVA can be a second component that focuses on engaging parents, children and the trained teachers to monitor and lobby for other services that are not provided by World Vision and could be provided by the state education services. Alternatively, CVA can serve to realise one outcome or objective where service provision is considered as another outcome or objective under the same project.

Coordination

CVA is primarily a local-level advocacy model, and its success will require strong cooperation among the different internal departments in an office. For instance, both field operations and teams that support ministry quality and evaluation should actively contribute with their respective roles. Externally, it is important to engage different stakeholders for greater impact and sustainability.

Staffing

At the initial stages, implementation will need to be a key performance indicator for a specific staff member. If the project has adequate funding, a full-time staff member is best. When starting, there are numerous activities to be conducted and coordinated with government and other stakeholders that require a dedicated staff person.

Timeframe

CVA implementation will require at least two years if the resources are available. The initial phase of CVA (enabling citizen engagement) is critical in building knowledge, mobilisation and a good basis for the subsequent phases. Normally this takes from six months to a year, but in some places, under exceptional cases, it has been completed in just three months. The timeframe depends on context, level of awareness and



the means used. The next two phases will depend on the cooperation and response of government and service providers. These phases succeed because of intensive lobbying and influencing, and the time taken varies depending on the process of engagement and other factors like timing, willingness of government and availability of resources.

CVA data to enhance national-level advocacy

When contextualising CVA, consider and evaluate how its use and outcomes fit with an office's broader external engagement and advocacy agenda. If done well in multiple locations, CVA can contribute to generating good evidence for policy influence at the national level. The process is practical and involves all stakeholders implementing policies; therefore, the evidence is compelling and can lead to wider policy changes and improvement in service delivery nationwide, beyond the direct project area.

Ensure that working groups largely focus on sustainability

In many organisations CVA partly contributes to improved sustainability, but ensuring this contribution requires and depends on the active participation of the Communicate Active Group (CAG) and a response from service providers and government officials.

This message should be communicated from the start. Skills such as institutional development, advocacy and fundraising will be helpful for the group, especially after the project has ended.

What is the right context?


The CVA model has been applied in different contexts, including fragile, transitioning, urban, rural and developing contexts. These contexts present different challenges that have required adaptation, but in all they have led to positive results, such as improved service delivery. CVA can be implemented well where

- **There are unimplemented or poorly implemented policies, standards and action plans in existence.**

Service delivery in all countries is based on established guidelines in policies and/or strategies. If these are not implemented, it is unlikely that the people will receive public services. CVA thus provides an easy mechanism to engage the community and government in a dialogue to influence implementation of the policies and guidelines for communities to receive services.

- **There is relative stability.**

Related to the above, CVA works best where there is functioning



government, because there are government officials with the mandate to implement government policies and programmes that can be held accountable by the community. This could even be in countries categorised as fragile states, such as Pakistan, Afghanistan, Lebanon and South Sudan.

- **There is weak citizen engagement.**

and a lack of active participation in (and influencing of) decisions that concern the community. Sustainable development requires active citizen engagement in public affairs. CVA helps to enhance the level of active participation by citizens in matters that affect them.

- **There are weak transparency and accountability systems.**

Corruption and mismanagement of resources thrive where there is a lack of transparency and accountability, which eventually lead to poor service delivery. These weak systems are found in most contexts. CVA helps to strengthen, broaden and deepen transparency and accountability practices.

- **There is poor service delivery.**

Improved well-being depends on better service delivery. In places where this is weak, CVA is an appropriate model to enhance community access

to services as realised during this project and other past projects.

- **There is limited participation of citizens.**

Participation is a right, but in many countries, especially at the lower level of governance, participation has not been realised. CVA provides a mechanism for the participation of different groups by enhancing their knowledge and equipping them with skills to engage constructively with their leaders and service providers in the framework on existing government policies.

Contexts where CVA should not be considered

CVA should not be considered where:

- **Local government and service providers are absent or very weak.**

In some countries' government structures are largely nonexistent, as in Abkhazia. In this case a mechanism will have to be created that will engage with the nearest authority in a manner that focuses on strengthening the system.

Note: Though the situation above is a challenge, it also provides an opportunity to influence the design of national policies, guidelines and systems



if a comprehensive advocacy plan is designed.

- **Contexts are very fragile (especially countries at war).**

In some fragile states, like Palestine (Jerusalem–West Bank, and Gaza), Pakistan, and Lebanon, there has been successful application of CVA with great results. In some fragile contexts, however, where war is raging or terrorism is active, CVA might not be possible.

Critical success factors

- **Timing.**

In order to have an influence, timing is crucial; each stage of the model needs to be thoroughly planned. For example, the action plan, a key output of community engagement, needs to be implemented with funds from the local government budget. Therefore, community members, especially members of the working group, need to know the budgeting cycle in the local community. The action plan is presented before the design of the budget or at least during the mid-year review. In Armenia, the CVA group managed to influence the municipality to provide resources for action plans when presented at a pre-budget conference. The budget cycle is one

of the key entry points; partners will need to identify more opportunities.

- **Existence of an enabling environment.**

Policies, legal and regulatory, need to be in place to ensure an environment that promotes civic engagement. These are in addition to sector-specific policies and standards that will be used for monitoring.

- **Transparency and access to information.**

Free access and relevant information on budget allocations, revenues, expenditures, human and physical resources, general service standards and critical performance indicators are important.⁶⁸ Without this depth of information, it is hard to carry out social accountability. Accessing or generating relevant information helps in building a credible evidence base.⁶⁹ Use this information to strengthen mechanisms for information exchange, dialogue and negotiation between citizens and the state.

- **Decentralisation and/or devolution of powers.**

This means that lower levels of government have power to plan and budget annually, which will make applying CVA easier.

- **Willingness and ability of citizen and civil society actors to seek government accountability.**⁷⁰

The community must be mobilised to have a strong working group or coalition. The role of this group is to inform citizens of their rights and responsibilities, engage their interest and mobilise them to build coalitions and partnerships with different stakeholders (bureaucrats, media, parliamentarians and so forth). This group needs skills in technical areas such as mobilisation, coalition building, negotiation and advocacy.

- **Willingness and ability of service providers and policymakers to account to the public.**⁷¹

While the policies and laws allow for accountability, sometimes the officers may not be willing to engage for various reasons. Thus, willingness to be transparent, to disclose information, and to listen and engage constructively with citizens is important.

Common challenges and how to address them

The following factors require critical consideration before adapting CVA to a new context:

- **Absence of clear standards and guidelines for service delivery.**

CVA works best where there are clear service-delivery standards. In some instances, however, the guidelines do not exist or are unclear. In such cases it would be good to agree with the local government on basic standards that can be used to monitor the services. If done well, and based on evidence, these guidelines can later be compiled and lobbied for by the community as part of national policy influence. In Georgia, the youth compiled guidelines for environmental management and used them to monitor garbage collection. In Kosovo, revised guidelines for stronger social protection for children were incorporated into a new Child Protection Policy after the communities and children insisted that old guidelines in Kosovo were weak in comparison to the standards in Montenegro.

- **Working in a dictatorial or repressive regime.**

If the government has emerged from turbulent and violent wars or is simply dictatorial and mostly unwilling to allow community mobilisation or any civic engagement, then it is advisable



to be open and transparent with the government and apply the 'Do No Harm' principles. This approach has been helpful in Pakistan.

- **Dealing with sociocultural factors.**

These factors, if not addressed, can result in children not accessing basic services. For instance, in a community where children are married young, girl children may not benefit even if a free primary-education policy is in place. It is imperative that the World Vision office and partners address these issues, especially at the time of raising awareness. In some countries women are not permitted to participate in community meetings due to culture and faith. During implementation, it was observed that addressing these factors can lead to more positive results, impact and sustainability.

- **Encouraging volunteerism.**

CVA CAGs normally comprise volunteers and are key to continued influence and sustainability. For various reasons, some CAG members will not continue or be able to continue their support, and thus motivation for the members is crucial, and creative ways to keep them engaged must be thought through. Examples include providing them with opportunities to train (both as trainees and trainers)

and to be public speakers, especially during raising awareness.


- **Harnessing the role of religious, cultural and opinion leaders.**

In most instances the CAGs are composed of willing community members, CBOs, service providers and youth. There are, however, community members – religious, cultural and opinion leaders – who, due to their position and status in the community, can have a huge influence both on the community and government leaders. During the power mapping session, provide a concrete plan for engaging them to participate in some of the sessions and other lobbying meetings. In Pakistan, religious leaders played a tremendous role in engaging the community and government, and this resulted in changing community attitude, behaviour and service delivery.

Assumptions to avoid

- **Local government will not respond and/or cooperate, or let us mobilise the people.**

In some communities people have resigned themselves to the 'fact' that government does not respond to community needs. There are various reasons why this happens, but mostly it is because people do not engage



and therefore government officials see no need to engage them. Experience in MEER has shown that government officials and service providers are willing to listen, but people's perception and sometimes failure to even initiate dialogue perpetuate the assumption that government will not respond. Do not make this assumption if this is the case in your context. Experience has shown that during implementation, government and service providers listened even where it was least expected. It is important to inform and involve government officials from the beginning of the project.

- **The government has no money.**

Many local governments emphasise how limited their budgets are, but in reality there is usually some money, though not enough. Citizen engagement through CVA helps to create an opportunity for the community to provide the government with community needs for consideration so it can allocate the available government resources.

Guidelines for monitoring and evaluation

As with all advocacy initiatives, demonstrating the results and impact of CVA requires that monitoring and evaluation of CVA are carefully planned

and managed at the time of project design as well as during implementation.

Key factors to consider

- **The Project Design.**

During design is the time to consider the most critical information that will need to be collected and to have that information considered in the monitoring and evaluation (M&E) framework or the plan as well as in the goal and objectives. It is important to take into consideration the following key questions:

- What is the intended goal?
- What are the specific objectives to achieve this change?
- What are the indicators, and how will they be measured?
- How will the data be collected and analysed?

- **Beneficiaries.**

Most CVA committees are composed of adults, and yet the services received mostly benefit children. In this case the adults are direct beneficiaries from the activities, while the children become second-cycle direct beneficiaries. In different locations, however, the description might be different. It is thus advisable to be clear about the differences in terms for beneficiaries,



such as *direct beneficiaries* and *indirect beneficiaries*. This will be helpful in appropriately measuring the impact of CVA. (For clear disaggregation of beneficiaries, please see MEER's typology of beneficiaries at http://www.wvevidence4change.org/wp-content/uploads/Typology-of-beneficiaries_full_v1.pdf).

- **Key hypotheses and assumptions.**

In order to make a claim of CVA contribution, it is advisable and helpful to develop hypotheses and assumptions that need to be tested. The following are key questions:

- What are the major problems and condition(s) that the project seeks to change?
- What factors cause the condition(s)?
- What are ways to influence the causal factors, based on the hypotheses of the relationships between the causes and likely solutions?
- What are interventions to influence the causal factors?
- What are the expected changes or desired outcomes?⁷²

- **Casual analysis.**

Because the results of CVA will require other intervening factors, it is advisable to have a casual

analysis done for all the hypotheses. As USAID notes, the assumptions underlying causal analysis can be assessed by involving potential beneficiaries, programme managers and implementers, other stakeholders and technical experts.⁷³

- **Baseline and evaluation.**


In order to generate good evidence of impact, baseline and evaluation are critical. In cases where no baseline is done, a quasi-experimental design can be used. This can be done for evaluation too, and it is effective.

- **Indicators.**

It is possible to have good activities, but if the indicators are not good enough it will be very hard to gather all the necessary information related to the results and impact. Think of both process indicators and outcome indicators. For instance, if at the output level the number of people trained is measured, consider indicators like improved knowledge, improved skills, improved ability to apply skills, improved confidence to engage, and so forth. These are qualitative indicators that will help to show impact and demonstrate sustainability.

- **Conduct routine monitoring as a common practice.**

These sessions are an excellent opportunity to gather critical



information. For instance, conducting pre- and post-training interviews can help to generate valuable information on change and to capture information while participants still recall. In this case it will be good to have simple data-collection and management tools. The information collected can later be used during evaluation.

- **Data analysis.**

Attributing results to CVA alone is challenging. It is possible, however, to demonstrate the contribution of CVA and how noteworthy that contribution has been. Triangulating data is the best way to do this. It means information must be gathered from multiple sources. For example, in order to demonstrate that nurses were recruited after CVA was applied, it is essential to corroborate information from multiple sources such as health workers, government officials, health-centre records, community members and other stakeholders.

The following provides a sample logical framework that can be used.

Goal: Empowered citizens contribute to influencing improved access to public services.

Outcome 1: Community members enabled to enhance knowledge and skills

in policies, rights and services.

Output:

- a. Community members trained, coached and mentored to acquire knowledge and skills using CVA.
- b. Active CVA working groups in the community.
- c. Continuous coaching/mentorship in the CVA methodology.
- d. Awareness raising of community for improved knowledge of rights and responsibilities conducted.

Outcome 2: Policies and plans influenced by empowered communities engaging local leaders.

Output:

- a. Community members mobilised for advocacy.
- b. Communities monitor public services.
- c. Enhancing partnerships/networking/coalition for collective action.
- d. Dialogues/meetings organised between community, service providers and local government.
- e. Communities, government and service providers jointly develop action plans.

Outcome 3: Improved access and utilisation of quality public services.



Output:

- a. Lobbying meetings between community, government and service providers for implementation of action plans and other commitments.
- b. Working with the media as a platform to strategically profile the issues and generate debate in the community.
- c. Monitoring of services provided by government and service providers.

Guidelines for project management

The guidelines are based on implementation of CVA in five countries where the model was applied. They have been corroborated and enhanced by experiences from previous projects implemented in Armenia and Romania.

The application of CVA will initially require commitment from organisational staff who have to mobilise the community to form a working group (in different contexts they are referred to differently).

Other key management aspects to consider

- **Commitment during project implementation.**

CVA application will require dedicated staff time to oversee the


implementation of activities and rollout of the whole model. If it is not possible to have a full-time staff member, ensure that there is someone assigned to ensure successful implementation. Over the period of implementation, this person needs to identify some key community members, especially from the working group or CBO whose skills and capacity can be enhanced to ensure the work can continue.

- **Timing.**

It is important to determine the 'right time' for presentation of the action plan to the local government and service providers. This could be when the budget for the local government is being developed or revised, or when local members of parliament are planning for a constituency development fund or any other opportunities. CVA and advocacy in general will in most cases show results after some time of implementation. It is therefore important to consider identifying opportunities during implementation that can quicken the process of getting results through the right timing.

- **Community motivation.**

World Vision has been providing services to the community, which has had an immediate and direct effect. Adopting an advocacy approach,



however, can become quite challenging, and thus it is critical to devise means to keep the group motivated. Having some ‘quick wins’ is an important motivator. During implementation, as the results begin to be realised, people are more motivated and want to engage and/or continue engaging. It is important to keep the momentum of the community by having regular meetings. The action plan, therefore, needs to have realistic demands by ensuring that it focuses on needs that can be addressed by the service providers.

- **Action planning and implementation.**

The action plan is the key product in Phase Two, and its ability to be implemented is the key to whether or not CVA will be successful in its goals. It needs to be realistic, having items that can be funded easily by the local government. Further, if there are critical items identified that require attention from a larger administrative unit – district, region or canton – it is good to mobilise the community to work with the local government to lobby those higher authorities. Such cases have happened during implementation, and were successful. Realistically, however, delays can happen in implementation, but persistence later yields results.

- **Community enthusiasm.**

At the start of implementation the community group is likely to exhibit a strong sense of empowerment or enthusiasm. For instance, it may come up with ideas on dealing with too many things, such as engaging too many stakeholders or skipping the scorecard and monitoring-standard session. Do not stop them in order to follow the process perfectly, provided they are working toward obtaining results and impact. Later, you can have the scorecard and monitoring standard for another service. Stopping them simply to follow the process can frustrate the group. Simply harness the strong sense of empowerment and motivation. Sometimes during the ‘enabling citizen engagement phase’ the community will be compelled to engage service providers and government. Again, guide and encourage the community. Take note of anything that might adversely affect the process and address it in an open and timely manner.

- **Encourage future cycles for monitoring and scorecard.**

During implementation, after the first cycle of the scorecard and monitoring standard, the community may ‘relax’, but it is good to encourage other sessions of the scorecard. This will help generate information for further advocacy.



- **Build sustainable partnerships.**

Partnerships are critical, and they are mentioned in both Phase One and Phase Three. But it is important to ensure that most of the critical work is done during Phase One, because this will determine the level of future engagements and sustainability of momentum and results. During the process it might be discovered that it is important to have more partnerships with organisations, departments and individuals who did not participate initially. Ensure that they are brought on board.

- **Compiling evidence for research purposes.**

CVA, if applied in a good number of communities on related issues, can help to generate evidence that is helpful for national-level advocacy.

out all the subsequent initiatives, processes and activities together. For instance, they will need to have initial contact with the local government authorities and service providers and discuss the whole process with them. This helps to ease advocacy and subsequent implementation of the action plan.


If possible, increase the number of local CBOs, women's groups and youth. These have proved to be effective and active and to participate for a much longer time. It is an added advantage if these organisations or groups are working on the specific sectors focused on by the project and advocacy in general. It is important to clarify the roles of the group, which include supporting, coordinating, mobilisation, liaising among the community, World Vision and the government, participating in raising awareness and engaging in advocacy.

Mapping and selecting partners

Sustainability is one of the key factors for adopting local-level advocacy. To realise this, strong partnerships are highly emphasised. World Vision staff members do a lot of the work in the initial phases, but it is important that the partners take over some roles, especially in subsequent cycles. Composing the CVA working group is one of the initial activities that needs to be undertaken. This group, together with World Vision, will then carry

External donor engagement

There is clearly a growing interest in social accountability approaches as donors seek to have governments fulfil their mandate and strengthen their institutions in a sustainable manner. Multilateral donors such as the World Bank, European Union and USAID have been at the forefront of funding social accountability globally. Being able to present strong evidence for why they



should fund this particular work is key in ensuring their support. Globally, World Vision is a member of the World Bank's Global Partnership for Social Accountability while CVA evidence was used for developing USAID's 'Local Engagement Framework'. This provides a foundation to build from. It will be imperative to engage continuously with the local office of the multilateral donors.

enhances the possibility of achieving increasingly positive results. During implementation, local groups and organisations adopted CVA without support from World Vision. Working with other organisations also has the benefit of having broader local coverage and increased ability to influence government authorities and service providers.

Engaging other critical stakeholders

- **Government.**

Many countries have developed policies for decentralisation, and CVA works very well in this context. It is therefore imperative to engage the relevant ministry officials from the start and to continue sharing all related information.

- **Academia.**

Because evidence is a critical part of showing the effectiveness of CVA, it is important to find a strong academic partner to generate scientific evidence. Partnerships with international universities such as Oxford and Columbia as well as local universities have delivered excellent results.

- **Like-minded organisations.**

Sustainability is critical for any development programme. Working with like-minded organisations



Tools and Resources

Details of the model and tools can be found here

<https://www.wvcentral.org/EandL/Pages/CVA.aspx?projectModel=Citizen%20Voice%20and%20Action>

<https://www.wvcentral.org/community/pe/Pages/cva.aspx>.

Non–World Vision organisations are invited to contact MEER_DLI@wvi.org.



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Experimental Group II (Beneficiaries): subset of the population (corresponding age group to Experimental Group I) of the beneficiaries (people who benefited from actions taken by the direct participants) in the areas where programming was implemented.

Control Group: subset of the corresponding population of an area in the country that did not partake in the programme. It can be an area in which WV implements small grants or an area development programme (ADP) which was not involved in any of the activities being evaluated.
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