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Ensuring Effective Project Monitoring and Evaluation in Tsunami Relief Operations: Exploring the Role of Community Feedback Mechanisms

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1. Introduction

“*Whose emergency is it anyway?*” - the provocative banner that greeted the participants of a five-day workshop on ‘Participatory Approaches in Emergencies’, held in Addis Ababa in December 1999 perhaps sets the perfect backdrop for contextualizing the arguments put forth in this paper. For those of us who wonder why the question arises in the first place, the following passage from the workshop report flags up some disturbing concerns¹:

“Because in most emergency situations, wherever you find them in the world, governments, emergency services, aid agencies and donors all treat emergencies as if they belonged to them - not as if the emergency is the concern of the people affected by it”.

Accepting the fact that the sentiments expressed above cannot be generalized or, for that matter, may not be representative of responses to disasters and calamities, they still reflect the growing concern for the need to integrate community participation in the design, implementation and monitoring of relief operations following large scale humanitarian crises. Admittedly, the disabling factors are stacked-up heavily against any objective and planned intervention in the wake of a major calamity: large numbers of people are displaced and traumatized, livelihoods are wrecked, kinship groups are scattered and long established residential settlements are disorganized. Social and economic infrastructure too takes a heavy toll. Community assets and skill-bases are destroyed, health care tends to deteriorate and informal social networks that are part of daily sustenance systems - providing mutual help in child care, food security, revenue transfers, short term credit, labor exchanges and other basic source of socio-economic support - are dissolved.

Responses to humanitarian crises are much faster today than in the past thanks to the spread of Information & Communication Technologies (ICTs) and also, in part, to better coordination among various stakeholders. The effectiveness and impact of many post-disaster programs and operations has, however, been critiqued. A recent assessment has highlighted seven key areas of concern²:

- a. **Responding to local needs:** Often programs are implemented without consultation with local (affected) populations about what they feel their needs are. Without a clear understanding of the needs of the affected population, the relevance of the program will be limited.
- b. **Understanding the local context:** The context in which a project operates is often quite dynamic. There will be many factors affecting the project - both directly and indirectly - its design, implementation and outcomes. Mapping out all of these specifics - what the issues are, who the main actors are, what power dynamics exist between them, and so forth - is a crucial exercise when planning any post-disaster project.
- c. **Misallocation of resources:** Resources in post-disaster situations are precious, and it is therefore a very serious matter when funds and manpower are diverted into activities that do not succeed. Many post-disaster projects become extremely

expensive, much more so than is necessary. Apart from cost over-runs, there is also the danger of misappropriation of funds.

- d. **Short-termism:** Often, in post-disaster situations, the focus of the project can be very specific - for example, the provision of shelter or the rebuilding of roads. These specific issues are, however, connected to the broader environment of the post-disaster situation and the long-term development of the area. To put it another way, a project cannot exist in a vacuum. It will affect, and be affected by, the broader context of post-disaster rehabilitation. The role of local authorities in the long-term development and rehabilitation of their communities after disaster is central. The pressure on them to enact short-term solutions to deal with the effects of the disaster need to be tempered with an understanding of the longer-term issues and strategies.
- e. **Dependency Vs Capacity:** The issue of building capacity rather than dependency is particularly acute in post-disaster cases. Many projects bring important resources (funding or expertise) necessary for the emergency relief phase after the disaster. Once the emergency need has been met, however, the funding or expertise is gone. This perpetuates a dependence of the affected communities on aid and relief projects, rather than fostering the development of local capacity so that the affected community can become self-sufficient.
- f. **Accountability:** When projects are not connected to the area in which they operate - i.e. they are not staffed by local people or do not use local resources - they also do not have to be accountable to the local populations with regard to their impact. This distance helps to perpetuate the cycle of failed projects, as the lessons from each project are not passed on to the next. The view of the affected groups as passive recipients of aid also impacts the level of accountability, as they are not seen as partners to whom the project must answer with regard to its success or failure. Accountability to the local population engenders a feeling of ownership of the project, which is a key factor for project sustainability.
- g. **Quality assessment:** Without built-in assessment mechanisms, these projects cannot learn from their past mistakes and determine where they have gone wrong. In addition, this disconnects the web of post-disaster projects generally, not just from the local groups, but also from other projects, as they cannot learn from other project mistakes if the lessons are not examined and recorded.

As is evident from the above discussion, community consultation and participation are extremely critical in post-disaster rehabilitation and reconstruction activities. This paper will focus exclusively on one aspect of post-disaster work, namely, monitoring and evaluation (M&E). It will focus on the need for community-led bottom-up initiatives in M&E and, in particular, explore the application of a few tested tools of social/public accountability. A caveat is in order here: the tools discussed in the subsequent sections have evolved mostly in the governance context and are relatively untested in specific post-disaster contexts. Given, however, their implicit emphasis on equity, representation, community voices and end-user focus, it is hoped that these tools will, with suitable modifications, be a useful complement to existing M&E frameworks.

1.2 M&E in relief operations

The intersection between development and evaluation has a history of over fifty years. It was during the 1980's, however, that the field of evaluation started undergoing a paradigm shift, moving from a tight theoretical framework to a much more praxis-informed and inclusive approach. A major part of this new thinking appears under the general rubric of “participatory monitoring and evaluation”³. Put very simply, participatory monitoring and evaluation (PM&E) is an approach which involves local people, development agencies, and policy makers deciding together how progress should be measured and results acted upon. Participatory monitoring and evaluation (PM&E) has emerged primarily out of a recognition of the limitations of conventional M&E (see Table 1). This involved outside experts coming in to measure performance against pre-set indicators, using standardized procedures and tools. In contrast, PM&E offers new ways of assessing and learning from change that are more inclusive, and more in tune with the views and aspirations of those most directly affected. This shift in thinking has been prompted by:

- *the surge of interest of participatory appraisal and planning, a set of new approaches which stress the importance of taking local people's perspectives into account;*
- *pressure for greater accountability, especially at a time of scarce resources;*
- *the shift within organizations, particularly in the private sector, towards reflecting more on their own experiences, and learning from them.*

Table 1: Differences between conventional and participatory evaluations

	Conventional	Participatory
Who	External experts	Community members, project staff, facilitators
What	Predetermined indicators of success, typically cost and material outputs	Indicators generated by community
How	Focus on ‘scientific objectivity’, distancing of evaluators from other participants; uniform, complex procedures; delayed, limited access to results	Self evaluation; simple methods adapted to local culture, open, immediate sharing of results through local involvement in evaluation process
When	Usually on completion of the project or programme; sometimes also mid term	More frequent, small scale interventions
Why	Accountability, usually, summative to determine if funding continues	To empower local people to initiate, control and take corrective action

Following trends in the field of development, agencies involved in humanitarian relief operations are increasingly recognizing the need to recast the role of M&E approaches in assessing the impact of their work. It is no accident that evaluations of relief operations today place lot of emphasis on themes like stakeholder participation and downward accountability. This is visible in the new emphasis on standards, including initiatives such as the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in disaster relief, the Sphere Project, the Humanitarian Ombudsman project and the work of the ALNAP network⁴.

The need to rethink M&E approaches in relief operations has been strongly emphasized by many commentators. One pertinent comment is as follows:

Humanitarian assistance is essentially a 'top down' process. Humanitarian agencies are often poor at consulting or involving members of the affected population and beneficiaries of their assistance. Consequently, there can be considerable discrepancy between the agency's perception of its performance and the perceptions of the affected population and beneficiaries. Experience shows that interviews with beneficiaries can be one of the richest sources of information in evaluations of humanitarian assistance. Interviews with a sample of the affected population should be a mandatory part of any humanitarian assistance evaluation.

Further, there is also an emergent critique that institutional priorities and concerns often override the larger issues of community voices and capacities. In cases where institutional priorities coalesce around themes of "learning" and "accountability", the emphasis is slanted towards the perspectives of donors, national governments and aid-agencies and rarely resonate with affected communities. The key challenge therefore is to recast the actors and actions in the M&E processes - a transition that would move the affected communities from the margins to the centre.

2. Community voice as an aid to participation and accountability

Policy makers, development practitioners, academia and civil society around the world are increasingly realizing that the missing "user perspective" is required to gain credible and reliable feedback on both qualitative and quantitative dimensions of service delivery. User feedback offers service delivery agencies a much needed insight into the pulse of the people they serve. Given the complexities of service provision, especially in the context of humanitarian emergency relief contexts, direct feedback from users has important value in terms of capturing information for identifying where effectiveness can be improved and what measures can lead to greater cost-efficiency. The information also provides inputs on variations in efficiency across geographical units, so that more attention can be paid to areas where problems seem to be deeper and more frequent. At another level, participatory tools that build on user/community feedback take this momentum forward by extending the initiative at community level as a diagnostic tool for identifying feasible and practical solutions⁵.

Two tested tools for community-led participatory evaluation are discussed below in order to explore the possibility of their application in Tsunami relief and reconstruction projects.

2.1 Citizen Report Cards

Citizen Report Cards, as independent non-governmental initiatives, were pioneered by the Public Affairs Centre, Bangalore, as a means to strengthen civil society in its interaction with the state, while pursuing the mission of improving governance. The methodology has been used extensively in India, as well as in several other countries, to pursue a wide spectrum of accountability and monitoring objectives⁶.

CRCs use a systematic random sample survey of the users of different public services to benchmark the quality of these services as experienced by citizens. They aggregate

public feedback to rate and compare service providers on criteria that are simple but relevant to service users. In other words, CRCs go beyond particular problems faced by individual households and create a collective perspective on service quality and related issues. In many instances, a separate sample is drawn from poor households to ensure that the problems experienced by this segment receives adequate attention.

In more practical terms, Citizen Report Cards provide the following strategic inputs:

- a. Provide benchmarks on access, adequacy & quality of public services as experienced by citizens. Citizen Report Cards go beyond the specific problems that individual citizens face and place each issue in perspective with other elements of service design and delivery, providing also a comparison with other services so that a strategic set of actions can be initiated.
- b. Provide measures of citizen satisfaction to prioritize corrective actions. Citizen Report Cards capture citizens' feedback in clear, simple and unambiguous fashion by indicating their level of satisfaction or dissatisfaction. When this measure of citizen satisfaction or dissatisfaction is viewed from a comparative perspective, it gives very valuable information to prioritize corrective actions. For example, the most basic feedback a citizen may give about power supply is total dissatisfaction. To appreciate this feedback, it must be related to the ratings given to other services by the same person. For example, water supply may be rated worse than power supply. When these two pieces of information are compared, one can conclude that power supply may be a cause of dissatisfaction, but the priority for corrective action may be on water supply.
- c. Provide indicators of problem areas in the delivery of public services. Citizen Report Cards enquire into specific aspects of interaction between the service agency and the citizen, and seek to identify issues experienced by citizens in interfacing with the services. In more simple terms, Citizen Report Cards suggest that dissatisfaction has causes, which may be related to the quality of services enjoyed by citizens (like reliability of power supply, or availability of medicines in a public hospital); difficulties encountered while dealing with the agency to solve service related issues like excess billing or complaints of power supply breakdown and; credible estimates of hidden costs in making use of the public service (bribes paid for getting repairs done or forced investments like installing filter to purify drinking water).
- d. Provides a mechanism to explore citizens' alternatives for improving public services. Citizen Report Cards go beyond collecting feedback on existing situations from citizens. They are also a means of testing out different options that citizens wish to exercise, individually or collectively, to tackle various problems. For example, Citizen Report Cards can provide information on whether citizens are willing to pay more for better quality of services or be part of citizens' bodies made responsible for managing garbage clearance in the locality.

2.1.1 Why use a Citizen Report Card?

As a *diagnostic* tool: The CRC provides citizens and governments with qualitative and quantitative information about gaps in service delivery. It can also measure the level of awareness about citizens' rights and responsibilities.

- Powerful tool when the monitoring of provisions/services is weak.

- ⇒ Provides a collective picture about the quality of provisions/services.
- ⇒ Compare feedback across locations/ subgroups to identify variations in delivery of services/provisions.

As an *accountability* tool: The CRC reveals areas where the institutions responsible for service provision have not fulfilled their obligations

- ⇒ Findings can be used to identify and demand improvements in services/provisions.

To *benchmark* changes: The CRC, if conducted periodically, can track variations in service quality over time.

- ⇒ Carry out multiple CRCs in a location over time.
- ⇒ Compare findings across CRCs to reveal improvements or worsening in service delivery.
- ⇒ Conduct before and after the introduction of a program/policy to measure its impact.

To *reveal hidden costs*: Citizen feedback can expose extra costs related to using public services.

- ⇒ Conveys information regarding the proportion of the population who pay bribes (either demanded or given) and the size of these payments.
- ⇒ Allows for extrapolation about the amount of private resources spent to compensate for poor service provision.

Citizen Report Cards are a powerful tool when used as part of a local or regional plan to improve services. Institutions undertaking a program to improve services could use CRCs to determine the types of changes that are necessary and to evaluate the impact of their intervention.

2.1.2 Key Phases In a CRC

Generally a Report Card initiative goes through the following key stages:

- ⇒ Identifying issues through focus group discussions (providers & users)
- ⇒ Designing the survey instrument
- ⇒ Framing a scientific sample
- ⇒ Conduct of survey
- ⇒ Coding, analysis & interpretation
- ⇒ Presentation of findings
- ⇒ Advocacy & partnerships for service improvements

2.1.3 Themes/issues CRCs can address in the context of relief projects

In the emergent context, a CRC study plays an important role in: (i) helping benchmark the initial state of these services including building up a comparative picture, (ii) identifying the problems and shortcomings as perceived by the intended beneficiaries, and (iii) in designing solutions and strategic approaches to planning

complementary investments and making cost effective improvements in the quality of such services. In specific terms, CRC can highlight the following themes:

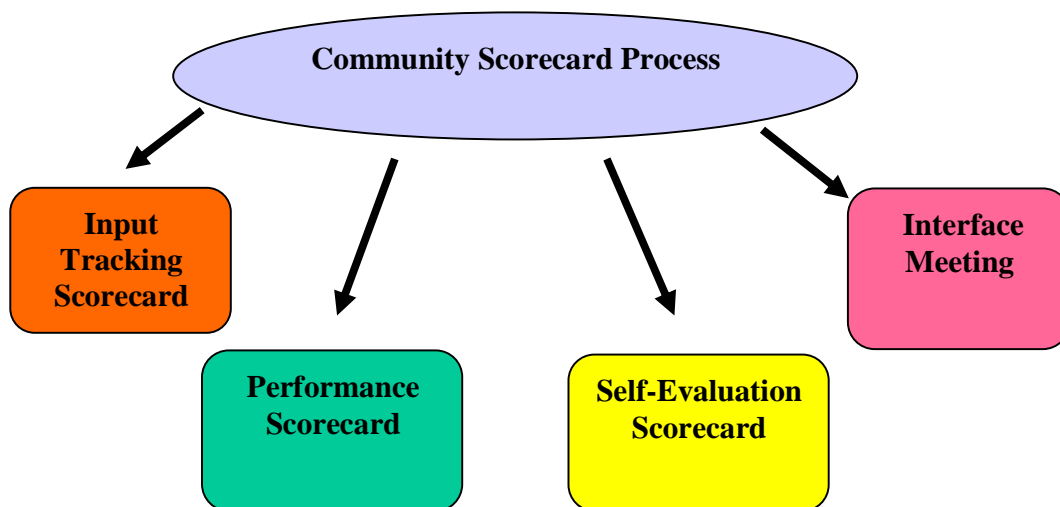
- Priorities & felt needs of the affected population
- Awareness of and access to entitlements / services
- Usage of entitlements / services
- Quality & reliability of entitlements
- Key problem areas
- Quality of problem redress
- Estimates of hidden costs

In summary, Citizen Report Cards have demonstrated a potency to lead to a wide variety of outcomes, depending on the manner in which they are designed and strategised. When carried out as an independent initiative, Citizen Report Cards inform the government about the effectiveness of critical public services and empower civil society to build a sustainable and credible voice. On the other hand, when the process is deeply embedded within donors/aid agencies/governments, Citizen Report Cards tend to be a useful tool for supervision and planning.

2.2 Community Score Cards

The community score card (CSC) process is a community based monitoring tool that is a hybrid of the techniques of social audit, community monitoring and citizen report cards. Like the citizen report card, the CSC process is an instrument to exact social and public *accountability* and responsiveness from service providers. However, by including an *interface meeting* between service providers and the community that allows for immediate feedback, the process is also a strong instrument of *empowerment*⁷.

The CSC process uses the “community” as its unit of analysis, and is focused on monitoring at the local/facility level. It can therefore facilitate the monitoring and performance evaluation of services, projects and even government administrative units (like district assemblies) by the community itself. The CSC process consists of four critical components:



2.2.1. Development of the Input Tracking Scorecard

The starting point for the input tracking scorecard is to assemble data on inputs, budgets or entitlements such as:

- (a) inventories of inputs like drugs, textbooks, furniture, etc.
- (b) financial records or audits of project activities,
- (c) budgets and allocations of different programmes/activities, or
- (d) entitlements based on established norms

This information is then shared with the community and the project/facility staff. This is the initial stage of informing the community of their ‘rights’ and providers of their ‘commitments.’ The participants are then divided into focus groups based on their involvement in the service/project - e.g. as workers, aid receiving households, facility staff, users etc. Usually one needs to separate the providers from the community, and then sub-divide each group. The resulting sub-groups should include sufficient numbers of respondents from each aspect of the project (users, workers, aid recipients etc...) and should ideally be mixed in terms of gender and age. The next step is to finalize a set of *measurable input indicators* that will be tracked. These will depend on the type of project or service under scrutiny. Examples include the wages received for different work programs, food rations or drugs received, sources of procurement under a project (were the cheapest sources used, was a friend/relative given a contract etc.). In each case, the aim is to come up with an indicator for which a variance between actual and entitled/budgeted/accounted data can be compared. Finally, with the input indicators finalized, the next step is to ask for and record the data on actuals for each input from all of the groups and record this in the form of an input tracking scorecard as shown in table-2 below.

Table 2: An Example of an Input Tracking Scorecard

Input Indicator	Entitlement	Actual	Remarks/Evidence
Medical kit per family			

Children per class			
Sanitation Facilities			
Furniture per classroom			
Wages of health workers			

Wherever possible, each of the statements of the group member should be substantiated with any form of concrete evidence (receipt, account, actual drugs or food, etc.). One can triangulate or validate claims across different participants as well. In the case of physical inputs or assets, one can inspect the input (e.g. toilet facilities) to see if it is of adequate quality/complete. One can also do this in the case of some of the physical inputs - such as the number of drugs present in the village dispensary - in order to provide first hand evidence on project and service delivery.

2.2.2. Generation of the Community Generated Performance Scorecard

This stage involves classifying community participants into focus groups; the most important *basis for classification is usually usage or type of programme for which feedback is sought*. The *focus groups then brainstorm to develop performance criteria* with which to evaluate the facility and services under consideration; ideally, the number of indicators should not exceed 5-8. The scoring process can take separate forms - either through a consensus in the focus group, or through individual voting followed by group discussion. A scale of 1-5, 1-10 or 1-100 is usually used for scoring, with the higher score being 'better'; in order to draw people's perceptions better it is necessary to ask the reasons behind both low and high scores. This helps explain outliers and provides valuable information and useful anecdotes regarding service delivery. The process of seeking user perceptions alone would not be fully productive without asking the community to come up with its own set of suggestions as to how things can be improved based on the performance criteria they came up with. This is the last task during the community gathering, and completes the generation of data needed for the CSC.

Table 3: An Example of a Community Scorecard

	Indicators selected	Score out of 100	Reasons for the scores
1.	Management of village relief centre		
2.	Attitude of doctors & paramedics		
3.	Equal access to health facilities for all members of the community		
4.	Involvement of community in identifying and maintaining temporary shelters		

2.2.3 Generation of Self-Evaluation Scorecard by Facility Staff

In order capture the perspective of providers, the first stage is to choose which facilities will undertake self-evaluation. This choice depends to a large extent on the receptiveness of the staff at the facility, and there is perhaps the need to advocate to

them the purpose and use of the CSC process. As with the community, the facility staff needs to go through a brainstorming session to come up with their own set of performance indicators. These should then be classified in a manner that is easily comparable with the indicators chosen by the community. *Third*, as in the community gathering, the staff of the facility (be it a school, or health clinic) need to fill in their relative scores for each of the indicators they came up with. These are again averaged to get the self-evaluation score card. *Fourth*, the facility staff too needs to be asked to reflect on why they gave the scores they did, and to also come up with their own set of suggestions for improving the state of service delivery. For the record, one can even ask them what they personally consider would be the most important grievances from the community's perspective, and then compare and see the extent to which deficiencies are common knowledge.

2.2.4 Interface between Community and Facility Staff

This final stage in the CSC process holds the key to ensuring that the feedback of the community is taken into account and that concrete measures are taken to remove shortcomings in service delivery. To prepare for this interface, it is therefore important to sensitize both the community and providers about the feelings and constraints of the other side. This ensures that the dialogue does not become adversarial, and that a relationship of mutual understanding is built between client and provider.

3. Key applications of community-led M&E approaches

a. National, provincial & Sectoral Ministry Levels

- ➔ National level coordination/allocation bodies like finance and planning may get insights to reallocate resources across services, locations and segments of population.
- ➔ CRC findings may trigger the design of incentives for better performers and disincentives to put pressure on inefficient ones.
- ➔ The institutionalization of community-led initiatives will make the functioning of the government more transparent and create space for affected communities to voice their experiences in a structured and credible manner.

b. Public Service Providers / Agencies

- ➔ Implications for the design of the service. Critical information provided by community can point to the need for a redesigning of the approach and processes of delivery.
- ➔ Reallocation of resources and people to remedy the gaps identified by community. E.g., increased training of personnel, creation of redressal mechanisms, etc.
- ➔ Implications of responding to the need of different community groups. E.g., economic variations (middle class vs poor); gender variations (men vs women)
- ➔ Need to seek additional resources or improved policies. E.g., increased dissemination of information, creation of forums for public interfaces, public information and education campaigns.

- ➔ Prioritizing issues and designing 'quick-win' solutions. Community inputs assist in strategically facilitating an avenue to initiate a dialogue with various stakeholders and carrying out practical problem solving actions.

c. *Donors*

- ➔ Redesign programmes to directly impact on the critical and strategic issues identified by the survey
- ➔ Improving the targeting of the interventions to locations and communities that are worst affected.
- ➔ Providing indicators on themes/issues where service delivery systems need to be strengthened
- ➔ Providing a critical set of 'benchmarks' which can be used to assess the impact of development interventions.

d. *Civil Society / NGOs*

- Sets a base for 'demand mobilization' for improving service delivery by converting individual issues to collective themes
- Provides a credible tool for effective follow-up actions
- Comparative statistics provide good handles to effectively lobby for change
- Opens up possibilities for sector level consultations and dialogues with service providers.
- Facilitates networking with other stakeholders on common action agenda.

Follow-up, Institutionalization & Outcomes

Community feedback led M&E initiatives, especially those that arrive as one-off experiments will serve little long-term purpose unless implementation is followed through on a sustained basis. Both demand and supply side measures can be undertaken to ensure this institutionalization. From the supply side, the key is to get local governments, national and provincial authorities and donor/aid agencies to create forums for feedback from communities so that performance based policy action can be taken. The regional, national governments and donors can integrate these findings into their planning and budgetary functions by making the results of the feedback exercise the basis for allocation of resources or performance based incentives. From the demand side, community based organizations can train their staff on how to conduct these evaluation exercises, so that these interventions become institutionalized as independent and credible assessments. Further, various indirect uses of the data and findings from these approaches can be promoted by ensuring that the information contained in them is disseminated in the public domain through grassroots media like community radio, or through conventional conduits such as the press and television.

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