

Accountability, equity and accessibility of local governance and basic services

An exploratory study into the possible influences of “Pamoja” projects on the accountability, equity and accessibility of local governance and services and the inclusion of the poorest

The province of Gitega, Burundi



Research conducted for the Dutch Consortium for Rehabilitation
Participating organisations: HealthNet TPO and CARE Burundi

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Foreword

As the coordinator of the DCR Knowledge Network I am happy to present to you the first field research report, written by Clare Cummings. This report is available in both French and English. Clare answered two research questions that address two main themes earlier defined by the Network. She conducted her research in Gitega, a province in Burundi where HealthNet TPO and CARE are implementing activities together. This report is a detailed documentation of the results and includes practical recommendations for programme improvement. On behalf of the Knowledge Network I would like to thank Clare for her commitment. Clare has accepted to remain a resource person for the Network, and we hope to use her expertise again in the future.

The draft report was discussed within HealthNet TPO Amsterdam. Please find below a commentary, addressing the main issues of the discussion, which I feel is essential for understanding the concept of Community Systems Strengthening (CSS) in Burundi.

Commentary

In a reaction to Clare Cummings research on local governance accountability and inclusion of the poorest, HealthNet TPO would like to clarify the concept and objectives of CSS.

The projects of CARE and HNTPO are set up to complement each other: strengthening local governance and peace building (by CARE), and health systems/community health (by HNTPO). Both organisations aim to work in a synergetic way towards at least two DCR objectives: improving basic facilities and strengthening community ties.

The CSS approach in Burundi aims to contribute to restoring trust and social cohesion in order to change and create (new) conditions in the community that positively impact on health and well-being. An essential step is the establishment of networks (comités communaux et réseaux collinaires) whose members undertake collective action in order to create a more healthy environment for communities at large by addressing issues that are related to the (social determinants of) health and psycho-social well-being.

The research questions and the focus of Clare's research (on the three principles of participation, equity and accountability, and on inclusion of the poorest) are related to CARE's good governance programme and to HNTPO's health systems programme, but – at this stage – not to HNTPO's CSS approach.

From the HNTPO perspective, including the "community networks" (réseaux collinaires) in this research is not adequate, as they are not set up in the framework of good governance. The

community networks do not, in the first instance, aim to be accountable nor include the poorest, and should therefore not be evaluated on that basis. The idea of the CSS approach is to install trust, cohesion and capacity so that people feel capable and motivated to collaborate, and help the poorest as an indirect result, something we see is already happening^[1].

Next to the community networks, HNTPO is setting up “district committees” (comités communaux), in which (elected) members of the community networks will take part. These committees will aim to ensure that the problems identified at community level are taken care of by authorities at District or Provincial level. The District Committees would have been an appropriate subject for Clare’s research, but they were not yet created at the time of her research.

Some of Clare’s findings around the community networks are however relevant for making CSS more effective. The community networks should be a heterogeneous group of people and should also include women and young people. People should feel free to express themselves, and if certain leaders (élus collinaires) are too dominant, this issue will be raised and addressed by the HNTPO team. Finally, Clare’s recommendation to try to institutionalise the committees to bring about long-term changes to informal governance structures is something that HNTPO will consider. In addition to this, we feel that the discussions between staff at HQ and between HQ and staff at the Burundi office have helped to shape the scope of CSS within the Burundi context (which is still in a pilot phase).

HealthNet TPO would like to thank Clare for her work and willingness to take into account our CSS approach for answering two research questions. For future research, HealthNet TPO will aim to better explain the objectives of the CCS approach to external researchers to benefit even more from their research and recommendations.

Saskia Nijhof

Coordinator of the DCR Knowledge Network

Amsterdam, 30-11-2012

^[1] Observed during a field trip to Burundi by Bibiane van Mierlo in October 2012 (Source: field trip report).

Acknowledgements

I would like to express my gratitude to everyone who assisted me in carrying out this research.

Firstly, I would like to thank everyone who gave their time and energy to participate in this research. I am very grateful to the people from the “collines” as well as the district authorities and public service providers for their cooperation in this research. Without their willingness to share their opinions and knowledge, the research would not have been possible.

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Finally, I would like to thank Saskia Nijhof from HealthNet TPO for her encouragement and advice during the whole research process and for having given me this opportunity to work in Burundi. I would also like to thank Dr. Gerard Prinsen for providing detailed advice during the writing stage of the report which raised the report’s quality and accuracy. I am also grateful to Seleus Sibomana and Joseph Nindorera for their advice and comments during the planning and implementation of the research. The professional and personal support from the staff from CARE Burundi and HealthNet TPO made this experience very positive and I am very grateful to them all.

Executive Summary

It is widely recognised that poor governance is one of the underlying causes of poverty. Governance has a strong influence on the distribution of public resources and individuals' opportunities so if the governance system is unfair; it is unlikely that public services and policies will be fair either. For this reason, the concept of good governance has become very important for organisations working to bring about equitable development.

The development of good governance is one of the objectives of the partner organisations of the Dutch Consortium for Rehabilitation (DCR). This research focuses on the projects of two of the DCR partners; HealthNet TPO and CARE Burundi who work for equitable development in Burundi. The research studies how the projects influence three areas of local governance; citizen participation, accountability of decision makers and equity in terms of the inclusion of the poorest in governance.

In general, the projects seem to be successful in improving local governance by creating new spaces for citizen participation in public service provision and new mechanisms for accountability. The creation of these spaces and mechanisms appears to increase the knowledge of the citizens and authorities who participated and communication between citizens and the authorities was facilitated as well. The projects promote the value of participatory and transparent governance and seem to increase the capacity of citizens and authorities to better manage service provision.

However, local governance is greatly influenced by government structure as a whole and the lack of financial support from central government to local government seriously limits the capacity of government to meet communities' needs. Social structures also influence the nature of governance. The absence of a culture of addressing authorities and the reticence of citizens to confront unequal social relations to make themselves heard seem to be some of the obstacles limiting the projects' success. All the projects struggle to include or support the poorest people, which is a challenge which could be tackled through national social policy as well as at the local level where the poorest people could be targeted more accurately.

Therefore, it seems that social norms as well as formal governance structures are important for local governance to be improved in the long term. Finally, for the success of all the projects to be increased, the DCR partner organisations could work to increase their collaboration and communication to share their lessons learnt.

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Introduction:

This research was directed by the Dutch Consortium for Rehabilitation. The Dutch Consortium for Rehabilitation (DCR) is composed of four non-governmental organisations (NGO): ZOA (Relief, Hope and Recovery), Save the Children, CARE and HealthNet TPO, who are implementing the programme, “Pamoja” for the rehabilitation of post-conflict countries. The programme is financed by the Dutch ministry for foreign affairs and it concerns projects in six countries: Liberia, Uganda, D.R. Congo, Sudan, South Sudan and Burundi. Pamoja aims to strengthen civil society, improve basic public services and create jobs which together should contribute to greater stability and sustainable economic growth (DCR¹).

One of the areas of the DCR’s work is the “Knowledge Network” whose objective is to produce and share lessons learnt through DCR interventions. This learning programme is very important for ensuring that DCR interventions are more effective, sustainable and responsible. Six research themes have been chosen for the period 2012-2013 and these are: (1) Local development, (2) Accountability of local governance, (3) Inclusion of the poorest, (4) Conflict sensitivity, (5) Adult literacy and sustainable livelihoods and (6) Partnerships. This research project concerns two themes; local governance accountability and the inclusion of the poorest and these themes are studied in the context of Pamoja projects in Burundi.

Burundi, a former Belgian colony which gained independence in 1962, has recently emerged from a civil war between ethnic communities in which 300,000 people lost their lives and 500,000 people sought refuge in neighbouring countries (DCR)². After the ceasefire in 2006, the majority of refugees returned to Burundi but around 20% remain in refugee camps (ibid). In 2005, free elections took place for the first time since the conflict and elections were held again in 2010. However, the elections worsened tensions between the political parties and ethnic groups and acts of political violence are still common. The country’s population is made up of three ethnic groups; the Hutus (85%), the Tutsis (14%) and the Twa (<1%) of which the Tutsis are an elite minority who do not easily coexist with the Hutus who form the majority (ibid). Therefore, political instability and social divisions are serious problems for the development of the country. Moreover, around 75% of the population live below the poverty line and agriculture represents a very large part of the economy. However, the majority of the population does not own enough land to live off their harvest (ibid).

¹ <http://www.dcr-africa.org/fr/> (vu 16/04/2012)

² <http://www.dcr-africa.org/fr/Country/13/Burundi> (vu 08/05/2012)

In Burundi, the programme, Pamoja is focused on strengthening the capacity of local organisations and other community structures. There is a range of structures and organisations, such as local groups, health committees, peace clubs, solidarity groups and management committees for community hangars. There are various areas of capacity building too, for example, training in technical skills, management, governance and evaluation of community satisfaction. Of the four partner organisations of the DCR, this research concerns two of them; HealthNet TPO and CARE Burundi. They each carry out different projects within the Pamoja programme. HealthNet TPO's Pamoja projects involve supporting health centres and the provision of community healthcare while CARE Burundi's projects concern strengthening local governance and social cohesion.

Last year, CARE Burundi carried out research into local governance in Burundi and the results of the study form the base of this research. In general, CARE's research found that the main governance problems concern a lack of citizen participation in decision-making, unreceptiveness of authorities to citizens' opinions, corruption, impunity and an unfair justice system (CARE Burundi 2011a). While many people who were interviewed mentioned participation and equity as important factors for good governance, very few people mentioned accountability. Therefore, my research develops this point by exploring the perceptions of authorities and citizens of accountability and how citizen participation influences the accountability of local authorities. CARE's research also stated that discrimination of certain social groups prevents them from influencing local governance, which results in unequal access to public services (ibid). Therefore, the second focal point of my research is how local governance could be more inclusive so that marginalised people can have greater influence over local public services.

Previous research into local governance in Burundi concentrated on the participation of citizens as individuals. However, since DCR activities in Burundi focus on strengthening community structures and organisations, my research is centred on the capacity of these structures and organisations to influence local governance and include the poorest of the poor. The research aims to understand if these organisations strengthen the voice of the poorest in public decision-making and if they make the local authorities more responsive to citizens. The knowledge generated by this research will provide a base for a critical reflection of the DCR's models of intervention in order to better develop these models to create a lasting, positive change and contribute to the reduction of poverty (DCR :2011).

Chapter 1 Theoretical Framework

1.1 Governance

Since the '90s, the term « governance » has become a central concept in international development. The meaning of “governance” has been developed according to the idea that the formulation and implementation of public policy can be influenced by various social actors in addition to formal government. The term includes several concepts, recognising the importance of power, politics and social relations in the production of public policy (Hout and Robison 2009:9). Therefore, the definition of “governance” used in this research reflects the complexity of the social relations, structures and actors who together influence the way in which society is managed. The definition adopted by this research was developed by CARE International (2011):

“[Governance is] is a dynamic, political process through which decisions are made, conflicts are resolved, diverse interests are negotiated, and collective action is undertaken. The process can be influenced by formal written codes, informal but broadly accepted cultural norms, the charismatic leadership of an individual or individuals, the use of force, coercion or patronage, or, often, a combination of these means”

It is widely recognised that poor governance is an underlying cause of poverty because it greatly influences the way in which resources and opportunities are distributed amongst society. Consequently, facilitating the development of “good governance” is important for the sustainable reduction of poverty. According to CARE International (2011),

“Good governance is the effective, participatory, transparent, equitable and accountable management of public affairs guided by agreed procedures and principles, to achieve the goals of sustainable poverty reduction and social justice”.

This definition is based on three “domains of change”:

- “Marginalised citizens are empowered.
- Public authorities and other power-holders are effective and accountable to marginalised citizens
- Spaces for negotiation between power-holders and marginalised citizens are expanded, inclusive and effective.” (CARE International: 2011)

These domains for change constitute the base of the theory of change used in this research which proposes that:

“If citizens are empowered, if power-holders are effective, accountable and responsive, if spaces for negotiation are expanded, effective and inclusive, then sustainable and equitable development can be achieved. Change needs to take place and be sustained in all three domains to achieve this impact” (CARE International: 2011)

The research focuses on good governance at the community level which concerns the formal and informal role of the local administration and community-based organisations (CBO) in the provision of local public services (Shah and Shah 2006:2). Previous research by CARE Burundi into local governance in Burundi decomposed the concept of governance into nine principles: participation, receptiveness, accountability, legitimacy, effectiveness and efficiency, transparency, equity, prospection and primacy of law (CARE Burundi 2011a). Of these nine principles, CARE identified three principles which represent important challenges for equitable and sustainable development. These are citizen **participation** in decision-making, **accountability** of decision-makers to citizens and **equity** in access to public services and resources. These have been identified as priority areas for governance in CARE Burundi’s governance strategy which will guide their work until 2025 (CARE Burundi 2011c:2). Consequently, these three principles form the analytical centre of this research. Nevertheless, it must be acknowledged that the nine principles are interdependent and none of them should be excluded entirely.

The following sub-chapters address the three principles of participation, equity and accountability as well as the obstacles to inclusive governance and the formal and informal structures which influence local governance.

1.2 Participation

The concept of citizen participation has been developed alongside the concept of governance. Since Chamber’s seminal work on rural participatory appraisal (1994, 1997) and the World Bank report, “The Voices of the Poor” (Narayan, Patel et al. 2000), the importance of citizen participation in decision-making and service delivery has become a dominant issue in poverty reduction. Participation, like governance, is a broad concept which has been used in various contexts, such as participatory research, public consultation and direct democracy. Citizen participation in governance continues to be a popular concept because, according to theory, it involves a political process with transformative potential (Jupp 2007:15). According to champions of participatory governance, the involvement of citizens in governance can generate solutions to specific local problems, create a culture of interest in social issues and enable citizens to access centres of power

(Shah 2011:46). The active participation of citizens in the formation of public services and policies has the potential to transform citizens from being “users” to “shapers” (Gaventa 2004:17).

However, there are many forms of participation, from lobby strategies in which citizens remain outside government institutions to movements for direct democracy, such as Ubudehe in Rwanda where local communities take responsibility for local services (Shah 2011). This research project is interested in participation for developing “negotiated development”. This concept of participation refers to interactions between government officials and citizens in order to ensure citizens’ rights are fulfilled (CARE International 2011:3). Citizen participation in this context does not envisage citizens governing themselves independently from formal government. Instead, it concerns encouraging citizens to engage with local governance and encouraging authorities to be more receptive to citizens.

Effective citizen participation in governance can be brought about through alliances between CBOs who act together to promote local governance reforms. Such formal or informal alliances may present an important opportunity to achieve changes in public services and policies to the benefit of different social groups. Changes which include the interests of various groups may be able to provoke an improvement in social relations which is important for post-conflict countries where power is often maintained through repression (CARE International 2011:13). Participatory governance should reinforce the social contract between citizens and the State so that social divisions are not worsened (Burde 2004:73) and so that the government better fulfils its responsibilities to citizens. Initiatives for participation in a post-conflict context have a further objective of consolidating peace and creating social capital in civil society and linking this capital to public organisations (DESA 2008:114).

Interactions between citizens, CBOs and public authorities can occur in different kinds of spaces. Citizens outside of formal governance processes may engage with government administration through actions such as protests while others, who have access to formal processes, may engage in decision-making and formal evaluation of public services. These latter acts occur in formal “invited” spaces, provided by government authorities while the former acts occur in informal “popular” spaces (Cornwall 2004:2). Conceptualising participation in terms of space highlights the power relations which determine the type of access different groups have to governance processes (ibid.:1). That is, the space in which a CBO acts indicates the nature of the power relations within a society.

Due to the influence of power relations on participatory governance, the existence of formal spaces for participation does not necessarily ensure that all citizens have the opportunity to participate effectively. It is necessary to reflect on who created the space and why and who speaks on behalf of who (Gaventa 2002:7). Unless attention is paid to the power relations between different social groups and within CBOs, increasing the influence of a community on local governance could reinforce the exclusion of marginalised citizens from public policies and services (Cornwall, Lucas and Pasteur 2000:11).

1.3 Accountability

The active participation of citizens in governance processes is clearly important for improving governance. However, citizen participation is only one part of good governance. The other side is the accountability of local authorities to the community.

Accountability and participation are interconnected and they constitute a “governance wheel” in which participation leads to the greater accountability and accountability is a basis on which citizens can engage with government authorities (Tandon 2002). It should be a positive cycle in which participation and accountability reinforce each other (Crook and Sverrisson 2001:10).

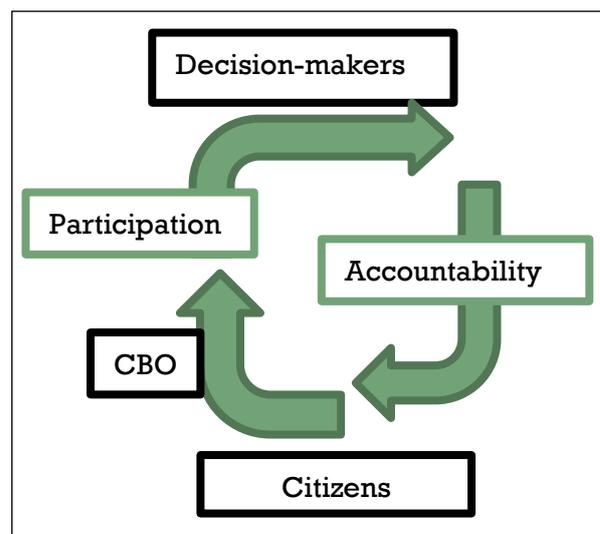


Figure 1. The governance wheel

The concept of accountability refers to the capacity of citizens to hold government decision-makers responsible for their actions and decisions (CARE Liberia 2011:27). Accountability implies that local authorities are obliged to:

- Share timely and relevant information in a manner that is accessible, and with clear justification for decisions (answerability)
- Be responsive to the views of stakeholders when making decisions through meaningful participation at all stages of the decision-making cycle (responsiveness)
- Bear the consequences for the violation of duties, non-fulfilment of rights and poor or criminal performance, through disciplinary measures and other sanctions (enforceability) (Schedler, 1999 cited in CARE International 2011)

Accountability mechanisms function in three directions: horizontally, vertically and diagonally. Horizontal accountability mechanisms concern the official mandate of certain institutions, such as an agency against corruption to hold other public institutions to account (CARE International 2011:11). Vertical accountability mechanisms involve the relation between citizens and their representatives. These mechanisms include free and fair elections, civil society monitoring of their representatives and the role of the media (ibid). The third type of accountability mechanisms, diagonal mechanisms, involves direct citizen participation in institutions involved in horizontal accountability. This last type of mechanism is also referred to as social accountability (ibid) and is at the centre of current discussion around accountability because it provides new ways of bringing citizens into horizontal accountability spaces (Goetz and Gaventa 2001:8). This may be through the participation of citizens in committees or public enquiries or public evaluation of a budget or a service (Ahmed 2008:12).

However, the development of social accountability, like inclusive participation, is not a simple or direct process. Earlier studies have found that there is not a specific mechanism or a definite combination of mechanism which can guarantee accountability. The same mechanism can have good or poor outcomes. For example, a public consultation may allow marginalised groups to express their opinions or the consultation may be dominated and controlled by the community and leaders (Blair 2000:32). It appears that for accountability mechanisms to be effective, it is necessary that there is culture of accountability in which citizens and decision-makers are all conscious of their rights and their responsibilities (DRC 2011). Although an active civil society is important, it is also important to pay attention to social relations to avoid people being excluded from a discussion even if they are physically present (ibid). Moreover, public authorities should make information on policy and budgeting procedures available to citizens and local authorities must be competent in accountancy, which is often not the case in developing countries (Devas and Grant 2003:311).

1.4 Equity and the Voice of the Poorest

As mentioned earlier, the aim of participation in local governance is to empower citizens to claim their rights, achieve greater social justice and reduce poverty. However, to reach these goals it is necessary for all social groups to be able to exercise their rights and responsibilities equally (CARE Burundi 2011a:11). Therefore, this research is focused on including the poorest people in local governance with the aim of studying how their voices may be raised in local governance to bring about a more equitable provision of public services.

To study the inclusion of the poorest, it is first necessary to clarify the term “the poorest of the poor”. Poverty is a multidimensional concept and while there are many ways of defining poverty, it

is widely understood that poverty is more than simply a lack of money. Any definition of poverty should include all of the key areas in which a person can experience deprivation. For example, the ability to access productive financial and physical resources and services, such as education and healthcare; the ability to participate in community organisations and the ability to influence public policies (OECD 2001:38).

However, to identify who in a particular community is living in poverty it is necessary to understand the nature of poverty in the community in question. Clarke (2011:16) found that having a preconceived idea of poverty can prevent an observer from identifying who the poorest people are. For this reason, the research asked the research participants to define poverty and describe who the poorest people are in their village. The definitions of poverty produced by the participants were compared with the results of a study carried out by CARE in 2012 (CARE Burundi 2012). The study examined how Burundians perceive poverty. The participants in the study described poverty in terms of a lack of land, food, housing and physical strength to work among others.

The Voice of the Poorest

Having identified the characteristics of the poorest of the poor, the research explored whether the Pamoja projects are successful in strengthening the voice of the poorest in local governance. To answer this question, the concept of “voice” must be explained. The term “voice” simply means that a person has an influence over the management of public services (Mehrotra and Jarrett 2002:1685). So, in relation to voice, citizen participation in governance is a way of increasing citizens’ influence and voice is this influence. Influence over the management of public services can be conceptualised in terms of four types of power. These are: “power over”, “power to”, “power with” and “power within” (Csaszar 2005:144). Power relations in a governance system may often be thought of as the power of the elite over marginalised groups but it is important to recognise there are other forms of power to. That is, the “power to” express opinions or question officials and the “power with”, which is the power to act together, with other community members. In order to have these forms of power, a person must also have “power within” which is the self-confidence to contest the unequal distribution of power (ibid).

Power relations may be identified in the people’s perceptions of their own power, in the participation of different groups in decision-making and in the representation of certain people by others (White 2010:13). So, to study the “voice” of the poorest, the research studied the power of the poorest to influence local governance and the effect of the Pamoja projects on their power.

Barriers to the participation of the poorest

Participatory governance is a popular theme among development organisations and so there are already many evaluations of participatory governance which have revealed common barriers to the inclusion of the poorest in governance. One of the fundamental barriers concerns the physical or financial inability of the poorest to participate. For example, the opportunity cost of participating in local governance activities instead of working can be a serious barrier. Shah (2011:96) noted that in Rwanda, the poorest of the poor did not attend community meetings because they had to work in order to make ends meet.

Similarly, Shah (ibid) found that elderly or handicapped people did not have the physical capability to attend community meetings either. Furthermore, a lack of information about policy processes and the inability to self-organise effectively also hinders the participation of the poorest (Cornwall 2004:3). Therefore, it is not surprising that various studies have found that the poorest people lack confidence in their ability to influence local authorities (CARE Liberia 2011:41).

In fact, it seems that it is a lack of confidence and a lack of interest in participation which are the greatest barriers to the participation of the poorest in governance. It should not be assumed that citizens prefer direct participation to a situation in which public authorities provide equitable public services without needing to be monitored by citizens (Goetz and Gaventa 63:2001). Therefore, for citizens to participate in governance there must be concrete benefits of doing so. According to Olson's (1982) theory on collective action, to motivate people to act together there must be an individual benefit as well as a collective benefit from the action. However, it is rare that citizen participation produces immediate individual or collective benefits. Therefore, it was unsurprising that a study into governance in Burundi in 2011 found that the majority of citizens have a passive attitude to governance and low expectations of the authorities' ability to improve local services.

It is clear that there are many barriers to bringing about equitable participation in governance but the voice of marginalised people may still be strengthened through community organisations representing their needs. Community organisations which have members from different social groups et who act together for a collective objective can be powerful in representing a community's interests in local governance (Gaventa 2004:21). Therefore, in studying the voice of the poor in local governance, the research examines both the power of the poorest to participate in governance and how their interests are represented in governance by the community organisations supported by Pamoja.

1.5 Formal and Informal Institutions

As the definition of governance stated earlier explains, governance can be influenced by formal written codes as well as by informal cultural norms. This refers to the influence of social formal and informal institutions on governance. Institutions, as defined by North (1993:4-5) are “humanly devised constraints that structure human interaction” and they consist of formal, impersonal rules, such as laws and informal rules, such as social norms and relations. In relation to governance, formal institutions concern written rules, such as formal procedures, laws and the distribution of government responsibilities. These institutions should direct how government authorities plan and implement public services and how citizens can legally engage in governance. It is important that the research considers formal institutions because they establish the official procedures for accountability, information-sharing and public decision-making.

As for informal institutions, these are social and cultural norms, social relations and social hierarchy. These institutions guide individuals’ actions and their expectations of how other members of society will act (van Dijk 2009:6). Consequently, these norms and relations have a significant influence on the power of different social groups to engage in governance structures. For example, wide spread discrimination of a certain social group could prevent people identified with this group from having their voices heard by the local authority. Therefore, informal institutions can present a serious barrier to equitable, participatory and accountable governance if they reinforce unequal power relations. Gaynor (2011:2) suggests that a key factor at the root of inequitable governance in Burundi is the unwillingness of citizens to go against these informal institutions. Therefore, the research examines the influence of formal and informal institutions on governance and how the Pamoja projects engage with institutions.

1.6 Conclusion

The theoretical framework analyses the concept of good governance in terms of participation, equity and accountability. According to theory, achieving participatory, equitable and accountable governance should allow all citizens to engage in decision-making processes and the management of public services. Everyone, including the poorest people in a society should have the opportunity to access these processes in order to make public services and policies more equitable. The three principles of participation, equity and accountability function together in a positive cycle in which they strengthen one another.

However, there are numerous barriers which can prevent the development of participatory, equitable and accountable governance. With regards to public authorities, the formal structures of

governance must include formal mechanisms for citizen participation and for accountability to citizens and the authorities must be capable of accurate accountancy. Furthermore, citizens must be capable of questioning government officials and expressing their opinions so they must have some knowledge about local governance, self-confidence and ways of participating in governance. Moreover, for governance to be equitable, the poorest people must have the power to overcome barriers related to incapacity and social inequality in order to make their voices heard.

The aim of the research is to study how spaces for governance participation enable the poorest to be included and how participatory governance influences the accountability of decision-makers and service providers. The research concentrates on the influence of the CBOs supported by the Pamoja programme on accountability and participation in local governance.

Chapter 2 Research Questions

Question 1:

- **How can the Pamoja projects increase the accountability to communities of local service decision-makers?**
 - a) How do citizens and decision-makers define “accountability”?
 - b) How do the community organisations which are supported by the Pamoja projects engage with local service decision-makers?
 - c) How do the Pamoja projects engage with local service decision-makers to increase their accountability to communities?

Question 2:

- **How do the community organisations and structures which are supported by the Pamoja projects strengthen the voice of the poorest in local governance?**
 - a) How do decision-makers and citizens define
 - b) How are the needs of the poorest represented in local governance by the organisations and structures which are supported by Pamoja?
 - c) How do the organisations and structures which are supported by Pamoja facilitate the participation of the poorest in local governance?

Chapter 3 Research Location

The location of the research consisted of three districts in the province of Gitega: Makebukho, Gitega and Bukirasazi. The capital of the province is the town of Gitega which is the second largest urban area in Burundi. In the province of Gitega, HealthNet TPO and CARE Burundi implement Pamoja projects to promote equal access to resources and basic services for disadvantaged people.

The Pamoja projects which CARE Burundi carries out concern strengthening CBOs and local authorities to improve local governance so that the public authorities are more accountable to citizens and responsive to their participation. In terms of governance, CARE Burundi works with peace clubs, peace club networks, water source committees and the district water board. Strengthening these organisations and committees consists mainly of workshops and providing tools. In two districts of Gitega; Gitega and Bukirasazi, CARE Burundi has begun a project, the community scorecard to allow an exchange of ideas between services providers and users. The scorecard has been used in the two districts to facilitate an evaluation of the provision of water to the districts.

The Pamoja projects carried out by HealthNet TPO in the province of Gitega concern “Community Systems Strengthening” (CSS) and performance based finance (PBF) for health centres. For the CSS project, HealthNet TPO has formed community networks and district committees in the three districts; Gitega, Bukirasazi and Makebukho. The community networks consist of various community structures, including the local elected leaders, CBO leaders and members of the health committees (COSA). HealthNet TPO gives training to community networks to strengthen their capacity to resolve health problems, including psycho-social problems (trauma, gender-based or family violence, birth control) at the village level. A district committee was formed as this research was ending, composed of around 25 district representatives, including health centre managers, public health promoters, representatives from the district administration, the police, the judiciary system and the Committee for the Development of the Family. The district committee received the same training as the community networks and should support the community networks if they need it.

As for PBF, HealthNet TPO supports the system by working with local groups (ASLO), who survey the quality and quantity of healthcare provided by the health centres and by supporting the health committees (COSA) who monitor the health centres. The community’s opinions on their health centre are noted in a survey by the ASLO and this information is presented to the COSA and to the health centre staff. These projects aim to strengthen community structures so they can participate in

the management and monitoring of healthcare and improve the accountability of health centres to communities.

The Pamoja projects studied by this research are:

The community scorecard (CARE), water source committees (CARE), peace clubs (CARE), community systems strengthening (HealthNet TPO) and support for the performance-based finance systems for health centres (HealthNet TPO).

Chapter 4 Methodology

4.1 Methods and Sampling

The methodology employed in this research is qualitative. Qualitative research focuses on meaning, perspectives and understanding and it explores processes and structures. There are several reasons why a qualitative approach is the most appropriate for this research. Firstly, qualitative methods allow a detailed exploration of feeling and opinions. So to study how different people perceive the concepts of “participation”, “accountability” and “poverty”, qualitative methods are very appropriate.

Furthermore, because this research concentrates on the specific CBOs which benefit from the Pamoja projects, a qualitative approach allows the researcher to study these organisation and their different characteristics in a detailed way, exploring social relations and individual attitudes. Finally, the findings from the different qualitative methods used in this research can be triangulated. Triangulation is the cross-verification of the results of one method with the results of another (Bryman 2008:611). This technique improves the validity of the findings and can allow a deeper understanding of a situation too (Olsen 2004:1-3). Although the inclusion of a quantitative method could have increased the validity of the findings, it was not possible to conduct a survey which would have produced reliable and significant findings due to the difficulty in accessing village inhabitants and the lack of data on the village populations.

The research methods used are:

- Semi-structured interviews with key stakeholders
- Life history interviews
- Focus group discussions (FGD)
- Participatory methods: “dartboard diagram”, “spider web diagram”, SWOT analysis, partial problem tree diagrams and “community diagrams”.

The semi-structured interviews were conducted with village heads, members of the district administrations, health centre managers and DCR employees. These interviews were used to obtain general information on the research themes as well as the personal opinions of the interviewees. The interviews included questions on the interviewees’ understanding of participatory governance and accountability as well as reasons for carrying out (or not) accountability procedures. Life history interviews were used with the poorest people to explore the causes of their situation of poverty.

This method has the advantage of giving more control to the interviewees so that they can explain their life story in their way (Kakuru and Paradza 2007:295). These interviews were filmed so that the stories can be shared with other people and organisations who work on the areas studied by this research.

To discover the perspectives of different people within the communities studied, focus group discussions were conducted with CBO members, people from the villages included in the research and the poorest people in the communities. There were separate focus groups for women, men and young people so that each group of people could express themselves freely but the discussions with CBOs included all three groups in the same discussion. The focus groups were used to understand the opinions of different people living in the villages and to see how people from different social groups interact. This can indicate the power relations between community members which would not appear during a personal interview, for example if one person dominates the discussion and prevents others from speaking.

During the focus groups, participatory research techniques were used to initiate a discussion and visualise the information being generated and to allow the participants to evaluate their situation and role in their community. The “dartboard” diagrams were used to show the different levels of severity of poverty and the community diagrams were used to show who is excluded and included in community organisations and the connections between the different groups. The spider web diagrams and SWOT analyses were used to facilitate the CBOs to evaluate their activities. The partial problem tree diagrams were used to allow participants to analyse the causes of poverty in their community and find solutions to these problems. These diagrams were also used to see how the participants perceive poverty and their power to reduce poverty, which is particularly relevant to the CSS project. See annex A for more information on the participatory methods and annex B for the spider web diagrams which were produced³.

The sampling method used for the focus groups with village inhabitants was stratified sampling so that the focus groups included people from different socio-economic backgrounds, different ages and women, men and young people. The village heads were asked to invite the participants according to these criteria because they know the communities well. For the focus groups with the poorest of the poor, the participants were first invited according to CARE Burundi’s lists of the most vulnerable people. In 2012, CARE carried out a detailed process in all of the villages where they

³ There is not a diagram for every focus group discussion because there were some discussions where there was not enough time to do a participatory exercise. See annexe C for more information.

work to identify who are the most vulnerable individuals. They produced a list in collaboration with the village leaders and then organised a public meeting in each village to ask the whole community if each person on the list was really very vulnerable.

Unfortunately, after having carried out focus groups with the people from CARE's lists, it was clear that they were not the poorest people. In general, the poorest people do not attend public meetings so they were not included in the targeting process and so do not appear on CARE's lists. To contact the poorest of the poor, a second method was used where women from the CBO which had already participated in the research showed the researcher the houses of the people who they considered to be the poorest.

This method is not systematic and it introduces a selection bias but the people identified by this method did correspond to the description of the poorest of the poor generated through the focus group discussion on poverty. To identify the poorest of the poor in a more systematic way, it would have been necessary to pass from house to house but there was not enough time or human resources to do this. The combination of the two methods showed the different characteristics and level of poverty in the villages and the difficulties of reaching the poorest of the poor.

See annex C for more information on the units of analysis and sampling methods.

4.2 Methodological Limitations

The research concentrated on three districts in the province of Gitega so the results should allow for a good understanding of the governance dynamics in the area studied. However, because the research focused on a small geographical region, it is not possible to reliably generalise the research findings to other regions. Moreover, because the research includes five different projects which consist of many different actors, it is difficult to analyse all the elements of each project and include all the relevant details.

With regards to the qualitative methods, it is difficult to reach a high level of credibility because these methods are unavoidably subjective (Summer and Tribe 2008:115). Furthermore, since the research addresses some sensitive questions related to governance, it is possible that the people interviewed did not always respond honestly. It was necessary to pose the questions in a non-accusatory manner, conduct the interviews in private places and assure the participants that their answers would be kept confidential. The cross-checking of data with data from the different methods used helps to increase the credibility of the findings.

A further consideration is that accuracy of the Kirundi-French translation. It is important that research is carried out in a language which the participants understand well, which for the majority was Kirundi. To ensure that the translation was as accurate as possible, it was necessary for the research and interpreter to discuss the meaning of the responses and for the interpreter to facilitate the focus groups.

4.3 Ethical Considerations

The aim of the research is discover how the DCR projects could be improved to better facilitate accountability and the inclusion of the poorest of the poor. However, research process itself could be advantageous for the participants too. With this aim, participatory methods were used to help participants to better understand the social structure of their community and evaluate their role in influencing local governance.

These methods were appreciated by the participants who commented that they enjoyed the chance to evaluate their own work and that they had discovered ways of resolving problems in their communities. One community network even kept the village diagram which they produced to help them to explain the structure of the network to other community members. So the participatory methods allowed participants to benefit from the research directly and become aware of their power as citizens to make changes in their community.

Furthermore, to ensure that the participants benefited from the research, it was very important to have the consent of the participants before the research began and to treat all responses confidentially. It should be recognised that there is a power imbalance between the research and the participants who could have felt obliged to participate or had expectations of some form of payment. To avoid this problem, the research objectives were clearly explained and no money or bottles of water were offered to participants. Attention was paid to respecting cultural norms and the research was conducted in a professional manner, for example appropriate clothing was worn and research activities started on time.

4.4 Data Analysis

To analyse the data; the data from the interviews, the focus groups and the participatory activities were coded in relation to the concepts mentioned in the theoretical framework. The data was all qualitative. Although the data from the spider diagrams is partly quantitative, it was not possible to combine and analyse the data from the different diagrams quantitatively because each COSA and

scorecard group chose different indicators for analysis. After the data was coded, the codes were grouped into key concepts from which the findings were developed. Once all the data had been coded, the findings from the different methods were compared to develop an overall answer to the research questions.

Chapter 5 Local Governance

Before examining the influence of the Pamoja projects on local governance and the voice of the poorest, it is necessary to describe the current nature of local governance in Burundi. This chapter describes the research findings in relation to the formal and informal institutions of local governance and to what extent local governance is participatory and the decision-makers accountable.

5.1 Formal Institutions

The formal institutions of local governance in Burundi concern the local authorities' mandates and responsibilities and the procedures for decision-making processes, distributing information and providing public services. In Burundi, the government structure consists of provinces, districts and villages (collines).

Currently, there are 17 provinces which are divided into 129 districts which are divided again into 2,910 villages. Each district council consists of 15 elected members, of which at least five are women (Gaynor 2011:20). The candidates for the district councils are presented by the political parties which politicise the district council elections. Moreover, it appears that the loyalty of candidates to their party may be more important for their election than their particular skills (ibid). At the village level, five people are elected to the village council, including a village head and these elections are less politicised because the candidates are presented as individuals. There is no quota for women at the village level (ibid).

The official procedures for the functions of village and district councils detail the formal mechanisms for accountability and citizen participation in local governance.

Procedures for district councils (Gaynor 2011)⁴ :

- The 15 members are elected by proportional representation
- Coalitions are allowed but not with more than 67% of one ethnic group and no less than 30% of the members must be female
- The role of the district council is to ensure that public services satisfy the needs of the population (article 5)⁵
- The council meets at least three times a year and the meetings are public (article 19)

⁴ The following information on the procedures for district and village councils is taken from a study by Gaynor (2011) on local governance in Burundi which has sourced the information from the "Manuel de Procédures Administratives et Financières" (Gouvernement de Burundi : 2011).

⁵ All the articles cited here refer to the Loi Communale du Gouvernement de Burundi (2005)

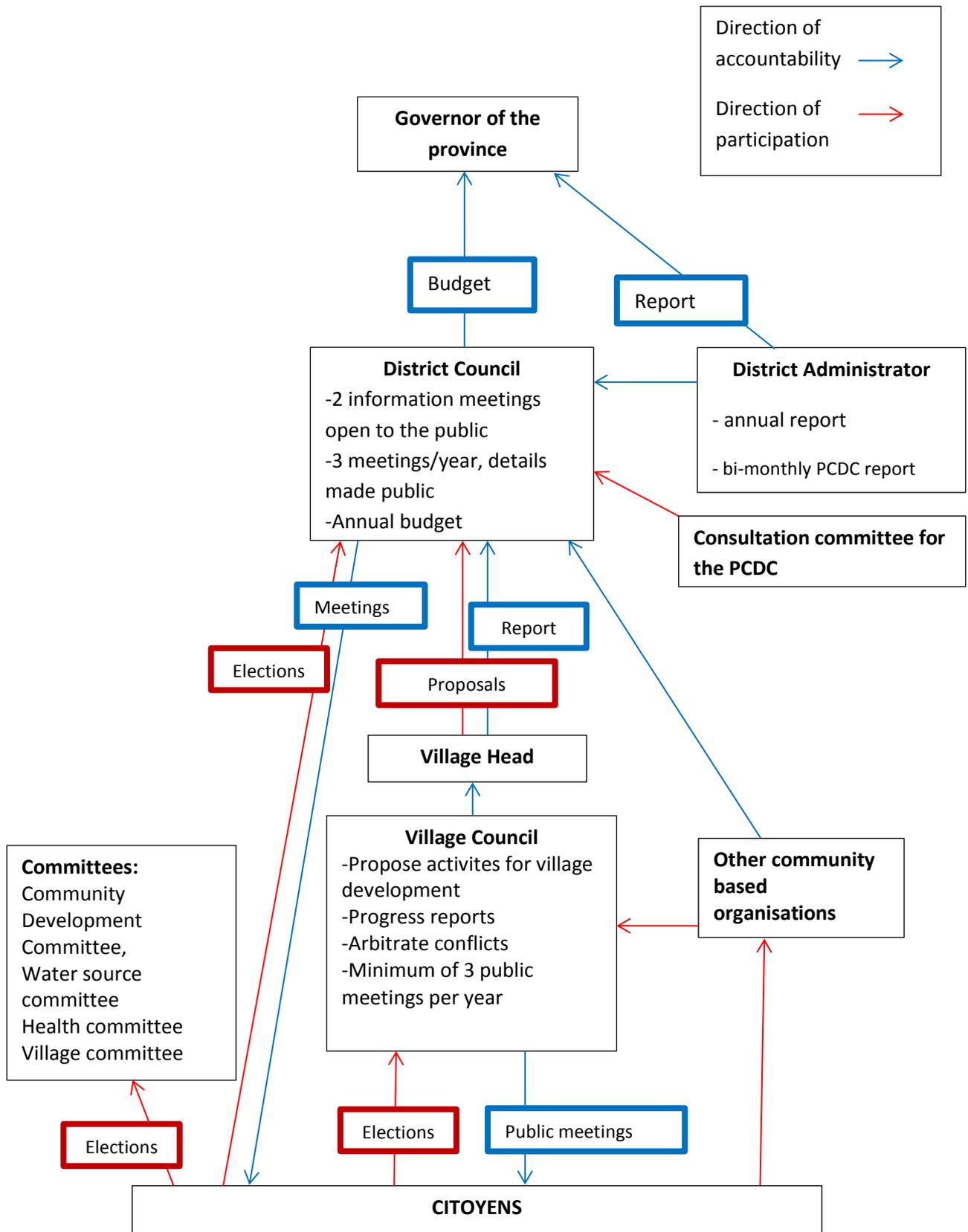
- Before 31st March each year, the district Administrator presents a progress report to the council. The report is sent to the province Governor and the report is made public (article 31)
- The decisions taken during council meetings are taken by simple majority, public vote or, if the subject is sensitive, by secret ballot with the council members (Loi Communale, 2011:15, cited in Gaynor 2011:23)
- The points discussed during each meeting are registered and posted on a notice board outside the district offices (Loi Communale, 2011:15, cited in Gaynor 2011:23)
- Two times a year, the council holds an information meeting with members of the village councils and local associations. The participants can pose questions and propose ideas to the district council (article 15)
- The district council is responsible for naming a consultation committee (following recommendations from the Administrator) to advise on priorities for the district plan for community development (PCDC) (article 38)
- The Administrator presents a bi-monthly report on the progress of the implementation of the PCDC to the district council (article 39)
- The annual budget is adopted by the council and sent to the Governor for approval 31st October at the latest (article 58)

Procedures for village councils:

- The five members of the council are elected by simple majority. The candidate who receives the most votes is the village head (article 34).
- Les cinq membres du conseil sont élus à la majorité simple. Le candidat qui reçoit le plus des voix est le chef collinaire (article 34)
- The council meets three times a year after notification from the village head (article 35)
- At least three times a year, the village head organises a public meeting for all the village inhabitants to discuss the security situation and the economic, political and social situation in the village (article 37)
- The role of the village council is to (article 16):
 - Propose activities to the district for development and maintaining peace
 - Arbitrate conflicts between neighbours
 - Advise the district council on possible projects for the village
 - Monitor the implementation of district activities at village level

These procedures are presented visually by the following diagram.

The figure (2) below shows the formal structure of local governance in Burundi⁶.



⁶ The diagram is adapted from Gaynor (2011:25)

The formal procedures show that there are official spaces for citizen participation in village and district councils. At the village level, citizens can participate in monthly public meetings and vote for the members of the village council. At the district level, citizens can vote in council elections and citizens are represented by the council members from their village and by certain local associations. The official mechanisms for accountability at the local level are posting council meeting details on the district office walls, submitting reports to the Governor and public information meetings. Therefore, there are official mechanisms for accountability and participation but they are few and limited.

However, although it is important that official accountability and participation mechanisms exist, this does not mean that they function as they should. At the village level, according to discussion with inhabitants, it seems that village heads are more or less active in organising public meetings each month to share information and give instructions. The village heads give a weekly report to the zone head and to the district administration and each week they meet with the district administration to discuss everything which has happened in the villages. These activities strengthen upwards accountability but the only downwards accountability mechanism is the sharing of information during public village meetings.

Regarding the district level, there is very little participation by CBOs in district meetings. Although all the CBOs are obliged to register their activities with the district administration and the village head, they do not have access to district meetings. According to discussions with village inhabitants, for the majority of citizens living in the villages, the district council feels quite remote and they do not usually approach district council members directly but through their village head.

It is also necessary to explain the system of local government finance because this has implications for local governance accountability and participation. Due to decentralisation, the districts are financially self-sufficient which means that their only source of finance is local taxes and charges for the schools and water sources which, in most districts, are insufficient. Consequently, to build any social infrastructure, such as a school or a water source, it is necessary for inhabitants to gather most of the materials and do the construction themselves. The district administration provides very few materials or funds for village development so the responsibility for public service provision rests with the inhabitants as well as with the district administration.

5.2 Informal Institutions

Although there are mechanisms for participation and accountability in the formal governance institutions, it seems that the way in which citizens participate in governance and hold leaders responsible is largely influenced by informal institutions, that is, social norms and relations.

With regards to participation in governance, four of the six village heads interviewed described citizen participation only in terms of participation in community works while the others mentioned citizen participation in public meetings too. For example, one village head described citizen participation in governance by saying, “They provide materials and labour for community works, they participate for their own good” while another commented, “They can participate in public meetings where they share their ideas”. So, the interviews with village leaders suggest that the dominant perception of participation is physical participation in community works.

This attitude could be partly due to the finance system described above whereby the inhabitants are responsible for gathering materials and constructing the social infrastructure in their village.

Furthermore, the social importance of participating in community works is so great that it is possible that those who cannot participate due to physical incapacity may be disregarded by the village leaders. For example, one man commented, “I can’t contribute to the community so the leaders don’t consider me”. So it appears that the opinions and needs of physically weak people, such as people who are ill or elderly, may be ignored by village leaders.

As for the accountability of decision-makers to citizens, most of the village heads described accountability in terms of lobbying on behalf of citizens to the district administration and delivering village development. Yet, none of the leaders who were interviewed mentioned transparency or sanctions for not fulfilling their responsibilities. Certain village heads talked of the importance of sharing information between their village and the district but the emphasis was often on sharing instructions and advice rather than details of public decisions. For example, while one village head said, “I must share information on current affairs with the village inhabitants”, another described accountability towards citizens as “Sharing advice during village meetings”. Despite of the decentralisation of Burundian government, the sharing of information and reports to the district from village level is very regular while the information shared from the district to the villages is more sporadic.

As for citizens, in response to questions about the accountability of local leaders, the village inhabitants often answered that if there is a problem with a public service, they could tell the village head but it is rare that they would go to the district administration. For example, two men who are community leaders said, *It's difficult to go to the district and make demands because we don't know the different levels of hierarchy and we could go too far.* In general, citizens commented that they were not afraid to demand a response from local leaders but that it was not worth it because they never receive an answer.

This could be partly due to a lack of district funds which obliges the village inhabitants to provide materials and labour for village development projects. As a consequence, it appears that the inhabitants have a strong sense of responsibility for the development of their village and that they do not have the habit of demanding resources from the district. For example, one group of men said, *"We are responsible for developing it ourselves"* and another group said, *"The district is incapable. If we ask them for something, there is no answer and we have to find a donor"*. So, it seems that there is not a culture of asking the district administration to contribute to local development and service provision.

In addition, social hierarchy seem to be a further barrier preventing village inhabitants from addressing local leaders. At the village level, the poorest people often commented that they cannot question the leaders because the leaders ignore them because they are poor. For example, a group of the poorest women in a village said, *"If you are vulnerable, you don't have a word to say, they don't let you express your opinions"*. Only the most confident and dynamic people spoke of the power of citizens to remove an elected leader; saying for example, *"If a leader does not behave well, we should replace them"*.

Another informal institution which was found to influence local governance is clientalism. In rural Burundian communities, there are traditional leaders, called the Bashingantahe, who are respected by their community. The traditional leaders coexist with the elected leaders and it is common for a village head to also be a Bashingantahe since traditional and democratic modes of leadership mix together. The role of the Bashingantahe, like the village heads, is to resolve community conflicts, of which there are many over the distribution of land. However, the cultural tradition in Burundi is to give something (money or alcohol) to someone who has provided a service. So, according to discussion with inhabitants, it is common for a village head or Bashingantahe to demand a bribe before they resolve a conflict. Consequently, the poorest people who have nothing to give as a bribe,

may be ignored or discriminated against by the leaders and the Bashingantahe who do not always act in an accountable or equitable manner.

Furthermore, the system of “destitution cards” (cartes d’indigence) to help the poorest people to access public services is not based on fixed and transparent criteria but on the recommendations of local elected leaders. The leaders can present people to the district administration to ask that they are added to the list of “destitute people” and so be allowed to access free healthcare and secondary education. Although the system helps the people who have the destitution card, it is susceptible to corruption since the village and district leaders can choose who is given the card. Without a list of fixed criteria for the card, it is not possible for citizens to hold their leaders responsible for deciding who received the card.

Therefore, it appears that the greatest barriers to accountable and participatory governance rest within informal institutions which perpetuate the marginalisation of the poorest, upwards rather than downwards accountability and the perception of participation as physical labour. Power imbalances which are produced by these cultural institutions can prevent marginalised people and citizens in general from making their voices heard and influencing public policy. If these social norms and relations do not change, the formal mechanisms for participation and accountability may simply reproduce the same power structures without improving local governance.

Chapter 6 The Poorest of the Poor

As mentioned in the theoretical framework, so that participatory governance can contribute to social justice, all social groups must have the opportunity to participate in governance. The research focuses on the power of the poorest people to participate in governance and to make their voices heard. This chapter discusses the nature of poverty in the villages where the Pamoja projects are implemented and compares the power of the poorest people to influence local governance with the power of other actors.

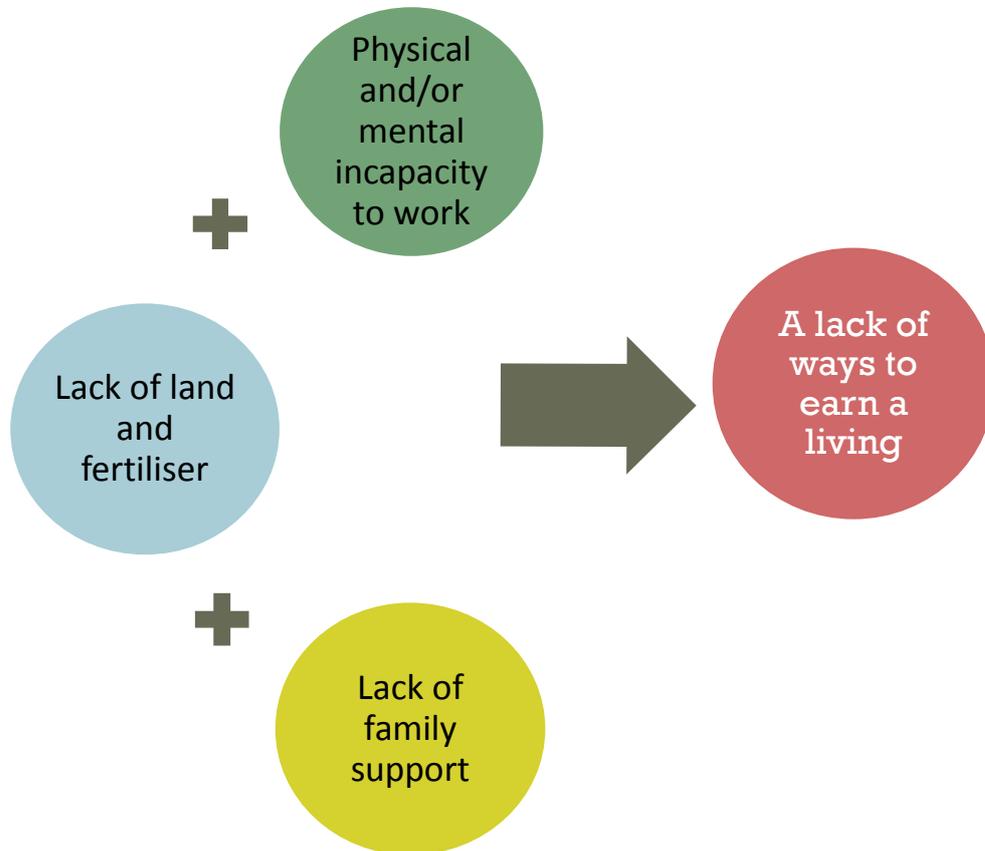
6.1 Who are the Poorest of the Poor?

The discussions about poverty with the village inhabitants produced similar results to the results of a study carried out by CARE in 2012 on the theme of poverty (CARE Burundi 2012). As this earlier study noted, the participants perceive poverty in terms of a lack of land, food, housing, physical force to work and a lack of family support. The lack of land and fertilisers to cultivate the land was always at the centre of the discussions because almost all of the village inhabitants earn their living by cultivating a plot of land. A lack of land or fertiliser means that it is difficult to grow food and earn money to buy essential items. According to the discussions, there are many conflicts surrounding the distribution of land and the most vulnerable people, such as widows and orphans risk having their plot stolen by other people. Women are particularly vulnerable because in Burundian society, a woman is not allowed to sell or buy land so she is dependent on her husband or her family.

However, although a lack of land is a principle cause of poverty, the research found that the issue at the root of poverty is the lack of means to support oneself. Even if a person doesn't have land to cultivate, if they are capable of working, they can still try to earn money through labour. The question of physical and mental health and strength is therefore central to poverty. In addition to health and land, there is a third principle characteristic of poverty which is the lack of family support. For example, if someone is not capable of working and does not have a plot of land but does have a family member who can work, their family may be able to support them. Therefore, these three characteristics; physical and mental capacity to work, owning a plot of land and having family support are at the core of the question of poverty in the villages studied because these are the factors which determine whether a person can support themselves or be provided for.

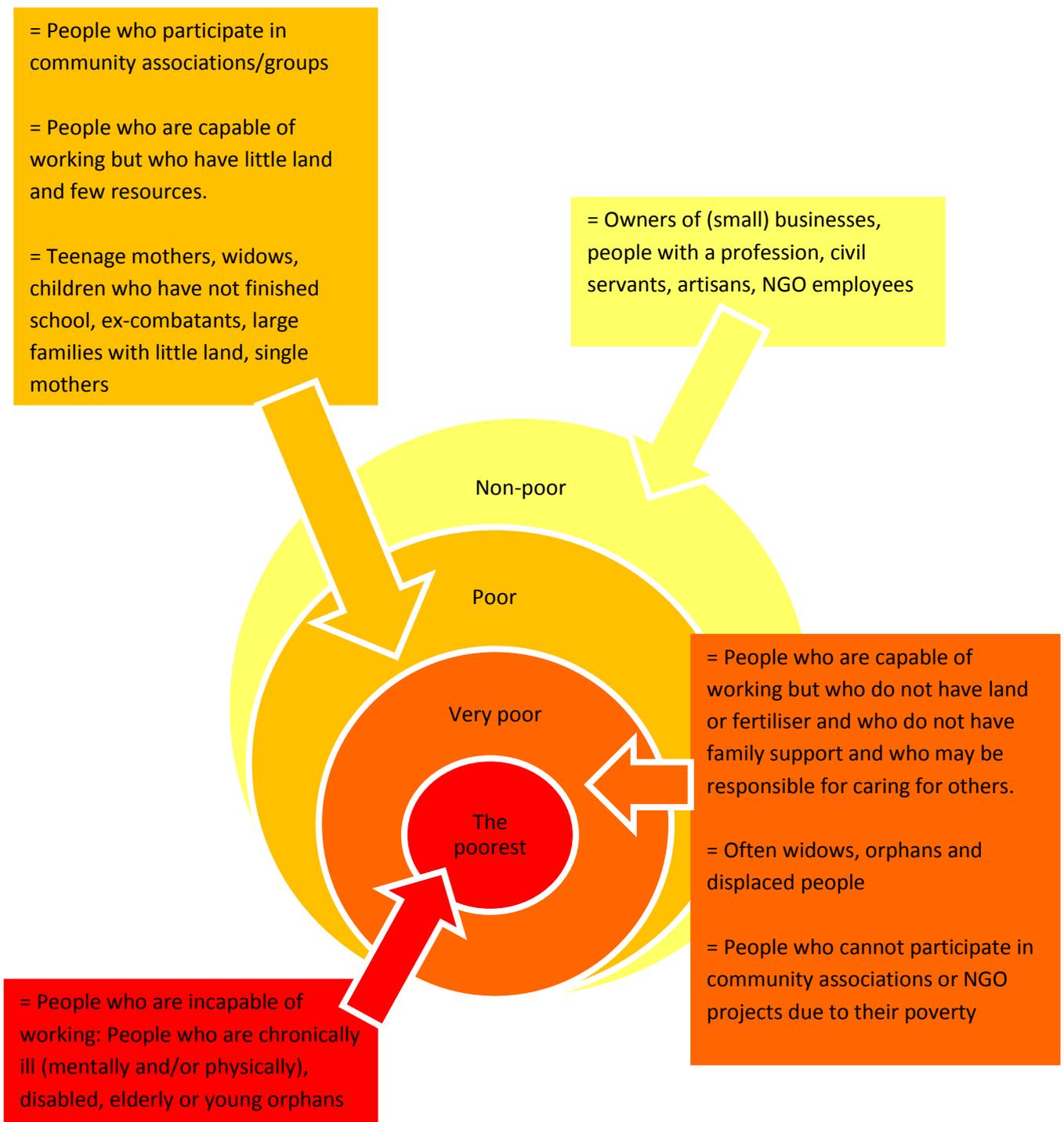
The three principle characteristics of poverty:

Figure 3.



In order to explain the nature of poverty in the communities studied in more detail and to identify the poorest of the poor, poverty can be described as a scale in which there are different levels of poverty. The following diagram has been developed using the information generated from the focus groups, the “dartboard diagrams” and the interviews with village inhabitants in order to show poverty as a scale.

Figure 4.



As the previous diagram shows, poverty was defined by the participants as a lack of ways to earn a living or support oneself. The poorest of the poor are therefore those who are too ill, too young or too old to work and who are dependent of others to support themselves. In general, these are widows, elderly people, orphans and people who are chronically ill or disabled. According to the interviews with the poorest of the poor, they do not have the strength or health to take part in community activities or meetings organised by the village head or an NGO. The majority of these people stay at home because they have difficulty moving and so consequently, these people do not know about community associations.

In general, the poorest people have difficulty accessing healthcare because they cannot pay the fees and those who are physically weak have difficulty getting to a health centre. Some of the poorest people said that the village leaders help them by giving them food or clothing while other said that the leaders ignore them because they are poor and do not participate in community works. Of all the people interviewed, the poorest people had the least knowledge about their rights, the responsibilities of local authorities and how to hold them accountable. Moreover, the poorest talked the most about the responsibility of the citizens to follow the leaders' orders and none of the poorest people referred to the idea of questioning the elected leaders.

The second circle represents the very poor people who are people who are capable of working but experience the two other principle characteristics of poverty; a lack of land and fertiliser and a lack of family support. These people may also have others who are dependent on them. For example, this could be a widow who does not have land and who cares for her elderly mother but who is capable of working to earn money to support herself and her mother. This category of people do not have the time to participate in community activities because they must work to support themselves and they do not have enough money to be part of savings and credit groups. These people are often widows, single mothers and orphans and their poverty prevents them from having a more active role in their community. Their exclusion means that, in general, they lack opportunities to participate in governance and to make themselves heard.

The third circle represents people who are poor. These people are capable of working and even if they do not have land, they have family support. In general, these are teenage mothers and widows who have resources, young people who abandoned their studies, ex-combatants and large families with little land. These people have enough money and time to take part in credits and savings groups and community activities and meetings. Finally, the people in the outside circle are those who have sufficient resources. These people have small businesses or a trade or they are civil servants, artists or they work for an NGO.

It is difficult to reach the poorest of the poor and the very poor because, due to their poverty, they do not usually attend community meetings or activities. For this reason, the list of the most vulnerable people which CARE compiled does not include the poorest of the poor but rather just the poor who have the resources to join savings and credit groups and other community associations. The fact that all the people interviewed from CARE's list are members of a community association suggests that CARE is successful in including them in local associations. However, the people who experience the most difficulty, that is the poorest and the very poor, benefit less from CARE's project.

6.2 The Voice of the Poorest

As discussed in the theoretical framework, this research uses the term "voice" to refer to the power of different actors to influence how public services are managed. This power is analysed in terms of "power over", "power to", "power with" and "power within". The power, or "voice" of the poorest is analysed and compared to the power of other actors to understand who has the most influence over local governance and how.

The poorest of the poor:

- **"Power to"**: According to the interviews with the poorest people, they are able to speak directly to village leaders but their opinions are often disrespected and they can have difficulty in receiving the support of village leaders if they are not able to provide a bribe. They can attend public meetings to express their opinions but they may not have the necessary physical or mental health to do so. In general, they do not know who to address to have their needs heard and they do not have the capacity to take part in community associations.
- **"Power over"**: They have the power to vote in elections
- **"Power with"**: In general, they do not have collective power because they are not members of community associations but it is possible that they receive help from associations dedicated to HIV/AIDS, orphans, families etc.
- **"Power within"**: Due to their poverty, the poorest people are often marginalised and several of them commented that they are not respected if they try to express themselves so they generally seem to lack self-confidence. For example, one person said that "If you are vulnerable, you must obey the demands of people who are superior"

People who are less poor:

- **“Power to”**: According to focus group discussions with people who are less poor, they can speak directly to village leaders and if they are active in the community, the leaders are likely to be more receptive to their opinions.
- **“Power over”**: They have the power to vote in elections and some people said that they have the power to replace an elected leader if they do not fulfil their responsibilities. For example, “If an elected leader does not behave well, we must replace them. The population elected them so the population must be able to remove them”.
- **“Power with”**: The people who are less poor are often members of community associations and so they have the power to act together. In general, community associations do not engage directly in governance but the fact of being active in the community may mean that they are listened to by the leaders and that they have more contact with village leaders.
- **“Power within”**: It appears that people who are members of associations are more self-confident. As several people commented, “If I wasn’t a member of an association, I wouldn’t dare to speak out”, so the act of taking part in a community group seems to help people to speak more openly to elected leaders. It seems that members of local groups also have a better understanding of their rights.

In comparison with people who are less poor, it is clear that the voice of the poorest of the poor is a lot weaker. The poorest people have less access to spaces for participation, they have less knowledge of how to make their voice heard and their opinions may be disregarded by village leaders.

Power of elected village leaders:

- **“Power to”**: The village leaders have access to decision-making for the community development plan and they can propose development activities to the district administration. They can lobby the administration and discuss activities and plans with them.
- **“Power over”**: They can ask the village inhabitants to take part in community works and they may be able to abuse their position of power to demand bribes in exchange for resolving a conflict. They have the power to choose who can have a “destitution card” and they can ask inhabitants to pay charges for the school and water sources although the inhabitants may still refuse to pay.
- **“Power with”**: They have the support of the district administration and for this reason the inhabitants often commented that if a village leader does not behave well, they cannot

complain to the district administration because the administrators always support the village leaders. For example, one group of women said, “We don’t go to the district administration because they are involved [in the corruption]”. The village leaders often have the support of a political party too.

- **“Power within”**: the village leaders have enough self-confidence to stand for election and they are aware of their importance in the village community. It was observed during group discussions that certain village leaders do not show respect for women and young people.

Power of the district leaders:

- **“Power to”**: District leaders have the power to take decisions over district and community development plans. They can organise programmes for the development and management of the district. They can decide to give materials for development to villages and they can follow the activities of village leaders. They can lobby the provincial administration and NGOs and other donors for material or financial support.
- **“Power over”**: They can give or reject permission for village leaders, community associations and NGOs to carry out their activities. The village leaders and community associations are accountable to the district administration. They can ask inhabitants to participate in community works and to pay taxes and they decide how the taxes are spent.
- **“Power with”**: According to informal discussions, it appears that political influence is stronger at the district level than at the village level so district leaders may have the support of their political party to achieve personal or public objectives. They work with village leaders to direct village development.
- **“Power within”**: District leaders have a relatively important social position which gives them self-confidence.

It is clear that local and district leaders have significantly more power over governance than village inhabitants due to their position of responsibility in local government. They are not obliged to include inhabitants in decision-making over development plans and they can ask inhabitants to participate in community works. Therefore, the governmental hierarchy appears to be strong and general citizens have little power to influence decisions or hold leaders accountable.

Power of local governance to meet the needs of the poorest

The power of local governance to address the needs of the poorest is a side issue but it is important to discuss this briefly because one of the expected results of improving local governance is the reduction of poverty.

In general, the village heads and members of community associations have a good understanding of the needs of the poor but they lack ways in which to support them. Village heads commented that they can lobby so someone who is very poor to receive free healthcare and education. They can also ask village inhabitants to build a house for them or cultivate their land. In general, the other community members said that they can help the poorest by providing labour but not resources. The representatives of the district administration described the same solutions for helping the poorest. It is clear that district administrations have very little funds in general and so cannot provide a lot of support.

It seems that neither the village leaders nor the community members have the capacity, idea or power to lobby for changes to the national social system to ensure a more equitable distribution of public services and resources. Therefore, despite the problems with governance in relation to a lack of participation, accountability and equity, a major barrier to reducing poverty may be the inability to bring changes to the social system overall.

Chapter 7 Pamoja Projects delivered by CARE

The Pamoja projects engage with local governance and CBOs in a variety of ways. The research aimed to understand how the projects influence local governance accountability and how they may strengthen the voice of the poorest. The following two chapters study the projects in terms of their effects on formal and informal structures of governance and their influence on the power of different social groups in local governance. The projects carried out by CARE concentrate on citizen participation in planning and the management of public water and maintaining peace at the community level. These projects are the community scorecard, the water source committees and the peace clubs.

7.1 Community Scorecard

Project description

The community scorecard project is a way of organising an evaluation of a public service involving



A planning session during the scorecard process, Gitega

the service users and providers to allow the two parties to exchange their ideas in order to improve the service. The aim is not only to improve the service but also to encourage the users to participate in the decision-making and management of the service and to encourage the providers to be more accountable, transparent and responsive to users' views (Care Burundi 2011b). In the province of Gitega, the scorecard has been

used in the districts of Gitega and Bukirasazi to evaluate the public provision of water. Six representatives of the various villages were invited to participate as well as the village head and representatives from the district administration and the district water board (RCE). Over several days, the participants discussed the quality of the water provision and decided on a score to rate the quality of the service. They discussed problems with the service and possible solutions and together made an action plan for improving the service.

Influence on the accountability of decision-makers

The scorecard is a mechanism for diagonal accountability which creates a space where citizens can pose questions to the local authorities and receive immediate answers and explanations. The process engages with formal governance institutions to allow citizens to participate in the governance of public water. It gives citizens access to planning and decision-making over the provision of water and so it aims to directly improve participation in governance and the accountability of local authorities.

A key area in which the scorecard seems to bring about important improvements to accountability is knowledge. In general, citizens lack knowledge about public services and the people responsible for them so they do not know what they can do if a service is unsatisfactory. However, the scorecard allows citizens to gain knowledge about the management of water, the available services and who they can address if there is a problem. For example, some of the scorecard participants commented, “During the process we met people from different levels who we didn’t know before. We didn’t know the RCE”, “Before we didn’t know the reason for the water charges but now [...] we know the why to pay for water” and “Now we know who to address if there is a problem with the water”.

Furthermore, the local authorities also increase their knowledge in relation to the problems with the water provision and the responsibilities of all the people involved in providing public water. For example, one water board president said, “Among the comments made, the participants said that they don’t know the RCE so we must visit the villages so that people get to know us”. Therefore, it seems that increasing the knowledge of citizens and authorities helps them to better manage the provision of water together.

In addition to knowledge, the focus groups indicated that the scorecard improves communication between citizens and local authorities too. The process creates a neutral space, facilitated by a local NGO, in which all the participants can speak openly and explain their opinions on the provision of water. For example, some of the participants commented, “The people from the villages could speak without fear and the authorities listened to us” and “We appreciated being elected and being able to speak on behalf on the community”. Therefore, the space created enables participants to discuss problems, find solutions and make an action plan together, as a group of participants explained, “People from different groups were all together with the authorities, technicians and the general public to make a plan together [...] all the stakeholders worked together”.

Following the process, the representatives of the RCE noted that they can now plan their activities better with the district administration and that citizens can ask the RCE for support and the RCE can explain its work to citizens. This exchange of information indicates an improvement in transparency and the action plans included measure for transparency as well, such as a survey of all public water users and a meter for private water points. It is clear from the discussions that the majority of participants greatly appreciated the opportunity to speak openly with people from different groups and to make plans together. As one participant emphasised,

“Normally the authorities come to give advice and they don’t let us speak. The scorecard was a good opportunity to tell the authorities what is not working well in the villages and to speak to them openly”

As has already been mentioned, a significant barrier to greater participation and accountability is the perception of the authorities and citizens of these two concepts. The focus group discussions suggest that the scorecard managed to change the perception of the participant they saw that the process brought about an improvement in the service because all the stakeholders became more motivated to work. The leaders appear to have understood that the scorecard is an opportunity to know what they should do to serve the public well and to therefore be re-elected. They said that they have learnt the importance of working in collaboration with the population, as one RCE president explained,

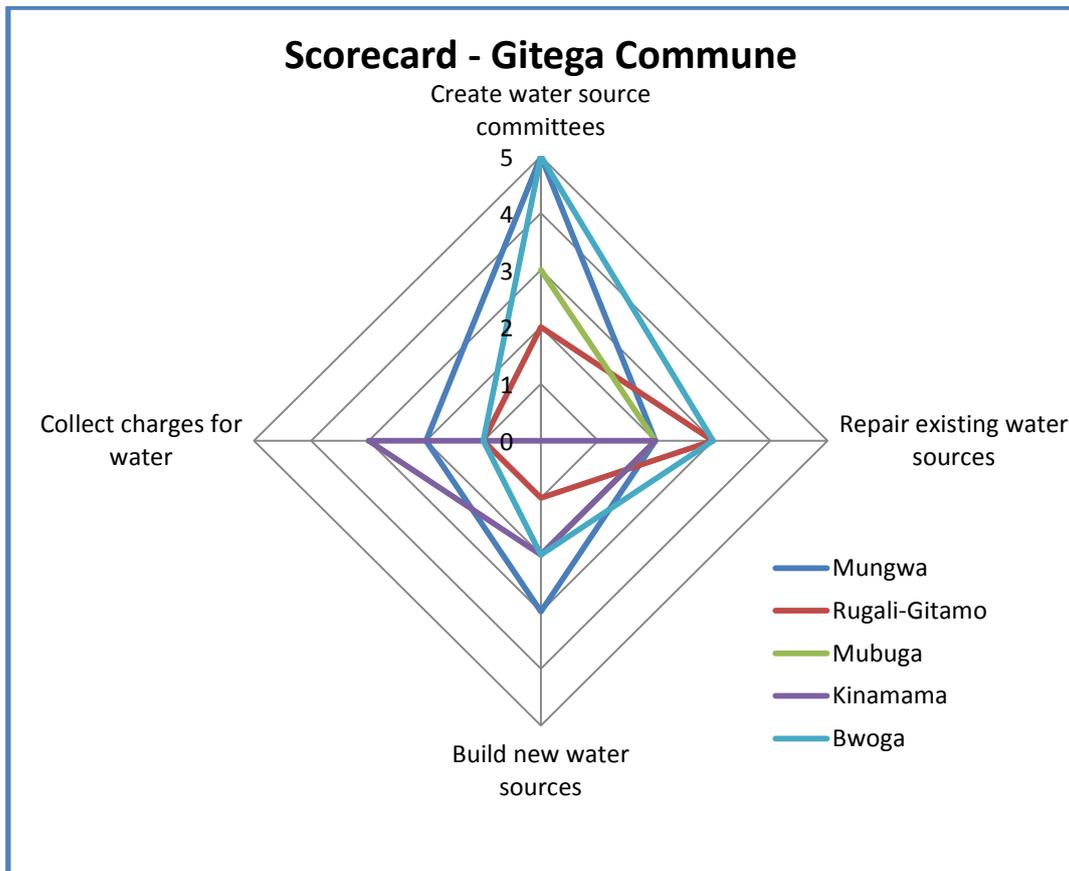
“We must go to the inhabitants and ask them what their needs are and put them in order of importance. Then we must call the inhabitants again to carry out an action plan to resolve the problems”

The citizens also seem to have learnt that by participating in planning, they can improve public services, as some participants commented, “We saw that we can improve living conditions if we invest in them” and “It was great to be involved in prioritising the problems”. Several participants said that the act of participating made them feel responsible for the water sources and they gained new confidence to take on a more active role in water management. For example, “The fact that we were involved has given us the confidence to take over responsibility for the sources”.

In sum, the discussion and interviews indicate that the scorecard was successful in improving the accountability of providers to citizens by increasing the communication between them, by increasing the knowledge of all the participants and by changing their perceptions so that they

see the advantages of accountability and participation. However, despite have written an action plan together, it seems that the citizens who participated are still hesitant to follow-up the implementation of the plan and address the leaders. The diagram below shows four of the activities of the Gitega district action plan and to what extent the different villages have managed to carry them out so far. It is clear that there has been more progress in the activities carried out by communities, such as creating water source committees and repairing water sources than in the activities which require resources and the RCE’s involvement, such as collecting water charges and building new water sources.

Figure 5.



This suggest that citizens are not always capable of asking authorities to fulfil their responsibilities and that outside of the space created by the scorecard, citizens do not have a habit of following up on the authorities’ activities. The diagram also underlines the problem of the lack of funds which is partly due to citizens’ reluctance to pay water charges. The scorecard allows service providers to explain why they need to collect water charges but the whole of all the communities must also understand this for there to be a change.

Influence on the voice of the poorest

The influence of the scorecard on the voice of the poorest of the poor does not appear to be very strong. To be a participant in the scorecard process, it is necessary to be able to read and write and be a well-known and active member of the community, all of which prevented the poorest people from participating. The village representatives who participated represented the needs of their community in general so the poorest people would have benefitted from improvements to the water sources. There was also an equal number of women, men and young people in the process and so the process tried to address the exclusion of women and young people in governance.

However, it seems that the scorecard did not raise the voice of the poorest specifically and, due to the limited sharing of the process with the whole community, it is likely that the poorest were not aware that the scorecard took place. Therefore, although the scorecard may be quite effective in addressing accountability, it appears that it does not increase the power of the poorest to influence local governance.

7.2 Water Source Committees

Project description

The water source project is directly connected to the community scorecard. The committees, formed by CARE, consist of five people who are elected by their village community to be responsible for the water sources built by CARE. Their role is to ensure the cleanliness and proper use of the water source, advise the community on the importance of hygiene and clean water and gather materials to repair the source if necessary.



A water source committee, district of Bukirasazi

Influence on the accountability of decision-makers

The creation of water source committees engages with formal institutions of local governance. The research found that the committees represent a new formal space where citizens can participate in

the management of public water. According to committee members, they have annual formal meetings with the district water board and administration to discuss the provision of water and, at the village level, the committees take part in public meetings to advise the village community on the proper use of water. However, the members of the committees who were interviewed do not take part in water management planning and in general, they do not give reports to the water board either. So, although the committees may represent a new space for participation, they are at the bottom of the local governance hierarchy.

It seems that forming water source committees has improved accountability by increasing communication between users and the RCE. According to interviews with the presidents of the RCEs, the scorecard process showed them the importance of the role of water source committees and so the committees should have more contact with the RCE. For example, one president said, “Now people start to come to the water board to ask us what activities they need to do for the water sources”.

During discussions with water source committees, the participants said that if there is a problem with the water source, they point it out to the village head or the RCE. So, it seems that the committees function as a mechanism for citizen participation in governance. However, it is the RCE which calls the meetings with the committees and these are very infrequent. In general, the committee members only contact the RCE if there is a problem with the source and they said that it is rare that they ask the RCE for materials for their work. Therefore, it appears that the committees have little power to hold the RCE accountable because their contact with the RCE is limited and it is rare that they ask the RCE for anything.

It is possible that the existence of water source committees has influenced the perception of the authorities and citizens of “participation”. The committee members often stated that participating in the committees has shown them the importance of protecting the source and they are proud to have this important role in the community. For example, one committee member said, “Ensuring that the users have clean water is the most important thing”. It appears that the committees enable communities to have ownership of their source and to feel responsible for the public infrastructure in their village, as one member said, “We have the motivation to work [...] we are leaders”. Therefore, the creation of the committees may have motivated people to work in the interests of the whole of their community.

However, although it is important for citizens to have a sense of ownership of their village water source, this could strengthen the perception of citizen participation as labour. The fact that the committee has very little access to decision-making and that the committee works on the water source when the other inhabitants are doing community works could underline the idea of participation as physical work. Furthermore, the lack of a fixed mandate for the people elected to the committees reduces their accountability to the communities. Instead of being seen as representatives who are accountable to the population, it may be that the role of the committees is seen more as water source caretakers. Finally, the power of the committee members to represent the interest of the community in local governance is also limited due to their lack of contact with the local authorities.

Influence on the voice of the poorest

CARE tries to include the poorest people in the water source committees by encouraging the communities to elect people who are vulnerable to the committees. However, to be elected to a water source committee, it is necessary to have spare time to work on the source, be in good health and be well known and respected by the community, all of which can prevent the poorest people from being elected. For example, members of one committee said, “[the community] chose more men than women because it is necessary to do heavy work to repair the source. If this wasn’t the case, we would have chosen more women”.

There are water source committees which have vulnerable people among their members, such as widows and orphans but this is not the case for all the committees. Moreover, if there are some of the poorest people in the committees, there are only five people in each committee so although the power of these people may be strengthened; the general effect on the power of the poorest would be small. Finally, the water source committees work for the whole community so the poorest people can benefit from their work alongside the other inhabitants even in their specific needs are not represented in local governance.

7.3 Peace Clubs

Project description

The peace clubs were created by an NGO, “Civil Society and Education for Human Rights” (SCEDH) in 2005 to rebuild social cohesion and peace at the community level after the war. CARE Burundi continued to support the peace clubs after SCEDH’s projects ended. CARE gave the peace clubs training on the peaceful resolution of conflicts and the peace club members then shared what they

had learnt with other members of their community. The majority of the peace clubs have existed since 2005 so they have become strong and they work with other CBOs to engage in other community activities, for example, supporting orphans, awareness raising around HIV/AIDS, literacy and credit and saving. The peace clubs are often composed of members from other CBOs who have been trained in other areas of community development.

In general, the peace clubs meet once a week and they have a specific day for resolving conflicts but they will respond to urgent cases too. There is a network of peace clubs in each zone in which representatives of different clubs meet each month to share their experiences. There are also representatives from the zone networks who meet every three months to share experiences at the province level. Not all the clubs are so well defined or have structured activities but the clubs represent a social network of people who have been trained in the peaceful resolution of conflicts and who are informal leaders in their community.

Influence on the accountability of decision-makers

The peace clubs engage with formal institutions, such as the village leaders, as well as with informal institutions, such as the Bashingantahe and the culture of bribes. The clubs have become formalised because they have a statute which is registered and signed by the district administration. However, by resolving community conflicts, they act in an informal governance space which is not created or managed by the authorities. This allows them to act more independently from the authorities even if they must still follow their statute.

The results of the research indicate the peace clubs' efforts in resolving conflicts have brought about a change in the behaviour of the village leaders and the Bashingantahe. According to peace club members, they gained the respect of the community because they resolve conflicts in an impartial way without demanding a bribe. It may be that consequently, the village leaders and the Bashingantahe learnt from the example made by the peace clubs. The village leaders now work closely with the clubs to manage community conflicts. As one of CARE's staff members explained, "Asking for bribes was very common a few years ago but now it is less common because the village leaders accept that now there are other parties who manage conflicts, like the peace clubs". So the creation of peace clubs seems to have provided an alternative service for resolving conflicts to the sometimes biased service offered by the elected leaders and the Bashingantahe which has begun to change the tradition of bribes and which has made the village leaders more accountable to citizens. As one peace club commented, "Now, the village leaders go with us to resolve conflicts. We fight against corruption".

The peace club members seem to be informal leaders, respected by the community, who can address the elected village leaders as community representatives. For example, one member said, “We are not afraid to speak out because we are well known in the village and we resolve conflicts”. In general, the village leaders do not take part in the peace clubs so the club members can act independently from them and question them. For example, one peace club member explained, “The village leaders are afraid of the network of peace clubs because they know that we know lots of things. We don’t hide anything, we always speak the truth”. So, this suggests that the peace clubs give their members self-confidence, as another member commented,

“Before if someone had asked us these questions, we would have been scared but the peace clubs have given us power [...] before we couldn’t speak to the leaders but now we can hold our heads high and speak”

Some peace club members even spoke of their power to hold village leaders accountable, saying, “If a situation would ever happen where a village leader did not work well, we are ready to be open and we could automatically replace them”. Therefore, it seems that the experience of being united in a club and receiving training in conflict management and human rights could have significantly increased the power of citizens to influence local governance.

The peace clubs do not have conflicting relations with the village leaders because they work in collaboration with them and so they are not perceived by the leaders as competition. Indeed, according to a CARE staff member, the peace clubs may have strengthened the power of the village leaders because by working with them, the community are more willing to respond to the leaders’ instructions.

On the other hand, although the peace clubs may have improved informal governance institutions, they do not have access to decision making or formal planning. They do not have influence over the management of public services and they do not have the same level of influence over the district leaders as they do over the village leaders. The clubs submit a report to the district administration on their activities each month but they do not participate in district meetings. The district authorities can evaluate the clubs’ activities against their statute as they have the power to ban the clubs if they do not function correctly. So, the peace clubs are accountable to the district administration but do not seem to influence the formal spaces of local governance.

Influence on the voice of the poorest

The peace clubs have a specific policy of including people from all social groups to improve social cohesion. According to group discussions, the club members make an effort to encourage marginalised people to participate in the peace clubs and so there are people who are among the very poor who are members of peace clubs. For example, one peace club confirmed, “There are all types of people; vulnerable men and women, repatriated people, displaced people, ex-combatants – it is representative”.

Unlike the majority of community associations, to be a member of a peace club, it is not necessary to be able to read and write or to have enough money to do saving and credit activities so it is easier for the poorest people to join a peace club. As with all the peace club members, the poorest people who are members can gain new knowledge about human rights and increase their self-confidence to express themselves openly, which increases their “power within”. Therefore, it is likely that peace clubs strengthen the voice of the poorest who take part in peace clubs by increasing their power to address a village leader if they have a problem.

In addition to including the poorest people, the peace clubs work in their interests as well. Before, the poorest of the poor had difficulty in receiving the support of a village leader because they could not pay them a bribe. However, the peace clubs appear to have weakened this tradition by resolving conflicts without asking for a bribe and so the poorest people have greater access to informal justice. As one peace club commented, “We speak out for children and vulnerable women”. In general, the peace clubs are engaged in activities to support marginalised people in their community so they seem to be effective in addressing the needs of the poorest even if they do not represent them in formal governance.

Chapter 8 Pamoja Projects delivered by HealthNet TPO

The Pamoja projects which are carried out by HealthNet TPO focus on the provision of healthcare and the capacity of communities to improve the health of other members of their community. These projects are the “Community Systems Strengthening” (CSS) and the performance based financing of health centres of which the focus in this research is the functioning of the health committees (COSA).

8.1 Community Systems Strengthening

Project description

The project is still in the beginning stages and not all elements of the project have been implemented yet so it is not yet possible to identify all the consequences of the project. The project

involves forming community networks (réseaux collinaires) and district committees and training them in the resolution of psycho-social problems so that they can improve the health and well-being of the people in their community. The community networks consist of representatives of the majority of community associations, including the health committees, the village



Focus group avec le comité collinaire de Bugumbasha, Makebuko

leaders, the Bashingantahe and the community health officers. At the district level, around 25 district representatives were invited to take part in training days to help them to address psycho-social problems in their district. Among the participants were health centre managers, health promotion officers and representatives from the district administration, the police, the judiciary system and the committee for family development. After the training, the participants should share what they have learnt with other members of their association and with their colleagues. The training covers responses to psycho-social illnesses, conflict resolution, breast-feeding, care for

people diagnosed with HIV/AIDS, care of orphans and vulnerable children, gender-based violence, lobbying and supportive organisations and nutrition.

The research focused more on the community networks than the district committees because at the beginning of the research process, the district committees had not yet been formed.

Influence on the accountability of decision-makers

The CSS project engages with formal and informal local governance institutions. The inclusion of people who have a formal position and responsibility in the community, such as the local elected leaders and health committee members strengthens these formal structures. Furthermore, the decisions over the community network's activities are made by an executive committee which consists of seven people chosen by the community network members. These people are elected because they are already leader in the community so their election to the executive committee reinforces their social position. The creation of a community network brings the community leaders together and seems to increase the collaboration and communication between them. As one committee described, "Now we look for a solution together. We are stronger because we work together". So the formation of the networks seems to increase the power of community leaders to organise activities and mobilise community members.

In the same way in which the peace clubs appear to strengthen the role of the village leaders, the community networks may strengthen the role of the community associations represented by the network. As one network member commented,

"Before people ignored the health committee because there were only two people who gave advice about health but now there are lots of people who give advice and do awareness raising so people pay attention. We can encourage people to take part in community associations so that they can learn lots of things instead of staying at home"

In addition to formal institutions, it appears that community networks also strengthen informal institutions by bringing together all the community leaders in a single network. The discussions with the networks indicate that social hierarchy and social relations have not changed through the creation of the networks; they may have been strengthened. Observation of the discussions between network members found that the traditional Burundian social hierarchy is not different within the networks. For example, the network leaders are nearly always men and they dominated all of the discussions except one.

In theory, if the leaders of the community networks are exemplary and motivated to serve the needs of their community, strengthening their position of power would help them to carry out village development activities. However, if the leaders do not respect the opinions of certain social groups, such as women, young people and poor people; the creation of the networks could reinforce discrimination and inequality in society and in governance. Although the executive committees must include women and young people as well as men, inequality in the traditional social hierarchy can still silence the women and young people while the men dominate the discussion and criticise the contribution of others. Unfortunately, this problem was observed in three village networks so it is unlikely that these networks will make local governance more equitable and participatory.

A positive influence of the networks which the research identified is the increase in the members' knowledge. The training received by the village leaders and other network members should help them to better understand and address psycho-social problems in their community. If they manage to effectively share what they learn with other community members, the knowledge and capacity of the most active people in the community should also be increased. For example, one network explained, "If someone is ill, we send them to the health centre. We even go from house to house to give people advice". Sharing their training with the rest of the community has only just begun so it is not yet possible to evaluate the effectiveness of the networks in training others.

However, like the majority of the projects studied in this research, the village networks focus on the capacity of the community to resolve community problems themselves instead of holding local authorities responsible for improving public services and developing the villages. The community networks have not yet been connected to the district administration or the district committee so they are not yet engaging in holding the local authorities accountable. In theory, the district committees should support the community network in their activities and should hold the district authorities accountable however it is too early to identify any signs that this is the case. It is also possible that the participation of village leaders in the community networks prevents the other network members from acting together to question the leaders. Contrary to the discussions with the peace clubs, none of the network members spoke of problems with leaders demanding bribes or being biased which was probably because there was always a village leader present.

The networks do not have access to public decision making and although the village leaders and the members of the village development committee, who take decisions about the village, are members of the community network, the other members said that they do not have a way of disputing or

changing decisions taken by these people. Therefore, the community networks carry out activities for community development and take some responsibility for the well-being of their community but there is no evidence to suggest that they ask for local government services or support or try to influence public decisions. As a member of community network said, “If the district collects taxes but does not do anything for the village, we cannot make claims on the district. The district would tell us that there are other villages which need their support more”. As it has already been noted, the citizens’ low expectations of the authorities seem to mean that in general, they do question the authorities.

Influence on the voice of the poorest

The research findings suggest that the community networks are not very successful in strengthening the voice of the poorest people because these people do not participate in the committees because they are not members of a community association. Their lack of money to do saving and credit activities and their lack of time or good health have been found to be barriers which prevent them from being members of community associations. Consequently, the poorest people cannot receive training on psycho-social problems and they cannot directly benefit from the social cohesion created by the formation of community networks. Furthermore, the community diagrams drawn by the community networks showed that there are some community associations which are not included in the community networks and these are generally youth associations.

Although the poorest people do not take part in the village activities, it is possible that there needs are represented by the community associations which make up the networks. According to the community diagrams, the associations which represent the interest of the poorest people are the associations for the protection of vulnerable children and orphans, associations for HIV/AIDS and health committees. These associations’ activities, which should be strengthened by the training given by HealthNet TPO, should help the poorest people and draw attention to their needs at the community and district level. For example, in one community an orphan had had their plot of land stolen by their aunt and so the community network had insisted that the land be returned to the orphan.

However, the community associations do not represent all of the poorest people. According to the discussion with the networks, the community support is always directed at the orphans, vulnerable children and people affected by HIV/AIDS while there are not any community associations which

look after elderly or disabled people. Furthermore, the community associations lack means to support the poorest people because they associations have very little funds or resources and the people interviewed did not suggest ideas linked to lobbying for changes to public services. The discussions showed that the network members see their power to help the poorest in terms of helping them to cultivate their land or build a house or speak on their behalf to the village leaders. This suggests that the power of the community networks to support the poorest people in a substantial and comprehensive manner is limited.

8.2 Performance-Based Finance and Health Committees

Project Description

The performance-based finance system (PBF) is the financing system for public health centres in Burundi. Each health centre is responsible for its own financial management and they can earn money through selling medicine, charging fees for treatment and receiving funds through the PBF system. The PBF system gives the health centres the opportunity to earn bonuses. Each month, a team of civil servants (CPVV) carry out a survey of the technical quality of the health centres and every three to six months the “local associations” (ASLO) carry out a survey in which they ask people, who have been treated at the health centres, their opinions on the service. If the score from these surveys is higher than 75%, the centres receive a bonus but if it is lower than 50%, the centres must pay a fine. Therefore, the system provides a financial incentive for the health centres to satisfy the users by assuring a good service.

The research is focused on the role of health committees (COSA) in the PBF system⁷. There is one COSA for each health centre with which HealthNet TPO works. These committees are composed of two people (one woman and one man) from each village in the health centre’s zone. These people are elected to the committees by the village communities. The COSA are a link between the community and the health centre and their role involves sharing information between the community and the health centre, supervising the management of the centre and assisting the centre staff with advising the community of healthcare issues. The COSA should consist of sub-committees which are responsible for specific activities. There should be a management committee (CoGes) which is responsible for supervising the management of the health centre, a promotion committee which encourages the community to be treated at the health centre, a committee

⁷ The ALSO and the CPVV were not included in the research because they do not have contact with the health centre staff or other people from the healthcare system regarding the results of the surveys. Their roles are only to conduct the surveys and so are not concerned by accountability issues.

against epidemics and an office committee too. The COSA members meet each month to discuss their activities and each month the president of the COSA meet with the health centre manager to discuss the quality of the service and problems in the community. The CoGes also meets once a month with the health centre manager to review the financial management of the health centre.

Influence on the accountability of decision-makers

The COSA work with formal governance structures by participating in health centre meeting and in regional trimestral meetings and by giving reports to the health centre managers. Therefore, the creation of the COSA has created a formal space for the participation of citizens in decision-making and management of healthcare.

In addition to participation the role of the COSA represents a mechanism for diagonal accountability. The fact that the COSA members make daily visits to the health centres to supervise the quality of the service and that a COSA member must give their authorisation each time that the manager wants to spend health centre funds means that the health centre staff are held accountable by the COSAs. According to discussion with the COSAs, transparency in the management of health centres is ensured through the work of the CoGes which supervises the management of the centres and participates in decision-making too. The COSAs pass comments about the healthcare service from the communities to the health centre managers and the managers must react to these comments, which suggests that the COSAs increase the accountability of the staff to the communities.

However, according to discussions with the COSAs, the capacity of the COSAs to hold the staff accountable is limited by the COSAs members' lack of training. There are very few members who have been trained and those who have received training are not trained in management, accountancy or the PBF system. This lack of information and understanding seems to be a serious limitation on the effectiveness of the COSA in increasing accountability. As one member commented, "The CoGes don't know anything. They participate in meetings but they don't know how to do anything" which suggests that their participation is symbolic, rather than having a real influence on the accountability and governance of healthcare. The research also found that there is also a lack of organisation in some of the COSAs where the members do not have a specific role and their work is not planned which may make the COSAs' efforts less systematic and effective.

Nevertheless, a way in which the COSA may increase accountability which does not require a lot of knowledge is sharing information between the community and the health centre. The COSAs communicate the opinions of members of the community to the health centre staff and the COSA

work with the staff to raise awareness of health issues and explain to the community why there might be problems with the healthcare service. For example, one COSA member mentioned, “There are some health centres cleaners and people think that they are nurses and don’t understand why these people don’t treat them. We have to explain it to them”. So, the COSAs may help to overcome an asymmetry of information between the health centre staff and the community which could make the management of the health centre more transparent and the citizens more capable of asking for a better service.

Another way in which the COSAs may increase accountability is in demonstrating to the staff the importance of the opinions of the service users. The interviews with the COSAs, the communities and the health centre staff indicated that, thanks to the system of bonuses which is determined by user satisfaction, the staff are more motivated to provide good quality healthcare in order to satisfy the users. To do this, the staff must know the service users’ opinions on the service and so the COSAs’ work in communicating the community’s opinions on the health centre is appreciated by the staff. As one health centre manager explained,

“The COSA is a good thing because they have a permanent contact with the community and if there is a problem, the COSA indicate it to the health centre. The staff understand the reason why the COSA monitor the quality of healthcare and they appreciate it because it allows them to evaluate their own work”

The PBF system seems to motivate the health centre managers to satisfy the users too. As one manager remarked, “It’s like a competition to welcome and encourage people to come to the health centre in order to treat even more people. We try to be the best in pleasing people”. Therefore, the research findings suggest that the health centre staff are very motivated to respond to the demands of the users because there is a concrete consequence on their work and salary.

It appears that the community also appreciates the role of the COSAs because if there is a problem with the healthcare, they can tell the COSAs. For the majority of problems with public services, citizens do not know who to address but for the health centre, they know the COSA member from their village. As one group of women commented,

“The COSAs help people to receive treatment if they cannot pay the fees. The COSA monitor the vaccinations and mal-nourished children. The COSAs monitor the way people are treated in the health centre and the quality of healthcare. Everyone knows the COSA because they visit people’s homes”

As the women described, it is easy for people living in the villages to address members of the COSA because they pass by their houses and so the COSAs provide a practical mechanism people to participate in the governance of healthcare. Furthermore, group discussions with village members found that people are conscious that the quality of healthcare has improved during the years since the PBF system has been implemented. As one group of young people said, “[Healthcare] has improved; there are some treatments which are free, the consultation is good, there is enough medicine, there are always nurses ready if someone is giving birth”.

However, it is possible that the financial incentive of the bonus system does not always work because the payments from the PBF system are currently given six months late. Consequently, according to the health centre managers, they have to use the bonuses which they receive to cover the cost of buying medicine and they do not have enough funds to give a bonus to the staff or the COSA members too. Without the possibility of receiving a bonus, the staff and the COSAs members could be less motivated to work, especially the COSAs because their work is unpaid.

With regards to the surveys which are carried out to find out the service users’ opinions of the health centres, their influence on accountability could be limited by the narrow sharing of the survey results. The survey results are discussed in a trimestral meeting with health centre managers, staff from the Provincial Health Office and the presidents of the COSAs. After the meeting, the survey results of each health centre should be placed on the wall of the health centres. However, in general, the community members do not know the meaning of the results or where they came from and even the majority of the COSA members do not appear to know either. This lack of understanding suggests that the citizens and COSA members cannot use the surveys to hold the health centre staff accountable and that it’s likely that the citizens do not know that their opinions, expressed through the surveys, should have a concrete influence on the quality of healthcare.

Moreover, it appears that the COSAs prioritise awareness raising activities in relation to accountability activities. When members of the COSA explained their work, they always focused on advising the community on better hygiene and health practices. Although they mentioned the concept of being the eye of the community, the emphasis remained on their work assisting the work of the health centre rather than strengthening the voice of citizens, which is shown by the graphs below. These graphs were developed during discussions with COSA members. The members were asked to choose five important activities which their COSA does and to give a score to evaluate to what extent they successfully carry out each activity.

The first graph (figure 6) shows that the COSA members from the Makebukko health centre did not mention a single activity linked to monitoring the management of the health centre. They identified four activities related to awareness-raising and the only activity which they mentioned which is linked weakly to accountability is lobbying for the poorest people to be treated without paying the fees immediately.

The second graph (figure 7) shows the self-evaluation of the activities carried out by the COSA from the Bukirasazi health centre. The diagram indicates that the COSA is more successful in carrying out awareness raising activities than accountability activities, such as monitoring the management of the health centre and taking part in planning. The COSA members explained that they lack knowledge to properly carry out these activities whereas awareness-raising is easy because they are always with the community.

Figure 6

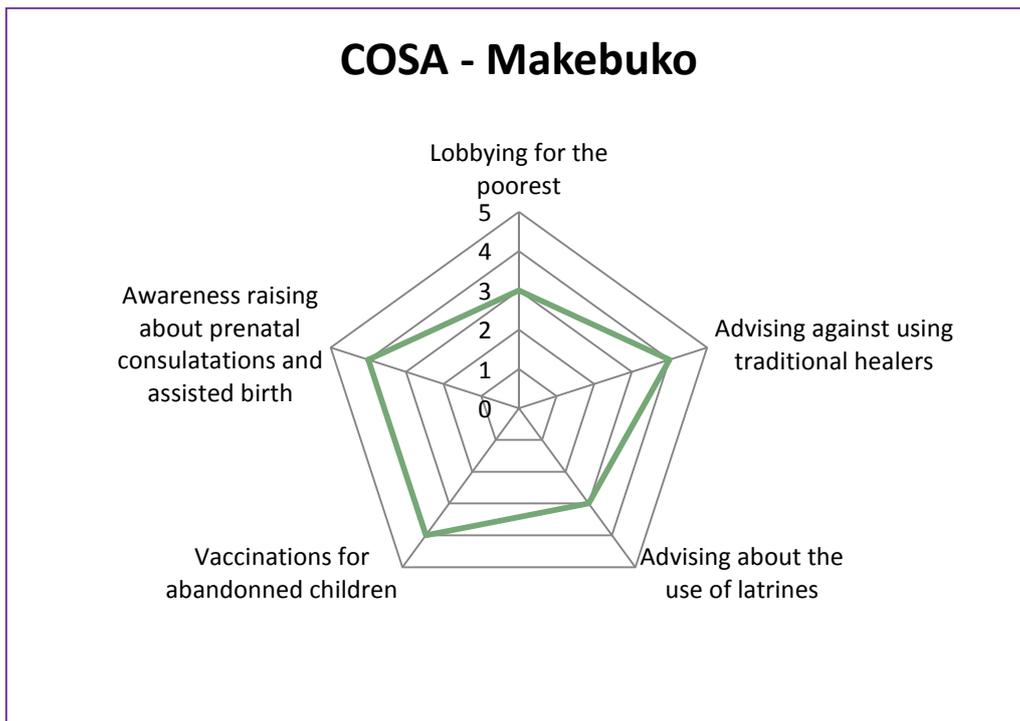
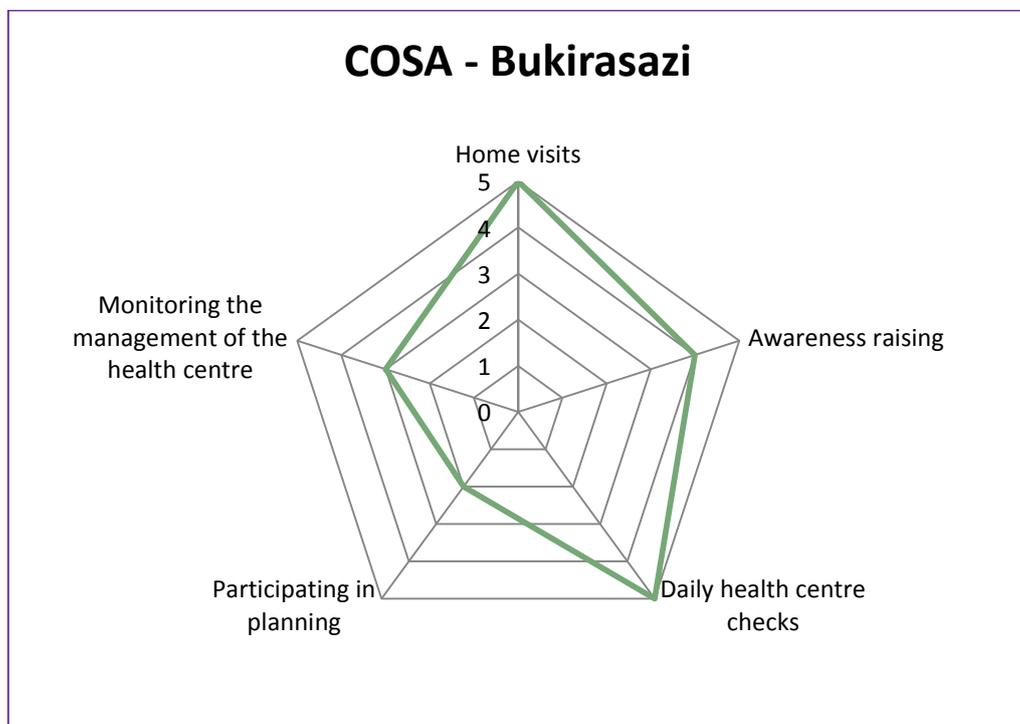


Figure 7.



In summary, it seems that the creation of the COSAs could have a considerable influence on the accountability of the health centre staff. Contrary to the community health officers and traditional midwives, the COSA members are the only people who work to improve the accountability of the health centres. The work of the COSAs and the PBF system seems to have brought about significant improvements to the quality of health centres and the COSAs appear to be an important mechanism for accountability and participation in the management of healthcare. However, there are strong indications that the power of the COSAs to hold the staff accountable is greatly restricted by their lack of training. Finally, it is likely that it is the chance of receiving a bonus which holds the staff accountable to citizens more than the monitoring and comments made by the COSAs. Therefore, although the COSAs could improve accountability, without the system of bonuses, the COSA members and the communities in general would have a lot less power to hold the staff accountable.

Influence on the voice of the poorest

The discussion with the COSAs found that in general, there are not any of the poorest people who are members of the COSAs because it is necessary to read and write and be well known by the community in order to be elected to a COSA which presents barriers for the participation of the poorest in general. However, there is an initiative to include representatives from the Twa communities to ensure that the needs of the communities are represented too.

Even if the poorest people do not participate in the COSAs, it appears that the COSA are an effective way of representing the needs and opinions of the whole community and so the voice of all citizens may be strengthened even though this is not the voice of the poorest people specifically. Moreover, the COSAs' work seems to benefit the whole community, including the poorest people because the COSAs' work appears to bring about an improvement in healthcare and the health practices of the citizens. Furthermore, several of the poorest people, members of the COSAs and health centre staff commented that the COSAs help the poorest to be treated without paying and this improves the access of the poorest to healthcare.

However, it should be noted that this does not solve the problem of accessing healthcare for the poor because the COSA do not use fixed criteria to identify who the poorest people are. The COSA members are not known by all the village inhabitants and the research findings indicate that it is often the poorest people who do not them. So, the COSAs do not present a comprehensive or systematic way of helping the poorest people to access healthcare. Furthermore, according to discussion with COSA members, even if the poorest people are treated, they often do not manage to

pay off their debt and so the health centres lose money and sometimes the poorest people stop taking their medicine before their course is finished.

The other systems for helping the poorest people to access healthcare are the “deprivation card” (carte d’indigence) and the medical insurance card (carte d’assurance médicale). The deprivation card is not still in use in all the villages because it was found that some of the people who received the card were not necessarily the poorest people because the process of choosing who receives the card is very subjective. As one participant remarked, “It is difficult to say who is vulnerable and who should pay because we are all poor”.

The government project of medical insurance cards had just begun at the time of the research. The card cost 3000 Burundian francs per year and if someone buys the card, they only pay 20% of the fees for a medical examination and the State pays the rest. However, almost all of the poorest people who were interviewed for this research said that they would not buy the card because they did not have 3000 francs to spare. The discussions indicated that they did not understand the concept of insurance and that they preferred to hope that they did not fall ill than to invest the money in the card. For example, one group of men said, “If you are lucky enough to have some money, you are happy and if no-one in the family is ill then you don’t think about buying the card. You only remember the card when someone is ill”. Furthermore, the card requires a passport photo but the people who were interviewed said that it is difficult to have a photograph taken because they live far from a large town. However, it may still be possible that, with more awareness raising and explanation of the system, people in the villages who are capable of saving money could buy the medical insurance card.

Therefore, there are various mechanisms for increasing the access of the poorest to healthcare but these are subjective and unsystematic or they are not targeted at the specific needs of the poorest. The COSAs support the poorest people but the healthcare system as a whole does not guarantee access to affordable healthcare for all of the poorest people.

Chapter 9 Conclusion and Recommendations

To conclude this study of the influence of Pamoja projects on the accountability of local authorities and the strengthening of the voice of the poorest, this chapter links the research findings to the two principle research questions and identifies the key issues which emerged from the research. Finally, recommendations for possible changes to the projects are proposed.

9.1 Conclusion

The first principle research question asks, “How can the Pamoja projects increase the accountability to communities of local service decision-makers?”. The research identified different ways in which the projects may increase accountability. The modes identified concern spaces for engagement in governance, communication, knowledge and perceptions and the culture of governance.

Spaces for engagement

One of the ways in which it seems that the projects improve accountability is in creating new spaces for citizen participation in governance. The scorecard and the COSAs in particular open new formal spaces where citizens can participate in decision-making and the management of public services. The discussions with participants in these projects found that the creation of spaces within formal governance institutions allows citizens to be heard by the local authorities. Outside of these spaces, it would be more difficult for citizens to make their opinions heard because there are very few formal mechanisms for citizen participation in governance. According to discussions with project participants and citizens in general, they do not have the habit of creating spaces for participation themselves, such as a protest or a petition. Therefore, the scorecard and the COSAs may represent unusual opportunities for citizens to interact with village leaders and public service providers.

The peace clubs also create a space for participation but this space is more informal than formal. Instead of engaging with formal governance institutions, the peace clubs act in a space created by citizens in which they support each other and act together. According to interviews with members of the peace clubs, this independence from the local authorities allows them to question the authorities and express themselves freely. As this space is outside of formal governance institutions, the peace clubs do not have access to decision-making and so they only influence informal governance institutions, in particular the tradition of demanding a bribe. The difference between these two types of space determines how citizens can influence governance.

Communication

The research findings suggest that the Pamoja projects increase accountability by increasing communication between citizens and the authorities. Although all the projects try to increase communication between citizens and local authorities, it seems that the scorecard is particularly effective in doing this because it allows serious discussions between citizens and local leaders. The CSS project also plans to facilitate communication between its village committees and the district through the district committees but this has not yet been put in place. Accessing the district administration is important for being able to influence public planning and decision-making because very few decisions are taken at the village level. Therefore, the scorecard process may be important because it allows citizens to communicate and discuss with the authorities at the district level. It should also be recognised that the COSAs allow citizens to have discussions with the health centre managers who are responsible for taking decisions on healthcare provision. Therefore, the COSA may also be particularly effective for increasing communication between citizens and service decision-makers.

The research findings seem to indicate that the other projects are less effective at increasing accountability because they are limited to the village level. Although the water source committees are linked to the district water boards, the communication between the committees and the water boards is infrequent and so the committee members have less opportunity to hold the water board staff accountable. Furthermore, the peace clubs only influence governance at the village level and although they work closely with the village leaders, they do not seem to have any influence on public decisions or planning for public services. This lack of contact with the decision-makers could mean that citizens do not know how services are managed or who is responsible and so it could be difficult for the peace clubs to hold decision-makers and service providers accountable.

Knowledge

Another way in which the projects were found to improve accountability is by increasing the knowledge of the local authorities and citizens. The project which may be the most effective at achieving this is the scorecard. The scorecard process allows participants from the villages to know who is responsible for the management of services and to understand how the services are managed. According to discussions with scorecard participants, this new knowledge makes them more capable of addressing the authorities because they know who to talk to. The public officials who participate in the scorecard can increase their knowledge too because citizens explain the problems with the water provision to them and, during the discussion, the responsibilities of the

different actors are clarified. According to interviews with some of the public officials, the scorecard improved their ability to manage the provision of public water and to respond to the needs of the water users.

Furthermore, a lack of knowledge of management and accountancy skills on behalf of the public authorities and citizens was also identified as a problem for accountability. According to members of the COSAs, this lack of knowledge prevents them from effectively supervising the management of health centres, while a lack of skills in accountancy and planning on the part of the authorities could limit their ability to be accountable and transparent. The water board presidents and representatives from the district administration all commented that their staff lack training in accountancy and planning which prevents them from managing public services and expenditure well.

Therefore, even if the projects allow citizens to hold local authorities accountable, it seems that the authorities may lack the necessary skills to respond to citizens' questions. Interviews with scorecard participants showed that the authorities greatly appreciated the opportunity to learn how to do planning and work in a more transparent manner. So, it seems that the local authorities, as well as citizens welcome the chance to learn and gain new skills and knowledge.

Perceptions and culture of governance

The final key issue which the research identified as important to increasing accountability is governance perceptions and culture. The research found that the projects may influence the perceptions of accountability of the local authorities and citizens. According to discussions with peace club members, the peace clubs may be especially effective in increasing the confidence of their members to express themselves openly and speak without fear of the village leaders. Peace club members said that by resolving community conflicts, they gain the respect of the community and village leaders and so they see that they can influence the governance of the community. Consequently, they may be more willing to participate in local governance. The village leaders said that they appreciate the work of the peace clubs and so they may have more respect for their opinions and be more willing to work in collaboration with them.

The other projects which seem to bring about significant changes in perceptions of accountability are the COSAs and the scorecard. According to interviews with the COSAs and the health centre managers; the COSAs, together with the system of bonuses make the health centre staff more

receptive to citizens' opinions. It was found that the staff greatly appreciate the comments from the service users which the COSAs pass on because they understand that it is necessary to know the needs and complaints of the users in order to better satisfy them and consequently receive a bonus. It seems that the scorecard also showed the authorities the importance of communicating with citizens. The authorities who were interviewed said that they appreciated that by discussing the water provision problems with the village representatives, they can work together to resolve the problems. Therefore, the COSAs and the scorecard may have made the local authorities more receptive to the opinions and demands of the communities.

However, some projects influence the perceptions of the participants in a different way. These projects seem to strengthen the perception of participation in governance in terms of physical participation and self-sufficiency. The water source committees and the village committees, in particular, focus on increasing the capacity of citizens to resolve their own community problems without assistance from the local authorities. They encourage citizens to be responsible for the development of their village without encouraging them to ask for better public services too. This focus on self-provision of infrastructure could reinforce the perception of citizen participation as labour. Although maintaining infrastructure at the community level is important, without more governmental support, it seems unlikely that the quality of local public services will improve.

Moreover, for all the projects, it appears that the absence of a culture of accountability is a serious barrier to increasing the accountability of decision-makers to communities. The research found that the projects which may address this problem the best are the scorecard and the COSAs but it was found that even the participants in these projects still lack the habit of holding the local authorities accountable. According to the spider web diagrams, the COSAs' members tend to prioritise awareness raising activities over accountability related activities. Likewise, the spider webs diagrams which were made by scorecard participants showed the same tendency to focus their efforts on awareness-raising rather than following-up on the actions of the authorities. Therefore, it seems that the lack of will and culture of questioning local authorities remains an important barrier to greater accountability.

A further informal institution which could prevent greater accountability is the traditional social hierarchy which marginalises the voice of women, young people and the poorest people. The majority of the projects try to address this problem by ensuring that an equal number of men and women participate in the projects and by encouraging communities to elect poor people to the

various committees. However, the research found that if women's rights and gender equality are not addressed specifically, social inequalities continue to exist within the projects. It was particularly clear in the village committees that the men dominate the discussion and criticise the participation of others which may limit the potential of village committees to develop more equitable and participatory governance.

The second principle research question asks, "How do the community organisations and structures which are supported by the Pamoja projects strengthen the voice of the poorest in local governance?" The research found that the projects have different approaches to strengthening the voice of the poorest and these approaches concern the participation of the poorest, the representation of the poorest and targeting the poorest. These will now be discussed below.

Participation

According to the research findings, the projects which seem to have the most success in strengthening the voice of the poorest through their participation in the projects are the peace clubs and the water source committees. Their success appears to be due primarily to a specific policy of including the poorest. For the water source committees, CARE directly encourages the communities to elect vulnerable people to the committees and CARE explained to the peace club members the importance of including people from different social groups to reinforce social cohesion and peace. It seems that these efforts are quite effective because the research found that there are people who are very poor who take part in these community associations even if they are not the poorest of the poor. Their participation enables them to participate to a certain extent in local governance and, according to interviews, this increases their confidence to speak openly and feel respected by the community.

In general, the other projects do not seem to be very effective at including the poorest people. All the projects except the peace clubs require participants to be able to read and write which can prevent the poorest people from participating. Furthermore, the discussion with the poorest people showed that it is often difficult for these people to dedicate time to community activities instead of looking for paid work.

Moreover, the participants in the most of the projects, such as the COSAs and the scorecard are elected to these groups by the community. To be elected, it is necessary to be well known by the community and active in community affairs. As the poorest people are often marginalised from the

community and their old age or health problems prevent them from being active, they are unlikely to be elected.

Representation

The voice of the poorest may be strengthened by the representing their needs in local governance even if they do not participate themselves. According to the research, it appears that the COSAs are the most effective at representing the needs of the poorest because one of their activities is to lobby health centre managers to allow the poorest to receive healthcare without having to pay immediately. Many people commented that the poorest people have less difficulty accessing healthcare thanks to the support from the COSAs. Although this type of support does not ensure access to healthcare for every poor person, it seems that the COSAs have some success in making the provision of healthcare a little more equitable.

The other projects appear to be successful in representing the needs of the communities in general but not the needs of the poorest specifically. For example, in the scorecard process, the village representatives explain the problems of their community to the local authorities but do not necessarily address the specific problems faced by the poorest people.

Similarly, the members of the village committees are supposed to represent the needs of different groups of the poor. The community diagrams drawn by the committees showed that some of these groups are well represented, like orphans and widows, while others, often elderly or disabled people are not represented by the committees. Although groups, such as the peace clubs, provide assistance to the poorest people, most of the projects do not represent the needs of the poorest in the governance domain.

Targeting

The research findings suggest that the projects which directly target the poorest people so that they join the projects' committees are the most successful at including the poorest. Therefore, it seems that targeting and identifying the poorest of the poor is important for strengthening their voice. As was explained in the discussion on the research methodology (chapter 4), the targeting of the poorest done by CARE Burundi was not very precise. The research found that most of the people identified by CARE in its lists of the most vulnerable people were not the poorest of the poor. The people on the list corresponded more to the group, "the poor" (see figure 4) who are people who have few resources but who are capable of working and taking part in credit and saving associations.

HealthNet TPO does not have a strategy for identifying or targeting the poorest of the poor in their project and so HealthNet TPO does not seem to reach the poorest of the poor in a systematic and precise manner either.

Finally, an issue which emerged from the research is the difference in the projects' theories of change. The research is based on CARE's theory of change which reflects a rights-based approach to developing more equitable and accountable governance. However, it appears that HealthNet TPO's community systems strengthening project takes an approach centred on self-sufficiency and self-management which encourages communities to solve their own problems without needing the intervention of formal government. It can be argued that both approaches are important and complementary because the first addresses formal governance institutions while the second addresses informal institutions and the two types of institutions both influence governance.

However, the discussions with the communities and the partial problem-tree diagrams showed that the communities have limited power to respond to the needs of the poorest people. The community members only mentioned awareness-raising and lobbying as ways in which they could help the poorest and although they could lobby the district administration on behalf of the poorest, the administration has very few resources to be able to respond effectively.

Therefore, it seems that for the CSS project which focuses on self-management and strengthening social cohesion, the absence of financial support from central government to the district could still prevent a meaningful improvement in the lives of the poorest. The national social system and the national government structure still influence the capacity of local authorities to improve the standard of living in the villages. So, it could be argued that the representation of the needs of the village inhabitants at the national government level as well as the local level is also important.

9.2 Recommendations

Following the discussion of the projects, there are some key issues which the Pamoja projects could take into account in order to increase their influence on the accountability of decision-makers and the strengthening of the voice of the poorest. These are access to planning, communication between citizens and district administration, financial decentralisation and sustainability.

To assist citizens to participate in governance in a more significant way, the projects could help them to access planning and decision-making processes for local public services and policy. Rather than concentrating on self-management and self-sufficiency of communities, the projects could focus on the capacity of citizens to influence local governance and hold decision-makers responsible. The projects could try to create mechanisms for more communication between citizens and district administrations so that citizens can access the decision-makers and service providers and so influence their work. The research also found that in addition to strengthening civil society, local government must be strengthened by receiving more financial support from the central government. To encourage this to happen, the DCR organisations could lobby for more financial decentralisation so that local authorities are more capable of satisfying the needs of local citizens.

To improve local governance in a definitive way, the mechanisms for participation and accountability created by the projects must continue to function without the continuing support of the NGOs. To achieve this, the mechanisms could become part of the formal governance structures. The NGOs could try to institutionalise the committees and networks which they formed so that the authorities continue to work with them and take responsibility for forming and managing them. To do this, the NGOs could organise regular meetings between the committee/network representatives and the district administration in which they could exchange ideas and information on public plans and decisions. If the administration sees that such an exchange makes citizens more engaged in village activities and more responsible for their village, it is possible that the administration will continue to work closely with the committees and networks without an NGO's intervention.

Furthermore, so that the changes made to governance may last in the long-term, it may be important for the cultural norms to evolve to understand the importance of participation and accountability. The projects could consider the cultural norms which influence the governance culture so that participation and accountability become socially normal and appreciated by the majority of the population. By institutionalising the mechanisms and committees, it may be more likely that they will be able to bring about long-term changes to informal governance structures too.

To address these issues, the DCR organisations could make some specific changes to the Pamoja projects. This sub-chapter describes possible changes, followed by recommendations for strengthening the voice of the poorest and closer collaboration between DCR partners.

The Scorecard

As explained in chapter eight, the scorecard seems to succeed in creating a space where citizens and authorities can discuss public services and make plans together. However, after the process had ended, the participants from the villages did not continue to communicate with the authorities to ask them to carry out their part of the action plan. Therefore, it could be important that there is a better follow-up of the action plan by the authorities and citizens. CARE could encourage the citizens who participated in the process to contact the authorities and hold them accountable and CARE could work more closely with the authorities to motivate them to carry out the action plan.

The scorecard only involves a small group of people from each community so very few people benefit from the new knowledge generated by the process. To share the new knowledge with more inhabitants, the scorecard process could be explained to all the people living in the communities. CARE could ensure the clear communication of the action plan to all the community members so that they are aware of the decisions taken and who is responsible for the actions. Sharing information on the scorecard process and the action plan is important for increasing the capacity of the whole community to hold local authorities accountable and engage more in local governance.

Water source committees

The water source committees allow citizens to have an active role in the provision of water to their community but they do not appear to help citizens to influence decisions over the management of water. So, to strengthen citizens' voice in governance, CARE could propose regular contact between the committees and the water board to discuss the provision of water to communities. The committees could be helped to participate in planning and decision-making over the local management of water so that the water board is aware of the needs of the communities.

The role of the water source committees in local governance could be far more significant if they did monitoring activities like the COSAs. The COSAs take part in planning meetings and follow the financial management of the health centres and all the health centres' expenditures must be approved by the COSAs. Consequently, the management of the health centres seems to be more transparent and the COSAs have more power to hold the staff accountable. CARE could propose a similar system for the water source committees in which there could be a management committee

composed of members of different COSAs who could work with the water board to take part in planning and monitor how the water board spends its funds. If the water board were more transparent, it is possible that it would be easier for the water source committees to collect the water charges from the communities and the water board would be more accountable to the committees.

However, it is important to recognise that the power of the COSAs in holding the health centre staff accountable is linked to the performance based finance system for health centres. There is not an equivalent system for the provision of water so there would not be a financial incentive for the water board to respond to comments from the water source committees. However, after having participated in the scorecard process, the water board presidents all commented that they appreciate the importance of working with the community. It is therefore likely that the water board presidents would welcome greater participation from the water source committees in the management of public water.

Peace clubs

The peace clubs have a strong foundation and several years of experience in participating in community development activities. To increase their capacity to hold the authorities responsible, the peace clubs could be trained in human rights, the concept of accountability and lobbying. It could be useful for the peace clubs members to know who is responsible for which public service at the district level and for the clubs to have more contact with the district administrations.

CARE could provide training for the peace clubs and organise meetings between staff of the district administration and peace club leaders. These meetings could involve an exchange between the peace clubs and the administrative staff which could allow the peace clubs to know who is responsible for public services and who to address to resolve problems with the services. The exchange could allow administrative staff to appreciate the peace clubs' work and know the peace club leaders which could facilitate communication and collaboration between the clubs and the administration. The exchanges should become institutionalised so that they continue regularly without repeated intervention by CARE. Increasing the contact between peace clubs and district administration may be important for the clubs' influence on governance to expand to the district level.

Community networks and district committees (CSS)

To overcome the weaknesses identified in village committees, HealthNet TPO could pay attention to the quality of the community leaders who are trained by the project. It was observed that the community network leaders do not always respect the opinions of women and young people and do not necessarily allow them to participate fully in network discussions. HealthNet TPO could therefore include women's rights and give more emphasis to gender equality in the training which is given to the networks. HealthNet TPO could also strengthen the role of women and young people in the networks. For example, women could be appointed as the network's presidents or specific responsibilities could be designated to the women and young people who are members of the executive committee.

The community networks, like the water source committees, do not seem to influence local governance accountability. It could therefore be useful to give training in lobbying, human rights and local government responsibilities to the communities. The research findings indicate that most of the citizens do not know who they can address at the district level or how to do so. The community networks may therefore present an opportunity for HealthNet TPO to teach the concept of accountability and increase the capacity and willingness of citizens to hold local authorities accountable. Once the district committees are formed and functioning, these committees will in theory be responsible for holding the local authorities accountable too and so could work with the community networks to do this.

The creation of the district committees alongside the community networks presents an important opportunity to connect the community networks to the district level. HealthNet TPO could organise meetings between the networks at the two levels to share information all citizens to know who the decision-makers and service providers are and facilitate greater communication and collaboration between the two groups.

There is an intention of including two members of each community network in the district committee and of making the district committees responsible for holding the local authorities accountable. This would be a very important opportunity to increase the accountability of the district authorities to the district committees and to the community networks. . The link could improve citizen participation in local governance and make the local authorities more accountable but it may be that HealthNet TPO would have to facilitate the meetings so that all the participants could speak openly, like in the scorecard meetings. These meetings could become institutionalised as well so that the district committees could organise them regularly with the continued

intervention from HealthNet TPO. For this to be possible, HealthNet TPO could try to ensure the meetings are useful to both the local authorities and citizens.

Finally, it was noted that often the community youth groups are not included in the community networks. Therefore, HealthNet TPO could ensure that the youth groups are included in the networks so that the young people can also receive training and so that their voice may be strengthened too. Furthermore, it is clear that the poorest people are not all well represented by the networks so HealthNet TPO could focus its attention on identifying the poorest people and different ways in which their voice could be strengthened. This will be discussed in greater detail later in this chapter.

The COSAs

The COSAs have the potential to hold the health centre staff accountable but their power to do so is limited by the lack of knowledge of the COSA members. To overcome this weakness, the COSA members must be trained in the PBF system and in basic management and accountancy. HealthNet TPO could ensure that all the COSA members receive training in these skills so that they can participate in planning and financial management in a more meaningful way. Furthermore, HealthNet TPO could ensure that the COSA members understand the PBF system and the importance of the survey results so that they have a better understanding of their role in holding the staff accountable to the communities.

It may be important for citizens as well as COSA members to understand the aim of the surveys and the role of the COSA so that they can hold the health centre staff accountable. HealthNet TPO could work with the COSA to explain to citizens how their comments on the quality of the health centres influence the service provided. If citizens have a better understanding of the role of the COSAs in relation to the surveys, they may have a better understanding of the concept of accountability.

A further barrier to the effectiveness of the COSAs is the delay in the payment from the donors to the health centre. This delay means that the health centres have to use their bonuses to cover the regular costs instead of rewarding the staff and the COSA members for their work. Consequently, there is not any financial incentive for the health centre staff to respond to citizens' comments and the COSA members are less motivated to work too and so the mechanism for accountability is weakened. It is therefore important that HealthNet TPO resolves the payment problem in order for the influence of the COSAs on accountability to not be weakened.

How to better strengthen the voice of the poorest?

Firstly, the DCR organisations could try to identify the poorest of the poor more precisely. The identification method used by CARE did not succeed in reaching the poorest of the poor because in general, these people do not attend community meetings. Therefore, a more rigorous and systematic identification methods could be used whereby surveyors visit the actual households. Such a method would be very time-consuming but could be effective for reaching the poorest people since they usually stay in their homes.

As described in chapter 7, the poorest people are those who are not able to work, for example elderly people, disabled people and/or chronically ill people. Therefore, it is difficult to create a project which could help these people in a sustainable way. For this reason, it could be more beneficial to target the “very poor” (see figure 4) who have the capacity to work but difficulty in participating in village activities. These are often people who care for the poorest people too and so if the DCR supports the “very poor”, they may also indirectly also support the poorest of the poor.

To identify the poorest of the poor, the three principle characteristics of poverty described in chapter 7 could be a guide. According to the scale developed by this research, the very poor are capable of working but do not have land or fertiliser, family support and they may be responsible for supporting someone who is dependent on them. These people could benefit from the Pamoja projects but it would be necessary to target them and help them to participate.

As for the poorest of the poor, the DCR organisation should reflect on what type of support would most benefit them. There are many barriers preventing them from participating in community activities but these people have the most severe needs. The DCR organisations could work with the peace clubs to contact the poorest of the poor and discuss with them to find ways to support the poorest of the poor.

It is difficult to strengthen the voice of the poorest because there are large barriers to the participation of the poorest in local governance. If their needs are represented by the community associations, the local authorities could try to respond but due to the lack of local government funds, their response would probably be very limited. Therefore, the DCR organisations could also consider the social system at the national level. As well as lobbying for financial decentralisation, they could lobby for a social support system which helps the poorest people to access food, shelter and education. As discussed above, the deprivation card is not a systematic or transparent method for helping the poorest and while the health insurance card could help the poorest people, it seems that there must be more awareness-raising around the concept of insurance and ways to help the poorest people buy the card.

Therefore, including the poorest people is a difficult issue to resolve. It is necessary to identify them more accurately and find ways to include them more in their communities with the help of community associations. Strengthening their voice at the local level could encourage communities to take care of them but it may be more effective for their voice to be strengthened at the national level and lobby for structural changes to the social system.

Possibilities for greater DCR collaboration

There are various possibilities for greater exchange of knowledge between HealthNet TPO and CARE Burundi. There is also potential for sharing good practice and more collaboration across the Pamoja projects which could increase the effectiveness of the DCR as a whole.

The scorecard appears to be an effective tool for increasing the accountability of decision-makers to citizens and allowing citizens to access planning. It would be possible to apply the scorecard to healthcare as well to enable citizens to discuss that quality of healthcare with healthcare providers and to develop solutions together. CARE Burundi could train the HealthNet TPO staff to use the scorecard and the two organisations could collaborate to implement it in the area of healthcare. An additional advantage of doing this in the province of Gitega could be that some members of the district administration have already participated in the scorecard process. If HealthNet TPO carried out the scorecard in the same districts, the training and knowledge of these members of the administration should be reinforced and they may be more able to carry out the scorecard in the future without the support of an NGO.

Two of the other projects which could support each other are the COSAs and the water source committees. There is a clear link between clean water and health and so these associations could collaborate to advise communities on the importance of clean water and good hygiene. Furthermore, as discussed above, the water source committees could reproduce the functions of the COSAs regarding monitoring financial management and participating in planning. Like the COSAs, a management committee could be formed from across the various COSAs which could work more closely with the water board.

The peace clubs and the village committees are quite similar because they are both community groups which try resolve social problems in their community. Therefore, it could be beneficial to organise exchanges between these groups so that they can share knowledge and experience of taking care of psycho-social problems and resolving conflicts respectively. In the villages where both the groups exist, such an exchange could clarify the structure of the two groups so that the

participants and the staff from HealthNet TPO and CARE Burundi understand how their work coincides.

As mentioned earlier, the rigorous identification of the poorest people would be time-consuming and so the DCR organisations could collaborate to identify the poorest people in the communities where they work. HealthNet TPO and CARE Burundi work in many of the same villages in the province of Gitega so it would be more efficient to do the identification together. Such collective efforts could also be made in the other provinces of Burundi where the DCR organisations work too.

In general, the Pamoja projects could benefit a lot from greater collaboration between the staff from HealthNet TPO and Care Burundi at all levels of the organisations. Although communication is beginning to improve, it could be beneficial for this exchange to be reproduced at the regional level as well as at the headquarters. The staff who work with the communities to implement the projects probably have the most knowledge of the barriers and successes of the projects and so it could be advantageous for these staff members to share their experience and knowledge across the DCR organisations. Furthermore, as the two NGOs work in the same districts, they should be aware of the different projects which exist in each community to avoid confusing the community members or disrupting or repeating the projects of the other organisation.

In summary

The projects seem to improve governance by creating spaces for participation, by increasing the knowledge of citizens and local authorities, by increasing communication between citizens and local authorities and by changing perceptions of accountability and participation. Together these improvements may increase the capacity of citizens and authorities to influence local governance and make local public services more equitable. It seems that the improvements brought about by the Pamoja projects are limited due to a lack of a culture of accountability, a lack of government funds, unequal social relations and a strong focus on community self-management.

The results of this study of the Pamoja projects and local governance in Burundi suggest that it may be important to work on three domains of governance; public policy, public authorities and civil society. That is to say, the structure of national governance and the social system could be improved to respond to the needs of all citizens, the capacity of local authorities could be increased so they can implement public policies and respond to citizens' demands and citizens could be helped to engage in local governance and demand their rights. This conclusion reflects the theory of change developed by CARE (quoted in chapter 1), which states that:

“If citizens are empowered, if power-holders are effective, accountable and responsive, if spaces for negotiation are expanded, effective and inclusive, then sustainable and equitable development can be achieved. Change needs to take place and be sustained in all three domains to achieve this impact” (CARE International: 2011)

There are simple changes to the projects which could easily be made as well as more difficult changes which could be achieved in the long-term. However, the change which could be the most beneficial to the DCR’s work is a closer collaboration between the staff at all levels across the DCR partner organisations.

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