Evaluation Department

A Framework for Analysing Participation in Development

Report 1/2013

Norad
Norwegian Agency for
Development Cooperation
P.O.Box 8034 Dep, NO-0030 Oslo
Ruseløkkveien 26, Oslo, Norway

Tel: +47 23 98 00 00
Fax: +47 23 98 00 99

Photo: Sheena Kapachika
Design: Siste Skrik Kommunikasjon
Print: Network Broking/Bjerch Trykkeri
ISBN: 978-82-7548-773-3

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May 2013

Oxford Policy Management

The report is the product of its authors, and responsibility for the accuracy of data included in this report rests with the authors.
The findings, interpretations and conclusions presented do not necessarily reflect the views of Norad Evaluation Department.

Note on layout and language

The layout of the document has tried to conform to guidelines for accessibility and ease of reading, which require Arial font and left (not full) justification of the text.

The report has tried to avoid unnecessary use of acronyms and abbreviations.

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Preface

One way to improve and strengthen aid, according to a number of international aid agencies, is to support recipient governments to 'take ownership' of aid activities. In arguing for a stronger ownership of development and aid processes, the focus has primarily been on recipient governments rather than the local populations in villages, towns and cities that are the ultimate target group and end users of most development aid.

A main objective of this study has therefore been to create an understanding of the conditions under which local participation and local ownership may further development and assist the design of specific interventions.

The study consists of two reports. This report presents a framework for analysing local participation in development, in relation to its significance for ownership, and for aid programme and service delivery effectiveness. The second report is a pilot application of the framework to the health sector in Malawi.

The study underlines that sustainable participation need to be rooted in existing social organisations and networks. In order to achieve this, more interaction and engagement with the communities are required by the government, NGOs and donors to learn about the formal and informal structures through which communities engage and participate.

The framework presented in this report and the Malawi pilot study report may be used by aid donors, governments and NGOs in the design and evaluation of programmes or projects that seek to encourage community participation, either as a means to improve programme effectiveness, or as part of a wider strategy of community empowerment.

The study was commissioned and managed by the Evaluation Department of the Norwegian Agency for Development Cooperation (Norad) and carried out by the consultancy company Oxford Policy Management Ltd. The company is responsible for the content of the report, including the findings, conclusions and recommendations.

Oslo, May 2013

Tale Kvalvaag
Director, Evaluation Department

Acknowledgements

This report was produced by Stephen Jones (Team Leader) and Andrew Kardan (Project Manager). It draws on material prepared for an Inception Report for the study which discussed methodological issues and to which other members of the OPM team contributed (including Dr Angela Chimwaza, Dr Blessings Chinsinga, Maja Jakobsen, Dr Serufusa Sekidde, and Professor Susan Watkins), and a separately published report on the Malawi health sector pilot study. The study benefited from comments from Jeremy Holland and Sabine Garbarino, and from the Norad Evaluation Department.

This study was produced by OPM under contract to the Norad Evaluation Department. The authors remain responsible for all opinions expressed in the report, and any mistakes in it.

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List of abbreviations

ADC	Area Development Committee
CHAM	Christian Health Association of Malawi
CPC	Child Protection Committee
CSPC	Community Social Protection Committee
CSSC	Community Social Support Committee
FGD	Focus Group Discussion
HSA	Health Surveillance Assistant
HSCT	Harmonised Social Cash Transfer
KII	Key Informant Interview
MoLSS	Ministry of Labour and Social Security
MP	Member of Parliament
NGO	Non-Government Organisation
OPM	Oxford Policy Management
SCTS	Social Cash Transfer Scheme
VDC	Village Development Committee

Executive Summary

Executive summary

This report presents a framework for analysing participation in development, in relation to its significance for ownership, and for aid programme and service delivery effectiveness. It incorporates the lessons from a pilot application of the framework to the health sector in Malawi, as well as an examination of the scope for applying the framework to cash transfer programmes.

Recent research literature shows the current high level of interest in understanding the links between participation and development. In particular, there have been attempts to summarise large bodies of evidence about the effects of participation. Much of the theoretical literature on participation derives from Arnstein's Ladder, which presents a hierarchical and normative model that, while correctly focusing attention on participation and power relationships, has been criticised for neglecting other dimensions of, and motivations for, community participation.

A review of both the empirical and theoretical literature suggests, therefore, that a more disaggregated and less normative approach to the analysis of participation is required to create an understanding of the conditions under which participatory approaches may further development objectives, and to aid the design of specific interventions. This perspective has driven the development of the framework outlined in this report, and its pilot application in the Malawi health sector, since the underlying objective of the study has been to develop an approach to drive an understanding of the relationship between ownership, participation and perceptions.

The approach proposed for analysing participation is a matrix with rows defined across the project, programme, or policy cycle – design, implementation, and monitoring. The columns of the matrix identify the specific forms of participation, who participates in each form (and whether they do so individually or collectively), their motives, what factors determine the effectiveness of participation, and the results of this participation.

An advantage of this framework is that while it can be applied to examine participation in a donor-financed programme, it can also be used more generally, for instance in relation to participation in the planning, delivery, and monitoring and evaluation of a service. The framework is value-neutral in that it is not based on a normative judgement about participation, or on any particular assumptions about causal relationships. Instead, it provides a convenient summary and checklist for representing varying forms of participation, and for supporting the assessment of causal links.

The pilot application of the framework in a study of the health sector in Malawi demonstrated that the approach used could provide informative findings for policy makers on the nature of participation, with potentially significant implications for government, donors and non-governmental organisations (NGOs). The pilot study identified, applied, and demonstrated the value of a set of research techniques.

The potential applicability of the framework for providing insights into the design and evaluation of cash transfer programmes has also been explored, based on recent evaluations of programmes in Malawi and Zimbabwe. Both these cases sought to identify and reach the poorest community members using participatory targeting approaches. This exercise suggests that a more systematic analysis of the context and features of participation (using the framework proposed) could have the potential both to contribute to strengthening the design of targeting mechanisms, and to improving evaluation approaches.

The main conclusions in relation to the potential use of the framework can be summarised as follows:

1. Understanding the effects of, or potential for, community participation requires a more systematic analysis of who participates, in what way, and for what reason, than appears generally to have been the case in international experience.

2. Ex-ante the framework could be applied to a particular sector in order to systematically understand the forms of local participation and to feed this information into the design of subsequent programmes and projects.

3. Participation may form a core component of the intervention logic of some programmes or projects. In such cases the framework could be used to generate information that forms part of the baseline indicators for these, as well as a means of testing the intervention logic.

4. The framework could also be applied ex-post as an evaluation tool. The participatory tools can generate a set of information to establish whether a programme intervention has resulted in any changes. Or, more generally, the framework could be used to assess whether sufficient attention has been paid and whether this had any negative implications for the programme implementation.

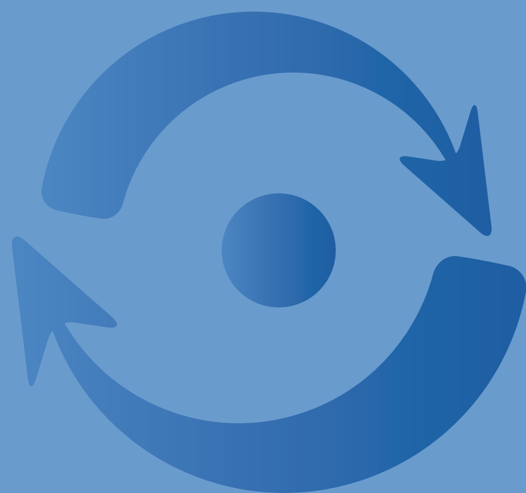
5. The framework can also provide a set of qualitatively generated quantitative indicators on the perception of communities related to satisfaction with particular services, power relations, social connectedness and access.

6. Testing the effects of participation should start from the detailed analysis of the forms and motives for participation using this framework, but will then require additional (and ideally more quantitative) analysis of outcomes, including where feasible comparison with controls.

The framework may be used by aid donors, governments, and by NGOs in the design and evaluation of programmes or projects that seek to encourage community participation, either as a means to improve programme effectiveness, or as part of a wider strategy of community empowerment. The review of empirical literature suggests that the evidence that induced participation improves programme effectiveness is only mildly positive. It is plausible to argue that the chances of achieving better results through such interventions may be improved by a more detailed and systematic analysis of the context, and a better understanding of who participates, in what activity, and for what motives.

The framework may also be used (as it was in the Malawi Health pilot study) as part of a broader process of understanding participation in relation to a sector or a particular type of service. This form of analysis may focus on the constraints to effective participation for different groups, and may help identify biases in the form of participation (for instance biases related to gender, levels of education, or against those suffering particular forms of social, political or economic exclusion). It may also help to provide evidence on the consequences of participation, or of constraints on it. This form of sectoral analysis of participation may be a useful instrument for identifying changes to policies or management arrangements which would have the potential for increasing the effectiveness of participation and overcoming biases. Both governments designing sectoral policies, and aid donors providing support to them for instance through the application of sector-wide approaches, may find the systematic framework and research tools presented in this report useful for this purpose.

Main Report



1. Introduction

This report presents a framework for analysing participation in relation to its significance for ownership, aid programme and service delivery effectiveness. The study emerges from concerns about whether the approach to the concept of “ownership” (by aid-receiving governments) which is generally considered in discourse around aid effectiveness, in the context, for example, of the Paris Declaration, is an appropriate one for donors to use. The standard approach emphasises the need for alignment between government-determined policies and processes. However, Booth (2011, p.3) argues that for Sub-Saharan Africa:

> *The modal pattern is that public policies are largely driven by short-run political considerations, and these usually dictate a clientelistic mode of political legitimation, not one based on performance in the delivery of the public goods required for economic and social transformation.*

Since governments and civil society organisations may only partially represent the interests of the ultimate target group for the aid provided, there is a potential tension between ownership by governments and ownership by those who are conceived of as being the ultimate beneficiaries of development aid. In particular, there is a concern that when beneficiaries do not feel that they have ownership of an intervention, their resulting lack of participation may undermine the effectiveness of aid programmes. The implicit assumption (in both development practice and in much of the academic literature) has been that if communities have ownership of a development activity, they will voluntarily and actively participate in its design and implementation. This participation will improve the activity’s sustainability, particularly beyond the ending of the provision of external financing (Swidler and Watkins 2009).

The objective of the study was to develop a methodological framework to improve understanding of participation, ownership, local perceptions and their implications for the design, implementation and evaluation of development interventions. This study’s specific contribution has been the development of a framework for the classification and analysis of participation, and the field testing of this framework, using a suite of participatory methods. The application of a detailed typology of forms of participation, and a systematic approach to assessing who is engaging in each type of participation and why, is argued to be a necessary first step in understanding the role that participation may play in the effectiveness of development activities.

This report presents the framework, places it in the context of the empirical and theoretical literature, and incorporates the lessons from a pilot application of it to the health sector in Malawi. In addition, the report examines the scope for applying the framework for cash transfer programmes.

This report is organised as follows. Chapter 2 provides an overview of current debates in the literature on participation and development. It then presents the proposed framework, examining the inter-relations between its core concepts; the chapter also sets out the way in which it is envisaged the framework will be used. Chapter 3 summarises the findings and lessons from the Malawi health pilot study. Chapter 4 provides an illustrative analysis of how the framework might be used to provide insights in another sectoral context – that of the design, implementation and evaluation of cash transfer programmes. Chapter 5 presents conclusions and recommendations on the use of the framework and sets out its potential policy implications.

2. A framework for analysing participation

2.1 Participation and development: Concepts and issues

Mansuri and Rao (2012) identify the focus on participation in development (from the mid-1980s) as a reaction against large-scale “top-down” investment projects, and the social costs of structural adjustment. They suggest that (p.3):

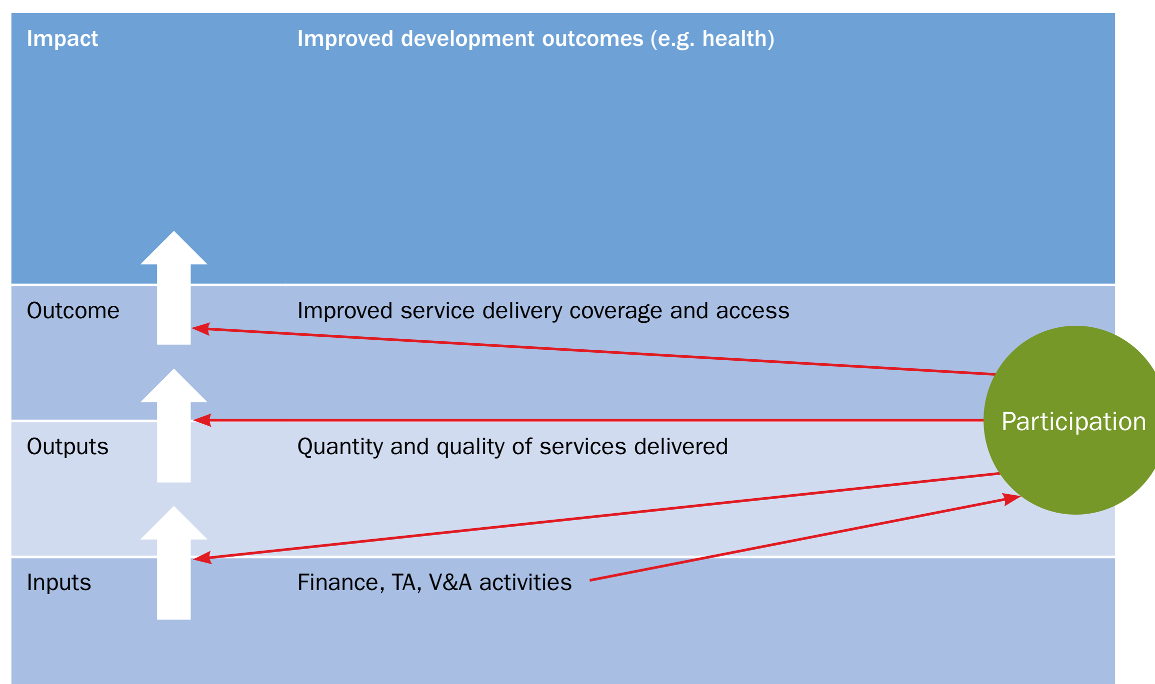
> *Economists such as Sen and Ostrom made a vigorous case for a more bottom-up and deliberative vision of development that allows for “common sense” and “social capital” of communities to play a central part in decisions that affect them. Their scholarship led to a renewed interest in community-based development, decentralization, and participation by donors and government.*

They also argue, however, that (p. 3):

> *This renewed policy interest in participatory initiatives, along with the expansion in funding, has proceeded, in large part, with little systematic effort to understand the particular challenges entailed in inducing participation or to learn from past programs. As a result, the process is, arguably, still driven more by ideology and optimism than by systematic analysis, either theoretical or empirical.*

Mansuri and Rao note the distinction between “organic” participation, which reflects collective action organised by communities or through local political action, often to counter the state, and participation that is “induced” by donor or government programmes, notably through decentralisation and community-driven development. The analytical value of the concept of “organic” participation may be questioned because the space and potential for individual or collective action to emerge may depend significantly on the attitude that the state takes towards it, and because the relationship between the state and other social forces may be complex, rather than simply oppositional.

Figure 1 Generic intervention logic of "induced" participation



However, it can be valuable to distinguish development initiatives that are based on an explicit or implicit intervention logic or theory of change under which the fostering of forms of participation is seen as an instrument for improving the effectiveness of an initiative in question. This generic intervention logic is illustrated in Figure 1 above, where more participatory approaches are seen as having the scope to improve the programme effectiveness at each level. These approaches may include, for instance, making programmes more relevant through incorporating beneficiary perspectives into design, improving ownership of the outputs produced and so improving sustainability, and obtaining feedback from users to identify and address problems in programme implementation.

However, beyond this instrumental argument for participatory approaches, Gaventa (2003) notes that the meaning and scope of "participation" in development discourse has expanded from engagement or involvement in community projects to participation in policy – the discourse of politics and governance – encompassing of forms of participation in the economic and socio-cultural spheres. This broader concept of participation is central to the idea of the citizen, understood as someone with rights, aspiration and responsibilities in relation to other community members and the state (DFID 2010). The rights of citizenship can be seen as a precursor to active practice (agency)[1] and social and political participation as part of a relationship of accountability between public service providers and their users (Jones and Gaventa 2002). Cleaver (1999, p.598) has also highlighted the distinction between efficiency arguments for participatory approaches (to achieve better outcomes), and equity and empowerment arguments (participation as enhancing individual capacity to improve their lives and mobilise vulnerable groups), and a

1 Agency is defined as "an actor's or group's ability to make purposeful choices (Alsop et al 2006).

tendency for these arguments in practice to be conflated, and for the concept of empowerment to become depoliticised as a result.

The rationale for externally driven measures to foster participatory approaches is based (implicitly or explicitly) on an inability of community members to organise themselves effectively. Mansuri and Rao (2012, p.59) characterise this as a "civil society failure" in which:

> *Civic action is either absent or operates in a way that results in a net reduction in efficiency.*[2]

Chapter 1 noted the origins of this study in concern about the potential implications of a lack of participation for the breadth and depth of ownership of development activities. It is important to note that there is no universally accepted definition of "ownership" in the literature. Two quite different interpretations of the term can in fact be distinguished. First, ownership of a programme or policy can be taken as meaning "commitment" to that programme or policy. Alternatively, it can be taken as implying "control" over the programme or policy. These two concepts have very different implications. For example, while "control" is necessarily zero-sum in important respects (control by one stakeholder, in the sense of the degree of influence exerted over a programme's implementation, can only be increased by reducing the control of another stakeholder), "commitment" to a programme (in the sense of perceiving it to be aligned with the interests of a particular stakeholder) is not zero-sum.

De Renzio, Whitfield and Bergamaschi (2008, p.2) note in particular that:

> *Ownership is often used by donors to mean commitment to policies, regardless of how those policies were chosen. This contrasts with ownership defined as the degree of control recipient governments are able to exercise over policy design and implementation. A first finding from our research is that while many aid agency officials start out with a commitment to ownership defined as control over policies, as soon as there is some disagreement over policy choices they tend to fall back on a definition of ownership as commitment to their preferred policies.*

The issue of the relationship between participation and ownership therefore depends on the concept of ownership being used. One form of the intervention logic for promoting participatory approaches is that participation will increase the breadth of commitment to a programme. This is distinct from an intervention logic based on ceding control over key decisions about a programme to the intended beneficiaries. An alternative view of the relationship between participation and ownership would be that ownership in the sense of control may be a prerequisite for motivating participation.

It is also important to clarify the relationship between participation and the concepts of "voice" and "accountability". Rocha Menocal and Sharma (2008) define voice as the "expression of preferences, opinions and views" but they argue that "mechanisms for expressing voice" are required to ensure that

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2 A broader definition of civil society failure would also emphasise inequalities and injustices resulting from the forms of collective action, as well as inefficiencies.

“different preferences, opinions and views can be expressed and acted upon”. These mechanisms can include a variety of citizen or civil society-led actions (such as public demonstrations, protests or advocacy campaigns) or participation in official policy-making processes. Effective voice is, therefore, a form of participation.

Forms of accountability (for instance by service delivery organisations for the services that they provide) can be based on top-down management relationships (for instance from political authorities), horizontal supervision by other official bodies (such as ombudsmen or audit bodies), or bottom-up processes of feedback from service users (e.g. citizen score cards, etc.). Voice from service users (for instance in relation to complaints about service quality) can therefore be an important instrument for improving accountability, either as expressed directly to service providers, or indirectly through political or administrative oversight bodies.

There has been a particular emphasis in donor-supported programmes on the attempted use of voice to improve service delivery performance (e.g. DFID 2010). A number of levers are important in enabling voice (in the sense of feedback on service delivery performance) to be translated into improved services. First, the beneficiaries require information on what services should be provided and to whom. Second, voice may require additional capabilities to enable beneficiaries to participate effectively. These capabilities potentially include skills, training and knowledge. Whether the beneficiary participates or not in the services will depend on the presence of incentives for him or her to do so and the existence of mechanisms or channels for participation. Once views and perceptions are voiced, a beneficiary’s ability to hold institutions to account depends on the responsiveness of these institutions, which is dictated by underlying power relations between various stakeholders in a particular setting.

The analysis of the wider network of power relationships within which community or beneficiary participation occurs is therefore of central importance for understanding the likely impact of this participation. Stakeholder mapping and political economy analysis can be used to explore the channels through which resources flow, services are delivered and power/accountability is exercised, within the wider political context. This analysis needs to distinguish between different groups of stakeholders, and show how “ownership” (in both main senses) is divided between them, as well as revealing the nature of power relationships.

2.2 Empirical evidence on participation

The current salience in the research literature of conceptual and empirical interest in understanding participation and development is illustrated by some recent studies that attempt to summarise large bodies of evidence about the effects of participation. Gaventa and Barrett (2012, p. 2399) state that:

> *Understanding what difference citizen participation and engagement make to development and to more accountable and responsive governance has become a key preoccupation in the development field. It has been over a decade since participation moved toward the mainstream in development debates and a strategy for achieving good governance and human rights. Despite this, a large gap still exists between normative positions promoting citizen engagement and the empirical evidence and understanding of what difference citizen engagement makes (or not) to achieving the stated goals.*

Their study is based on a meta-analysis of a sample of 100 case studies. They identify four types of outcome from their evidence base: citizen engagement and the construction of citizenship; citizen engagement and the practice of participation; citizen engagement and building responsive states; and citizen engagement and inclusive and cohesive societies.

The study also distinguishes four types of citizen engagement: participation in local associations; participation in social movements and campaigns; participation in formal participatory governance spaces; and mixed examples where several of these forms of participation apply.

They found that of 830 outcomes (of the four types above) in the 100 case studies, about 75% were positive, and around 25% were negative. Citizen engagement through local associations was identified as having the highest proportion of positive outcomes, with both local associations and social movements scoring more highly than participation through formal governance structures. They conclude that (p. 2407):

> *After more than two decades of support in international development for greater citizen participation, the issue is not simply to ask "what difference does it make?" but to understand further the conditions under which it makes a positive difference.*

Speer (2012) reviews experiences of participatory governance mechanisms as a strategy for increasing government responsiveness and improving public services. She characterises these mechanisms (p. 2379) as follows:

> *They involve citizens in decision-making over the distribution of public funds between communities and the design of public policies, as well as in monitoring and evaluating government spending. Thus they differ from community-based development schemes in which community members participate in the planning, implementation and monitoring of a particular development project within their community.*

She assesses the evidence on the impact of such mechanisms as positive, but limited, and states that while a few well-documented cases, like participatory budgeting in Porto Alegre in Brazil, demonstrated that success was possible (p.2385):

> *Overall, the reviewed literature hence suggests that the public policy benefits of participatory governance on government accountability and responsiveness remain to be proven and that implementing participatory governance effectively is likely to be a challenging enterprise in many places.*

Mansuri and Rao (2012) examine over 500 examples of interventions (government- and donor-supported) which have sought to induce participation, including the World Bank's substantial effort to support participatory development. Hence their focus is on "induced" participation, not the "organic" form that the Gaventa and Barrett study reviews. Mansuri and Rao note (p.1) that:

> *Over the past decade, the World Bank has allocated almost $85 billion to local participatory development. Driving this massive injection of funding has been the underlying belief that involving communities in at least some aspects of project design and implementation creates a closer connection between development aid and its intended beneficiaries. Indeed, local participation is proposed as a method to achieve a variety of goals, including sharpening poverty targeting, improving service delivery, expanding livelihood opportunities, and strengthening demand for good governance.*

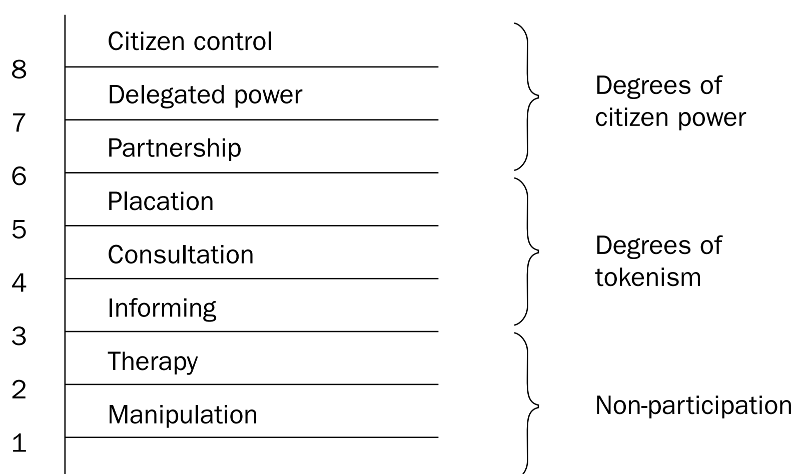
From their review of the evidence, they are generally modestly positive about the results of participatory approaches, but emphasise that the main beneficiaries tend to be the most literate, the least geographically isolated, and the most politically well-connected. They found (p.9) "little evidence that induced participation builds long-lasting cohesion, even at the community level" and that "group formation tends to be both parochial and unequal." They also note (p. 10) that:

> *Participation often tends to be driven by project-related incentives: people get together to derive benefits from project funds. It is very difficult to know whether these effects will last beyond the tenure of the project and the limited evidence indicates that it usually does not. There is some heartening evidence, though, that participation may have intrinsic value. Communities tend to express greater satisfaction with decisions in which they participate, even when participation does not change the outcome or when outcomes are not consistent with their expressed preferences.*

2.3 Typologies of participation

None of the empirical studies reviewed in the previous section, however, presents a detailed typology of participation that might allow more disaggregated analysis of the causal links between different forms of participation and different forms of outcome. Much of the theoretical literature on typologies of participation has derived from Arnstein's (1969) influential "ladder of participation", which is shown in Figure 2.

Figure 2 Arnstein's ladder of citizen participation



Source: Arnstein (1969)

Developments of the Arnstein model include Pretty's (1995) typology, illustrated in Figure 3 below, and the typology of interests (developed by White, 1996) shown in Figure 4, which seeks, in addition, to distinguish the motivations of both "participants" and the "implementing agencies" promoting participation. Each of these approaches is, as noted by Cornwall (2008), highly normative.

Figure 3 Pretty's typology of participation

Type of Participation	Features
Manipulative Participation	Pretence, with nominated representatives having no legitimacy or power
Passive Participation	Unilateral announcements without listening to people's responses
Participation by Consultation	External agents define problems and information-gathering processes and so control analysis
Participation for Material Incentives	People participate by contributing resources (labour) in return for material incentives
Functional Participation	External agencies encourage participation to meet predetermined objectives
Interactive Participation	People participate (as a right) in joint analysis, development of action plans and formation or strengthening of local institutions
Self-Mobilisation	People take initiatives independently of external institutions to change systems

Source: Adapted from Cornwall (2008)

Figure 4 White's typology of interests

Form of Participation	What "Participation" means to the "Implementing Agency"	What "Participation" means to those on the receiving end	What "Participation" is for
Nominal	Legitimation – to show they are doing something	Inclusion – to retain some access to potential benefits	Display
Instrumental	Efficiency – to limit funders' input, draw on community contributions and make projects more cost-effective	Cost – of time spent on project-related labour and other activities	As a means to achieving cost-effectiveness and local facilities
Representative	Sustainability – to avoid creating dependency	Leverage – to influence the shape the project takes and its management	To give people a voice in determining their own development
Transformative	Empowerment – to enable people to make their own decisions, work out what to do and take action	Empowerment – to be able to decide and act for themselves	Both as a means and an end, a continuing dynamic

Source: Cornwall (2008)

Tritter and McCallum (2006) criticise the Arnstein model and related approaches that are derived from it (p. 163):

Arnstein's definition of user involvement is one-dimensional, based on user's power to act in formal decision-making processes. Such an approach…takes little account of the distinct but overlapping, theoretical justifications or types of user involvement. Involvement may be a governance mechanism, a method of releasing or enhancing social capital, or a feature of service delivery. Within these categories, user roles vary from participation in decisions about treatment or care, service development, evaluation and research and teaching.

They therefore argue that (p. 165):

A linear, hierarchical model of involvement…fails to capture the dynamic and evolutionary nature of user involvement. Nor does it recognise the agency of users who may seek different methods of involvement in relation to different issues and at different times. Similarly, Arnstein's model does not acknowledge the fact that some users may not wish to be involved. Models of user involvement should incorporate the range of potential involvement desired… They must also acknowledge that user involvement requires that the structure and process be dynamic and negotiated by users themselves.

Similarly, Collins and Ison (2006) have argued that the hierarchical model of "participation as power" embodied in the Arnstein approach is unhelpful in complex situations where both the nature of a particular problem and the possible solution are uncertain. They argue for the use of a broader concept of social learning in such situations.

Cornwall (2008, p. 269) has also noted the limits of these normative approaches, and suggests that:

> *It is vital to pay closer attention to who is participating, in what and for whose benefit. Vagueness about what participation means may have helped the promise of public involvement gain purchase, but it may be time for more…"clarity through specificity" if the call for participation is to realize its democratizing promise.*

This review of both the empirical and theoretical literature suggests, therefore, that a more disaggregated and less normative approach to the analysis of participation is required to create an understanding of the conditions under which participatory approaches may further development objectives, and to aid the design of specific interventions. This perspective has driven the development of the framework outlined in this report, and its pilot application in the Malawi health sector, since the underlying objective of the study has been to develop an approach that aids understanding of the relationship between ownership, participation and perceptions.

2.4 The framework for analysing participation

The approach proposed for analysing participation is the matrix shown in Figure 5. The rows of the matrix are defined across the project, programme, or policy cycle – design, implementation, and monitoring. The columns of the matrix identify the specific forms of participation, who participates in each form (and whether they do so individually or collectively), the participants' motives, what factors determine the effectiveness of the participation, and the results of the participation.

An advantage of this framework is that it can be applied to examine participation in an aid-financed programme, or be used more generally, for instance in relation to participation in the planning, delivery, and monitoring and evaluation of a service. The framework is also theory-neutral in that it is not based on a normative judgement about participation, or on any particular assumed causal relationship. Instead, it provides a convenient summary and checklist for representing a very wide range of forms of participation, as an aid in the assessing of causal links.

Figure 5 Framework for analysing participation

Category of participation (across programme/ policy cycle)	Form of participation [Examples listed]	Who participates and in what way?	What are their motives for participation?	To what extent are conditions for effective participation met?	What are the results of Participation?
Design, Policy-Making, Budgeting, Planning	Seeking to influence policy decisions (advising, advocacy, lobbying and activism): political parties, professional organisations, other civil society organisations active on specific issues, the media Local advisory committees, hearings processes to set priorities and plans Programme design				
Implementation/ Service Delivery	Participation in campaigns, information sharing, awareness raising, volunteering				
Monitoring and Evaluation	Citizen charters, social monitoring, community monitoring (e.g. of expenditure, drug availability, staff attendance), boards or oversight committees, complaint-making				

The general approach envisaged in the application of the framework with the aim of understanding the role and scope of participation in a given context is the following. First, an institutional analysis may be required to create an understanding of the main features of a decision-making, resource-allocation, or service delivery process. Second, the political economy of these processes is analysed to identify the interests and influence of different stakeholders, and the means by which power is exercised to influence outcomes. Third, the typology is applied to identify the main ways in which participation occurs at each stage of the cycle. A wide range of different types of methodological approach may be used to obtain relevant information, as was illustrated in the Malawi health pilot study (see Chapter 3).

For each form of participation, the following are identified:

1. Who participates – for instance the extent to which gender, age, economic or social factors influence the profile of participation (whether this is individual or collective). Individuals who are able to read and write or those with connections to local elites (e.g. relatives of chiefs, Members of Parliament (MPs), etc.) might be more likely to participate in programmes. Who participates may also depend on the category of participation or the forms it takes. Men may be more present in formal local structures and committees and woman may be more involved in volunteering and providing support through faith-based organisations. Moreover, the better-off may participate in the formalised local structures but not participate in collective community action (such as the moulding of bricks) that may be seen as the prerogative of the poorer members.

2. Their motives for participation – which may include the expectation of direct or indirect benefits, or motives that are more altruistic, or are based on commitment to particular values or ideals. Participants may be driven by material benefits (e.g. training, allowances, etc.) or the prospect of future jobs. But they may also engage out of goodwill, religious conviction or moral belief. Others may participate out of obligation towards, and expectation of, the community and its local leaders.

3. The extent to which the preconditions for each form of participation to be effective in exerting influence or changing outcomes are in place – such as the availability of accurate information, and a decision-making process that is not dominated by other interests to such an extent that local participation cannot exert any influence. The preconditions for effective participation are likely to vary across categories and forms of participation. Participation in design, planning and budgetary processes are likely to be effective if meaningful decisions are made at the local level or if adequate information and sufficient resources are available (effective decentralisation). Conditions for effective participation in service delivery may include the motivation of local level staff and their close supervision of, and support for, volunteers. It is also likely to be affected by the system

through which they may be operating (for example this may mean the availability of medication or personnel in the health sector). The effectiveness of participation in monitoring and evaluation will depend on the skills and motivation of those involved but also on the responsiveness of the service providers and their commitment to being held accountable.

4. The results of participation – which may in some appropriate cases be ranked on a scale of empowerment (like the Arnstein Ladder), but which may also take other forms, including increased coverage of services delivered, better alignment with local needs and priorities, improvements in the quality and accountability for service provision, or broader social learning in addressing complex challenges.

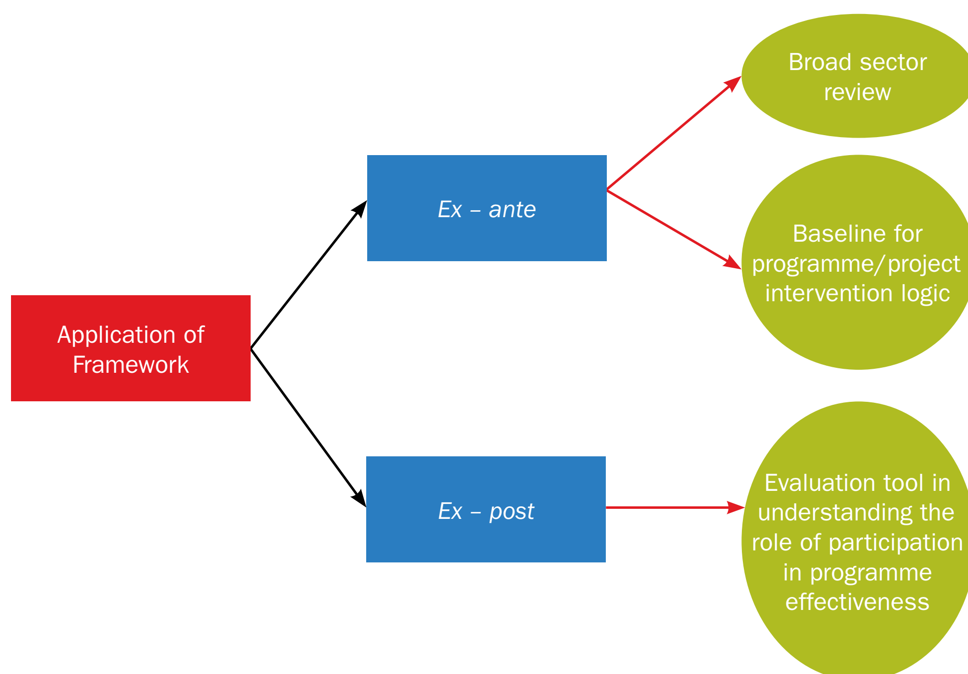
An analysis of constraints on participation can take as a starting point the completed matrix for each form of participation, including the extent to which conditions for effective participation are met. The Malawi case study presents a summary analysis of the constraints on participation identified, and possible implications of these.

2.5 Approach and methodology

The appropriate approach and methodology for analysis of participation will vary depending on the nature of the sector, the programme or project under consideration, the specific issues and problems to be addressed and whether the framework is applied *ex-ante* (as part of a scoping or design process) or *ex-post* (as part of an evaluation) (see Figure 6).

For an *ex-ante* approach, the methodology could be used for a systematic understanding of local participation in a particular sector that may inform or feed into the design of a programme or project. Depending on the nature of the programme or project, participation may form a core component of the intervention logic and the methodology could be used to establish baseline indicators for this component. *Ex-post*, the framework can be used as an evaluation tool. Political economy analysis, combined with qualitative or participatory research, should play central role in understanding the types of participation and the motives for it. However, a rigorous analysis of the effects of participation (for instance on the quality of service provision) may also require a method for measuring and comparing outcomes, and potentially also for measuring participation, where this is quantitatively feasible and meaningful. The impact of a development programme which seeks to promote participatory approaches, for instance to improve service delivery, would need to be assessed by comparing performance against a control. However, the methods of analysis suggested here will still be of value in the absence of such a control for developing an appropriate typology and micro-level understanding of the forms of participation, as well for providing a means to measure participation in some situations.

Figure 6 Possible applications of the framework



Source: Authors

2.5.1 *Understanding the political economy: Institutional and stakeholder analysis*

As discussed above, understanding the context of power relations is of central importance for understanding the incentives for participation as well as the likely results of participation. Understanding power relations also requires an analysis of the institutional processes through which the interests and influence of stakeholders are expressed. A political economy analysis should therefore focus on: (a) identifying the appropriate disaggregation of stakeholders necessary to analyse a particular intervention or issue; (b) establishing what the most important power and resource flow relationships are and how power is exercised within a particular institutional context; and (c) examining how stable these power relationships are and the factors that might lead to changes in the distribution of power.

2.5.2 *Qualitative and participatory research*

Qualitative and participatory research methods are best suited to capturing information on issues that are more complex, sensitive and/or difficult to quantify using more traditional quantitative research methods. Issues around participation, power and gender relations, and inclusion are intangible, and often difficult to define precisely or measure objectively or unambiguously. Qualitative and participatory methods enable researchers to better understand the underlying causal links of interventions and how and why things happen the way they do.

Participatory research is often undertaken in a group setting and through visual and activity-based processes. These processes enable the researcher and participants to better understand the complex changes in processes, behaviour

and social relations within a community. Participatory methods are often used in Focus Group Discussions (FGDs). FGDs are organised with specific goals, structures, time frames and procedures and with a group of people with common interests or characteristics.

When undertaking this research, it is important to note the existing power relations and social interaction within the community to ensure that the participatory tools are used with a sufficiently well-stratified group of individuals, fully capturing the social differences and diversity within the selected communities.

Examples of participatory tools that were also used in our country case study are summarised in Box 1. These were used with the aim of capturing views and perception on participation and accountability in the health sector across a wide range of community members. The tools were also used to provide quantified measures of community satisfaction with service users and to establish the importance and social closeness of key stakeholders in the health sector. See Section 3.3 for a discussion of the experience with using these techniques in terms of their usefulness and appropriateness to the Malawi country case study.

Box 1 – Examples of participatory tools

Social mapping

This is a visual method of showing the relative location of households and the distribution of different types of people (such as male, female, adult, child, landed, landless, literate, and illiterate) together with the social structure and institutions of an area. It can provide an overview of community structure and the socioeconomic situation, map household differences by social factors and provide a census of who lives where in a community. By using social mapping the research team can identify social stratifiers for the evaluative group-based analysis.

Community wellbeing analysis

This has a similar purpose to social mapping in its use in FGDs with community members. It allows the grouping of community population into different socioeconomic groups and for issues around outcomes for each of these groups to be explored.

Institutional mapping (Venn diagram)

This is used to understand the importance and value attached to key institutions in the community: (i) to understand the nature and importance of social connectedness/ exclusion among different groupings in relation to a particular topic; and (ii) to analyse social relations, networks/coalitions and motivations for civic engagement (or lack of civic engagement) with service providers.

Community score cards

These are used to understand the satisfaction of users with the services provided and around issues of interest such as accessibility, quality and accountability. This enables the quantification of qualitative information using perception scores.

Most significant change

This enables the capturing of mini case studies ("typical" rather than sensational/ journalistic) of processes in a research community to provide illustration (with analysis) of the relationships (positive, negative and a mix of both) between interventions and outcomes.

Process tracing

This is a qualitative research method that attempts to identify the causal processes – the causal chain and causal mechanism – between an intervention or action and an effect or outcome (e.g. changes in local government practice).

3. Findings from the Malawi Health Pilot Study[3]

3.1 Study approach and methodology

The terms of reference for the study to develop the framework specified that a pilot application of the framework should be made in the health sector in Malawi. One aspect of the terms of reference focused on understanding community perceptions of aid, services and aid programme outcomes, and how these perceptions compared to more objective measures of programme and service performance.

However, in practice it proved difficult in this context to examine these issues in an informative way. There were two reasons for this. First, much donor support to the health sector in Malawi is in line with the principles of the Paris Declaration; the support is delivered either through the government (sector support) or local non-government channels, in particular the Christian Health Association of Malawi (CHAM) facilities or NGOs. As a consequence, aid donors and their sector specific activities are largely invisible to the users of services, and aid donors (unlike the agencies delivering services with aid funds) were not identified as significant in the institutional mapping by community members. Second, there is little highly disaggregated data available on health outcomes or service performance (and there are limitations even on what is available at district level). There is certainly no such data available at the community level against which community perceptions could be judged, even if community members felt able to make informed assessments of, for instance, the level of incidence of major diseases.

In a situation where aid was being delivered in a more "traditional" project form or where the outcomes were more simply defined and directly observable, it would have been possible to design a study to examine these issues. However, in the context selected, this approach seemed unlikely to yield interesting or useful results, as compared to concentrating on community perceptions of service quality and service user accountability, and examining the dimensions and characteristics of community participation in health.

This pilot involved qualitative community level fieldwork across six districts in Malawi, supplementing this with a district-level study of political economy context. The core of the data collection process was a series of structured field investigations aimed at developing an understanding of the main features of participation and accountability relations in the health sector in rural areas,

3 This section summarises Norad Evaluation Department study no 2/2013 Local Perception, Participation and Accontnability in Malawi´s Health Sector.

comparing areas mainly served by government health facilities with those served by facilities managed by faith-based organisations (the other main providers of health services in Malawi).

The field data collection focused on the following issues: (a) health outcomes and service provision; (b) access to information and knowledge-sharing; and (c) participation and accountability. The study was designed to maximise the opportunities for observing heterogeneity geographical, gender, and socioeconomic axes. In brief:

a. Six districts were selected; two in each of the three main geographical regions of the country, North, Centre and South.

b. Within each region, two districts were selected on the basis of the following three indicators:

   - Proportion of deliveries attended by skilled health personnel;
   - Children under five given full immunisation; and
   - Diarrhoea inpatient death rates per 1000 new cases among the under-fives.

c. The study aimed initially at selecting a pair of districts with the best and worst performance on the above indicators (at least best or worst in two out of the three indicators) in each region, though this approach was modified for logistical reasons. The final selection was of Rumphi and Nkhata Bay in the North, Mchinji and Nkhotakota in the Centre, and Balaka and Neno in the South. Although we used three district-level indicators to select the districts for this study, it was not possible to conclude which district was the best or worst performing across all regions, since the ranking of the districts varied across selected health indicators.

d. Within each district, the field team selected two heath facility catchment areas for the field data collection: one the catchment area of a government facility and the other the catchment area of a CHAM facility. This was in order to make it possible to compare the perceptions of the services in each type.

e. Within each catchment area, the team selected two villages: one close to the catchment facility and another in a hard-to-reach area. Male and female community members were selected through “snowball sampling” around these villages and around the health centres visited by the research team.

Field data collection took place over two weeks using three parallel field teams. Each was headed by a member of the overall OPM team, and the data collection was headed by an experienced field supervisor from the region, who spoke the local language and knew the area well. Each team also included a translator for the team leader and three experienced interviewers who conducted FGDs and Key Informant Interviews (KIIs). In each district a total of ten FGDs and a minimum of fifteen KIIs were conducted, resulting in a total of 40 FGDs and over 60 KIIs.

Most of the participants in these exercises were community members. However, in each catchment area a FGD on social mapping was conducted with Health Surveillance Assistants (HSAs) who provide basic care in the villages and with at least one member of the health facility staff. At the end of each day, the team members met to summarise the day's findings. At the end of the fieldwork period, the interviewers translated and transcribed the FGDs and the KIIs.

The main outputs from the field data collection were a set of findings on the nature of community perceptions of health services and the health system, and a set of findings on the main features of community participation; these are summarised in the Participation Matrix.

To complement the core field data collection work, a district-level study of the political economy context was undertaken by a three-person team: the Team Leader, a Malawian political scientist and a Malawian public health specialist. This took place over one week (during the field data collection), and covered two of the six districts (Mchinji and Balaka). It was based on KIIs with district officials (e.g. the District Commissioner, the District Health Officer, the District Hospital ombudsman) and group discussions with key informants, such as members of the Village Development Committees (VDCs) and the Area Development Committees (ADCs). This aspect of data collection focused mainly on examining participation in the planning and budgeting process.

3.2 Summary of key findings

3.2.1 Local perceptions of the health system

Rural communities in Malawi are generally well-informed about their rights, have expectations of good treatment and have improving access to health information. Communities regard the formal health system as their principal point of call for most common health problems. Facilities run by CHAM are regarded as generally providing a somewhat higher quality of care than government facilities. However, they may be more expensive than government facilities, so government facilities are preferred by the poor. HSAs are the most immediate point of contact for communities. Private clinics are generally inaccessible for the rural communities interviewed because of distance or cost. Traditional health providers are resorted to only for a subset of health problems seen as lying outside the province of the formal health system, or if treatment through the formal health system does not yield results.

Private radio stations appear to have played an important role in reaching communities and in providing health information and fostering discussion of rights and system performance. Women play a particularly important role in the dissemination and sharing of health information both through their heavy presence at clinics and through their informal networks.

There did not appear to be significant systematic regional variations in perceptions, with local factors appearing more important in explaining any observed differences than any systematic differences based on regional, ethnic or cultural factors. The nature of social differentiation also appeared generally uniform, with the significant distinctions relating to gender, education, wealth, access to persons of influence, and local social standing and reputation. Other ethnic, social or religious factors did not appear to be of major significance in explaining access to services or perceived influence over service providers. Those at the favoured end of each spectrum (male, educated, relatively wealthy, politically connected and with a good local reputation) could generally expect better treatment and the ability to exert more influence.

Development aid (and the donor community) is effectively invisible at community level. Resources are seen as coming from government or NGOs who deliver in the field, not from the donors providing the ultimate funding. This is the result of the alignment of much aid on the use of government and other national systems.

3.2.2 Participation in planning, budgeting and programme design

Decentralisation has established an institutional framework for community participation in planning through VDCs and ADCs, which appears in principle to have the potential to express community priorities, with the large exception of the under-representation of women. However, the lack of genuine decentralisation of authority (including the current absence of any elected officials below the level of MPs) – in terms of the level of resources that can be programmed, or significant decisions that can be made, either at district or sub-district level – rendered participation through these bodies of generally limited significance. While these structures also have a potential role in the monitoring of the use of resources and the performance of government service provision, they lacked either the access to information or the authority necessary to perform this role. Community influence over NGO programmes was limited by the lack of flexibility in NGO funding and its consequent inability to respond to community needs (rather than those needs identified by the funding source), as well as the status inequality between educated NGO staff with access to funding sources, and community members (see Figure 7).

Figure 7 Participation in policy, planning, budgeting and programme design

Types of participation	Who participates	Motives for participation	Conditions for effective participation	Level of participation	Results of participation
VDCs – Identification of local needs and priorities through VAPs; transmitting plans to ADCs for consideration in district planning process (DIP).	Representatives from each village within VDC, ward representatives, four female representatives and extension worker representatives. Process of community selection/ election of members overseen by the chief. Generally, literacy and good standing in the community is required for participation.	Nomination by community; improving wellbeing of community; access to resources and patronage; community standing; legitimacy; power.	Availability of resources, especially non-earmarked funds; willingness of officials and NGOs to provide information; skills of committee members; political neutrality of committee.	System is designed to provide some level of "delegated power". However, in practice lack of information and discretionary resources means participation rarely rises above level of "consultation", and is often token.	Limited Some allocation of resources for construction of health facilities, mobilisation of self-help through collective community participation in provision of labour (e.g. moulding bricks). Primary impact on small village projects, such as material for building of shelters, pit latrines, bathing areas and boreholes.
ADCs – Identification of local needs and priorities in the Area Development Planss and transmitting plans for consideration in DIPs.	VDC chairperson and vice chairperson, ward representatives, representatives of faiths, representatives of youth and women's groups in the area, representatives from the business community and chairperson of Area Executive Committee. Very limited participation by women.				
NGO programmes – Support in implementation of the programme. Limited role in design and formulation of projects and programmes.	No representation in planning stage. Districts and traditional authority notified of presence and project aims. Generally, literacy is required.	Bringing development and material benefit to the community.	NGO activities need to be aligned with priorities of the communities. Need for more consultation and involvement of community members at design stage.	Community perception of lack of influence over NGO priorities means participation often restricted to "informing".	Support in implementation of NGO projects (see Chapter 6).

3.2.3 *Participation in service delivery*

There is a significant level of community involvement in support for service provision, prevention activities, and community mobilisation for tasks such as building clinics for the under-fives and in other small schemes. There are many sustainable and well-established networks of voluntary action in the health sector, operating through faith-based and other community organisations, as well as through initiatives organised by HSAs and NGOs. Although NGOs can play an important role in developing local capacity (for instance in VDCs and ADCs), much NGO-induced participation is unsustainable and driven by donor and NGO objectives, rather than those of the communities.

The extent and effectiveness of community participation around government programmes depends in part on the motivation and capability of HSAs, who vary greatly in their presence and effectiveness in communities. As the first point of contact for communities, the HSA plays a significant role both in promoting local participation and in the provision of information and services.

The effectiveness of community mobilisation for collective action depends on local chiefs, who generally hold their office on a hereditary basis, and vary greatly in their motivation and effectiveness.

3.2.4 *Monitoring and accountability*

Despite an awareness of their rights and expectations of services and treatment, community members lack effective channels for communicating their priorities, exercising their rights and ensuring accountability within the health system. Communities do not have access to information about the performance of the local health system, the resources available to it, and how these resources were used. The weakness of monitoring and supervision within the government health system and the lack of effective sanctions over poorly performing staff (in part reflecting the continuing shortage of qualified medical staff) limit the effectiveness and responsiveness of service provision. Management appears to be somewhat stronger within CHAM facilities, accounting for the general preference for the use of these facilities where they are available, and among those able to afford CHAM services where these are charged for.

The absence of any elected officials below the level of MP limits the prospects for one potential channel of accountability. Changes to the system of district assembly elections which have increased the size of electoral wards and introduced payment for assembly members were expected by community members to undermine the community links and responsiveness of elected assembly members when district elections do occur, compared to the prior situation before 2005.

3.2.5 *Constraints on participation and their implications*

The main findings on constraints on participation and their likely for service delivery can be summarised as follows:

- Effective participation in the planning and budgeting of public services is constrained by the lack of genuine decentralisation of decision-making, or of local elected democratic institutions, as well as the very limited representation of women. This is likely to make service provision less well-tailored, and less responsive, to local needs than a more effectively participatory system.
- Effective participation in the design of NGO programmes is limited by the lack of flexibility in the donor programmes, which limits the extent to which programmes can respond to locally expressed needs, as well as an imbalance of power between educated, externally-linked NGO staff and local communities.
- Constraints on more effective participation in service delivery and prevention activities generally relate to the varying levels of motivation and competence of local health staff (particularly HSAs) and traditional authorities who play a major role in community mobilisation, as well as the limited resources (financial and equipment) available to be used at this level.
- Effective participation in monitoring (including the ability to voice and hold health sector workers accountable in relation to grievances) is constrained by power imbalances at the local level (which may be offset by active and competent local traditional authorities), but most significantly by the weakness of supervision and the lack of effective sanctions for poor performance within the public health system.
- There is a lack of provision (for instance to ADCs) or publication of information on financial or other resources flows or service provision performance against targets. Again the absence of locally elected bodies is a limit on monitoring and the ability to ensure accountability.

3.2.6 *Implications of the findings*

The study has found scope for increased participation from communities in health, particularly to strengthen accountability (both through providing more information about development programmes and the use of resources, and to ensure more effective responses to complaints and concerns about service delivery). Community and official structures exist that do play a role in fostering participation, and which could play a greater role. However, in practice many attempts to foster participation through NGO programmes create expectations that cannot be sustained and that risk undermining other forms of community participation.

The findings from the pilot study, together with a broader perspective on lessons from experiences of achieving aid effectiveness, have suggested a set of principles to guide initiatives towards strengthening community participation in the health system:

- The analysis of participation (for instance using the framework and tools that have been developed for this study) should be a standard part of the process of programme design and evaluation, since the strength and form of community participation is likely to have implications for the level of ownership and effectiveness of accountability. At the very least, questions about participation should be asked and addressed using a more systematic and comprehensive approach than appears generally to have been the case internationally.
- Strengthening participation in planning and budgetary requires: (i) provision of additional discretionary financial resources at the district level; and (ii) enhanced oversight of how these resources are used, including through existing structures such as VDCs and ADCs. This should take account of concern that elections of district councils on the currently proposed model may have little impact on strengthening local accountability.
- Support provided through NGOs needs to be carefully designed to reinforce local participation and ownership, build capacity, and avoid a situation where the aims of programmes imposed on communities may not match the communities' own objectives.
- Sustainable participation is likely to be rooted in existing social organisations and networks, and the formal structures of budgeting and planning. Initiatives outside these will generally be unsustainable. Poorly designed support may risk undermining these organisations.
- Improving the effectiveness and accountability of health service provision requires strengthened management (supervision, monitoring, and sanctions) within the public system (particularly for HSAs and the staff of health facilities).

Applying the principles proposed (including making wider use of the analytical framework that has been developed for this study) was noted as having several implications for government, donors, and NGOs:

1. Given that the Government of Malawi is engaged in developing a policy or guidelines for community participation in health, these principles could, if accepted in their current or an adapted form, provide a structure for the main elements of this policy.
2. The rigorous review of the scope for community participation in a particular programme, and the assessment of the implications of particular programme modalities for participation, needs to be treated as a standard part of programme design and evaluation.
3. A strong link needs to be made between donor programmes aimed at improving service provision, and those focused on strengthening effective and democratic governance and the broader decentralisation process.
4. The design of programmes of funding through NGOs in particular requires a much more rigorous investigation, addressing of the potentially perverse incentive effects that have been observed both through this study and in the wider literature on NGO engagement.

3.3 Methodological lessons

3.3.1 Approach and methodology

The approach and methodology used in the country case study aimed at establishing a detailed understanding of the role of local participation and accountability in the health sector in Malawi.

The study found the use of qualitative community level fieldwork, supplemented by a district-level study of the political economy context, to be an appropriate method for developing an understanding of the main dimensions of the community perceptions of services, and of the nature of participation and of accountability relationships in the health sector. However, making an assessment of the results of participation (in terms of the impact on quality of service provision, for instance) would have required a more complex and resource-intensive study design allowing for comparison of examples of differing levels of types of participation, and providing some means of measuring service quality or health impacts.

The core of the study used a number of participatory tools in eliciting community perceptions in FGDs, combining these with KIIs at community level. Added to this were KIIs with district officials and members of the VDCs and ADCs.

The framework is envisaged as being mainly applicable to the design of programmes and projects, or to develop an understanding of patterns of participation in order to examine ways to strengthen accountability and service provision. The fact that the pilot study was driven by a testing of the framework, rather than by addressing a specific locally determined research problem, made the pilot study research questions less tightly focused, and more exploratory, than would have been desirable from the point of view of local policy relevance. A more extended process of dialogue with the government and other local stakeholders, and a looser timeframe for the fieldwork would have provided more opportunities for sharpening the research questions.

3.3.2 Scope of work

The study selected a number of research sites across the three regions of the country and across different facilities (government and private), with both men and woman to allow for an opportunity to observe heterogeneity. The study found that the main variations in participation and effectiveness of accountability arose from local factors, including the quality and motivation of staff and community leaders and the presence or absence of CHAM facilities. The study found generally limited systematic variation in the pattern of participation between districts, or across areas with different ethnicity or religious affiliation – though the small sample of areas covered means that statistically valid inferences about variation cannot be drawn. Given this, in hindsight, the study (seen as a pilot of the framework) would have benefited from a reduced geographical scope but a comparative focus across participation in a number of other sectoral areas (for instance, water and sanitation or education). This

approach would have required a different research design from the one specified in the terms of reference and would have required FGD and KIIs with extension workers from these sectors and their associated community volunteers. The breadth of this approach would, nevertheless, have come at the expense of reduced depth in understanding community participation in the health sector.

3.3.3 *Experience with use of participatory tools*

This section discusses the researchers' experience in using the participatory tools specified in Section 2.5.

Social mapping

The social mapping analysis was used in FGDs with HSAs and aimed to: (i) map and analyse local social and physical infrastructure, including health services; (ii) understand the characteristics of wellbeing in the community and perceptions of differences in wellbeing amongst the population, including as it relates to access to health services; and (iii) prompt broader discussion on the community level health problems, availability and characteristics of health facilities, services and other related interventions.

This tool was used at catchment area level and proved very useful in understanding where the health facilities and related infrastructure were located within it. It also explored whether there were any areas that faced specific health problems or had any particular constraints in accessing health services. The tool also investigated the broader issues of community participation and accountability. The information from this tool was used to select subsequent research sites within the catchment areas.

The social mapping exercise required the analysts to draw the catchment area maps and locate the various social and physical structures within it. Although this enhanced engagement and participation from the HSAs, it was also very time-consuming. Given the roles of HSAs in providing support to health clinics and availability of maps at the facility level, a better approach would be for the facilitator to copy maps prior to the FGD and use these as the starting point for the tool. This second approach was adopted halfway through the fieldwork in some of the districts and proved more efficient as it allowed time for more discussion of the research questions.

Community wellbeing analysis

This similar tool to social mapping was applied at the community level. It allowed the grouping of community population into different socioeconomic/health categories and the exploration of issues around health outcomes, participation and accountability for each of these groups. This tool was very useful in understanding who within the community participated and the link between socioeconomic status and treatment, participation and accountability.

Community scorecards
Community scorecards were used to understand: (i) the satisfaction of health users with the services provided; (ii) the ease of access to health facilities and treatment; (iii) the level of participation, transparency and accountability within the health sector; (iv) the issues and challenges in the health sector; and (v) likely solutions to identified problems and areas of improvement.

The scorecards were applied at individual and group level and were useful in providing quantitative measures of satisfaction combined with an exploration of issues and problems associated with the questions. If used widely and systematically this tool can provide suitable baseline information on user satisfaction with service provision and measure satisfaction with participation, accountability and transparency.

Institutional mapping (Venn diagram)
The institutional mapping tool was used to: (i) understand the importance and value attached to key health related institutions in the community; (ii) establish the nature and importance of social connectedness/exclusion among different groupings in relation to health; and (iii) analyse social relations, networks/ coalitions and motivations for civic engagement (or the lack of civic engagement) with service providers.

This tool was very useful in understanding the entities which mattered to the communities in terms of health and why. It also explored the social connectedness of these bodies with the community members.

This tool can be further standardised to provide a visual representation of important stakeholders and their connected across a number of FGDs, using the Institutional Mapping tool. Moreover, we propose the application of this tool to the district level as well.

Most significant change
This tool aimed at capturing mini case studies ("typical" rather than sensational/ journalistic) of accountability processes in a research community to provide illustrations (with analysis) of the relationships (positive, negative and a mix of both) between social accountability and health service delivery and outcomes. This tool was useful in verifying the most common types of participation and accountability mechanisms used by community members and the resultant outcome. One problem with it was the repetition of stories and the limited variation in types of participation and accountability. In a context where there is limited community participation or accountability, this may not provide useful information and is best replaced by other tools.

Social accountability and participation process tracing

This tool aims to understand: (i) the processes and steps taken in seeking and receiving health treatment; (ii) the relationship between participation and accountability and service delivery within the health sector; (iv) the issues and challenges users face in the health sector when seeking treatment, and in participating and holding service providers to account; and (v) the likely solutions to identified constraints and areas of improvement. This tool was not used in an FGD setting but applied in a number of KIIs. It provided a clear understanding of where and how community members seek treatment and the mechanisms available for accountability. This is a very useful tool to consider using for FGDs in future research.

4. Applying the framework to cash transfer targeting

4.1 Introduction

As noted above, the pilot process for the framework involved a relatively deep study of a single country and sector (health in Malawi). It is beyond the scope of this study to pilot the application of the framework in other contexts. However, this section explores the potential applicability of the framework through examining (*ex-post*) how using the framework might have provided insights in the design and evaluation of cash transfer programmes in Malawi and Zimbabwe. Both these cases sought to identify and reach the poorest community members, and both draw on evaluation data. In each case, an overview of the programme and the findings from the recent research is provided, focused on community-targeting issues, followed by some observations on how the framework might have been applied and what insights it might have generated. This section is not a substitute for further testing of the application of the framework in different contexts, but may be useful in suggesting its potential as a practical analytical tool.

4.2 Malawi Social Cash Transfer Scheme – Mchinji pilot

4.2.1 Programme overview

The Malawi Social Cash Transfer Scheme (SCTS) was launched as a pilot in June 2006 with the aim of alleviating poverty, reducing hunger and malnutrition, and improving school enrolment for the poorest 10% of households in Mchinji district. The programme was targeted at ultra-poor, labour-constrained households. Broadly the criteria for identifying the ultra-poor included that they had minimal assets and income, high dependency ratios and were labour-constrained (i.e. there was no person aged 19–64 able to work). The programme was implemented using a community-based, participatory, targeting process, relying on community volunteers to determine which households in their communities were the poorest and labour-constrained. The volunteers were given a list of proximate indicators of poverty to use when assessing who within their community should be selected (Miller *et al.* 2008). Beneficiaries of the programme were given cash transfers on a monthly basis. By January 2010, 24,508 households across seven districts had been targeted by the programme.

4.2.2 *The targeting process*

The targeting process used during the pilot phase was a multi-stage participatory method which involved Community Social Protection Committees (CSPC) and the District Social Protection Committee. According to the programme operational manuals, the programme's targeting procedure ran as follows:

1. The district mobilises communities through extension workers and village leaders in order to hold a large community meeting where the scheme is introduced and members of the CSPC are elected;
2. The District Social Cash Transfer Secretariat (DSCT) trains the CSPC to implement the SCTS;
3. The CSPC lists ultra-poor, labour-constrained households based on community knowledge;
4. The CSPC visits homes for the beneficiaries to fill out an application;
5. The local village headman signs that the information on the application forms is accurate;
6. The CSPC meets to rank households from most to least destitute (attended by DSCT);
7. A community meeting is held to discuss the ranking of households;
8. The District Social Welfare Officer recommends approval or disapproval of each application;
9. The CSPC informs applications of their status;
10. Once fully approved, recipients receive transfers on a monthly basis.

4.2.3 *Findings from the external evaluation of the targeting process*

The evaluation (Miller *et al.* 2008) found that the targeting errors of the programme went beyond its intended aims of 10% inclusion and 20% exclusion. The inclusion errors (i.e. the proportion of those receiving benefits who were not eligible) of the programme were reported as 24% and exclusion errors (i.e. the proportion of eligible not reached) were calculated as between 37% and 68%. Moreover, 32% of households believed that the targeting process was not fair.

The evaluation found that the community-based targeting process in fact operated as follows:

- District extension workers set up a community meeting to introduce the SCTS. Many meetings were attended by the elderly and orphans. District villages were divided into zones of 400 households. District trainers (Social Welfare Assistants and Community Development Assistants) told community members the villages making up each zone.
- The programme was explained to community members and twelve members were requested for election (six female, six male) to CSPC. Gender analysis suggested that there were twice as many male members as females in 43% of CPCs.
- Criteria for committee selection were: willingness to volunteer; trustworthiness; energy; the ability to read, write and speak English and the attainment of a Standard 8 education level – though this may have been lowered in practice to Standard 4. Village leaders were not allowed to serve on CSPCs.

- CSPCs were supported through: a two-day training programme; a stipend of MK 800; and provision of a single manual between twelve people with markedly different levels of education.

Observation of the selection process noted that the most vocal community members were self-appointed to the CSPCs. Members were also selected in absentia, without agreeing to perform the tasks. CSPC members were volunteers and they were aware of the advantages of serving on the CSPCs (a bicycle, a t-shirt and monthly allowances).

The main gap in CPCs process was the lack of oversight. There were no quality control measures or consistency checks in place among trainers or CSPCs. There were no performance assessments and no observation of training. Close to half of CSPC were not aware of or had misunderstandings about all the inclusion and exclusion criteria. Moreover, SCTS worked independently of other sectors within the district. Additionally, there was limited internal monitoring of the eligibility of CSPC membership. Moreover, the group village headmen included themselves or ensured that their deputies were on the CSPC.

The quality of listing varied. Problems included CSPCs identifying too many or too few potential households, CSPCs leaving out certain zones in their VDC that were distant and unfamiliar or where there was a physical barrier, and CSPCs listing family members that were not eligible or otherwise included non-eligible households. There were also some rare instances of “ghost” households.

CSPCs were not supervised or monitored during the listing process and households were told to nominate who should collect the cash at this stage, although they were not as yet selected. There were also reports of households being encouraged to include “ghost” members. There was no clarity around the ranking criteria, and ranking proved to be a very time-consuming process. CSPCs tended to over-power the officials at the district, and CSPC attendance was limited in many of these meetings. Other problems identified were that confidential information was made public during community validation; community attendance was minimal; relatives of households that were listed championed their own cause while rarely the cause of the excluded; and there was anger from the relatives of those selected if they were excluded at this stage.

The involvement of local traditional authorities was problematic in several ways. Village leaders influenced CSPCs to include family members or others in the SCTS. The CSPCs lacked skills, confidence or motivation to manage local politics in case village heads interfered, in a situation where the cash transfer was in most case higher than the salary of village heads and the group village head. The programme provided inadequate explanations to traditional authorities during the programme implementation. Group village heads felt as though they were not empowered to notify the district or to confront CSPCs when they found errors or wrongdoing by the CSPCs. Village heads were also told to support the work of CSPCs without guidance.

There were also problems related to the role of local officials. Attendance at the District Social Protection sub-committee for approval of eligible households diminished once lunch allowances were removed to reduce operation costs. Approval meetings were time-consuming, often lasting between two and eight hours. This level of engagement was not feasible for many district officials and there was no mechanism to ensure the accountability and participation of these individuals. There was little communication between District Social Welfare Officers and CSPCs. Moreover, extension workers (CSAs, HSAs) played only a limited role in the programme.

4.2.4 *Changes to the pilot*

Based on these findings, the evaluation made a number of recommendations, including the need for better mobilisation of district officials and traditional authorities to participate in programmes to improve transparency and effectiveness of the project as a whole. The recommendations also noted the importance of sensitising and mobilising the community members for meaningful community involvement in the validation process. The role of community level engagement was then expanded to include role in referrals and linkages with other programmes of support. The community and district committees were renamed Community Social Support Committees (CSSC) and the District Social Support Committee. The community-targeting process was also simplified.

4.2.5 *Applicability of the participation framework*

Examining the forms of participation using the categories identified in the framework suggests the following findings (summarised in Figure 8 below).

Participation in programme design

There was no community or district-level involvement in the design of the programme.

Participation in programme implementation

Community members played an important role in the implementation of the programme through the former CSPCs. However, as the external evaluation noted, the programme suffered from high exclusion and inclusion errors. In this instance, community participation did not result in effective service delivery. Community participation was often by those with higher levels of education, the more vociferous and those favoured by the traditional authorities. Those participating were reportedly largely motivated by the financial incentives of the programme (monthly stipend and bicycles), and men were over-represented.

There was limited supervision of the activities of the community volunteers. This, together with the ambiguities around selection criteria and the role of volunteers in selection and listing of beneficiaries, provided ample opportunities for rent-seeking behaviour.

While the traditional authorities influenced the programme implementation in their favour, they were not fully consulted with or engaged by the programme.

The wider community had limited opportunity to participate meaningfully in the programme selection due to prevailing power dynamics within the communities. Moreover, there was limited appetite by the wider community to attend the community validation process other than by those households related to the proposed beneficiary households.

Monitoring and grievance-resolution

During the pilot phase there were no official grievance mechanisms available through which community members could complain. The current programme operation manual now proposes the CSSCs as the main port of complaints. However, the extensive role of the CSSC during the targeting stage may limit the effectiveness of this entity in dealing with community grievances and may discourage communities from making complaints. Complaints made to CSSC are to be verbally reported to the District and resolved in collaboration with the Area Executive Committee members, who are also the primary port of complaint if against CSSC. It is not clear how accessible the Area Executive Committee is to the community members and whether they are willing to complain about the structures. Moreover, it is not clear how responsive the local structures will be to the complaints made by the community.

Observations

Comparisons with the framework suggest that while the targeting process was intended to be participatory, the failure to involve the communities in the design process, and the lack of attention paid to establishing local monitoring and grievance procedures limited the potential positive impact of participation, and the apparent lack of prior analysis of local political economy factors (for instance the role of traditional authorities), and may account for the problems of implementation that were identified. The forms of participation that were applied failed to counter biases in who was likely to participate, and their motivations. This was particularly significant for the prospects for effective targeting given the focus of the programme on reaching the very poorest, who are likely, almost by definition, to be unable themselves effectively to participate (because of lack of time, education, and other resources). An *ex-ante* application of the framework in the initial design process might have identified some of these problems and suggested ways to counter at least some of these biases, and to have developed a more practically implementable and fairer approach, though deep practical challenges are likely to have remained.

Figure 8 Community participation in the Malawi Social Cash Transfer Scheme

Category of participation	Types of participation	Who participates	Motives for participation	Conditions for effective participation	Level of participation	Results of participation
Design and planning	**No community involvement**	No community involvement	N/A	N/A	N/A	N/A
Implementation	CSPCs	With support from extension workers and village, community meeting organised where the scheme was introduced and members of the committee were elected. Men were represented more than woman. Village leaders were not allowed to serve but in some instances were obliged to. In reality most vocal community members were self-appointed to the CSPCs	Selection by community based on the following characteristics: willingness to volunteer; trustworthiness; energy; ability to read, write and speak English and attainment of a Standard 8 education level. Some members volunteered due to awareness of material benefits. Others were appointed in absentia	Need for: general oversight (supervision and monitoring); better training; better awareness of selection criteria by committee members; external quality control and consistency checks; closer scrutiny of committee membership selection process; clarity over design parameters; mitigation of interference by local leadership; better programme sensitisation	The committee had the main responsibility in selecting programme beneficiaries. Participation meaningful but in many cases tasks not undertaken by the committee members	Selection of beneficiaries. However with large inclusion and exclusion errors. Indications of elite capture
Monitoring	No community involvement in pilot		N/A	N/A	N/A	N/A

4.3 Zimbabwe Harmonised Social Cash Transfer

4.3.1 Programme overview

The Harmonised Social Cash Transfer (HSCT) was introduced in 2011 by the Ministry of Labour and Social Services (MoLSS) in Zimbabwe to "strengthen the purchasing power of 55,000 ultra-poor households who are labour-constrained through cash transfer". During phase 1 of the programme (from 2011 to 2012), ten districts were targeted for HSCT coverage. In total 236,458 households were surveyed and 18,637 households were identified as labour-constrained and food-poor.

In this case, OPM carried out an evaluation of the programme (OPM, 2013b). The findings from the evaluation in relation to the pattern of community participation is summarised in relation to the framework; some comments are also provided on how use of the framework might have informed and strengthened the evaluation.

4.3.2 Community participation in the programme

Participation in programme design

The programme was devised by the Department of Social Welfare without community participation. The census, targeting, and enrolment processes were carried out in communities with support from the Zimbabwe Statistical Agency and a private sector firm. The programme did not consult district government and traditional authority structures during the programme design. These stakeholders were only informed about the programme during implementation and only fully informed once the targeting exercise was completed. The lack of consultation during the design was explicitly intended to ensure effective targeting of programme and to minimise local elite capture and political interference.

Participation in programme implementation

Community involvement in the HSCT programme was through the Child Protection Committees (CPCs). CPCs are multi-sector community-based structures at provincial, district and ward levels. They originated from Child Welfare Forums established by the government to provide advisory services to the MoLSS in 1999 and were redefined to CPCs in 2004 (MoLSS 2012). The main role of the CPCs is to identify and respond to issues affecting orphans and vulnerable children. CPCs at the ward level are made up of councillors, traditional leadership, extension workers, Ward AIDS Action Committees, police, Zimbabwe National Association of Traditional Healers, NGOs, teachers, Village Community Worker, community members and child participants. The CPCs at the ward level report upwards to the district CPCs who in turn report to the regional CPCs. Focal points from ward level provide representation at the district-level meetings. The CPCs are also on paper a sub-committee of the Ward Development Committee and District Level Committees, entities that are part of the local government planning structures.

In addition to their traditional role, the ward CPCs are part of the implementation structure for the HSCT at ward, village and household level (Schubert and Chirchir, 2012). The main roles and responsibilities of CPC are:

1. Ensuring that all areas of the district and all households are covered;
2. Passing information to beneficiary households;
3. Assisting immobile heads of beneficiary households to access their payments;
4. Assisting the payment process;
5. Following up when households have failed to collect their payments;
6. Informing the District Social Services Officer (DSSO) when the head of a household has passed away or has moved out of the ward;
7. Informing the DSSO when a representative has to be changed;
8. Assisting and protecting beneficiary households with special reference to child-headed households.

The CPC focal persons were trained following the targeting of the programme and were meant to be provided with three bicycles, manuals of operations for each CPC member and blank copies of programme operations forms. Other than CPCs no other community groups were involved in the programme. Most importantly, the traditional authorities were not explicitly part of this programme and they were not found to be active members of the CPCs either.

Monitoring and grievance-resolution

Community members had limited information on how the programme operated and why some individuals within their community were selected and others were not. The only source of information about the programme and its objectives came during payment dates (and not always then) at designated pay points (one or two pay points within each ward). These events were mostly attended by beneficiaries from different villages. There was no communication at village level and no formal engagement with traditional authorities to inform them about the programme. This lack of information resulted in tensions and grievances within the targeted community. In addition to this, the programme has no grievance mechanisms at the community level and community members directed their complaints informally to village headmen and CPCs, who had no control or authority in dealing with these.

The only monitoring of the programme was conducted through the CPCs who were tasked with compiling a list of deserving households and identification of the non-deserving beneficiaries and to forward these to the Department of Social Welfare to put into action. However, the programme operations decided not to take these lists into consideration.

4.3.3 Applicability of the framework

In this instance, the framework was applied *ex-post* to the findings of an existing evaluation of the HSCT programme. The evaluation has already identified the limited role of community involvement in the design and monitoring of the programme. It has also identified the role of community participation with the programme through the CPCs.

Application of this framework would have resulted in further analysis of the role and effectiveness of the CPCs and an understanding of the role of the traditional authorities within these communities and in relation to the CPCs and district officials. Use of the framework could have helped in strengthening understanding of the routes through which communities could have participated more effectively, and of the motivations for participation.

Use of the framework would have focused more attention on the governance structures and institutions at the district and ward levels and how these impacted on programme operations, as well as on how the programme could have been improved and better linked with these structures.

A number of shortcomings in the programme have been identified, including significant exclusion errors, community tensions and the lack of information campaigns and grievances mechanisms. Application of this framework to the social protection sector or the programme design prior to implementation would have provided useful information on how to take these issues into consideration and address them more effectively.

4.4 Observations

Participatory approaches to the targeting of cash transfers that aim to reach the poorest involve significant challenges. Community members generally have mixed feelings about involving the community in the selection process. Those in favour note that community members know best who is "deserving" in a community (which may not accord with external measures of need) and who is not. Those against note problems with elite capture and increased tension and animosity between those who are part of the selection process and those who are not involved. While community members feels less empowered when selection done from outside – attributing selection to the luck of the draw and decisions made using computers – they also feel less direct resentment toward fellow community members in receipt of transfers, who are not seen as being at fault for having been chosen.

There is no conclusive evidence to suggest that community-based beneficiary selection results in better targeting. However, the current best practice suggests a combination of objective measures of eligible beneficiaries (e.g. proxy means tests) and community-based involvement in validation and selection – although this has cost implications. More generally in social protection programmes much of community participation revolves around community-based targeting and grievance mechanisms. How this is done or who is involved, however, matters to the effectiveness of these mechanisms.

In Lesotho (OPM 2012), a community-based committee was established to validate a village list generated by the central ministry through a community census. The committee was responsible for ranking the members based on wealth status and to select the poorest of the poor based on guidelines provided by the government. This committee consisted of a councillor, village chief and

three members elected through the community. Interestingly, not all members were present during the validation process and the nature and composition of this committee during the validation process mattered. In terms of team composition, for example, members with higher standings in communities (chiefs and councillors) were more influential in the validation process than other members and their presence or absence affected the dynamics of the group and outcome of the decision. Other factors that influenced this process were the committee's understanding, interpretation and application of the guidelines given to them, and the level of external supervision provided during the validation process.

This brief review suggests, however, that a more systematic analysis of the context and features of participation may contribute both to strengthening the design of targeting mechanisms, and to the evaluation of experience.

5. Conclusions and recommendations

This report has presented a framework for a more systematic analysis of participation, and demonstrated how the use of such an analysis could contribute to research and policy debate on participation and development. The report also clarifies how participation relates conceptually to ownership, voice, and accountability. While further pilot applications of the framework are desirable, the initial experience suggests it has the potential to contribute to programme design, programme evaluation, and to work as a guide for exploratory analysis on the key features of participation. The pilot study identified, applied, and demonstrated the value of a set of research techniques which have been summarised in this report.

The main conclusions in relation to the potential use of the framework can be summarised as follows:

1. Understanding the effects of, or potential for, community participation requires a more systematic analysis of who participates, in what way, and for what reason, than appears generally to have been the case in international experience.

2. Ex-ante the framework could be applied to a particular sector in order to systematically understand the forms of local participation and to feed this information into the design of subsequent programmes and projects.

3. Participation may form a core component of the intervention logic of some programmes or projects. In such cases the framework could be used to generate information that forms part of the baseline indicators for these, as well as a means of testing the intervention logic.

4. The framework could also be applied ex-post as an evaluation tool. The participatory tools can generate a set of information to establish whether a programme intervention has resulted in any changes. Or, more generally, the framework could be used to assess whether sufficient attention has been paid and whether this had any negative implications for the programme implementation.

5. The framework can also provide a set of qualitatively generated quantitative indicators on the perception of communities related to satisfaction with particular services, power relations, social connectedness and access.

6. Testing the effects of participation should start from the detailed analysis of the forms and motives for participation using this framework, but will then require additional (and ideally more quantitative) analysis of outcomes, including where feasible comparison with controls.

The framework may be used by aid donors, governments, and by NGOs in the design and evaluation of programmes or projects that seek to encourage community participation, either as a means to improve programme effectiveness, or as part of a wider strategy of community empowerment. The review of empirical literature in Section 2.2 suggests that the evidence that induced participation improves programme effectiveness is only mildly positive. It is plausible to argue that the chances of achieving better results through such interventions may be improved by a more detailed and systematic analysis of the context, and a better understanding of who participates, in what activity, and for what motives.

The framework may also be used (as it was in the Malawi Health pilot study) as part of a broader process of understanding participation in relation to a sector or a particular type of service. This form of analysis may focus on the constraints to effective participation for different groups, and may help identify biases in the form of participation (for instance biases related to gender, levels of education, or against those suffering particular forms of social, political or economic exclusion). It may also help to provide evidence on the consequences of participation, or of constraints on it. This form of sectoral analysis of participation may be a useful instrument for identifying changes to policies or management arrangements which would have the potential for increasing the effectiveness of participation and overcoming biases. Both governments designing sectoral policies, and aid donors providing support to them for instance through the application of sector-wide approaches, may find the systematic framework and research tools presented in this report useful for this purpose.

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Norad
Norwegian Agency for
Development Cooperation

Postal address
P.O. Box 8034 Dep. NO-0030 OSLO
Visiting address
Ruseløkkveien 26, Oslo, Norway

Tel: +47 23 98 00 00
Fax: +47 23 98 00 99

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postmottak@norad.no
www.norad.no