

# IMPLEMENTATION OF THE SOCIAL ACCOUNTABILITY FRAMEWORK (ISAF)



Analysis of the data generated during ISAF  
phase I (2016-2018)

FINDINGS AND RECOMMENDATIONS FOR  
PHASE II

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## Abbreviations

BSRS	Budget System Reform Strategy
CA	Commune Administration
CCWC	Commune Council for Women and Children
CDB	Commune Database
CIP	Commune Investment Program
CP	Capital and Provincial
CS	Commune/Sangkat
CSF	Commune Sangkat Fund
CSO	Civil Society Organization
DFID	Department For International Development
DM	District and Municipal administration
DoEYS	District office for Education, Youth and Sports
EMIS	Education Management Information System
EU	European Union
FMIS	Financial Management Information System
GDB	General Department of Budget
GDSNAF	General Department Sub-National Administration Finance
HC	Health Centre
HIS	Health Information System
HRMIS	Human Resource Management Information System
I4C	Information for Citizens
ICT	Information and Communication Technology
ISAF	Implementation of the Social Accountability Framework
JAAP	Joint Accountability Action Plan
JSDF	Japanese Social Development Fund
LD	Line Department
MEF	Ministry of Economy and Finance
MCS	Ministry of Civil Service
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoI	Ministry of Interior
MoP	Ministry of Planning
NAP-YD	National Action Plan for Youth Development
NCDD-S	National Committee for Sub-National Democratic Development - Secretariat
OD	Operational District
OWSO	One Window Service Office
PBB	Program-based budgeting
PEA	Political Economy Analysis
PFMRP	Public Financial Management Reform Program
PHD	Provincial Health Department
PoEYS	Provincial office for Education, Youth and Sports
PS	Primary School
PSC	(ISAF) Partnership Steering Committee
RACHA	Reproductive and Child Health Alliance
SNA	Sub-national administration
TWG	Technical Working Group
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WCCC	Women and Children's Consultative Committee
WVI	World Vision International Cambodia

## Executive summary

Participatory processes to involve communities have been a part of local governance and decentralisation initiatives led by the Royal Government of Cambodia and supported by donors, including United Nations Development Programme (UNDP) and the World Bank, since the mid-1990s. In 2015, the government launched the Implementation of the Social Accountability Framework (ISAF) to further improve services through community empowerment and enhanced accountability of sub-national administrations (SNAs). This initiative, unique in its scale, is implemented in partnership with Civil Society Organizations (CSOs) and a number of institutional donors.

ISAF Phase I (2015 – 2018) covered 757 commune administrations, 1404 primary schools and 605 health centres. More than 550,000 people took part in the process. More than 270,000 citizens and almost 50,000 service providers took part in the monitoring of the quality of local services using community scorecards<sup>1</sup>. Representatives of these citizens and service providers were then involved in town hall meetings to discuss performance ratings of the services with local officials and to develop Joint Action Accountability Plans (JAAPs) to address service issues. Around 60% of these actions were implemented within 12 months of their adoption, contributing to improved local services.

Over this period, the ISAF process generated a significant amount of data on the performance of services. The data is based on ratings provided by the citizens and service providers and was collected by the implementing partners<sup>2</sup> and then consolidated by World Vision International Cambodia (WVI). Once consolidated and cleaned, this unique dataset included more than 720,000 votes from 180,000 people<sup>3</sup> who participated in the scorecard meetings by scoring the quality of local services of 680 commune administrations, 934 primary schools and 506 health centres. The data also includes detailed information about approximately 33,900 actions adopted following town hall meetings about the services provided in these 2120 facilities. This is understood to be the largest citizen data aggregation exercise via a government partnership involving community scorecards.

### ***Preliminary evidence that the ISAF theory of change is working***

The review of the data shows that it is possible to identify patterns and trends about service user satisfaction. Several other nationwide patterns and trends are described within this report and highlight broad scope for further analysis from the data.

The main “actionable” finding presented in this report is related to the consensus of service users and providers nationwide on the poor performance of staff at local facilities, especially with regard to punctuality, friendliness, courtesy and respect of internal rules. For example, poor staff attitude was raised by users as an issue in 80% of the health centres. Other key issues raised included availability of operational supplies and materials (manuals for students, essential medicines, etc.) and issues with service infrastructure. Table 1 below presents the top five issues raised for each service.

An analysis of the citizen-generated data suggests that the ISAF program was relatively successful at addressing the issues most frequently raised. Firstly, for 2016 and 2017<sup>4</sup>, the rates of implementation of the JAAP actions were over 60% for both years. That is, of the actions needed to improve services, more than 60% were carried out, most of them by local authorities that seem to have reacted positively to social accountability. The data also shows above-average rates of implementation for the majority of actions focusing on the issues most often prioritized by citizens. These include actions related to staff performance (which generally did not require additional funding to be implemented). For

<sup>1</sup> Community scorecards allow communities to rate the performance of their services, together with service providers, and provide feedback to government for service improvements. Community Services Scorecards were first pioneered by CARE, with the support of the World Bank.

<sup>2</sup> CARE, the Reproductive and Child Health Alliance (RACHA), Save the Children International Cambodia, Star Kampuchea and World Vision International Cambodia (WVI).

<sup>3</sup> Due to some gaps in the M&E and data collection systems, the data generated by an additional 90,000 participants was not collected, was lost or was not usable for this study. This missing data was related to the services provided by 77 commune administrations, 470 schools and 99 health centres.

<sup>4</sup> Due to significant gaps in the data for 2018, the implementation of JAAPs for this year was not analysed.

example, 76% of actions related to the performance of staff at primary schools were implemented 12 months after adoption of the JAAPs.

Secondly, the data shows that the level of satisfaction of both users and service providers increased from 2016 to 2018 (5.7% on average) with the biggest increase registered for commune administration services (8.6%)<sup>5</sup>. All of the provinces, except Kratie and Siem Reap, ended the project with higher levels of expressed satisfaction than at its start.

While the findings need to be verified with data collected over a longer period of time (and with objective data on the quality of services<sup>6</sup>), the data is encouraging; it suggests that the ISAF theory of change is, to a certain extent, working as designed. Users and service providers identified key issues and actions to address them, local authorities and service providers implemented the actions responding to the key issues and, as a result, the quality of service and satisfaction of citizens improved.

**Table 1. Top 5 issues most frequently prioritized by users and service providers, % of facilities affected, average satisfaction scores and % of responding actions implemented**

Sector	Characteristics of services most frequently prioritized	% of facilities	Ave. Score <sup>7</sup>	% of actions implemented
Admin. Services	Respect of working hours, punctuality and internal rules	69%	3.04	73%
	Public posting and dissemination of information	66%	2.95	72%
	Staff behaviour, friendliness and politeness	60%	3.11	70%
	Openness to the views of citizens and responsiveness to their concerns	48%	2.97	77%
	Condition of the commune hall (building)	35%	2.46	49%
Primary schools	Functioning and gender-segregated toilets	61%	2.79	64%
	Respect of working hours, punctuality and discipline	57%	3.14	70%
	Hygiene, sanitation and environment of the school	57%	2.88	69%
	Adequate number of textbooks per student	51%	3.08	79%
	Condition of the school building	42%	2.60	45%
Health centers	Staff behaviour, friendliness and politeness	79%	3.09	70%
	Adequate availability of essential medicines	61%	3.10	72%
	Adequate number of staff during working hours	55%	2.97	55%
	Availability of 24 hour emergency health services	54%	3.08	76%
	Respect of working hour, punctuality and respect of internal rules	51%	3.07	78%

### ***The case for a national level public response to the feedback of the citizens***

Several of the patterns and trends that emerge from the ISAF data have potential to be extremely useful for improving implementation of government policy, planning, budgeting and M&E purposes for services. This is a compelling argument for increased use of the data at district, provincial or national levels. Importantly, if there was a coordinated effort by the government to use the data, arguably, we would see greater efficacy in the process and, in turn, better quality services. As hypothesised by several major studies, social accountability is likely to work better at scale when complemented by national public sector interventions. A macro-evaluation for the UK's Department for International Development (DFID)<sup>8</sup> found that social accountability "almost always" impacts local

<sup>5</sup> Commune administrations provide services related to civil registry, planning and budgeting, representation and decision-making, information and consultation of citizens, etc.

<sup>6</sup> The scorecards which rate service user satisfaction are based on user perceptions

<sup>7</sup> During the scorecard process, users and services providers rated the quality of the services in relation to specific characteristics of these services from very bad to very good. This study uses numbers to visualize their level of satisfaction (1=very bad, 2=bad, acceptable=3, 4=good and 5=very good). An average score below 3 means that there are more people with a negative opinion than people with a positive opinion about this characteristic of service.

<sup>8</sup> Holland and Schatz, 2016. Macro Evaluation of DFID's Policy Frame for Empowerment and Accountability, Empowerment and Accountability Annual Technical Report 2016: What Works for Social Accountability, DFID.



services, but that social accountability could, arguably, have greater impact at scale if it were complemented by public sector interventions. A 2019 systematic review of social accountability by 3IE<sup>9</sup> also found that there was a need for “complementary interventions to address bottlenecks around service provider supply chains” to achieve greater efficacy.

Another argument in favour of a national level public response to the feedback of the citizens can be found in the weak action or response of local authorities on some issues, regularly raised by citizens. These included infrastructure, staff allocation and national procurement and supply chains supporting, for example, the availability of essential medicines at the health centres. These findings are not surprising:

- Substantial and costly investments (required to build a new school or commune hall) are beyond the capacities of most local authorities and service providers
- The allocation of staff or supplies for health centres and primary schools are the responsibility of provincial and national authorities and line ministries are not involved in the design nor the implementation of the JAAPs.

These findings highlight the limited influence of the ISAF process on broader vertical accountability matrixes, a common issue, where scale has been coined the ‘Achilles heel’ of participatory approaches (Levy, 2014).<sup>10</sup>

The issue and its immediate consequences can be summarized:

- Local authorities and service providers seem unable to respond to some issues most frequently raised by citizens (because solutions require significant investments or because the issues are related to national processes or systems).
- The feedback and concerns of the citizens expressed during the ISAF process (or the limited capacities of local authorities to respond to the feedback of citizens) did not reach the stakeholders who may have had the capacities and/or mandates to respond to this feedback (provincial and national authorities and line ministries).
- As a result, no additional responses were developed following the failure at local level to respond to the feedback of the citizens.

### ***How better usage of ISAF data could increase responsiveness to citizens’ voices***

Through a review of the ISAF data, it is possible to identify patterns and trends in citizen feedback on services that cannot be found in other official data. This can provide a valuable complementary source of information for government planning at national and sub-national levels in order to improve services.

However, a policy landscape analysis and key informant interviews have confirmed that the data in itself, even communicated to the right stakeholders, will not guarantee action. As highlighted by Fox (2015)<sup>11</sup>, a strategic approach is required to ensure the uptake of the data for improved governance of services.

The potential data users range from high-level policymakers to managers at facility level:

- At the national level, the information on the perception of the citizens generated through the ISAF process, although not qualifying as indicators of impact, can be used as a proxy to measure the effectiveness and efficiency of public spending on local services by line ministries and the Ministry of Economy and Finances (MEF).
- The findings on the citizens’ perception of staff performance are relevant to the Ministry of Civil Service (MSC).

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<sup>9</sup> Waddington, H, Sonnenfeld, A, Finetti, J, Gaarder, M and Stevenson, J, 2019. *Does incorporating participation and accountability improve development outcomes?* Meta-analysis and framework synthesis. 3ie Systematic Review 43. London: International Initiative for Impact Evaluation (3ie).

<sup>10</sup> Levy, B, 2014. *Working with the grain: Integrating Governance and Growth in Development Strategies*, Oxford University Press.

<sup>11</sup> Jonathan Fox, *Social Accountability: What Does the Evidence Really Say?*, World Development, No. 72, August, 2015.

- The National Committee for Sub-National Democratic Development (NCDD) and Ministry of Interior (MOI) can use the ISAF data to complement their regular local governance survey, which seeks to measure the satisfaction of citizens with local government.
- At the provincial level, the ISAF data would be useful to both de-concentrated line departments (for vertical accountability) and decentralized Subnational Administrations (SNAs) (for horizontal accountability) over technical offices and facilities.

Most of the potential users would find the data useful for planning, budgeting and reporting/M&E purposes. To be useful to these users, the ISAF data and analysis that will be shared should be kept simple. Ideally, very short and clear information briefs should be shared on a regular basis with the potential users.

## Recommendations

### 1. Invest in deeper analysis of the data

This study aimed to analyse the potential use of citizen-generated data under ISAF and how it could be better managed and utilised during Phase II for improving services. However, a systematic review of the data was not conducted and there is much more to learn, leading us to the first recommendation: a greater investment in the analysis of this unique dataset focusing on specific services, issues or geographic areas, and especially on the issues related to poor staff attitude and performance.

There is also a need to understand how and why some actions were integrated into Commune Investment Programs (CIPs) and to what extent the recent increase of the Commune/Sangkat Fund could be an opportunity to improve responsiveness to the JAAPs<sup>12</sup>.

### 2. For the Royal Government of Cambodia, promote the use of citizen data by relevant ministries and departments as an evidenced-based way of improving services

The findings presented in this report highlight the need for better use of the ISAF data for two main reasons:

- The data enables the identification of patterns and trends in citizen feedback on services, which cannot be found in other official data and can provide a valuable complementary source of information for government planning at national and sub-national levels to improve services.
- Some of the issues identified through the ISAF process need to be addressed by higher levels of government. Further analysis of the ISAF data, which was beyond the scope and budget of this small study, is needed to properly respond to the feedback of citizens.

There is a need for the relevant stakeholders, especially NCDD-S and members of the PSC, to develop a clear strategy (and processes) to promote data utilisation. This strategy will have to include objectives to:

- Increase the buy-in from potential users (awareness of the ISAF initiative and trust in the data)
- Ensure that the right data is shared in a timely way with the right stakeholders using the right formats
- Suggest actions for civil society and development partners to promote the use of the data and use it themselves

### 3. Strengthen the data collection and M&E systems

An important step toward a better use of the ISAF data will be to improve and standardize the data collection and M&E processes used by all implementing partners, especially on the indicator definitions and quality control processes. There is also a need to find solutions to allow disaggregation of data of vulnerable groups.

<sup>12</sup> The commune / sangkat development budget was doubled to more than \$70,000 in 2020, excluding administrative costs, and was expected to more than triple in 2023. This provides great opportunity for local authorities to respond to citizen needs.

#### **4. Review the information provided to citizens**

The review of the ISAF data also shows that the information provided to citizens (I4C)<sup>13</sup> needs to be revised to provide information that better reflects the key concerns of citizens, especially on performance of service staff and infrastructures.

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<sup>13</sup> The current civic education materials provided to citizens under ISAF is known as “Information for Citizens” (I4C) and is currently shared through posters and other communication products and activities. Content includes a presentation of the key national standards related to each service, budget information (income and expenditures of local facilities and of the commune) and information on the performance of local facilities against objective indicators. See part 3.2 for detailed analysis on I4C and the annexes for additional information on the ISAF process.

## 1. Background

### 1.1. Introduction and context

The Implementation of the Social Accountability Framework (ISAF) in Cambodia aims to empower citizens, strengthen partnerships between sub-national administrations (SNAs) and citizens, and leverage enhanced accountability of SNAs to improve local service delivery. During Phase I (2016-2018), ISAF's four operational components - (1) access to information and open budgets, (2) citizen monitoring, (3) capacity building and facilitation and, (4) program management, learning and monitoring were designed, tested, and refined. Partnerships between the state of Cambodia, institutional donors and civil society actors were established and ISAF activities were successfully rolled out to 75% (18 out of 24) of the provinces, 62% (98 out of 159) of the districts and 56% (786 out of 1409) of the communes across the country.

By the end of Phase I, the full ISAF process had been implemented in relation to the services provided by 757 Communes, 1404 Primary Schools and 605 Health Centres over a 2 or 3-year period of time depending on the districts. In all communes and every year, Joint Accountability Action Plans were adopted and 61 % of the actions not requiring external funding were implemented after a year (44 % of the actions requiring external funding). 550,000 people had been informed on the services they are entitled to receive and 270,000 people were involved in the monitoring of the quality of the services received at local level (through a scorecard methodology). 4,200 volunteers and 16,000 officials had been trained. While the formal evaluation has not been released at the time of this report, anecdotal evidence suggest that ISAF Phase I led to enhanced mutual understanding and improved communication between citizens and local authorities

To support the participation of citizens at local level, five main implementing partners (CARE, the Reproductive and Child Health Alliance - RACHA, Save the Children International Cambodia, Star Kampuchea and World Vision International Cambodia – WVI) led the process supported by several donors (the European Union - EU, the United States Agency for International Development – USAID, the World Bank and Oxfam) and several other Civil Society Organizations (CSOs), especially local organizations.

During Phase I, the ISAF process generated a significant amount of data that was captured by the partners:

- For each facility (health centre, primary school or commune administration), users and service providers conducted an evaluation of the quality of services provided using a scorecard methodology (grading from 1 to 5 their level of satisfaction using emotion icons) in relation to 5 characteristics of the service delivery (such as punctuality of staff, availability of essential drugs, etc.) that they decided to prioritize.
- For each facility, around 5 prioritized actions that local stakeholders agreed to implement during the next 12 months to address the key challenges identified by communities were identified. The actions from all relevant facilities were consolidated in Joint Accountability Action Plans (JAAPs) for each commune.
- A monitoring of the implementation of these JAAPs and, in some cases, of their integration into Commune Investment Programmes (CIPs) was also conducted.

This data was collected by the five implementing partners from January 2016 to end of 2018 using slightly different formats and methodologies. Some of this data was unfortunately not captured or was lost due to various reasons. Before this study, the data collected during ISAF Phase I had never been aggregated and was scarcely used for any other purposes than the monitoring of the performance of the implementing partners and the progress of the project.

## **1.2. Objective and research questions**

### **1.2.1. Objectives**

The specific objective of this study is to analyse the data generated during the 3 years (2016-2018) of the implementation of ISAF Phase I, both scorecard and JAAPs, to show its potential and explore how the data could be used better during Phase II to improve the quality of local services. More specifically, the objectives are:

- To show it is possible to identify significant patterns and trends in the data, especially on the level of satisfaction of users on the quality of the service delivery and on the actions identified in the JAAPs, by type of local services (health centres - HC, primary schools – PS - and commune administration - CA), geographical area (district or province) and other necessary variables.
- To suggest technical and practical solutions to promote the use of the ISAF data for policy development, planning, budgeting and M&E purposes by relevant national and sub-national administrations.
- To identify the M&E standards that should be met by future implementing partners, including the type of data that should be collected, to possibly allow for the use of the data for policy making, planning, budgeting and advocacy purposes.

It is important to note at this point that a systematic review of the data was not conducted and there is certainly much more to learn from it than what is presented in this report, especially about satisfaction with the quality of local services and responsiveness of local authorities and service providers.

### **1.2.2. Key Questions for analysis**

Addressing the key purposes of the study, several main research questions were used as the guidance for designing the methodology and analysis.

- What are the significant patterns and trends in the satisfaction of users and service providers with the quality of local services as expressed through community scorecard rating?
- Is the information provided through the Information for Citizens (I4C) material and posters adequate in view of the issues most often identified and prioritized by communities? If not, which information and standards should be added into the current I4C material?
- Are there any significant patterns and trends in the categories of actions that were identified and integrated in the JAAP?
- What are the patterns in the categories of actions that most often implemented or not implemented, integrated into Commune Investment Programmes (CIPs) or not?
- How could the data of ISAF Phase I being used for a bigger impact on service quality (and service-delivery decision making), accountability and policy influencing, and by who?

## **1.3. Methodology**

### **1.3.1. Overall guiding framework**

In addition to the quantitative data analysis techniques (discussed below), the analysis in this report is guided by an understanding of:

- The relevant social accountability concepts and the ISAF Implementation Framework (please see the annex section for more information), and
- How the ISAF is related to the broader public service deliverable reform, including:
  - Decentralization reform, especially functional transfer, fiscal transfer, local participation and accountability,
  - Public financial reform agenda especially the budgeting and M&E reform, and
  - Relevant sectoral policy and reforms relating to primary education, primary health and administrative services.

### **1.3.2. Data processing, cleaning and consolidation**

The data was collected from all five implementing partners by World Vision International Cambodia (WVI) and reorganized to be integrated into 2 datasets: scorecard data and JAAP data. Some errors in the data were manually corrected (spelling of the names of communes or facilities for example). Some



of the data collected did not include enough information and was discarded (scorecard data not mentioning the issues prioritized for example).

### 1.3.3 Categorization and labelling

To allow analysis, categories were created for both “characteristics of the service prioritized by communities” for the scorecard data (see box 1) and “actions” for the JAAPs. This allowed to label all issues or actions and to group the ones that were related (such as “fix the lock of the toilet” and “install a new door for the toilet”). The categories for the issues and the categories for actions are responding to one another (for example issue with punctuality of staff and action to improve punctuality) and therefore there is a similar number of categories for the issues and for the JAAP actions. The list of these categories is in annex.

World Vision first clustered the issues raised by communities during the scorecard meetings around categories (22 to 27 depending on the sector). The JAAP actions were then categorized using the same list and definitions. This work and the categories created are thereafter referred to as Grouping #1. These categories allowed to consolidate and analyse the data to see which characteristics of the service delivery citizens are most satisfied and/or dissatisfied about, which categories of actions are most implemented, etc.

**Table 2: Categories and grouping**

Grouping #1	Grouping #2
CA - 22 categories PS - 25 categories HC - 27 categories	<ul style="list-style-type: none"> <li>• Human resource/staff (Performance or Resources)</li> <li>• Equipment/material (Performance or Resources)</li> <li>• Environment (Performance or Resources)</li> <li>• Infrastructure (Performance or Resources)</li> <li>• Information (Performance or Resources)</li> <li>• Others (Performance or Resources)</li> </ul>

In the analysis conducted for this report, the categories created as part of the grouping #1 were further grouped into 6 broader categories related to specific characteristics of the services delivery (e.g. personnel/people related issues, equipment/materials related issues, infrastructure, environment, information, etc.). For the 6 categories, 2 subcategories were created depending whether the issue is related to the performance of the front line service providers (performance) or a matter of resource and investment (resource)<sup>14</sup>. This work and the categories created are referred to as Grouping #2. They allow to conduct an analysis to suggest where the issue may find its cause, i.e. either at the local or higher level, and therefore can help to understand how to better respond to them. For a full list of categories, see the annex section.

This categorization and labelling was done manually for each entry of the datasets. At this stage, it was impossible to come back to the implementing partners to ask for clarification when the data was missing or unclear. It was an issue for a small proportion of the dataset entries that, in some cases, had to be discarded.

### 1.3.4 Quantitative data analysis

The analysis was then conducted. Several times during the process, the preliminary findings were presented to and discussed with key stakeholders (including during a workshop in November 2019).

### 1.3.5. Policy review and key informant interviews

Guided by the analytical framework and the discussion about potential users of the ISAF data, key policy documents were reviewed and key informants, state and non-state actors, were interviewed at both national and provincial levels. The table below provides a summary. For a full list of persons interviewed, please, see the annex section.

<sup>14</sup> For example, if citizens complain that there is no information board at the health centre, the category will be “information” and the sub category “resources”. If there is an information board but the community complains that the information is not displayed, the issue will be categorized as “Information” and the sub category will be “performance” because the issue is linked to the respect of rules by the staff at the health centres.

**Table 3: Key government policies reviewed and actors interviewed**

Areas/level	Cross-sectoral	Sectoral
Relevant policies	<ul style="list-style-type: none"> <li>Decentralization</li> <li>Public financial management</li> <li>Civil service reform</li> </ul>	<ul style="list-style-type: none"> <li>Primary education</li> <li>Primary health service</li> <li>Commune admin services</li> </ul>
<b>Government actors</b>		
Ministries	<ul style="list-style-type: none"> <li>MEF</li> <li>Mol</li> <li>Ministry of Civil Service</li> </ul>	<ul style="list-style-type: none"> <li>MoEYS</li> <li>MoH</li> </ul>
Sub-national level	<ul style="list-style-type: none"> <li>Prov. Admin</li> <li>ISAF focal persons</li> <li>Department of Planning</li> </ul>	<ul style="list-style-type: none"> <li>PoEYS</li> <li>PHD</li> </ul>
<b>Non-state actors</b>		
	<ul style="list-style-type: none"> <li>Development partners</li> <li>NGOs</li> </ul>	

## 2. The datasets

### 2.1. Characteristics of the datasets

There are two sets of data: the scorecard and the JAAP datasets.

#### 2.1.1 The scorecard dataset

The scorecard dataset includes information about the results of the scorecard meetings. During the scorecard meetings, citizens were asked to rate (very bad, bad, acceptable, good and very good) specific aspects or characteristic of the services that they had received from local service providers<sup>15</sup>. They expressed their satisfaction through individual votes. For this report, the level of satisfaction was expressed using score (1=very bad, 2=bad, 3=acceptable, 4=good and 5=very good).

Overall, the scorecard dataset includes around 720,000 votes coming from around 180,000 participants of the scorecard meetings<sup>16</sup> and focus on the services offered by 680 commune administrations, 934 primary schools and 506 health centres. In their project reports, the five partners reported around 270,000 participants of the scorecard meetings, meaning that the votes / opinions of around 90,000 people (33%) are missing due to gaps in the M&E and data collection systems. This missing data was related to the services provided by 77 commune administrations, 470 schools and 99 health centers.

On average, 33 people attended each meeting organized by the implementing partners. They voted on 21,967 aspects or characteristics of the services (such as “attitude of staff” or “condition of the school building”, referred in the table below as “observations”) they had collectively agreed to prioritize during the scorecard meetings. For this review, as mentioned earlier, these characteristics of services were grouped in big categories (22 for commune administration, 25 for primary schools and 25 for health centres – see the annexes for the full lists and definitions).

#### 2.1.2 The JAAP dataset

The JAAP dataset includes information about around 33,900 actions (referred as “observations” in the table below) that were adopted as part of the Joint Accountability Action Plans (JAAPs). The dataset also includes information about who suggested them, if they were expected to require external

<sup>15</sup> See boxes 1 and 2 below for additional information about the scorecard process and see annex section for more information on the ISAF process

<sup>16</sup> Because some citizens may have taken part in scorecard meetings in 2016 and then again in 2017 and/or 2018, the number of participants does not necessarily equal the number of citizens that took part in the scorecard meetings.

resources or not to be implemented, if they were implemented or not, if they were integrated into the Commune Investment Programs or not, etc.

The actions were suggested during the scorecard meetings (or self-assessment meeting for service providers). They were then discussed and prioritized during the interface meetings (single and then multi interface meetings) during which some actions were dropped and the list of actions was finalized. JAAP Committees were then created to monitor the implementation of the JAAPs. During the subsequent meetings of these committees, additional data was collected on implementation status or integration into the CIPs.

From the reporting of the five implementing partners, it is possible to estimate that the data related to around 3000 actions was lost (8%) due to gaps in the M&E and data collection systems. Because the funding of most of the implementing partners stopped soon after the adoption of the JAAPs in 2018, they only monitored their implementation for a few months that year (and not for 12 months like they did in 2016 and 2017). For this reason, the JAAP actions adopted in 2018 are not covered in some part of the analysis on the implementation of the JAAPs.

**Table 4: The datasets and sample size**

Key points	Scorecard dataset	JAAP dataset
Number of provinces	14 (11 in 2016; 10 in 2017/2018)	18 (14 for 2016)
Number of districts	63	98
Number of communes	466	733
Total observations by services	21,967 (100.0%)	33,901 (100.0%)
For CA	7,397 (33.7%)	10,925 (32.2%)
For PS	9,467 (43.1%)	14,437 (42.6%)
For HC	5,103 (23.2%)	8,539 (25.2%)
Total observations by years	21,967 (100.0%)	33,901 (100.0%)
For 2016	8,322 (37.9%)	7,344 (21.7%)
For 2017	7,580 (34.5%)	13,028 (38.4%)
For 2018	6,065 (27.6%)	13,529 (39.9%)
Total observations by partners	21,967 (100.0%)	33,901 (100%)
CARE	5,040 (22.9%)	5,217 (15.4%)
Save the Children	7,165 (32.6%)	9,560 (28.2%)
World Vision	9,762 (44.4%)	9,217 (27.2%)
RACHA	None	9,644 (28.4%)
Star Kampuchea	None	263 (0.8%)

### 2.1.3 Similarities and differences between the 2 datasets

The datasets cover the same types of services (i.e. commune administration - CA, primary school - PS, and health centre - HC). The categories of issues raised by communities and actions integrated into the JAAPs are also similar. Due to gaps in M&E, the two datasets does not exactly cover the same provinces, districts, communes and implementing partners over the 3 years. The JAAP dataset is bigger both in term of sampling and of key variables. Within each of the dataset, the geographical focus also differs from one year to another (because some communes only started to implement in 2017, because some data was lost or not collected for specific years, etc.).

**Table 5: Key variables in the two datasets**

Scorecard	JAAP
Categories of characteristics of the service most requiring improvement (grouping 1): -For CA: 22 -For PS: 25 -For HC: 27	Categories of actions adopted in JAAPs (grouping 1): -For CA: 22 -For PS: 25 - For HC: 25
	Actions suggested by: -User (citizens) -Providers -Both -Unspecified (no answer)
Characteristics of the services selected by: -Users (citizens) -Providers -Unspecified (no answer)	Resources (expected to be needed) -External -Internal -Unspecified (no answer)
	Status of implementation -Implemented -Not implemented -Ongoing -Unspecified (no answer)
Satisfaction score with the characteristic of the service selected: 1 to 5 (very bad to very good)	I4C data relevance <sup>17</sup> -Yes -No -Unspecified (no answer)
	Integration into CIP -Yes - No -Unspecified (no answer)

## 2.2. Strengths and limitations of the datasets

From the review of the datasets and key informant interviews, the following have been identified as their strengths and limitations.

### Strengths

**The big sample size** of the datasets makes them more credible especially in the eyes of potential government stakeholders who tend to put more weight on big sample surveys rather than qualitative research or small sample surveys.

**Information on satisfaction and perception:** The two datasets contain perception data from both users and service providers and the gaps between the two. Such information is unique and is not collected through existing official M&E indicators.

**Identification of high and low performers:** The identification of high and low “performers” can be done not only on specific services, but for specific geographical areas or groups of facilities which might be helpful for cross-case comparison analysis and cross-case (horizontal) learning.

**Identification of potential root causes and potential entry points:** As they allow zooming on specific issues affecting specific characteristics of the service and whether the issues relate to performance or resources, the datasets allow to identify whether a solution is more likely to be found at local or national levels, will require funding or not, etc.

**A baseline for future comparison and progress monitoring** during Phase II, either by service, characteristics of the service or locations.

**Evidence for targeted advocacy works.** The big sample size and the concreteness of the findings that the datasets can offer make them particularly useful for advocacy works.

**Appropriate format for online dashboard and spreadsheet data sharing.** The ways the datasets are currently structured, despite various limitations as discussed below, are easy for generating online dashboard and spreadsheet that can be conveniently shared with other stakeholders, including relevant members of line ministries at district, provincial and national levels.

**Focus on 3 essential services:** It is important to note that the datasets (and the ISAF Phase I as a whole) focused only on 3 services (commune administrative services, primary education and primary health). These are essential services, used by a significant part of the population. For these reasons, they are the ones recommended to measure SDG Indicator 16.6.2 (Proportion of the population satisfied with

<sup>17</sup> This variable aim at assessing if the action adopted in the JAAP is responding to an issue that is related to the aspect of the service delivery for which citizens have received some information during the first step of the ISAF process (information for Citizens or I4C). For example: if the action is about increasing the number of teacher at schools to meet the national standard on ratio on student per teacher, then the answer will be yes because this national standard is presented to citizens through the ISAF poster and during the I4C meeting.

their last experience of public services). Some other public services in the country may be more controversial in their action or polarizing on their performance. However, they are unlikely to cover the same proportion of the population or to be as essential to the citizens as the ones covered by ISAF.

## Limitations

**Interpretation of the scores on the quality of services (scorecard):** A number of limitations on the uses and interpretations of the scores should be noted. Firstly, the scores are perception-based which are influenced in turn by a number of factors including initial expectations, the quality of the facilitation provided during the scorecard meetings and the experience and knowledge of the score-givers about the services.

Secondly, as showed in the diagrams presenting the distribution of the satisfaction scores expressed during the scorecard meetings, a significant proportion of the citizens consulted (more than 40%) rate the quality of the services at the mid score - “acceptable”. Key informant interviews suggested that citizens, for various reasons, see the rating “acceptable” as a safe and non-confrontational way to express their satisfaction with a service even if they have a more negative perception of the quality of such service. As a result, the average score might not well be representative of the “true” level of satisfaction. Taking this into account, this report combine several approaches to assess the “real” level of satisfaction of users and service providers or to identify in relation to which characteristics of the services they have the bigger concerns:

- The distribution of the scores across the 5 possible ratings
- The proportion of the population that did not score a service as good (or very good)
- The frequency with which specific characteristics of a service have been prioritized during the scorecard meetings.

**The impossibility to disaggregate the data for some specific groups:** The M&E systems used by the implementing partners allowed to measure the proportion of citizens participating in the ISAF process that belonged to some specific groups such as IDPoors<sup>18</sup>, youth (less than 25 years old), Indigenous People (IP) and women. However, the implementing partners did not capture if individual votes were coming from members of these groups, making it impossible to disaggregate the data to assess, for example, if members of these groups had a different opinion than the majority of the population on key issues or potential solutions to address them. No data was collected for other groups for which it would have been interesting to have data such as people with disabilities, internal migrants, elderly people, pregnant women, etc.

**Lack of information about the motivations of users and services providers:** At several points during the ISAF process, users and service providers have to vote to decide on important points such as the list of characteristics of service they want to prioritize during the scorecard process or the list of actions to include in the JAAPs. The decision receiving most votes will be chosen. During the votes, participants explained and justified their votes. However, this information, that would have allow to better understand the reasons behind some of the patterns and trends, were not captured by the implementing partners.

**Lack of use of unique geographical and facility codes.** The Government has adopted official unique identification codes for capital and provinces, districts/municipalities/khans, communes/sangkats, and villages/groups, which are then used to combine with primary school and health centres codes (as illustrated in the table below).

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<sup>18</sup> The IDPoor Programme, established in 2006, aims at identifying target groups for various National poverty reduction interventions. See <https://mop.idpoor.gov.kh/> for more information.



**Table 6: An example of official codes for geographical areas and facilities**

Level	Name	Code	Full-code
Province	Siem Reap	17	17
District	Kralanh	06	1706
Commune	Sranal	09	170609
Village	Kouk Chas	09	17060909
Primary school	Moha samaki	021	17060909021

The ISAF datasets do not use those official codes, which makes it challenging to link the ISAF data with the relevant official databases, such as the Commune Database (CDB), the Education Management Information System (EMIS) and the Health Information System (HIS). Linking the ISAF data with these other database containing objective information on the performance and output of the facilities would have allowed to potentially understand better the ISAF data, such as the determinants of the satisfaction of citizens for example. It would also be easier to visualize the findings on a map (see examples in the annex section).

In addition to the above issue, the lack of use of unique identification codes, official or not, in the two datasets makes it challenging to conduct cross-dataset analysis (e.g. correlation analysis between two variables in the two datasets). For example, any variation in the spelling of the name of a facility or commune between the 2 datasets make impossible to link them.

**Variance on the indicator definitions used by implementing partners.** Key Informant Interviews have suggested that implementing partners used slightly different definitions for some important M&E indicators such as “action integrated into the CIP”, “action implemented” or “implementation is ongoing”. This lack of consensus on the definitions has significant consequences for this study. Because most of the provinces were covered by only one implementing partner (see map in annex), it is possible that at least part of the differences identified among provinces on the rate of implementation or integration into the CIPs is related to the differences in definitions used for M&E purpose. For the same reason, no comparison was done between implementing partners.

### 3. Detailed findings from the review of the ISAF data from Phase I

The findings presented below are not meant to be exhaustive (given the richness of the datasets). They only aim at showing that it is possible to identify in the data important patterns and trends that could be useful for policy making, planning, budgeting and reporting / M&E purposes at various levels.

#### ***3.1. Findings from the review of the data generated during the scorecard process***

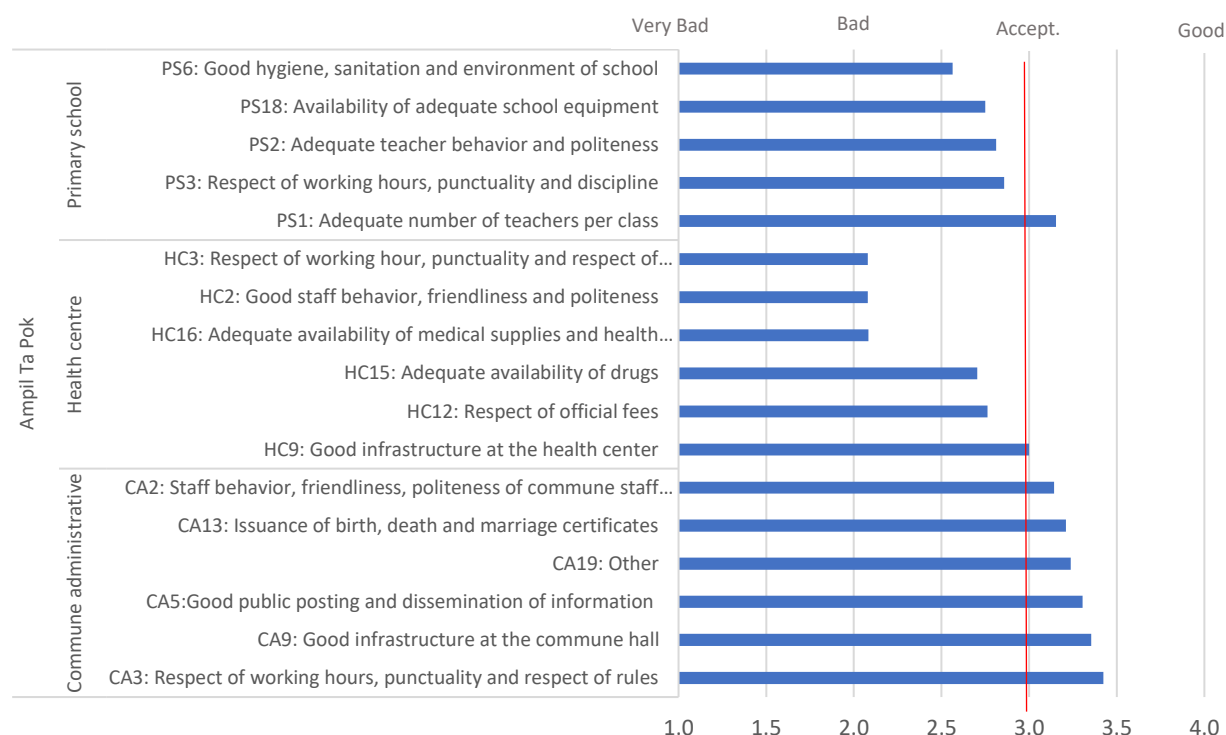
The review of the data confirm the existence of significant patterns and trends in relation to the characteristics of services prioritized during the scorecard process and the score given by users and service providers.

##### **3.1.1 The scorecard process**

During the scorecard process, the citizens are asked to list the most important characteristics (or aspects) of a service (for example “availability of essential medicines” for health centres or “good attitude of the staff” for the commune administrative service). They are then asked to prioritize five of them. They will later use these 5 characteristics of the service as assessment criteria to rate the quality of the services based on their experience, using emotion icons (from very bad to very good – see Figure 1 for an example). Following the scoring process, they will suggest actions to improve the quality of the services in relation to these specific aspects of the services (whatever the level of satisfaction with the quality they have expressed during the scorecard meeting).

The ISAF implementation manual does not clarify the criteria that citizens and service providers are supposed to use for the prioritization of the characteristics of services and, in practice, implementing partners used different methodologies. Depending on implementing partners, Community Accountability Facilitators (CAFs) encouraged users and service providers to focus on either the most “important” characteristics of the services, the ones most requiring improvement, the most problematic ones, etc. Based on a review of the methodologies used by the implementing partners and on several Key Informant Interviews, it seemed reasonable to make the assumption that users and service providers mainly prioritized aspects of the services with which they were not fully satisfied or for which they believe issues should be addressed (whatever the score they gave these characteristics later in the process – see below). For this reason, and to simplify, this report sometimes refers to these “characteristics of services prioritized during the scorecard process” as “issues raised by the citizens”.

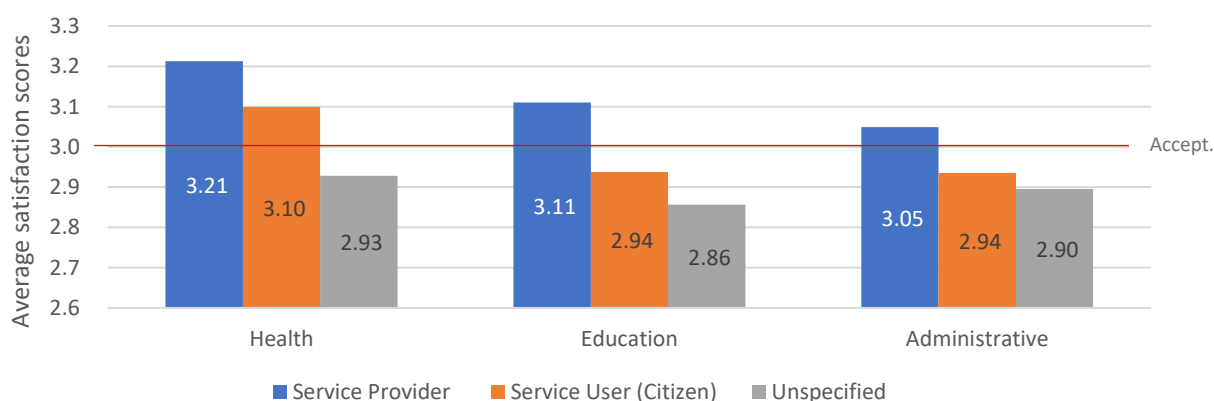
**Figure 1: Scores by characteristic of services and sector in Ampil Ta Pok commune (2016)**



### 3.1.2 Findings from the review of the data

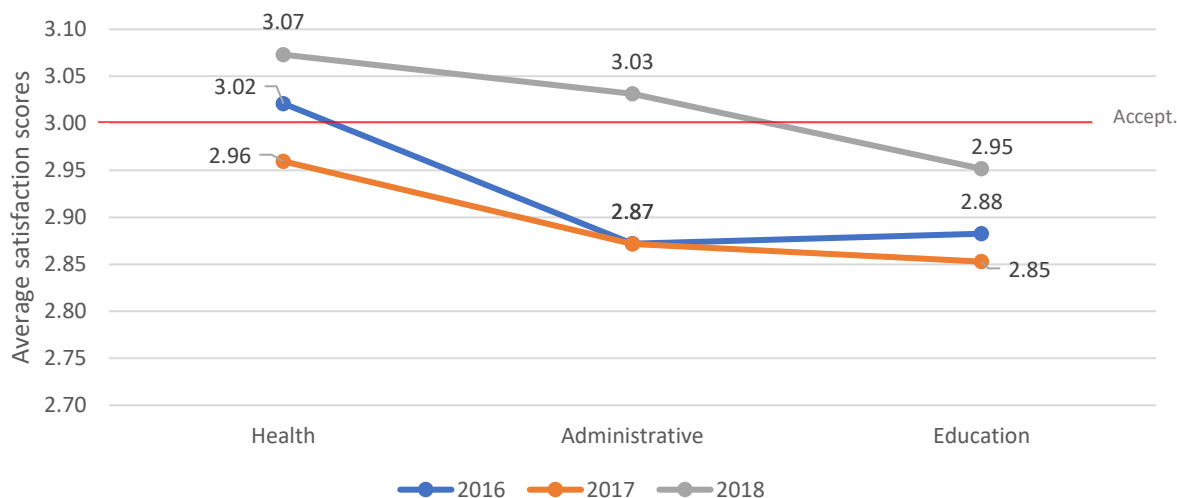
**Overall average score:** For the 3 years of Phase I, the average scores for both providers and users for all the services is close to “acceptable” (around 3). The quality of health services is systematically valued more than the ones of other services. Users have a lower level of satisfaction than service providers and the biggest difference of opinion between the 2 group is about the quality of the education services.

**Figure 2: Average level of satisfaction as expressed by users or service providers and by services**



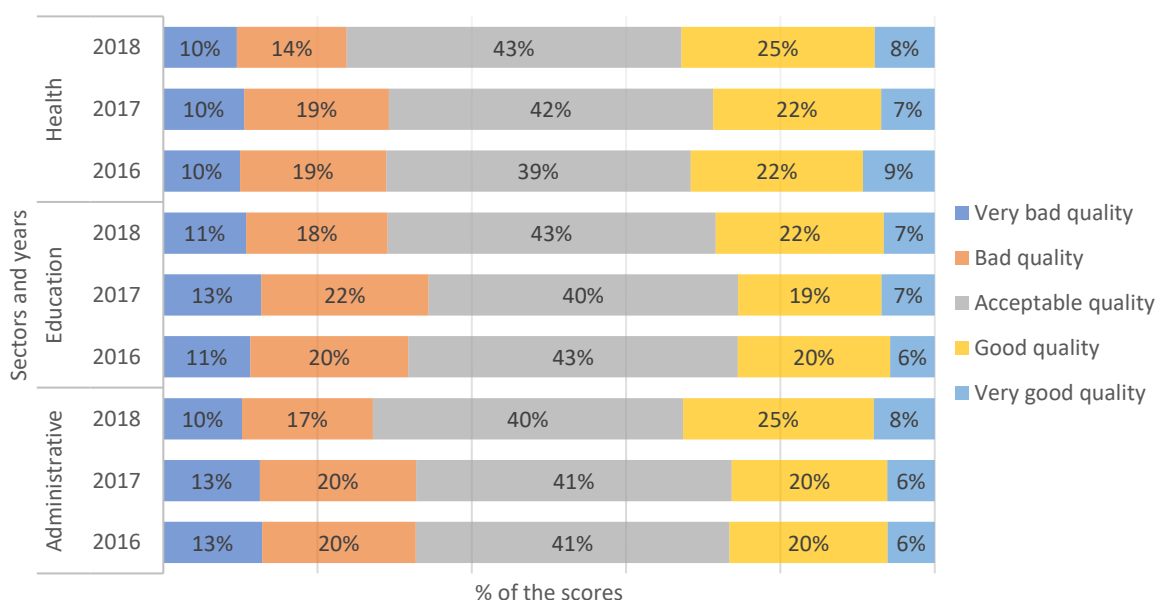
**Average score across years:** Comparing across years, as an average, we can observe a slight decrease in score for all the services from 2016 to 2017 followed by an increase from 2017 to 2018. Overall, the data shows that level of satisfaction of both users and service providers increased modestly from 2016 to 2018 (5.7% on average) with the biggest increase registered for commune administration services (8.6%).

**Figure 3: Average level of satisfaction by service across years**



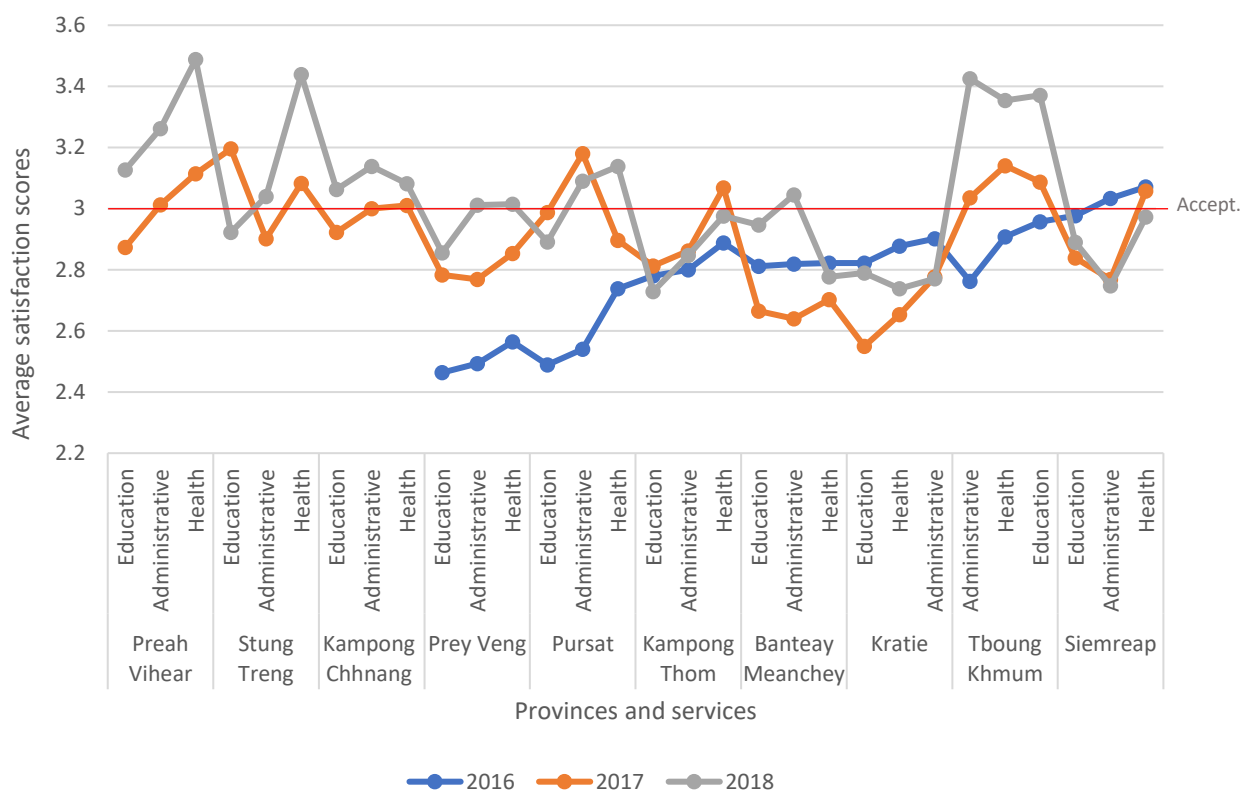
While average satisfaction scores are useful to capture the general feeling of citizens regarding the quality of local services, the distribution of the satisfaction scores as shown in Figure 4 provide a more granular understanding of the feedback of the citizens. This level of details is required to identify patterns and trends in the satisfaction of citizens. This approach allow to understand that over the duration of the project citizens seem to have change their opinion from “bad” to “acceptable” or from “acceptable” to “good” with very little variations in the proportion of people having a strongly polarized opinion.

**Figure 4: Distribution of the scores by services and by years**

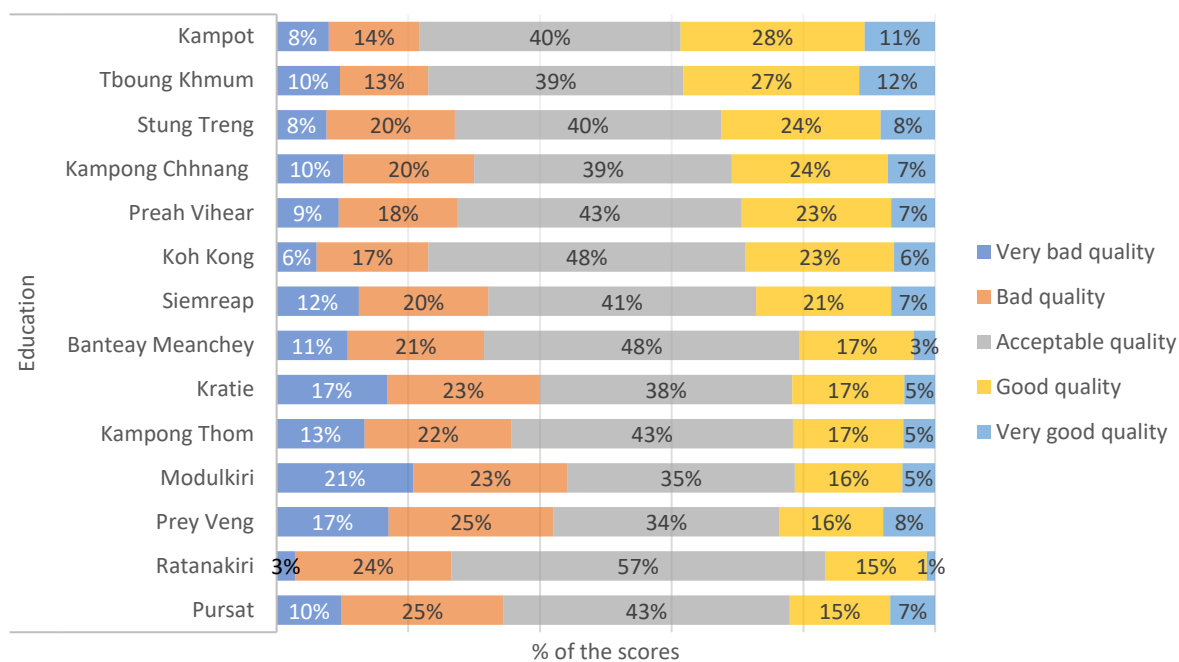


**Average score across provinces:** They are some significant differences in the levels of satisfaction among provinces. For example, in 2016, the average satisfaction score with services in Prey Veng was at 2.5 compared to 3.02 in Siem Reap (the only province to have started ISAF with a majority of the users and providers agreeing that the quality of the services was above acceptable). All provinces except Siem Reap and Kratie registered a level of satisfaction higher at the end of the project than it was at the beginning.

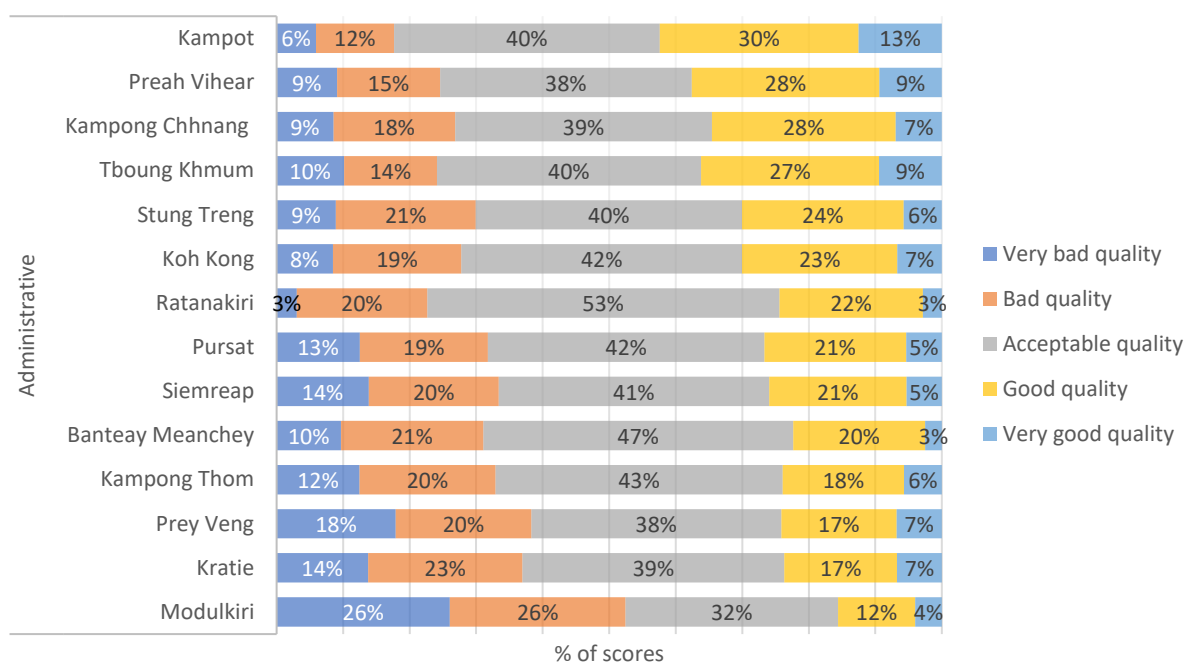
**Figure 5: Average level of satisfaction across years by provinces and services**



**Figure 6. Distribution of the scores for education service per province**

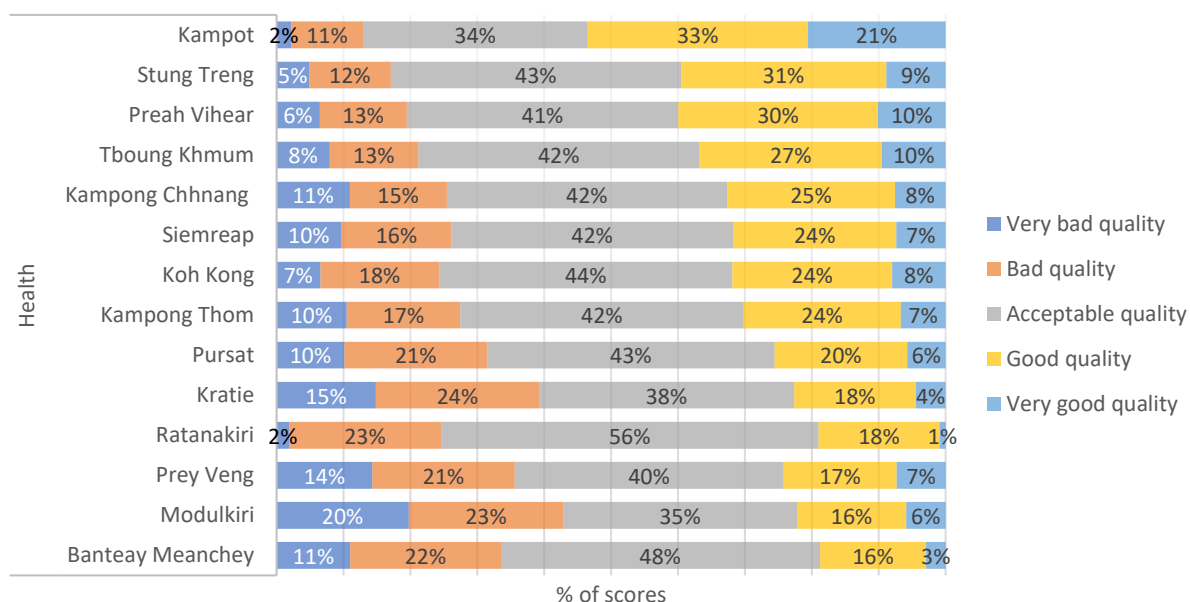


**Figure 7. Distribution of the scores for administrative service per province**



Kampot, Preah Vihear, Stung Treng and Tboung Khmum are systematically in the top five in terms of satisfaction of their citizens with the quality of services while Mondulkiri, Kratie and Prey Veng are systematically in the bottom five. For the three services, more than 50% of citizens in Ratanakiri rated that the quality of services was acceptable. The health services in Kampot are the only service registering more than 50% of good and very good rating (54%) out of all the services in all the provinces. The administrative services in Mondulkiri are the only service out of all the services in all the provinces to register more than 50% of bad or very bad rating (52%).

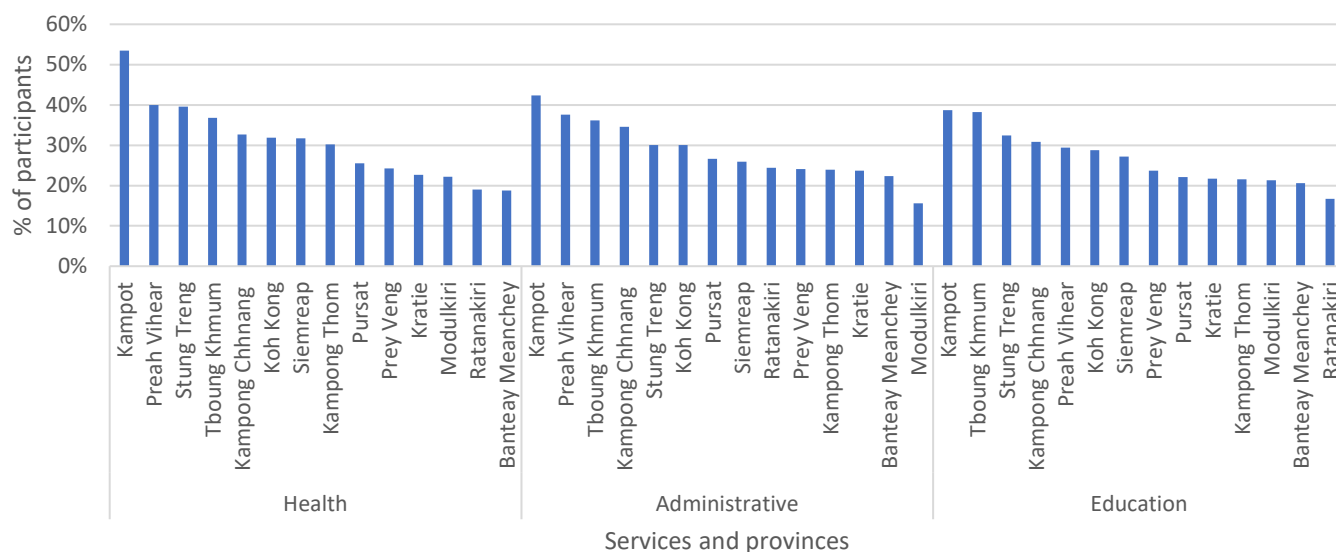
**Figure 8. Distribution of the scores for health service per province**



**Proportion of citizens perceiving the service received as good (or very good):** Another way to look at the level of satisfaction is to disaggregate into two groups of citizens: (i) people that rated the quality of the services a good or very good service, and (ii) the rest of the citizens (people that rated the quality of the services as very bad, bad or acceptable). In that case, the differences between provinces appear to be clearer which could allow for more analysis and comparison.

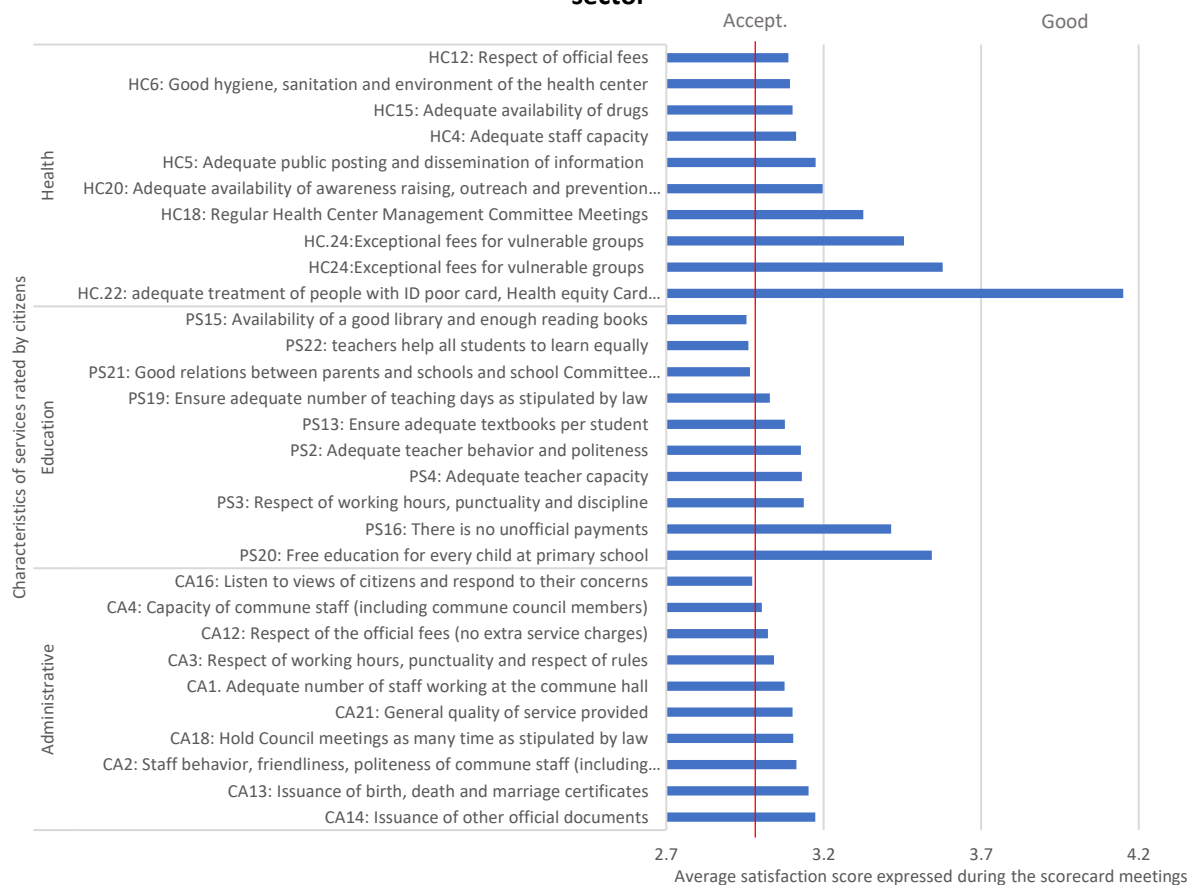


**Figure 9: proportions of citizens perceiving the services received as good or very good, by service and by province**



**Satisfaction by characteristics of service prioritized:** Using an average score, it appears that citizens rate their satisfaction for all characteristics of services between 2.5 and 3.5 although some outliers can be observed (see figure below). The lower scores are associated with issues related with inadequate resources (such as infrastructures in the commune, food for children at schools, availability of kindergarten and playground) or performance at the facility level (e.g. referral of patients to other health facilities).

**Figure 10: Average level of satisfaction for the top 10 best-rated characteristics of services per sector**



**Characteristics of service most frequently prioritized.** The following table presents the top five characteristics of services most frequently prioritized by users and service providers for the three

services, the scores given by users and service providers and the proportion of facilities for which it was prioritized. As mentioned above (see part 3.1.1.), it is reasonable to assume that users and service providers mainly prioritized characteristics of service about which they were not fully satisfied or for which they believe issues should be addressed (whatever the score they later gave). Following this assumption, the frequency with which a characteristic of a service has been prioritized by users and service providers can be taken as an indicator of the prevalence of an issue.

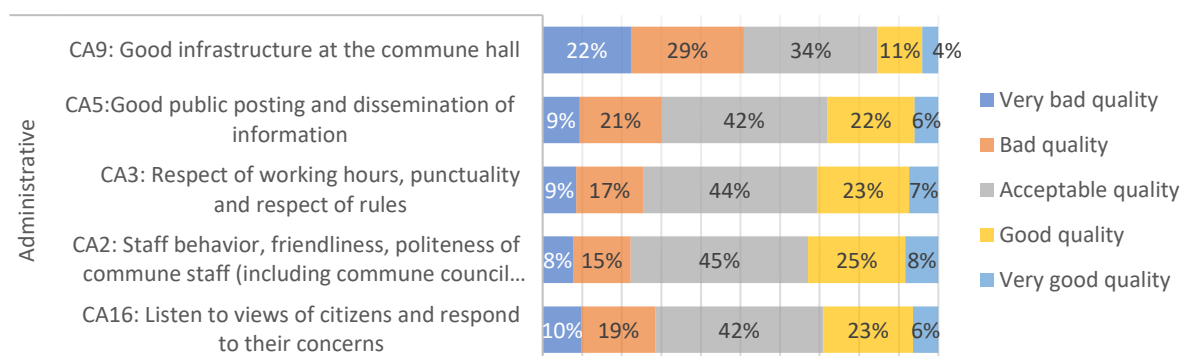
For the commune services, public posting and dissemination of information and respect of working hours were often raised, whereas hygiene, sanitation and environment are the main issues for schools, and staff behaviour was the most common issue raised for health centres. Almost all facilities are affected by at least one of these five issues.

**Table 7: Characteristics of service most frequently prioritized by citizens, satisfaction scores and % of facilities for which they were raised**

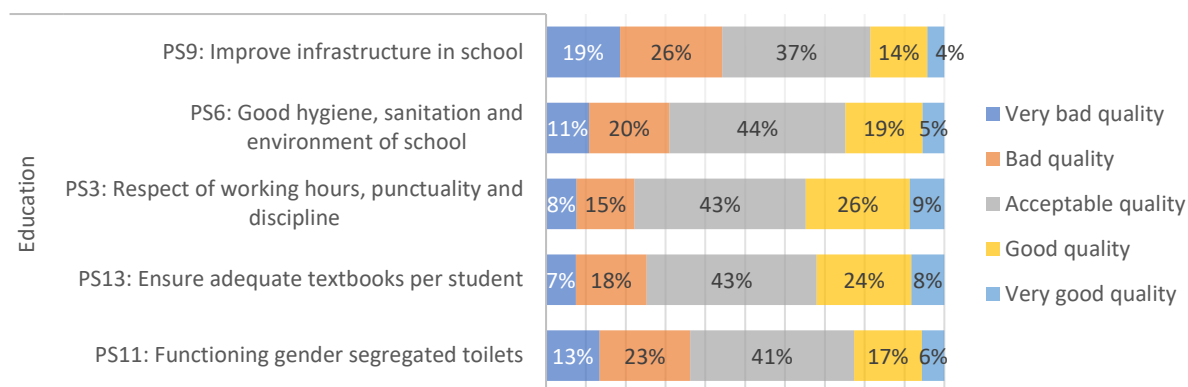
Sectors	Characteristics of services most frequently prioritized	Ave. Scores	% of facilities
Admin. Services	Respect of working hours, punctuality and respect of rules	3.04	69%
	Public posting and dissemination of information	2.95	66%
	Staff behaviour, friendliness, and politeness	3.11	60%
	Openness to the views of citizens and responsiveness to their concerns	2.97	48%
	Condition of the commune hall (building)	2.46	35%
Primary schools	Functioning and gender-segregated toilets	2.79	61%
	Respect of working hours, punctuality and discipline	3.14	57%
	Hygiene, sanitation and environment of the school	2.88	57%
	Adequate number of textbooks per student	3.08	51%
	Condition of the school building	2.60	42%
Health centers	Staff behaviour, friendliness and politeness	3.09	79%
	Adequate availability of essential medicines	3.10	61%
	Adequate number of staff during working hours	2.97	55%
	Availability of 24 hour emergency health services	3.08	54%
	Respect of working hour, punctuality and respect of internal rules.	3.07	51%

Figures 11, 12 and 13 below shows the distribution of the satisfaction scores for the characteristics of services most frequently raised by the citizens, allowing to understand better what citizens really feel about aspects of the services they have most frequently prioritized.

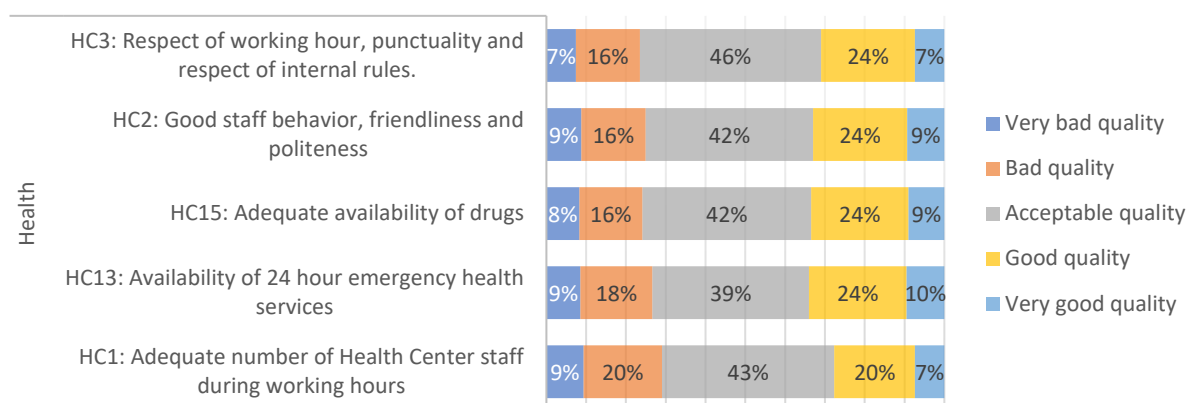
**Figure 11. Distribution of the satisfaction scores for the top 5 characteristics of services most frequently prioritized for the commune administrations**



**Figure 12. Distribution of the satisfaction scores for the top 5 characteristics of service most frequently prioritized for primary schools**



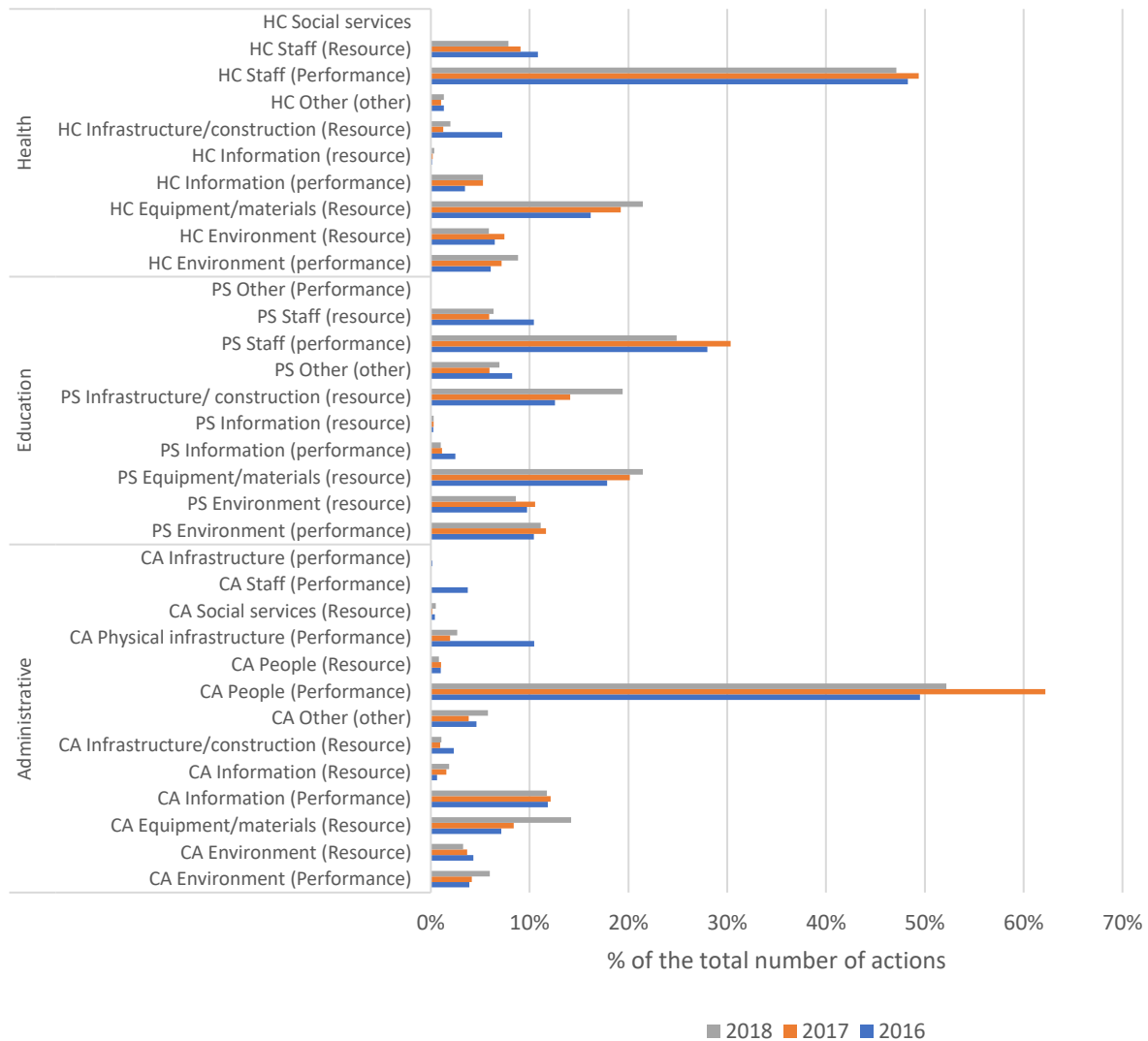
**Figure 13. Distribution of the satisfaction scores for the top 5 characteristics of services most frequently prioritized for health centres**



**Characteristic of the service requiring improvement prioritized over years.** The same characteristics of the service are prioritized from one year to another for each service (Figure 11), with the most frequent ones being related to staff performance followed by availability of operational supplies and materials. The analysis also shows that these issues are the most frequently raised by both users and providers, showing that there is a potential consensus on the areas where improvement is needed.

The fact that issues related to staff performance are raised with such a high frequency needs to be interpreted with caution. Because it is the responsibility of each facility to ensure the good performance of their staff, it may suggest that significant improvements in this area (and increased satisfaction) could be obtained by improving the work ethic of the front line staff and ensuring their proper management. However, staff performance and motivation also depend to a certain extent on other variables, such as salaries, infrastructures or the availability of operational supplies and equipment (such as textbooks and drugs/medicines) for example, which depend on the good functioning of the broader health or education systems and lines ministries.

**Figure 14: Characteristics of services prioritized by service and by year (grouping #2)**



### 3.2. Findings on the Information for Citizens

The legitimacy of the opinion of the citizens expressed during the scorecard process is based on 2 main assumptions:

- They know first-hand the service they were rating because they previously used them.
- They understand the standards that these services were supposed to meet according to the national legal and policy framework.

When prioritizing the characteristics of services to assess the quality of service during the scorecard process, the citizens are encouraged to take into account the information presented on national standards during the Information for Citizens (I4C) phase<sup>19</sup>. However, citizens can decide to focus on characteristics of the services for which they have previously received no information as part of the ISAF process (such as the condition of the school building for example). The question is whether the information provided through the I4C material and posters is adequate in view of the characteristics of service requiring improvement most often prioritized by citizens. And, if not, why is the information missing? Two scenarios should be considered:

- The national policy framework may already include clear standards on these characteristics of the services and, in this case, this information should be added into the current I4C material; or
- The national policy framework does not currently include clear standards about these characteristics of services and it may be interesting for line ministries to consider this gap.

<sup>19</sup> See the annex section for more information on the ISAF process.

To map the potential gaps in the content of the I4C material, the information provided through the posters was reviewed and compared to the characteristics of services most frequently raised by the citizens. The following table present the areas identified as insufficiently addressed in the I4C material.

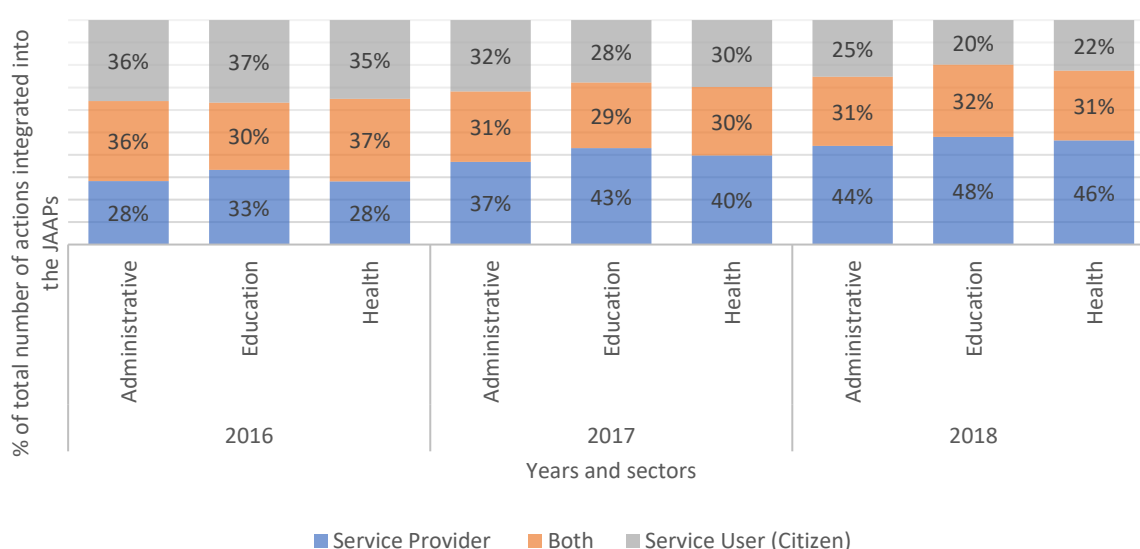
**Table 8: Characteristics of the services identified as insufficiently addressed in the IC4 materials**

<b>Administrative</b>
Infrastructure in the commune (roads, bridges, etc.)
Condition of the commune hall (existing building) or need for a new building
Working toilets at the commune hall
Behaviour, friendliness, politeness of commune staff (including commune council members)
<b>Education</b>
Condition of the school building or need for a new classroom
Hygiene, sanitation and environment of school
Good relations between parents and schools and school Committee Meeting
Availability of a playground
<b>Health</b>
Condition of the health centre building
Hygiene, sanitation and environment of the health centre
Adequate availability of medical supplies and health equipment
Good referral system to other health facilities
Adequate staff capacity

### 3.3. Findings from the review of the data from the Joint Accountability Action Plans

**Who raised the actions included in the JAAPs:** While both users and providers suggest actions to respond to issues identified during the scorecard process, the list of actions is finalized during the interface meetings during which representatives of users and service providers review the full list of actions suggested during the scorecard meetings and prioritize some of them while others are dropped. The objective is to limit the number of actions in the JAAPs, especially for the actions expected to require external resources for their implementation.

**Figure 15: Who suggested the actions integrated into the JAAPs by services, by year**



The data shows that overall, more actions have been suggested by service providers than by users. In 2016, users suggested a little bit more than a third of the actions integrated in the JAAPs, while providers suggested a little bit less than 30% of them. The situation changed in 2017 with service

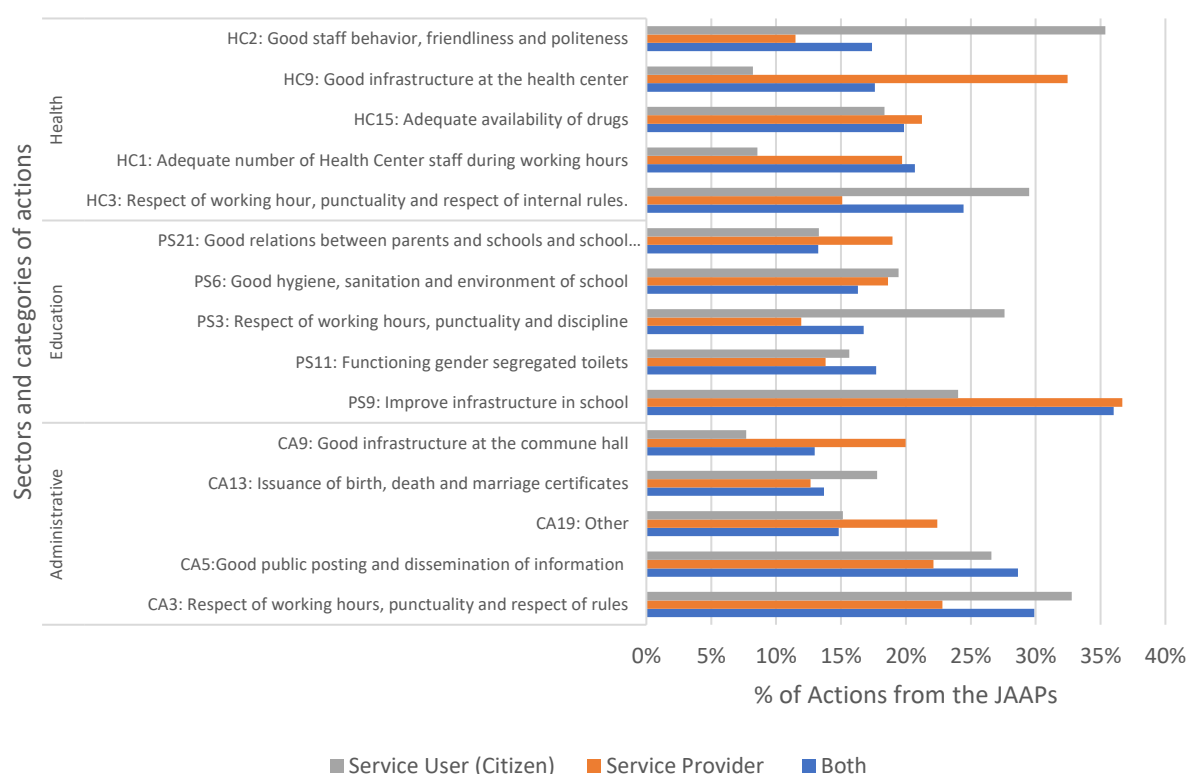


providers suggesting more than 40% of the actions adopted versus less than 30% for the users. By 2018, providers had suggested more than 45% of the actions while users only accounted for around 20% of them. The part suggested by both users and providers remained relatively stable over the 3 years (Between 35% and 30%).

It is difficult to offer a clear interpretation of this finding, even after key informant interviews. On the one hand, in the current ISAF process, by design, the interface meetings (during which the selection of the actions to be included in the JAAPs is taking place) are attended by more representatives from service providers than representatives from users. This raises the question of a potential imbalance of power in favour of the supply side representatives over the debate on the selection of the actions during this phase. On the other hand, given that service users and providers raised the same categories of issues with the same frequency during the scorecard process, the higher number of actions proposed by the supply side could be interpreted as an evidence of their growing ownership over the ISAF process and willingness to respond to the needs identified by the users. However, both views involve some amount of speculation which should be verified by more concrete evidence so that reliable suggestions can be used to improve the design of the next phase of ISAF.

**Actions most frequently included in the JAAPs:** For each of the 3 services, the most common actions included in the JAAPs are presented in the figure below. They are consistent/aligned with the issues most frequently raised during the scorecard evaluation process<sup>20</sup>.

**Figure 16: Top five actions most frequently included in the JAAPs and who suggested them**

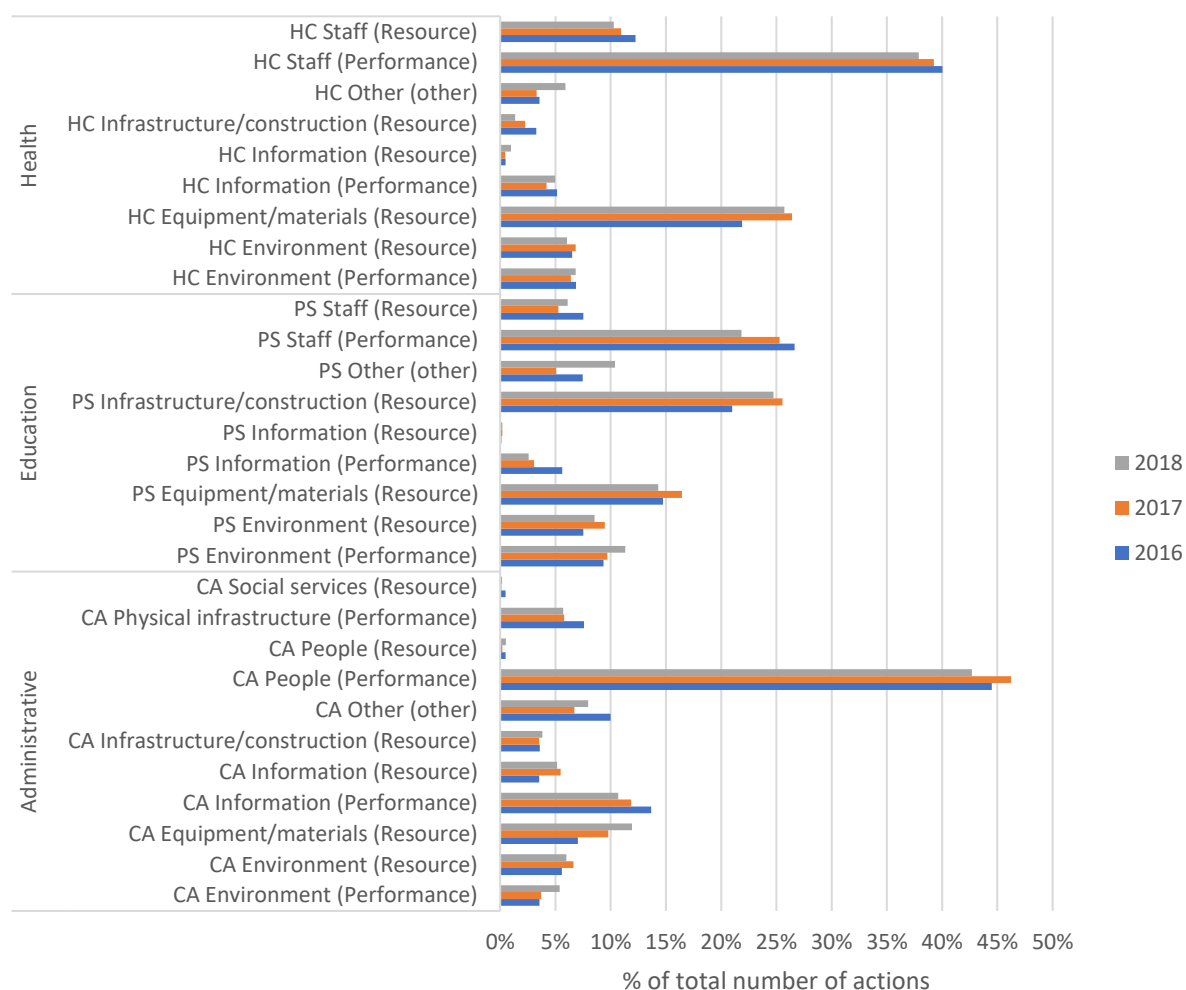


For the commune administrations, the most common is 'respect of working hours by staff', followed by public posting of service fee. For the primary schools, the most common is school infrastructure improvement, followed by respect for working hours by staff. For the health centres, it is staff behaviour and infrastructure at the health centres. There are some noticeable patterns in the categories of actions proposed by providers and the ones proposed by users. For example, while users suggested a higher proportion of the actions focusing on staff performance than services providers, service providers suggested a higher proportion of the actions related to infrastructures/construction.

<sup>20</sup> The ISAF process aimed, by design, at ensuring that symmetry. The data shows that actions respond to the issues raised by users and service providers.

**Actions included into the JAAPs by years:** The actions most frequently included into the JAAPs are similar across all the 3 years and are consistent/aligned with the issues raised in the scorecard (see Figure 11) as well. The number one action for all services and for the three years is related to the performance of staff (as opposed to resource availability), followed by the availability of materials and supplies.

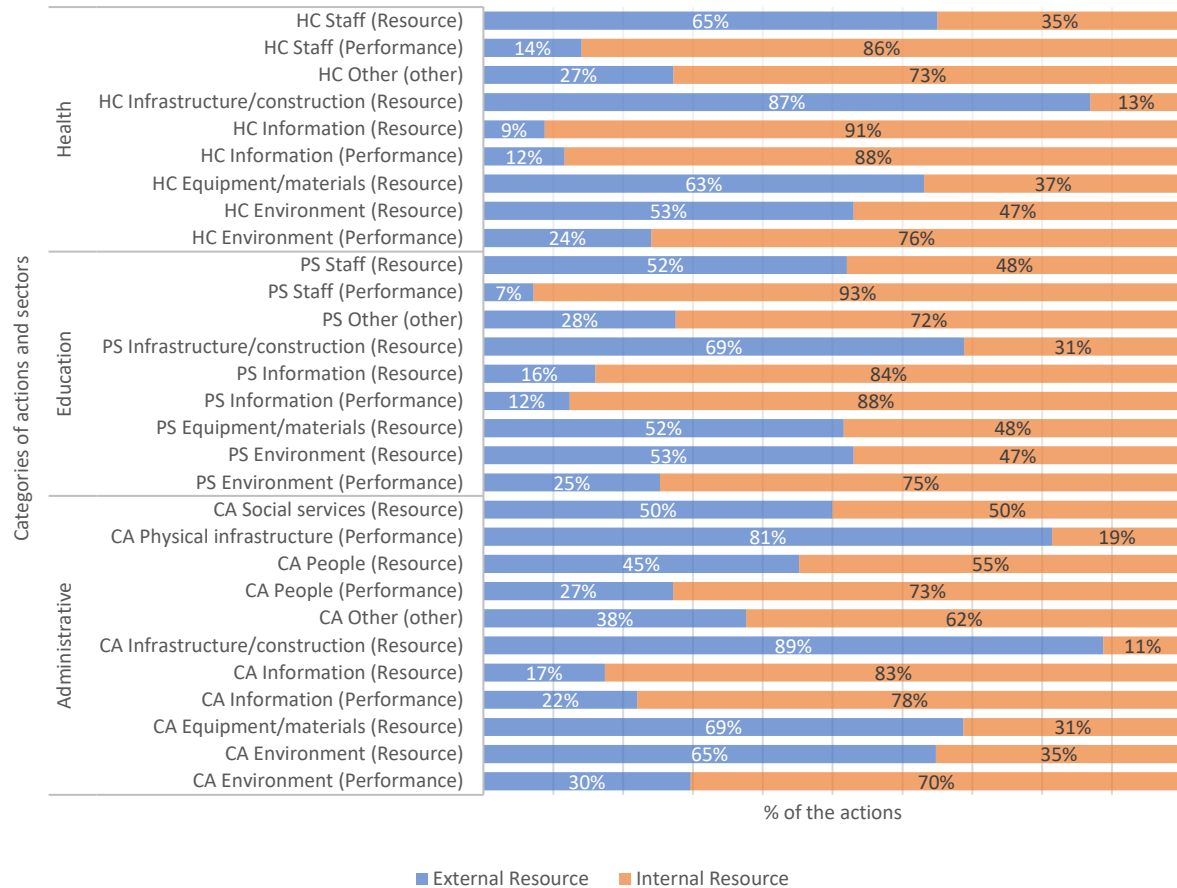
**Figure 17: Number of actions included into the JAAPs by year (Grouping #2)**



**Actions expected to require external resources to be implemented:** By design, the representatives of the service providers and users are encouraged to limit the number of actions that are expected to require external resources to be implemented when finalizing the JAAPs (there is no such limit for the actions that are expected to be implemented using only internal resources).

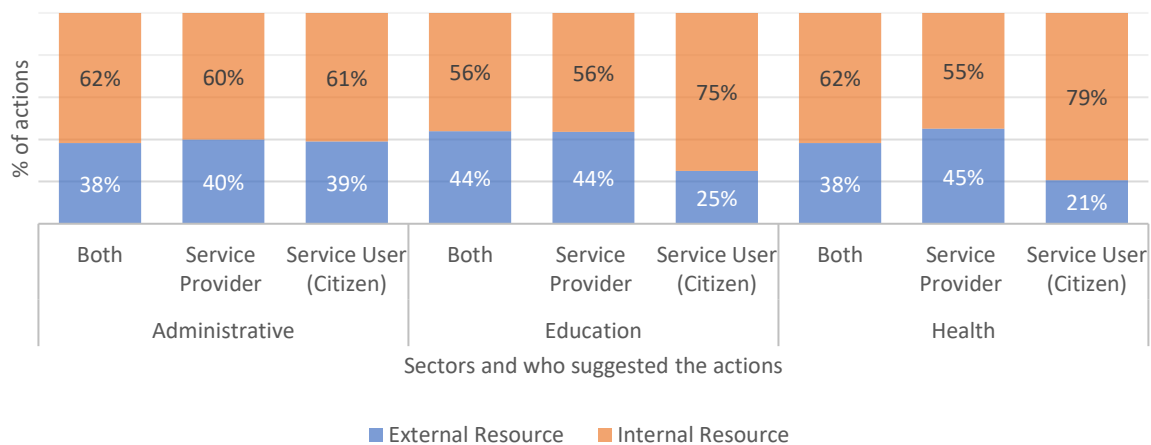
Logically, the proportion of actions expected to require external resources varies significantly depending on the categories of actions. While staff related actions are mainly expected to be implemented using internal resources, actions related to materials, supplies and infrastructures are expected to require external resources.

**Figure 18: Proportion of the actions for which external resources are expected to be required for implementation, by categories of actions (Grouping #2)**



Most of the actions suggested by services users for health (79%) and education (75%) are expected to only require internal resources to be implemented. This is easily explained by the fact that these actions mainly focus on the performance of the staff. Service providers suggested more frequently actions expected to request external resources to be implemented (around 45% for health and Education). Again, this can be easily explained by the high number of actions they suggested on infrastructure and construction.

**Figure 19: Actions requiring external resources or not and who suggested them**

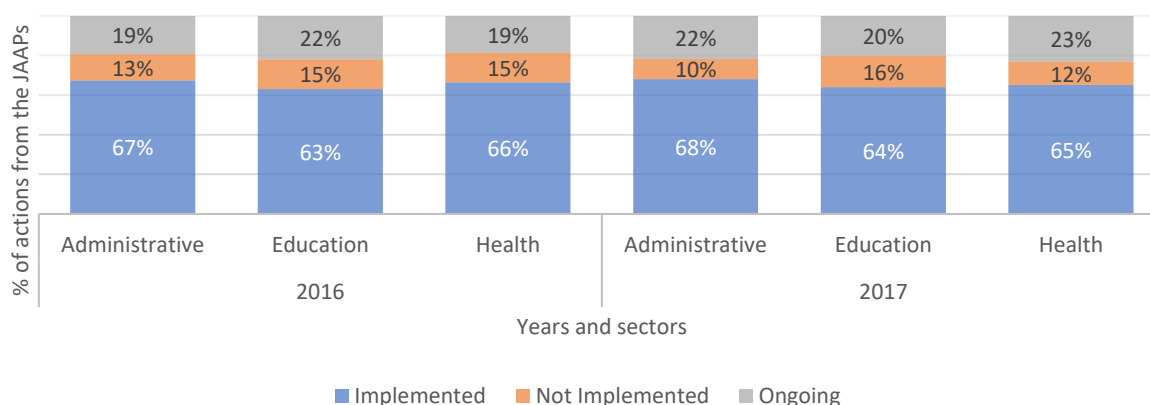


### 3.4. Findings from the review of the data on the implementation of JAAP activities

Once adopted, the JAAP actions were supposed to be implemented by the person or stakeholder identified for each action. JAAP committees were created and met on a regular basis to follow the progress of the implementation. During this monitoring, members of the JAAP committees and CAFs made a difference between “actions implemented”, “implementation ongoing” and “actions not implemented”. However, as explained earlier in this report, Key Informant Interviews suggested that implementing partners did not use similar definitions for these concepts leading to some discrepancies in the way they were measuring progress on the implementation of the JAAPs. Also, due to significant gaps in the data covering 2018, the analysis of the implementation of the JAAPs only focus on the ones that were adopted in 2016 and 2017.

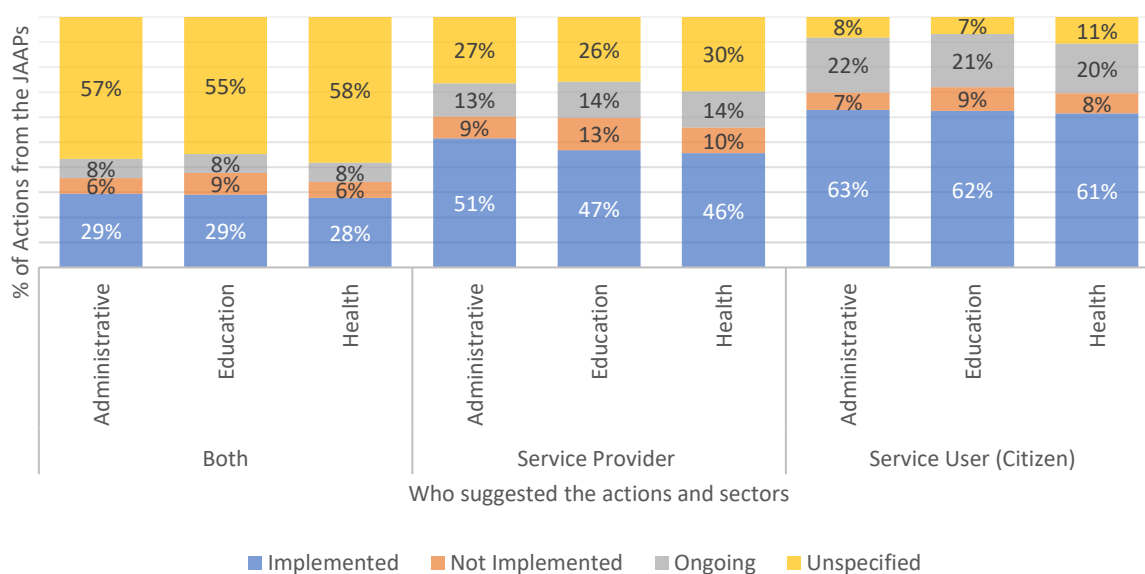
**Implementation status by year:** As indicated in the figure below, the rates of implementation were over 60% for both years. While the data does not show significant differences between years or services, the education sector is the one with the lowest rate of implementation by a few percentage points.

**Figure 20: Status of implementation by services, by years for 2016, 2017 (in %)**



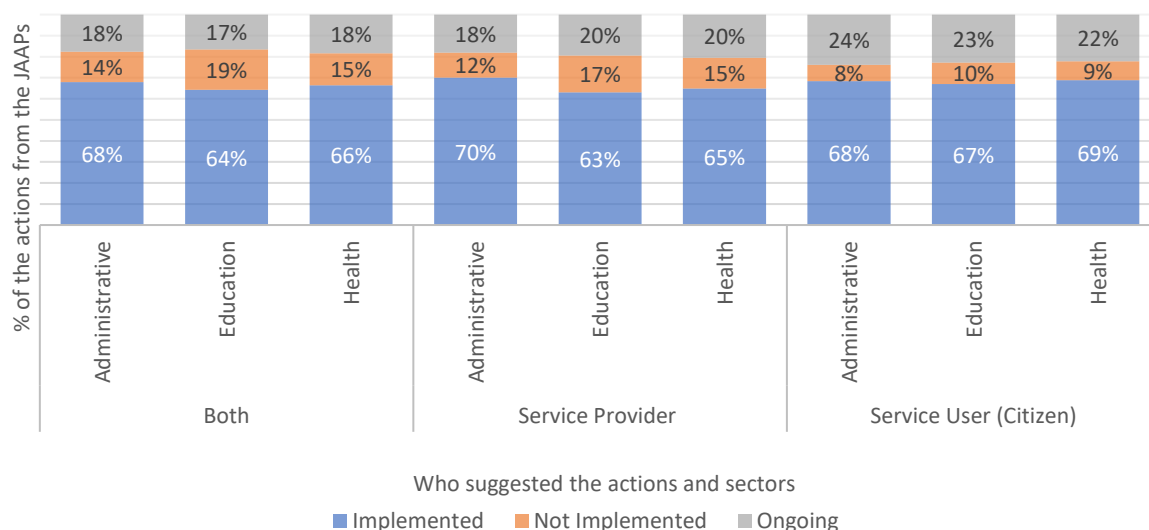
**Status of implementation disaggregated by who raised the actions:** When filtered for only 2016 and 2017, a significant amount of data is still missing, especially for the actions suggested by both services providers and users. It is unclear why most of the missing information on the progress of the implementation of the JAAP actions is related to the actions identified by both service users and providers.

**Figure 21: Status of implementation by services and who raised the actions**



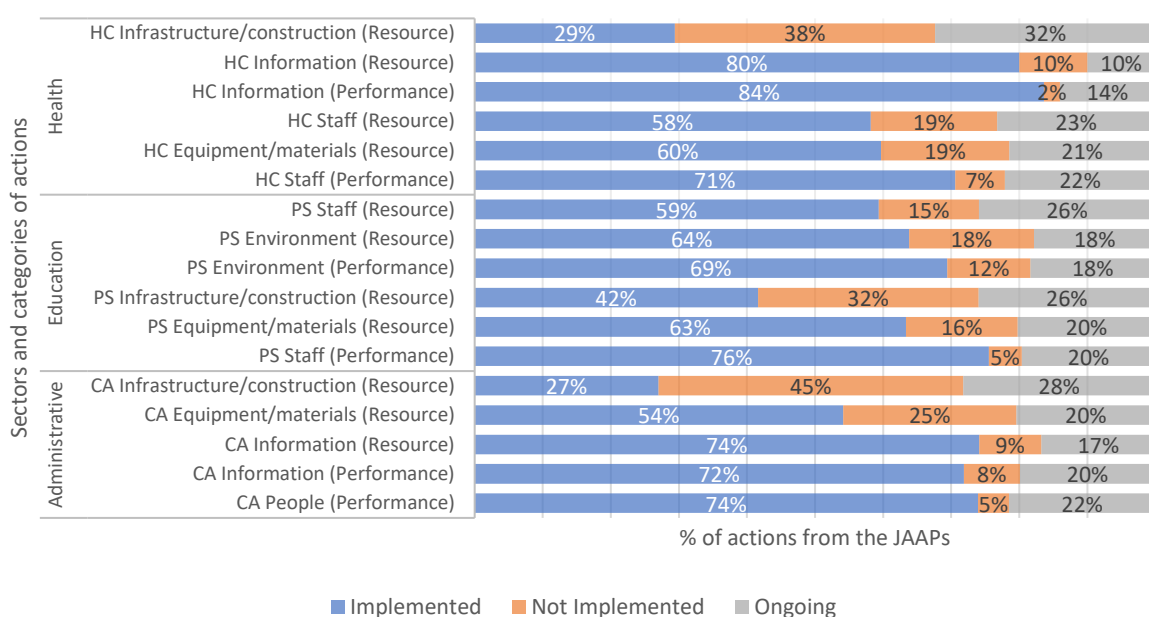
When excluding the actions for which information on implementation is missing, the rate of implementation for the actions suggested by service users seems to be slightly higher than the one for actions suggested by service providers but only by 7 percentage points. The difference between the rate of implementation between actions suggested by users and actions suggested by service providers is stronger on education (9 percentage points). This difference may be related to the fact that a big part of the actions suggested by services users only require internal resources to be implemented (as they overwhelmingly focus on staff performance) while a majority of the actions requiring external resources are suggested by service providers.

**Figure 22: Status of implementation by service and who raised them (without unspecified)**



**Implementation by issues:** When accounting for only 2016 and 2017, and excluding the actions for which we are missing information, using categories from grouping 1, the rate of implementation is high for all issues, except for those related to infrastructure and construction. When using grouping 2 (figure below), we can see that the rate of implementation for infrastructure is very low for the 3 services with the number of actions not implemented being higher than the number of action implemented for communes and health centres.

**Figure 23: Status of implementation by categories of actions (Grouping #2)**



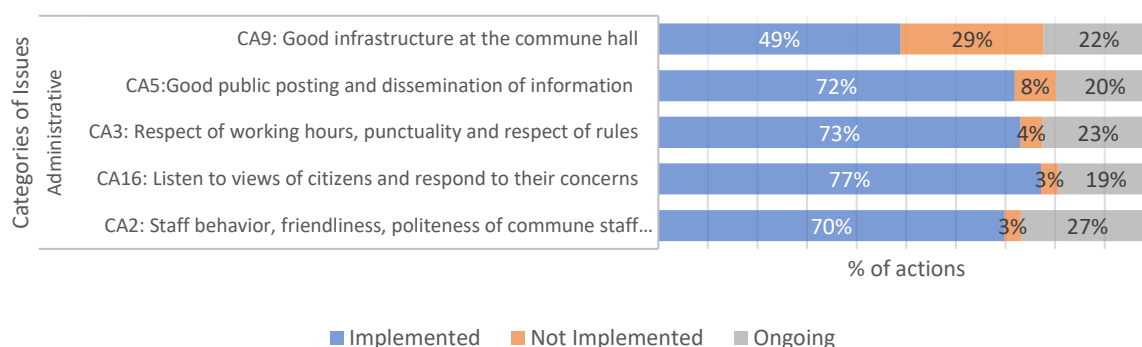
**Implementation status of the actions responding to the top 5 issues most frequently raised for each service:** As the figure below shows, the rates of implementation are above average for the actions responding to the issues most frequently raised during the scorecard process, except for the issues

related to infrastructures (for commune administration and schools) and the ones related to the availability of the adequate number of staff during working hours (for health centres). This finding points at some of the limits to the effectivity of the ISAF process at the local level:

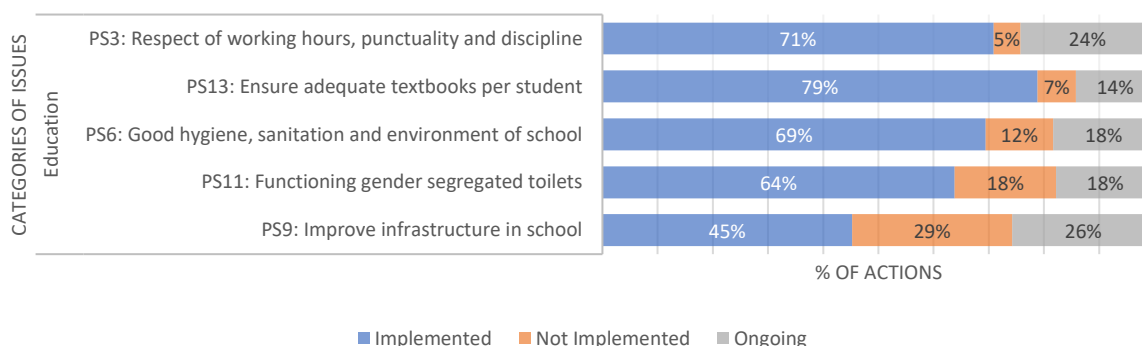
- Big investments (new school or commune hall) seems to be beyond the capacities of local authorities and service providers
- Allocation of staff or supplies for health centres and primary schools are the responsibilities of provincial and national authorities and line ministries.

The fact that these issues have been frequently raised by citizens and that local authorities have been unable to implement the actions agreed in the JAAPs reinforces the argument that a mechanism should be developed to allow provincial and national authorities and line ministries to support the implementation of the JAAP actions responding to structural or systemic issues.

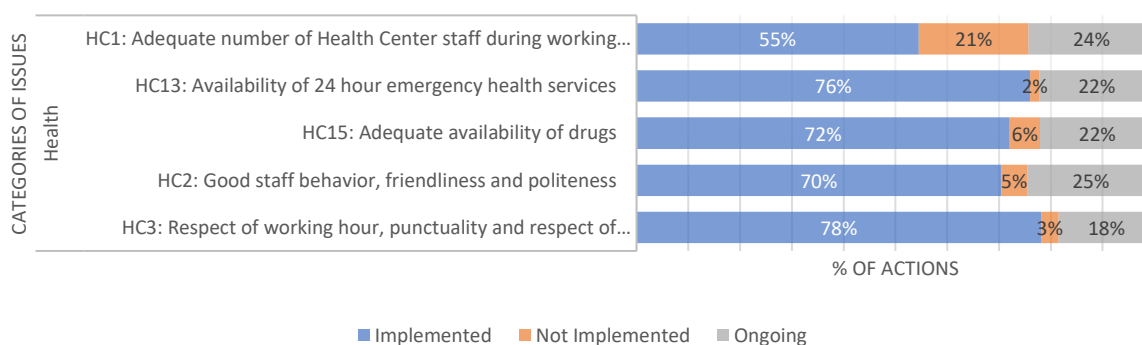
**Figure 24: Implementation status of the actions responding to the top 5 issues most frequently raised for commune services (Grouping #1, %)**



**Figure 25: Implementation status of the actions responding to the top 5 issues most frequently raised for primary schools (Grouping #1, %)**



**Figure 26: Implementation status of the actions responding to the top 5 issues most frequently raised for health centres (Grouping #1, %)**



The high rates of implementation of the actions responding to the issues most frequently raised by citizens also raises a few questions. One could expect to see the attention of users and service providers moving to different issues over time as the ones they have raised the first or second year are addressed (especially for issues for which responding actions have high rates of implementation).

However, issues related to staff performance topped the list of issues most frequently raised 3 years in a row despite a high rate of implementation of the actions aiming at address them.

This raises questions about why the actions implemented seem to have repetitively “failed” to address the issues:

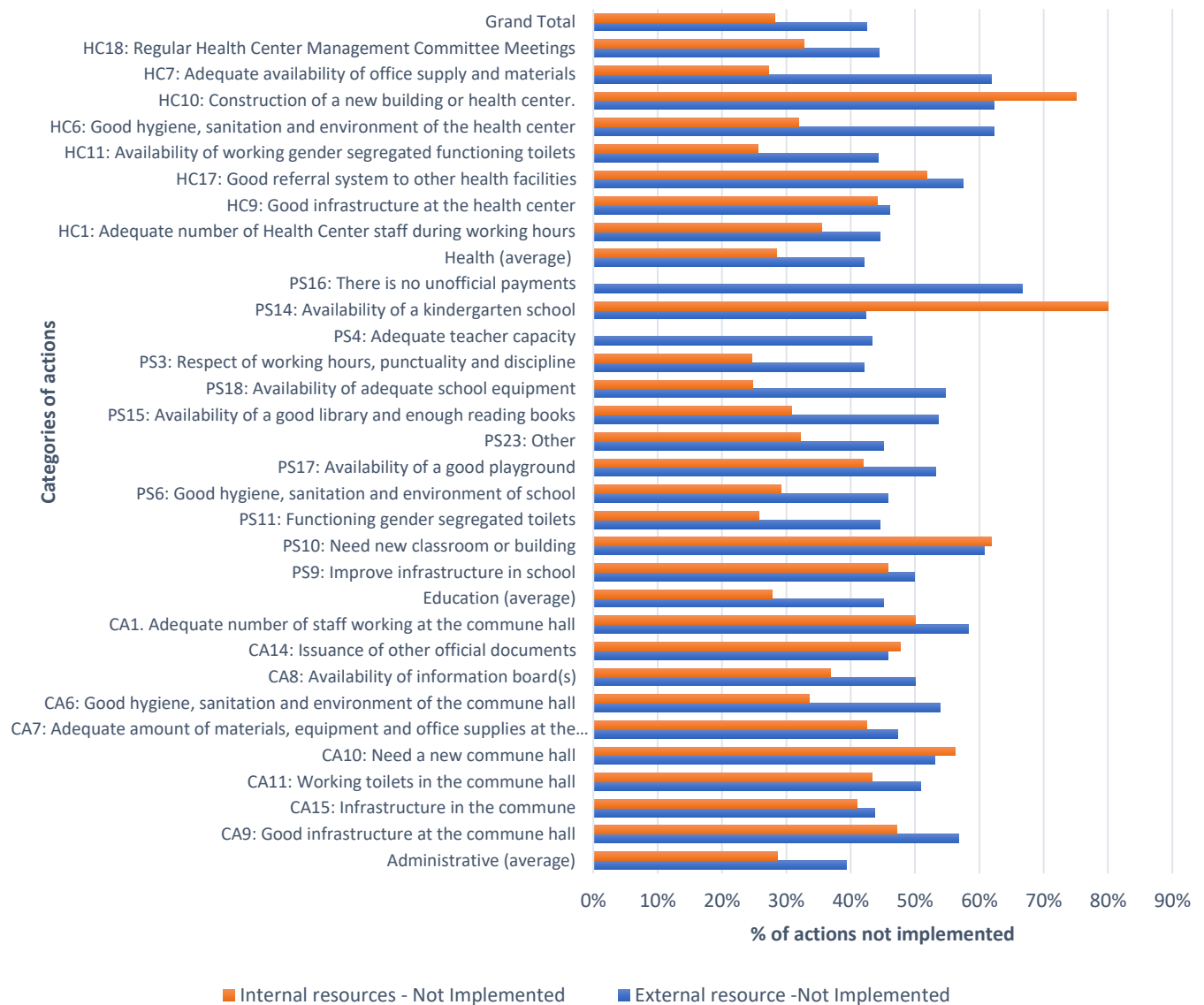
- Are the actions totally “failing” to address the issues or is some progress registered but without fully addressing them (so users and service providers continue to prioritize these issues)?
- Are these issues too deeply entrenched to be addressed in 2 to 3 years? In this case, which supporting actions should be taken, and at which levels, to speed up progress?
- Does addressing these issues require a sustained commitment and attention from the management team at the facility that go beyond the implementation of the JAAP actions and have so far been missing?

As more data is collected for a longer period of time during Phase II, this point will be critical to monitor.

**Implementation by categories of actions and expected resources:** As confirmed by comparisons to the global average rate of implementation and the averages for the different sectors (included in Figure 24 below), actions requiring external funding and the ones related to national systems have below average rates of implementation.



**Figure 27: Top ten less implemented actions by expected resources and sectors**

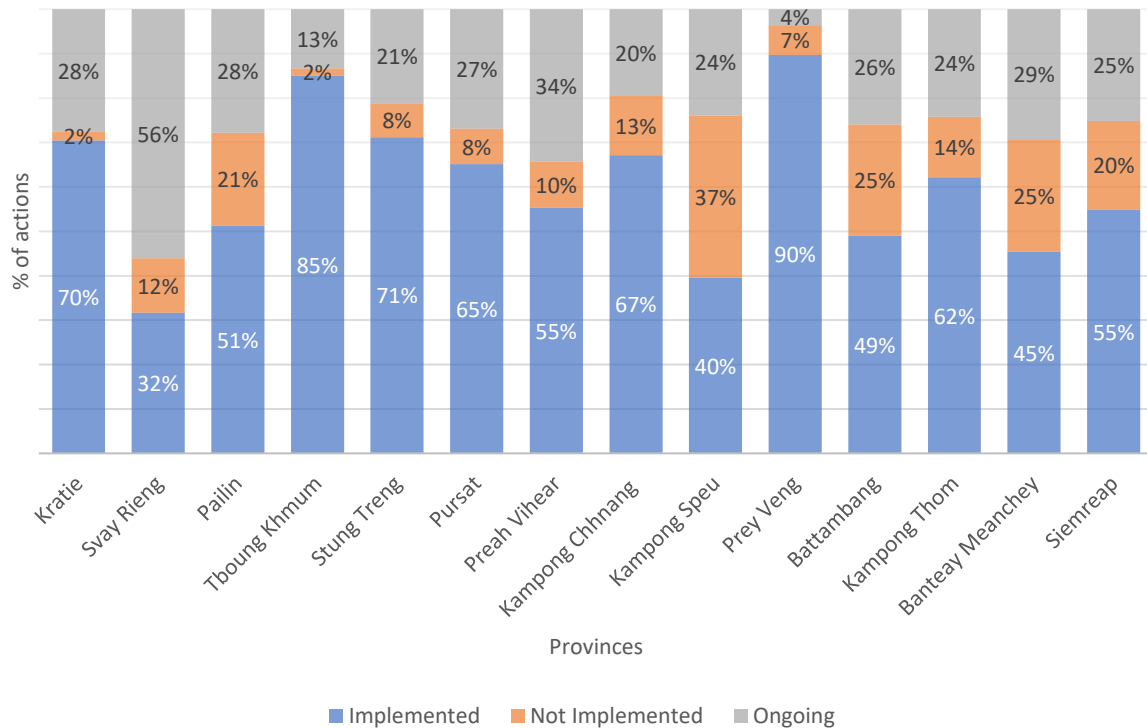


**Implementation status by province:** The provinces that have the lowest rates of implementation are Kampong Speu (only 37% of actions implemented 12 months after adoption of the JAAPs), Banteay Meanchey (45%), Battambang (50%) and Siem Reap (55%), while the highest rates are found in Prey Veng (90%), Tbong Khmum (85%), Stung Treng (71%) and Kratie (70%). It is impossible to deduce from the data if the differences between the rates of implementation are related to either:

- More or less responsive local authorities
- Differences in the ISAF process used by local implementing partners<sup>21</sup>, or
- Differences in the definitions of the M&E indicators used by implementing partners.

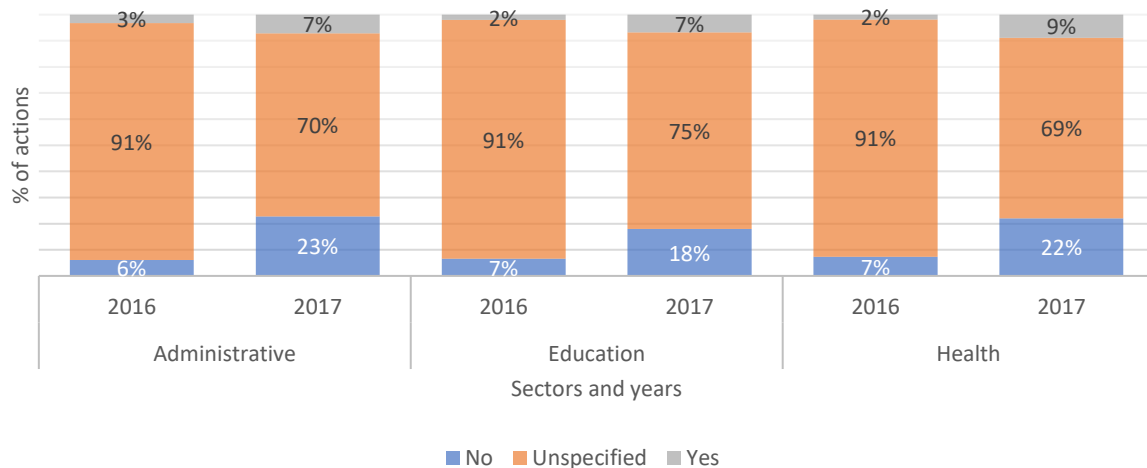
<sup>21</sup> For most of the provinces, only one implementing partner was supporting the implementation of ISAF. See annex 5 for a full map of the target areas of the 5 implementing partners.

**Figure 28: Implementation of actions by province**



**Integration into the Commune Investment Programme (CIP):** Tracking this information would allow to measure if the output of the social accountability process is able to influence the commune planning and budgeting cycle. For this reason, this rate could be seen as a very good indicator of success for ISAF.

**Figure 29: Integration into CIP by service, by year**



The information available seems to suggest that the rate of ‘integration’ increased from 2016 (when it was at around 2% for all services) to 2017 (at around 7%). However, a few points need to be considered when interpreting the findings on the integration into the CIP:

- The information on whether the action was integrated into the CIP or not is missing for a very high proportion of the actions (70%-90%). Key Informant Interviews suggest that there was a certain level of confusion around the need to track this indicator for several implementing partners in the early stage of Phase I.
- There might be different interpretations among implementing partners on what “integration into the CIP” meant. Did it mean that the actions are only included in the CIP list or that they were supposed to be funded by the Commune/Sangkat Fund (CSF)?
- Some actions were never expected to be included in the CIPs (because they did not require external funding for example or because primary health and primary education are not the responsibility of

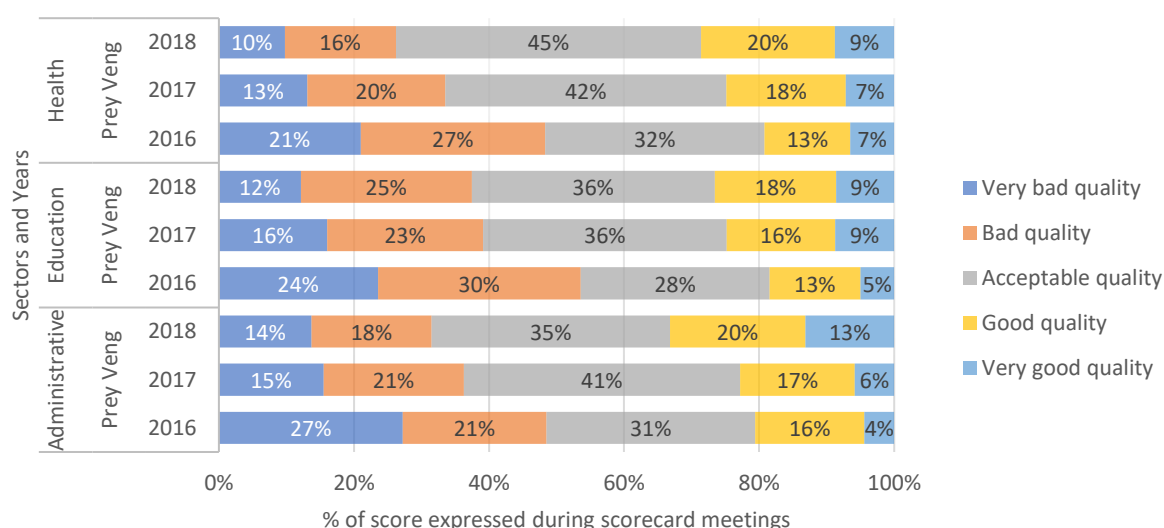
the communes, the owner of the CSF). However, the data does not allow to make a difference between actions expected to be integrated and actions that do not require integration.

#### 4. Examples of findings from a review of the data focusing on specific geographic areas

All the diagrams and analysis produced above to provide a nationwide picture on the satisfaction of the users and service providers and of the responsiveness of local authorities can be easily developed with a focus on specific sectors, provinces, districts, communes and facilities. For instance, diagrams can be produced to present the top 5 most prevalent issues in a specific province, the rate of implementation for the top issues in a specific district and the level of satisfaction for specific characteristics of service delivery for a specific commune.

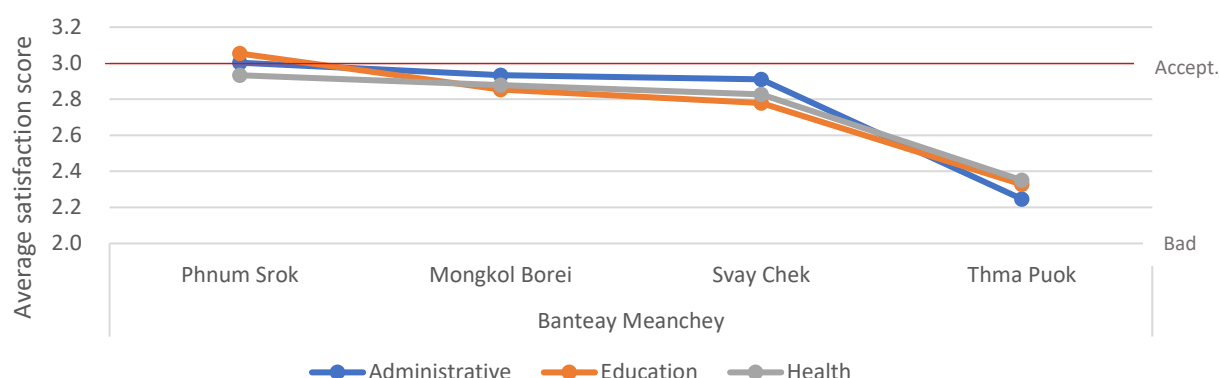
Figure 27 below offer a good perspective on the potential impact of ISAF (and potentially other reforms implemented at the same time) on the satisfaction of citizens in Prey Veng. We can see a clear progressive improvement over years across the 3 sectors, the health sector being the one that register the stronger increase.

**Figure 30. Distribution of scores in Prey Veng per sector and per year**



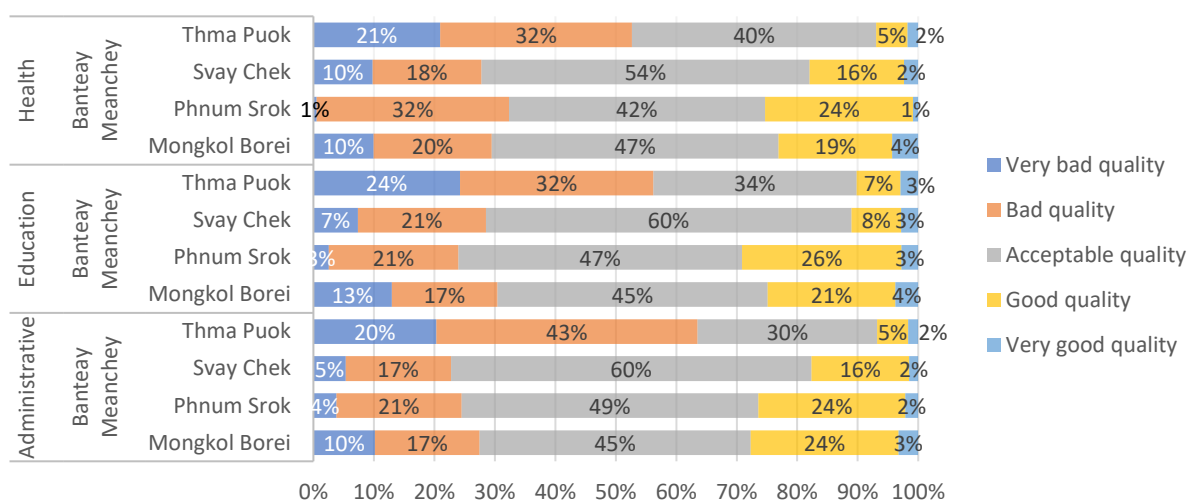
When focusing on a specific province or district, the data allow to easily identify a district or commune where the level of satisfaction has been significantly and consistently higher or lower (Figure 28) than in other districts or communes in the same area, the same way it was possible to compare between provinces. A clear difference may suggest positive deviance or best practice that could be celebrated and replicated or negative deviance or poor performance that needs to be analysed and addressed.

**Figure 31: Average score by district and by service in Banteay Meanchey province**



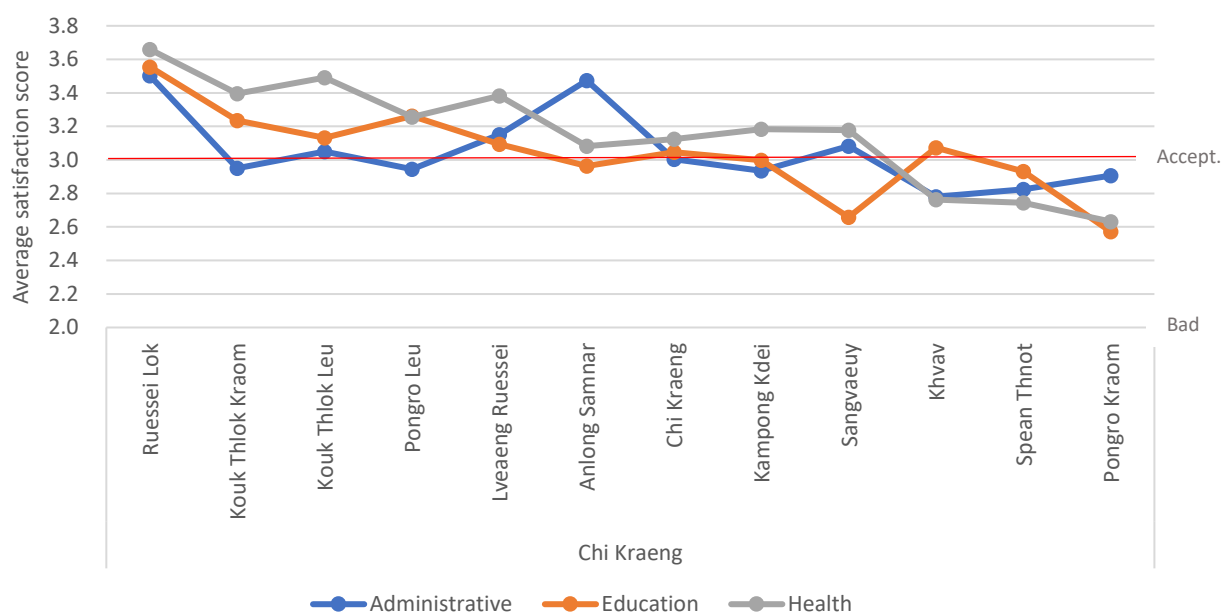
Comparing the distribution of satisfaction scores among the same districts (Figure 29) allows to develop a more precise analysis. In this case, it appears that citizens have significant concerns with the commune administrations (63% of negative opinion) in Thma Puok district.

**Figure 32. Distribution of scores in 4 districts of Banteay Meanchey**



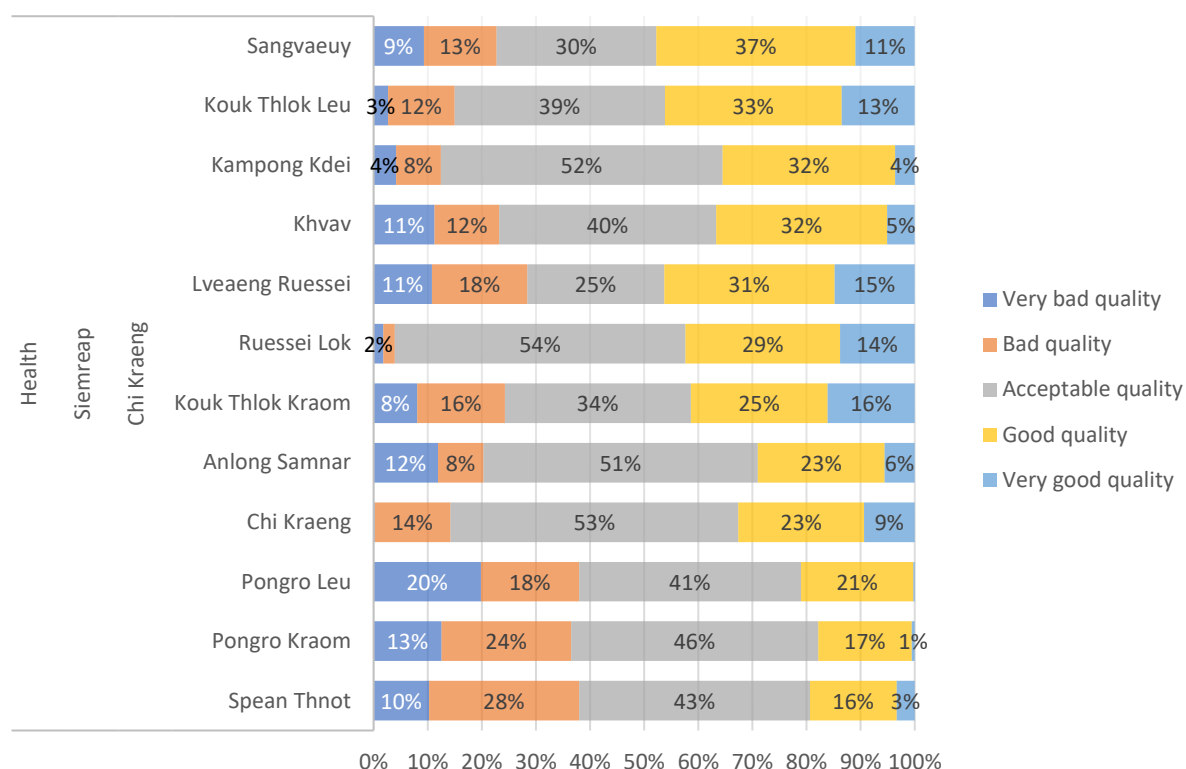
The same approach focusing on a specific district (Figure 30) allows to identify communes where citizens expressed a higher level of satisfaction than in others.

**Figure 33: Average scores by commune and by service in Chi Kraeng district (Siem Reap province)**



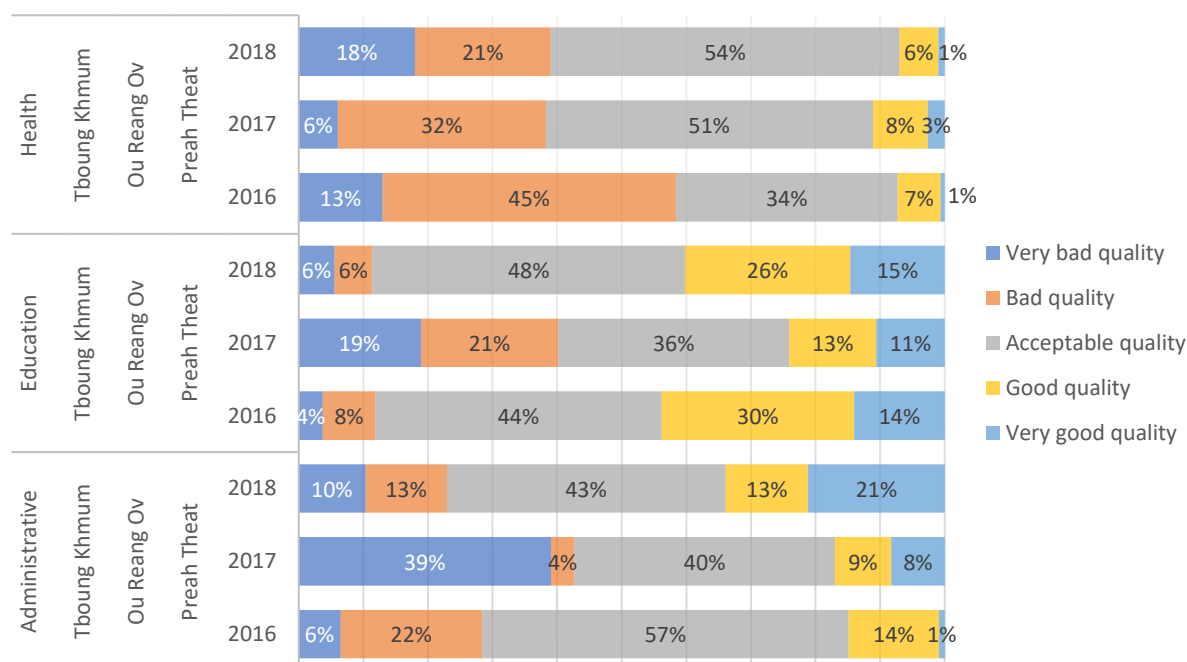
Using the distribution of satisfaction score and focusing on health for the same communes (figure 31), it is possible to identify a group of health centres (Pongro Leu, Pongro Kraom and Spean Thnot) where more than a third of the population has a negative opinion about the services provided.

**Figure 34. Distribution of scores by communes of Chi Kraeng district (Siem Reap) for health services**



When zooming on a specific commune (Figure 32), the distribution of satisfaction scores allow to track over years if a specific sector is doing better or worse than others. In the case of Preah Theat (Ou Reang Ov district, Tboung Khmum province), it seems that the satisfaction of citizens with the quality of the health services has improved much less than for administrative and education services.

**Figure 35. Distribution of scores in Preah Theat, Ou Reang Ov district, Tboung Khmum province, per sector and per year**



## 5. How to promote the use of the ISAF data

During Phase I, the data on implementation of the JAAPs was shared with the donors and the NCDD-S. The rest of the data was used for project management and reporting. Ensuring the use of the ISAF data for policy development, planning, budgeting and / or reporting / M&E at subnational and national levels would have required a clear long-term strategy that was missing. With the implementation of ISAF Phase II only starting, there is a clear opportunity to develop ambitious objectives and a long-term strategy in this area.

This work starts with understanding the relevant policy and governance context, focusing on the recent changes that may have created new opportunities for the use of the ISAF data (see the brief on annex 5.). Within this policy landscape, it is critical to identify the needs of the potential users and as well as the possible entry points for the ISAF data and products that would be adapted to the audience targeted.

### *5.1. Awareness of local and national officials about ISAF*

Before discussing the policy and governance context, the field interviews have revealed that the awareness among government officials about ISAF is limited and uneven at best. The key informant interviews indicate that ISAF is known only among those directly engaged in the design and implementation of its activities. This is observed not only at the ministerial level, but also at the provincial, district or even facility levels. For instance, in some health centres and primary schools, only the management teams who sit in the JAAP committees knew about ISAF, not the operational staff such as nurses and teachers. For many of these government officials (especially those who are not engaged in the JAAP committees), ISAF is viewed more as an NGO project and not as a component of a national policy initiated and piloted by the Government.

### *5.2. Potential users, their needs and entry points*

As detailed in the policy brief in annex, there are potentially many policies, strategies, mechanisms and actors involved. However, it is not only unhelpful but also confusing if all of them are presented in this report. Instead, this section seeks to be more focused and concrete in term of potential users, their needs, entry points, and data products to be produced. Table below provides a synthesis, with additional notes below.

**The potential users:** Potential users of ISAF data within the Government are identified at policy, management and operational levels. They can also be grouped into cross-sectoral and sectoral (see the table in annex 1). While the needs of these actors are specific to their mandates and institutional arrangements, they often overlap and are mostly related to planning, budgeting and reporting/M&E processes. As such, the types of data they need, the time of the year they need it and the format they would prefer are similar for the different actors. The differences between them are related to the scope and level of depth of the data, i.e. by geographical areas, sectors, issues, etc.

#### **At the national level:**

- The information on the perception of the citizens generated through the ISAF process, although not qualifying as indicator of impact, can be used as a proxy to measure the effectiveness and efficiency of public spending on local services. It would be especially useful to the Ministry of Economy and Finance (MEF) and line ministries (health and education).
- The Ministry of Civil Service (MCS) in particular should have a special interest in the data about people perception around staff performance, what needs to be improved and where is seen as urgent by citizens.
- The NCDD-S and MOI, on the other hand, can use the ISAF data to complement their regular local governance survey which seeks to measure the satisfaction of citizens with local government.

#### **At the provincial level:**

- The ISAF data could be useful for both de-concentrated line departments (for vertical accountability) and decentralized Subnational Administrations (SNAs) (for horizontal

accountability) over technical offices and facilities, especially as the functional transfer process makes further progresses.

- The ISAF data not only provides information on the prevalence of an issue, but also the specific facilities affected and the territories (districts or provinces) that seem to be more affected.
- The data also communicate information on how urgent citizens from specific places feel it is urgent to address specific issues.

**Data use and impact.** Based on the key informant interviews, the ISAF could be used to complement the existing M&E data already collected by various agencies as part of their planning and budgeting process. As mentioned earlier, a significant amount of data is already collected under the NCDD-S/MOI system, EMIS under MoEYS, HIS under MoH, etc. For planning and budgeting purposes, the ISAF data, without replacing the data collected through these official processes, could be seen as supplementary and a source of verification.

**Key analytic data to be shared:** To be useful to these users, the ISAF data and analysis that will be shared should be kept simple. The data metrics presented in the quantitative data section above (basic statistics on overall satisfaction, prevalence of issues according to citizens, actions identified and implementation rate), disaggregated by location, facilities, actions integrated into the JAAP, expected resources and if they were implemented or not would probably be enough information to be shared on a regular basis.

**Data products:** The format of the policy products that will be developed to share the ISAF data and analysis should be simple and standard. In practical term, it should be in the form of a simple summary table, charts and excel file which can be easily exported from the web and used as supplement references by interested users. The compatibility with existing databases will be critical.

**Timing and periodicity:** As far as possible, it would be good to synchronize the timing and periodicity of the sharing of the ISAF data with the timeframe of the planning, budgeting and reporting processes of our potential users. However, the key informant interviews have highlighted that predictability and regularity may be more valued by potential users than perfect timing but irregular periodicity. This means that in any case, these data products should not be necessarily linked to the timing of each step of the ISAF process (i.e. scorecard, JAAP, etc.) which are not necessarily finalized at the same time each year and are not necessarily synchronized with the steps of the M&E process of potential users. It is suggested that the main products should be produced on a semester and annual basis using simple auto-generated tables. A quarterly update would be mostly useful for implementation level (DM and CS), while the semester and annual updates would be more suitable for management and policy level.

**Entry points:** The use of the ISAF data would be considered impactful if it could help inform and shape the planning and budgeting decisions of the agencies concerned. To this end, two specific entry points are suggested.

The first one is at inter-agency level. These include various existing coordination mechanisms at national (e.g. NCDD-S, coordination mechanism under ISAF such as the Partnership steering Committee), provincial, district and commune levels (especially the WCCC and CCWC) as listed in Table 8. Sector-specific coordinating mechanisms such as the Joint Working Group on Education and Joint Working Group on Health at both national and provincial levels are also considered as potential entry points.

The second entry point is at agency level. These include their M&E and planning department, offices or sections. There are four reasons why M&E and planning offices are suggested as entry points:

- The planning and M&E section is a less sensitive point of entry than the budgeting or human resource sections,
- By mandate, the M&E and planning section is responsible to collect data,
- The section is responsible for developing plans (including 3 year and 1 year outputs and indicators) which are then used to justify budgeting decision, and



- In most cases, the planning section is also mandated to coordinate with development partners and NGOs.

As indicated earlier, the ISAF data products that would be shared with these users through these entry points should be kept simple and avoid being seen as increasing the workload of the staff as they are already collecting a lot of statistics and data and sometimes have a heavy workload.

### ***5.3. Potential relevance of ISAF data for non-state actors***

Based on the key informant interviews and understanding of the ISAF data, non-state actors could find the ISAF data useful for the following purposes:

- **Coordination amongst CSOs supporting citizen participation and with NCDD-S and line ministries.** This is applicable primarily within the ISAF or other similar social accountability initiatives, where there are/will be more non-state actors involved in their implementation. A consolidated ISAF data represents a very valuable attempt to coordinate among stakeholders supporting citizen participation, which as a next step can also lead to a more effective coordination with national and local authorities.
- **Evidence based learning on social accountability.** If variance in the ISAF process and M&E approaches were to be reduced, the ISAF data could help to learn how to improve the model on a regular basis based on strong evidences.
- **Program targeting at geographical and issue levels.** For programming purposes, the ISAF data can inform interested development partners and NGOs on what issues in public service delivery or geographical areas they should focus on.
- **Research and advocacy at policy level.** The ISAF data provides rich bottom-up data to support research and advocacy works at the national level. Its richness also allows interested partners to be more targeted in their analysis in term of issues and geographical areas. That said, it is important not to overestimate the strategic importance of this data considering the broader policy and governance context as discussed above (especially in a context where relevant authorities already collect a lot of data).
- **Reporting on the progress toward the achievement of the Cambodian Sustainable Development Goals (CSDGs).** The CSDGs, adapting and contextualizing the targets of the Sustainable Development Goals (SDGs), were published early 2019. The same year, the Royal Government of Cambodia produced its first Voluntary National Review (VNR). Unfortunately, the CSDGs do not include a contextualized target for Indicator 16.6.2 (Proportion of the population satisfied with their last experience of public services). The data generated through the ISAF process would have provided a very good baseline for this indicator and it is now clear that very relevant data will be collected on a regular basis by ISAF implementing partners for at least 4 more years (until end of 2023) at no cost. Beyond this, probably few countries in the world, if any, are going to be able to report on this indicator with data generated by such a high proportion of their citizens<sup>22</sup>.

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<sup>22</sup> It is expected that by the end of Phase II, ISAF will be implemented in all rural communes and 50% of urban communes, allowing millions of citizens to express their satisfaction with public services.

## 6. Detailed recommendations

### 6.1. On the data collection and M&E systems

- A clear agreement between implementing partners should exist on the minimum information that needs to be captured at every stage of the ISAF process.
- A quality control process should be in place to check the practices of all stakeholders, identify mistakes or deviance as soon as possible after collection and allow corrections so no data is lost.
- The data should include a precise description of the characteristics of service prioritized by communities and actions integrated into the JAAPs.
- The categorization and labelling of the data should take place as soon as possible after data collection to allow for clarifications and corrections.
- The list and definitions of the categories of issues raised during the scorecard process or actions integrated into the JAAPs should be reviewed at the beginning of Phase II with all implementing partners and potential users to ensure that the categories are useful to the potential users (as listed in this report) and their definitions are clear to the implementing partners.
- As for the data collection process, a quality control process should be in place for the categorization and labelling process to check that there is a common understanding of the definitions of the categories and no deviance on their use among implementing partners.
- To link the data from the scorecard with the one from the JAAPs, and more importantly with other databases managed by relevant ministries, the ISAF data needs to be tagged with the relevant unique geographical or facility codes used by the Government in the Commune Database, the EMIS (for education) and HIS (for health).
- Solutions should be found to allow the disaggregation of the ISAF data for the members of specific groups such as people with disabilities, migrant workers, elderly, IDPoors, etc.
- As far as possible, there should be a strong and large consensus among implementing partners and, if possible, other organizations involved in the implementation of social accountability projects (such as the Innovation for Social Accountability – ISAC project) on all the above recommendations so data collection and M&E systems are compatible.

### 6.2. On the Scorecard

- The ISAF implementation manual should be clarified on the criteria that citizens and services providers should use to prioritize the characteristics of services during the scorecard process. It may be useful to suggest them to prioritize the ones that they most would like to see improved (in line with the objective of ISAF).
- More analysis and reflection is needed to better understand why such a significant proportion of the citizens scores the quality of services as “acceptable” and whether the methodology currently used during the scorecard meeting is conducive for capturing the “real” level of satisfaction of the citizens participating. A review of the implementation manual for implementing partners may be required on this aspect and a certain level of innovation may be needed in the future to identify better methodologies.
- A clear and simple way to visualize the level of satisfaction of citizens should be identified. Of the different approaches used in this report, it seems to be more interesting to use either the distribution of satisfaction scores or the proportion of citizens identifying the service as “good” or “very good” rather than using an average score.
- For the issues most frequently raised by citizens, more analysis and research need to be conducted to understand better the perception of the citizens on these issues and the objectivity of their assessment (comparing with objective indicators). This analysis will have to make a difference between issues related to structural/systemic problems (linked to the broader governance system or resources allocation from upper levels of the administration or line ministries) and issues related to the shortcomings of local staff and management issues.
- As the project gathers data over a longer period during Phase II, it will be good to analyse if there is a pattern over time with some categories of issues being less and less prioritized as others become more important for the citizens. This could be a potential indicator of the fact that some

issues are addressed over time and citizens move their attention to issues they had previously not been prioritized.

- Because citizens identify the performance of the local staff as the main issue affecting the quality of the services, it would be interesting to understand the root causes of the issue, and especially if it can be addressed through better local management and dialogue or if additional factors like salaries or the availability of essential materials such as drugs and teaching materials are impacting the performance and/or motivation of local staff. If it is the case, addressing these issues would require action at district, provincial or national levels.

### **6.3. On the Information for Citizens**

- The current I4C material should be reviewed and improved based on the analysis of the community generated data. The implementing partners should continue to track if the content of the I4C material matches the list of the most frequent issues raised by the communities during Phase II and the I4C material should be reviewed over time if needed.
- The present study did not review the national policy framework to identify if the gaps in the I4C material were due to a lack of clarity on the quality standards that the services should meet on specific aspects. This point will have to be covered as part of the review of the I4C material recommended above.
- More research and analysis is needed to understand better how the content of the I4C material and the methodology used to share this information influence the result of the scorecard process and ultimately the content of the JAAPs.
- ISAF is likely to be implemented in relation to new services and/or level of administration (district level for example) and other social accountability projects in the country are also targeting other services (forestry, solid waste management, etc.). It would be logical, based on the findings from the scorecard, to expect that citizens are going to raise primarily issues related to staff performance and availability of supplies/operational material. The new posters and other I4C material that will be developed for this extension of ISAF to new services or for other social accountability projects should provide information on these aspects of the services. Overall, it is important that the adaptation of the posters will be conducted with the point of view of the users in mind.

### **6.4. On the JAAPs**

- More investigation is needed on how actions are selected for integration into the JAAPs by users and service providers during the interface meetings and what can explain the fact that service providers are suggesting a growing proportion of the actions over time. In any case, the process followed during the interface meetings to select the actions that will be integrated into the JAAPs (and especially the list of representatives attending these meetings) should be reviewed to guarantee a balance of power between service users and service providers.
- To allow meaningful and important comparisons between districts and provinces during Phase II, variances among the ISAF processes and M&E approaches used by implementing partners will need to be reduced.
- For Phase II, it will be important to improve the definitions of several indicators, especially “action implemented”, “implementation ongoing” and “action integrated into the CIP”.
- Beyond the review of the definitions, it will be critical to ensure a common understanding and use of these indicators among implementing partners to allow comparisons. Since the rate of implementation of the JAAPs and the rate of integration of the actions into the CIPs are key indicators of success, they can also be used to identify successful innovation and/or quality implementation or at the contrary, poor quality implementation and/or underperforming implementing partners. However, deviance in the use and / or interpretation of the M&E indicators would make comparisons meaningless.
- It will be important to calculate the rate of integration of actions into the Commune Investment Programs (CIPs) in relation to the proportion of actions that are expected to be integrated into the CIPs (and not in relation to the total number of actions). This will probably require to create new indicators and definitions that will have to be applied consistently by the implementing partners.

- Taking into account the importance of the implementation of the JAAP actions in the theory of change of ISAF, there is a clear need to conduct further research and analysis into the causes of the significant differences among provinces in the rates of implementation of the JAAP actions. This additional research should also cover differences in the rates of integration of the JAAP actions into the CIPs.
- To increase the impact of the ISAF process on the quality of local services, it would be useful to understand better the following questions:
  - Why did service providers and users suggested largely similar actions 3 years in a row despite some high level of implementation of the actions? Does it mean that the actions failed to address the issues, and in this case, why?
  - What are the key determinant of the implementation of each category of action proposed?
  - What are the determinants of the integration of each category of actions into the CIPs and what does it mean in the new context of functional assignment and increase in Commune/Sangkat Fund (CSF)?

### ***6.5. On how to promote the use of the ISAF data***

- A full list of potential users, entry points, indicators relevant to these users and type of products they may be interested in is presented table 9. These suggestions should be discussed with all relevant stakeholders (especially PSC members, NCDD-S and representatives of line ministries) and a clear strategy and work plan should be developed as early as possible during Phase II.
- An official endorsement of the ISAF data and of the data sharing products by the NCDD-S and/or line ministries would ensure a stronger receptivity by potential users and potentially increase the influence/use of the data.
- The implementing partners will need to continuously review and adjust (though a “learning by doing” approach) how the ISAF data can be better collected, consolidated, analysed, presented, communicated and shared so it is properly used to influence the planning and budgeting decisions of the concerned agencies.

### ***6.6. On awareness about ISAF and sustainability of the social accountability processes***

- It is urgent to address the low awareness, among civil servants and authorities, about ISAF as a national initiative and not just an NGO project. More and better communication about ISAF and its impact should be conducted among key line ministries and other relevant authorities to ensure that this initiative is well known and understood, recognized as a key part of the decentralization process and ultimately that its sustainability is supported.
- It is important to ensure a strong coordination of the CSOs involved in the implementation of social accountability projects, both within and beyond ISAF (such as the USAID funded project Innovation for Social Accountability in Cambodia – ISAC), as the multiplication of projects and uncoordinated approaches could confuse potential users about ISAF, diminishing their interest in the data it generates.

## Annex 1. Summary of the needs of the potential users, entry points and data products

Table 9: Needs of potential users, entry points and data products

Users and level	Key indicators from ISAF and purposes	Entry points and products
<b>National level</b> <ul style="list-style-type: none"> <li>Ministry of Economy and Finance (General Department of Budget and General Administration Sub-National Finance)</li> <li>NCDD-S</li> <li>Ministry of Economy and Finance</li> <li>Ministry of Civil Service</li> <li>Ministry of Education, Youth and Sport</li> <li>Ministry of Health</li> <li>Ministry of Interior</li> <li>Ministry of Planning</li> </ul>	<p>Key indicators from ISAF:</p> <ul style="list-style-type: none"> <li>People satisfaction and issue prevalence by provinces and services</li> <li>Perception on performance by provinces and services</li> <li>Perception on resource availability (e.g. staff, materials, operational budget) by provinces and services</li> <li>Responsiveness/rate of implementation by provinces and services</li> <li>Integration into the Commune Investment Programmes by provinces and services</li> </ul> <p>Purposes:</p> <ul style="list-style-type: none"> <li>Complement existing M&amp;E data</li> <li>Inform budgeting preparation and negotiation</li> <li>Advocate for resource allocation (personnel, operation, capital investment)</li> </ul>	<p>Entry points/ mechanisms:</p> <ul style="list-style-type: none"> <li>National Committee for Sub-National Democratic Development - Secretariat (NCDD-S)</li> <li>Partnership Steering Committee (PSC)</li> <li>M&amp;E Department of line ministries by sectors</li> <li>Congress report by line ministries by sectors</li> </ul> <p>Products:</p> <ul style="list-style-type: none"> <li>Semester and annual summary</li> <li>Format: Dashboard and excel (including online dashboard)</li> <li>The need to track, assess and adjust how it can be actually used</li> </ul>
<b>Provincial level</b> <ul style="list-style-type: none"> <li>Capital and Provincial (CP) Administration</li> <li>Provincial office for Education, Youth and Sports (PoEYS)</li> <li>Provincial Health Department (PHD)</li> </ul>	<p>Key indicators from ISAF:</p> <ul style="list-style-type: none"> <li>People satisfaction and issue prevalence by District and Municipal administration (DM) and services</li> <li>Perception on performance by DM and services</li> <li>Perception on resource availability by DM and services</li> <li>Responsiveness/rate of implementation by DM and services</li> <li>Integration into the CIP by DM and services</li> </ul> <p>Purposes:</p> <ul style="list-style-type: none"> <li>Complement existing M&amp;E data</li> <li>Inform budgeting preparation and negotiation</li> <li>Advocate for resource allocation (personnel, operation, capital investment)</li> </ul>	<p>Entry points/ mechanisms:</p> <ul style="list-style-type: none"> <li>Women and Children's Consultative Committees (WCCC)</li> <li>Existing Technical Working Groups (TWG) between Line Departments (LDs) and NGO partners by sectors<sup>23</sup></li> <li>ISAF coordination mechanism</li> <li>M&amp;E Department of Line Departments (LDs) by sectors</li> <li>Congress reports by LDs by sectors</li> </ul> <p>Products:</p> <ul style="list-style-type: none"> <li>Semester and annual summary</li> <li>Format: Dashboard and excel (including online)</li> <li>The need to track, assess and adjust how it can be actually used</li> </ul>
<b>District level</b> <ul style="list-style-type: none"> <li>District and Municipal Administrations</li> <li>District office for Education, Youth and Sports (DoEYS)</li> <li>Office District (OD)</li> </ul>	<p>Key indicators from ISAF:</p> <ul style="list-style-type: none"> <li>People satisfaction and issue prevalence by commune and by services</li> <li>Perception on performance by commune and by services</li> <li>Perception on resource availability by commune and by services</li> <li>Responsiveness/rate of implementation by commune and by services</li> <li>Integration into the CIP by commune and by services</li> </ul> <p>Purposes:</p> <ul style="list-style-type: none"> <li>Complement existing M&amp;E data</li> </ul>	<p>Entry points/ mechanisms:</p> <ul style="list-style-type: none"> <li>WCCC</li> <li>M&amp;E office of Line Office (LOs)</li> <li>Congress report by LOs</li> </ul> <p>Products:</p> <ul style="list-style-type: none"> <li>Semester and annual summary</li> <li>Format: Dashboard and excel (including online)</li> <li>The need to track, assess and adjust how it can be actually used</li> </ul>

<sup>23</sup> Such as the Provincial Joint Technical Working Group (P-JTWG) for Education.

	<ul style="list-style-type: none"> <li>• Inform budgeting preparation and negotiation</li> <li>• Advocate for resource allocation (personnel, operation, capital investment)</li> </ul>	
<b>Commune level</b> <ul style="list-style-type: none"> <li>• Commune Administration</li> <li>• Primary School (PS)</li> <li>• Health Centre (HC)</li> </ul>	<p>Key indicators from ISAF:</p> <ul style="list-style-type: none"> <li>• People satisfaction by services/issues</li> <li>• Perception on performance by services/issues</li> <li>• Perception on resource availability by services/issues</li> <li>• Responsiveness by services/issues</li> </ul> <p>Purposes:</p> <ul style="list-style-type: none"> <li>• Complement existing M&amp;E data</li> <li>• Inform budgeting preparation</li> <li>• Advocate for resource allocation (personnel, operation, capital investment)</li> </ul>	<p>Entry points/ mechanisms:</p> <ul style="list-style-type: none"> <li>• Commune Council for Women and Children (CCWC)</li> <li>• Quarterly meetings of the council and JAAP committee meetings</li> </ul> <p>Products:</p> <ul style="list-style-type: none"> <li>• Semester and annual summary</li> <li>• Format: Dashboard and excel (including online)</li> <li>• The need to track, assess and adjust how it can be actually used</li> </ul>

## ***Annex 2. List of categories for each service (grouping 1 and grouping 2)***

**Table 10. Categories of issues and actions for Commune Administration**

<b>Grouping #2</b>	<b>Grouping #1</b>	<b>Code</b>
CA. People (Resource)	Adequate number of staff working at the commune hall	CA.1
CA. People (Performance)	Behaviour, friendliness, politeness of commune staff, including commune councils	CA.2
	Respect of working hours, punctuality and respect of rules	CA.3
	Capacity of commune staff, including commune council members.	CA.4
	Respect of the officials fees (no extra service charges)	CA.12
	Issuance of birth, death and marriage certificates	CA.13
	Issuance of other official documents	CA.14
	Listen to the views of citizens and respond to their concerns	CA.16
	Invitation of the citizens to council meetings and other relevant meetings	CA.17
	Hold councils meetings as many times as stipulated by law	CA.18
	General quality of service provided	CA.21
CA. Infrastructure/ Construction Resource)	A new Commune hall is needed	CA.10
	General condition of the commune hall	CA.9
CA. Physical infrastructure (Performance)	Infrastructures in the commune (roads, bridges, etc.)	CA.15
CA. Environment (Resource)	Working toilets at the commune hall	CA.11
CA. Environment (Performance)	Good hygiene, sanitation and environment of the commune hall	CA.6
CA. Social service (Resource)	The commune budget supports social services	CA.22
	Exemption of fees for the poorest and most vulnerable citizens	CA.20
CA. Information (Performance)	Good public posting and dissemination of information.	CA.5
CA. Information (Resource)	Availability of information boards	CA.8
CA. Equipment/material (Resource)	Adequate amount of materials, equipment and office supplies at the commune hall.	CA.7



**Table 11. Categories of issues and actions for Primary School**

Group #2	Group #1	Code
PS. Staff (resource)	Adequate number of teachers per class	PS.1
	Adequate capacities of teachers	PS.4
PS. Staff (Performance)	There is no unofficial payments	PS.16
	Adequate number of teaching days as stipulated by law	PS.19
	Adequate teacher behaviour and politeness	PS.2
	Free education for every child at primary school	PS.20
	Good relations between parents and schools and school Committee	PS.21
	Teachers help all students to learn equally	PS.22
	Respect of working hours, punctuality and discipline	PS.3
PS. Infrastructure/Construction (Resource)	A new classroom or building is needed	PS.10
	Appropriate number of students per class	PS.12
	Availability of a kindergarten / early childhood development centre	PS.14
	General condition of the school building	PS.9
PS. Environment (Resource)	Functioning gender segregated toilets	PS.11
PS. Environment (Performance)	Good hygiene, sanitation and environment of school	PS.6
PS. Information (Performance)	Adequate public posting/dissemination of information	PS.5
PS. Information (Resource)	Availability of an information board	PS.8
PS. Equipment/material (Resource)	Adequate availability of office supplies and materials	PS.7
	Availability of a good playground	PS.17
	Availability of adequate school equipment	PS.18
	Adequate number of textbooks per student	PS.13
	Availability of a good library and enough reading books	PS.15

**Table 12. Categories of issues and actions for health centres**

Group #2	Group #1	Code
HC. Staff (resource)	Adequate number of Health Centre staff during working hours	HC1
	Adequate staff capacity	HC4
HC. Staff (performance)	Respect of official fees	HC12
	Availability of 24 hour emergency health services	HC13
	Adequate provision of health service to local area	HC14
	Good referral system to other health facilities	HC17
	Regular Health Centre Management Committee Meetings	HC18
	Good staff behaviour, friendliness and politeness	HC2
	Adequate availability of awareness raising, outreach and prevention services	HC20
	Adequate treatment of people with ID poor card, Health equity Card & NSS Card	HC22
	Respect of working hour, punctuality and respect of internal rules	HC3
	A new building or health centre is needed	HC10
HC. Infrastructure/ construction (Resource)	The health centre is adapted to people with disability people and other vulnerable group	HC23
	General condition of the health centre building	HC9
HC. Environment (resource)	Availability of working gender segregated functioning toilets	HC11
HC. Environment (performance)	Good hygiene, sanitation and environment of the health centre	HC6
HC. Equipment/ materials (resource)	Adequate availability of drugs	HC15
	Adequate availability of medical supplies and health equipment	HC16
	Availability of electricity to supply the daily operation of health centre	HC21
	Adequate availability of office supply and materials	HC7
HC. Information (performance)	Adequate public posting and dissemination of information	HC5
HC. Information (resource)	Information board at the health centre	HC8
HC. Social services	Exceptional fees for vulnerable groups	HC24
HC. Other (other)	Other	HC19



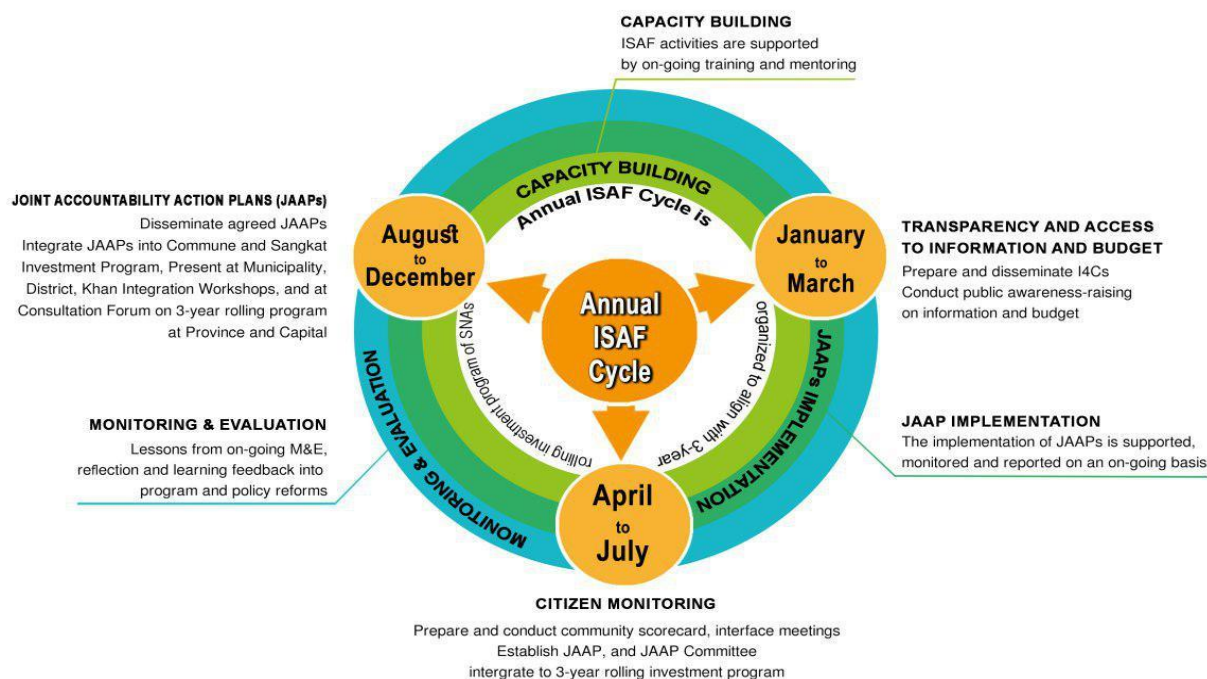


### Annex 3. List of people interviewed

Institutions	Name
NCDD-S	Tep Phirum, advisor
NCDD-S	Nak Bunna, Chief of section
NCDD-S	Mong Sophea, M&E specialist
MoEYS	Sivutha, M&E Dept Director
MoEYS	Hemma, Former Budget Deputy Director
MoEYS	Uy Kea, Youth Dept Deputy Chief
MoEF	Sovann, DG SNAF Deputy Director
MoEF	Yaro, PFM Secretariat
Save the Children	Youheang, ISAF focal person
RACHA	Sowath, ISAF focal person
UNDP	Lan Laing, CSDG Data Specialist
UNDP	Kun Ka, Governance Program Manager
Provincial level	PoEYS, SR
Provincial level	Pro. Planning, SR
Provincial level	Salakhet ISAF focal person, SR
World Bank	Wannak Samrith, Advisor
The Asia Foundation	Meloney Lindberg, Men Pichet
CARE	Jan Noorlander, Deputy Country Director Programs
European Union	Cicomartino Francesca, Program officer

### Annex 4. The ISAF process

Figure 36. The ISAF process – annual cycle



### **The scorecard process**

- 3 scorecard meetings for each facility (For each commune, 4 facilities: 1 commune administration, 1 health centre and 2 primary schools)
- Participants: Around 30 service users per meeting
- For each facility:
  - Brainstorming: citizens list the key characteristics for a good service
  - Prioritization: the list is cut to 5 after a vote. Criteria for prioritization are not listed in the ISAF implementation manual and in practice, implementing partners provided different guidance to citizens
  - Scoring: Citizens score their satisfaction for each of these 5 characteristics through an individual vote (very bad to very good, using emotion icons)
  - Identification of actions: For each of the prioritized characteristic, strength, weaknesses and actions to address potential issues are identified. One action is prioritized for each characteristic prioritized.

### **Self-assessment (scorecard for service providers)**

- 1 meeting for each facility (For each commune, 4 facilities: 1 commune administration, 1 health centre and 2 primary schools)
- Participants: At least 75% of the staff of the facility is supposed to take part
- For each facility (same steps as during the scorecard meeting):
  - Brainstorming: the staff members list the key characteristics that they believe would make a good facility
  - Prioritization: the list is cut to 5 after a vote. Staff members are asked to select the ones they believe are the most important and/or the ones they find most problematic at their facility.
  - Scoring: They score their satisfaction for each of these 5 characteristics through an individual vote
  - Identification of actions: For each of the prioritized characteristic, strength, weaknesses and actions to address potential issues are identified. One action is prioritized for each characteristic prioritized.

### **The single interface meeting**

- One meeting per facility
- Participants: 5 citizen representatives and 6 or 7 representatives of the service providers.
- Duration: Half a day meeting
- Process:
  - The actions are consolidated in a single list.
  - Identification of the ones that are expected to require external funding to be implemented (referred to “external resources” in this report) and the ones that do not (referred to as “internal resources” in this report)
  - 2 actions requiring external funding are prioritized for each facility and the other ones (requiring external funding) are dropped
  - All actions that are expected to require external funding to be implemented are kept

### **The multi interface meeting**

- Participants: All citizen representatives (20) and all service providers (up to 30) from the single interface meetings
- Duration: Half a day
- Process: The lists from all facilities are consolidated in a single list that become the Joint Accountability action plan
- JAAP – C: The JAAP committee is created with the mandate to follow up on the implementation of the JAAP on a regular basis and to support the integration into the Commune Investment Program.

## ***Annex 5. Brief on recent relevant changes in the policy landscape***

On the policy and governance landscape, one observation is that there are already many policies, strategies, delivery mechanisms, consultation mechanisms, M&E frameworks and data collection exercises. This is observed at both sectoral and cross-sectoral levels and at both national and sub-national levels. However, the effectiveness of the implementation of these policies and mechanisms has been limited and uneven. Similarly, while a lot of data is being produced, its quality, especially in relation to the impact of the implementation of various policies, is limited.

Within this broad context, several recent changes are also of relevance. We will focus on: planning and budgeting exercises, reporting and M&E, data collection and data uses, decentralization reform and the use of information and communication technology (ICT) in public service delivery.

**The increased important of data (and data collection) for planning and budgeting:** Since 2018, driven by the Ministry of Economy and Finance (MEF) and under the umbrella of the Public Financial Management Reform Program (PFMRP), four key reform pushes have been noticed in relation to the planning and budgeting processes (which also related to reporting and M&E) within the Government:

- The program-based budgeting (PBB) reform has dominated the regular management works of both line ministries (including their provincial line departments) and MEF as the central agency. A key part of the PBB is about collecting data and reporting on output and impact of the current year to justify the planned budget for the next year.
- As a part of the PBB, there has been more genuine interest within the Government to collect more reliable data to assess the impact of public spending in key sectors such as education and health, especially in relation to staff management and wages. The need is pressing partly because of the perceived limited reliability of existing M&E data.
- Meanwhile, in the current M&E system, there has been more computerization of data collection, sharing, storage and tracking (e.g. Education Management Information System (EMIS), Health Information System (HIS), Financial management Information System (FMIS), Human Resource Management Information System (HRMIS)), but the effectiveness and consistency of the use of such technologies has been uneven.

**The progress of the decentralization reform:** After a long period of almost stalling, the Government has recently transferred more authority, functions and resources to SNAs, including:

- The plan to create more unified administrative structure at the district and municipal (DM) level by integrating line offices under the DM administration
- The speedier transfer of primary education functions to DM level
- The agreed plan to transfer substantial functions in health sector to provincial level (which can be further delegated to the DM level)
- Specific progress in improving administrative services under the DM and CS administrations, including those under the one window service office (OWSO), and
- The transfers of other services (e.g. solid-waste management, alternative care for children) to the DM level.

The recent significant increase of the CSF<sup>24</sup> might also open new opportunities for advocating for more accountability in local service delivery and more attention by local authority on issues raised by service users.

Also noticeable is the recent adoption of the Budget System Reform Strategy (BSRS) for the sub-national level. This document has at least three significances: (i) it is the first policy of its kind which shows the roadmap for the future fiscal decentralization in Cambodia, (ii) more importantly, it is led by the MEF and not the NCDD-S and MoI, which in terms of fiscal decentralization, indicate a more credible commitment from the Government in the reform, and (iii) the BSRS for sub-national administrations is guided by the national level BSRS which drives the whole government budgetary reform.

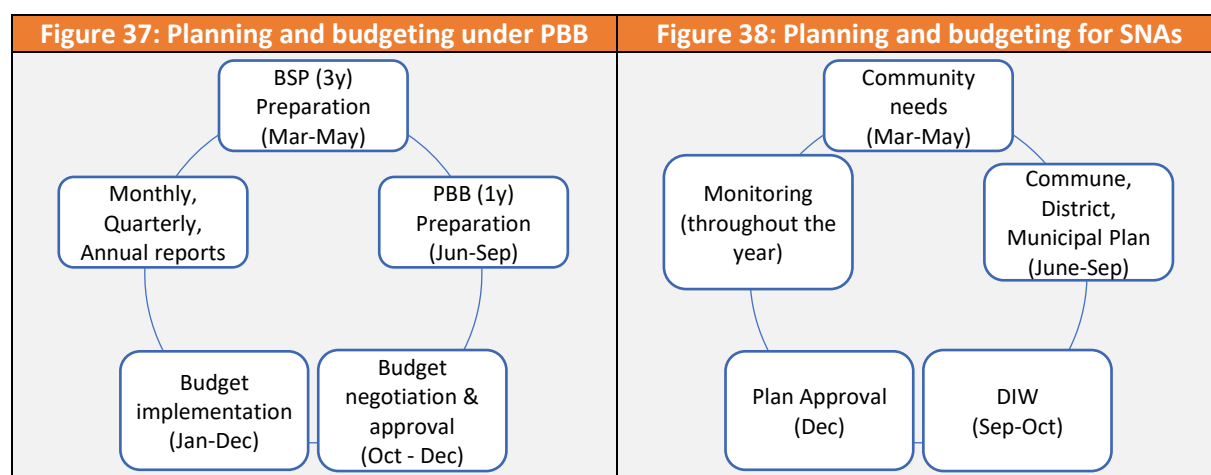
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<sup>24</sup> Interview with NCDD-S official, October 2019.

**Growing importance of horizontal accountability especially at sub-national level:** It is important to make a difference between vertical (i.e. within line ministries and their deconcentrated departments and offices) and horizontal accountability (i.e. between SNAs and technical departments and offices). Because of the recent and noticeable progress in decentralization and functional transfer, horizontal accountability has been further strengthened at the District and Municipal (DM) and Commune / Sangkat (CS) levels, while at the Capital and Provincial (CP) level, vertical accountability within line departments still dominates.

**Increasing use of ICT in public service delivery:** The use of ICT in public service delivery has been increasing, although still uneven and fragmented. It has also been limited mainly to urban areas and among youth. The most common example is the use of online posting, Facebook and mobile applications on public services, service fees and collection of client complaints.<sup>25</sup>

**Increased importance of data in the planning and budgeting process:** Despite some differences, our analysis is that most of the users mentioned above would mostly find the ISAF data useful for planning, budgeting and reporting/M&E purposes. As of now, all ministries, line departments (including its district office and front line providers) and Capital and Provincial administrations are required to follow the Program –Based Budgeting (PBB) process as illustrated in the figure below.<sup>26</sup> The district, municipal and commune administrations, on the other hand, follow the planning and budgeting guideline as issued by the NCDD-S.<sup>27</sup> Both processes have a 3-years duration (rolling) and a 1-year focus and seek to be output-oriented by requiring the use of data and evidence on past year outputs and activities to inform and justify next year plan and budget. This has created more interest for data related to performance.

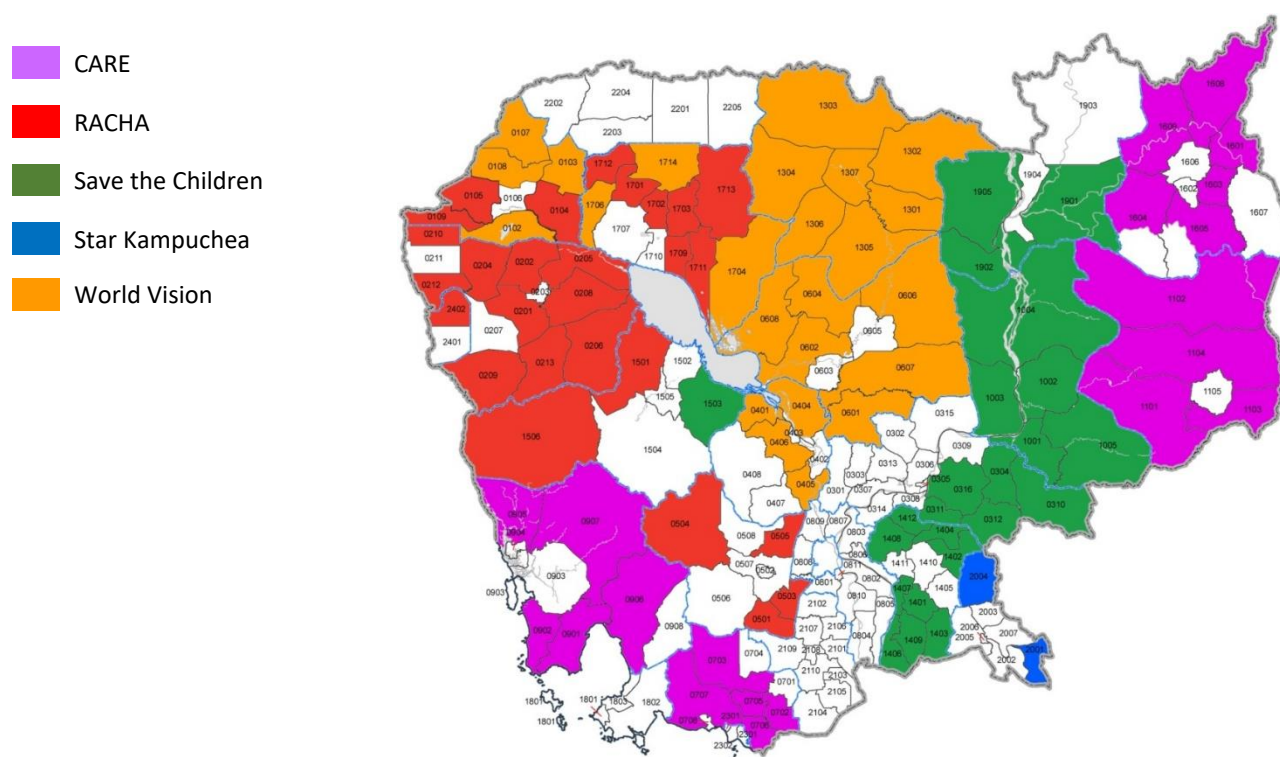


<sup>25</sup> UNDP (2019), Background paper

<sup>26</sup> RGC (2008). Public Finance System Law. Phnom Penh, Cambodia

<sup>27</sup> NCDD-S (2007), Guideline on C/S Development Plan and C/S Investment Program. Phnom Penh, Cambodia

***Annex 5. Area of implementation of the five main implementing partners (2016 – 2018)***





World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity or gender.

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