The **Voice and Citizen Action** (CVA) approach of World Vision DRC

Meta-evaluation (2013-2020)

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CODESA: Health Facility Committee (*Comité de Développement de l'Aire Sanitaire*)

COGES: Health Facility Management Committee

COPA: Parents' Committee

CVA: Citizen Voice and Action

DRC: the Democratic Republic of the Congo

IT: Registered Nurse (*Infirmier Titulaire*)

ITA: Assistant Registered Nurse

MP : Member of Partliament

RECO: Community Health Worker (*Relais Communautaire*), also CHW

WASH: Water, Sanitation, and Hygiene

WV: World Vision

For nearly two decades, World Vision has developed, tested, and implemented an original approach to social accountability, *Citizen Voice and Action* (CVA), which emphasises advocacy and dialogue. CVA results are usually described in positive terms but vary enormously from one context to another. Until now, there had been no specific evaluation of the CVA in the context of DRC. This report explores a wide range of CVA activities in DRC and proposes some points for reflection. It is not an impact assessment focused on specific and limited indicators or a technical analysis of its implementation (comparing to the theory) but a review of CVA activities that aims to understand: (1) What is the CVA *in practice* in DRC? (2) What are the issues and problems that the CVA solves? And those that it does not solve? and (3) When does the CVA approach work? What are the contextual and programmatic elements essential to its success?

METHODS

The report is based on two sources: (1) a review of the reports produced (and directly provided) by World Vision and its different programmes –a total of 47 documents were analysed; and (2) interviews and focus group discussions conducted in small part online and in large part in-person in four zones corresponding to four different contexts in which CVA is implemented (and often to different sectors of intervention); they are located in the Western (Maluku, Kisantu, Kinkole), Northern (Gemena), Eastern (Kalehe, Bukavu), and Southern (Lubumbashi, Fungumure, Kasungami) parts of the country. In total, 86 interviews and focus groups were conducted with different categories of people: World Vision staff working with the CVA approach; authorities and service providers involved in CVA; and finally, citizens and citizen representatives who have taken part in CVA initiatives. There are important limitations to the research, notably related to the limited time available for the study, the fact that many interviews were conducted through World Vision, and the lead researcher's mobility restrictions due to the Covid-19 pandemic.

OVERVIEW OF CHANGES AND CHALLENGES

The research highlights a series of positive elements of the approach, as well as challenges, with substantial variations among zones and sectors.

- **Sectorial** achievements are highly context dependent, as the approach leads to local solutions:
  - In the health and education sectors, they include access to services (and/or reductions in fees) for new categories of people such as the indigent as well as the construction of new infrastructure (often with substantial community involvement) and a better regulation of service providers (e.g., staff with appropriate credentials).
  - In terms of protection, they include better access to essential rights and public administration, for instance birth registration in N'sele commune went from 29% to 78%.
  - In the mining sectors, they sometimes led to next compacts between mining companies, such as in Fungurume, where Tenke Fungurume Mining agreed to commit 0.3% of its revenues to the community.
- These sectorial achievements can sometimes lead to **provincial** changes, as seen in Katanga, or even **national** changes as seen in the change in the country's social responsibility mining code (in reaction to Fungurume's experience).

- More broadly, the CVA approach is also linked to changes in **relationship** between parties –this, however, takes time to build and unavoidably varies between sectors and places:
  - It seeks to create a space for dialogue, and sometimes manages in creating a new space for dialogue that did not exist earlier, or in making older forum work better. There is a wide recognition that the CVA approach can **improve dialogue**, which is something that communities, providers, and authorities celebrate as an achievement.
  - It can contribute to **conflict resolution and trust building** –a strengthening of dialogue as a tool for conflict resolution and a change in the relationship between citizens and authorities (who become more respectful). This is also valid in the more violent zones of the East of the country.
  - **Young people** participating in CVA strongly contribute to generating positive change.

The report also highlights key challenges that have not always been foregrounded in other documents produced by World Vision:

- **Community mobilisation** is a function of achievements: success generates engagement.
- **World Vision remains a key facilitator**, dealing with tricky interactions and preparing the ground. Often, there is a risk that the approach is not yet likely to survive WV's departure.
- **There are strategies for minimising the risks** of going back to square one when the **authorities change**, such as action plans validated by all stakeholders.
- **Inclusion gap** - there is a risk of missing or not representing part of the population, including women and internally displaced people. World Vision staff appear aware of this risk.
- **Complex theories of change**: sometimes change comes more directly from community action, or sometimes World Vision is key ensuring decisions are turned into action. It is key to bear such complex pathways in mind.

EVOLUTION AND CHARACTERISATION OF THE CVA APPROACH IN DRC

The CVA approach has been in place in DRC since 2013. It is now being extended to most of World Vision's projects across the country. The philosophy has remained essentially unchanged since the beginning. On paper, and in addition to World Vision, the main actors of CVA are the community, service providers (sometimes private), and authorities (local, provincial, and national). Officially, World Vision facilitates citizen engagement through training, awareness-raising, and community organising activities. It is also facilitating interface meetings that lead to joint action plans and are described as the gateway to improved services and policy change for the benefit of citizens.

Formally, CVA is implemented in six sectors: health; education; extractive resources; land and agriculture (*livelihoods*); water, hygiene and sanitation (WASH); and protection. There are also some more spontaneous and less directed initiatives in other sectors (such as electricity provision). A small proportion of projects are cross-sectoral, following community suggestions and decisions. In the early years of CVA, many "achievements" consisted of commitments, which were not necessarily followed up by actions. This problem appears to have diminished over time, suggesting that the CVA approach needs several years to unfold and must be evaluated on its medium and long-term effects.

The effectiveness of the CVA approach differs between sectors. Health, and to a lesser extent education, tend to be domains where many achievements are reported. This possibly because there is a long history of participation in these sectors and because the standards, i.e. what citizens can expect from

service providers, are usually quite explicit. In these sectors, the problems that need to be tackled are often at a local level (e.g. state of the infrastructure, staff attitude, etc.), making possible quick solutions and sometimes even an immediate answer through community work. On the other hand, CVA seems to have a more challenging time producing effects in the livelihoods and mining sectors, especially in the shorter run. This is likely because the "path" is longer: the problems to be solved are located at a higher level of power, and norms (laws on which communities and CVA actors can rely) do not necessarily exist.

The context of violence in the east of the country does not seem to prevent encouraging results in CVA in the health sector (the only CVA sector in the east of the country). However, it is also important not to limit the conceptual framework of fragility to the East –the failure of the authorities to provide decent basic social services and the political unrest also affect other parts of the country.

ACTORS AND INTER-ACTOR PLAY IN THE CVA

CVA is a process open to all citizens, but in practice, the approach has often been carried out using pre-existing community institutions or community-based organisations. These seem to be more effective than CVA committees created from scratch. When involved, young people and children seem particularly able to generate positive change (especially in combination with initiatives such as the children's parliament), both in terms of proposing actions to be taken and their engagement in concrete activities. The representation of women and the private sector in CVA processes remains an element that needs to be worked on, as highlighted by different stakeholders. Community mobilisation is a function of achievements. The more achievements there are, the stronger the enthusiasm and support for the approach (which, conversely, often risks collapsing without rapid success).

For their part, service providers –who are also community members– are inclined to participate in the CVA process as long as they see that the community is not there to police them and that the CVA strengthens, rather than weakens, their legitimacy and influence. On the other hand, private actors are initially warier and fear that the CVA will damage their business.

Generally speaking, the CVA approach appears to work well with local authorities. Coalitions of community actors and local authorities form whenever necessary. The main sticking points are typically on issues that do not have a local response (but inspiring examples of provincial and national level involvement are found in the southern zone). Other barriers to working with the authorities include the turnover of political and administrative staff that requires restarting awareness-raising from scratch; the exclusivity of some CVA invitations (which sometimes sideline authorities, often to give more space to the community); and the centrality of *per diems*.

World Vision plays a crucial role in CVA. It is not just about training and awareness-raising. The organisation is instrumental in supporting the selection, and sometimes the drafting, of the standards used in CVA. It also plays a role in facilitating and linking the most complicated interactions, for example, with public authorities at the supra-local level.

DYNAMICS OF CHANGE

The cornerstone of CVA is the sectoral standards, norms, and laws. They help people demand change, calibrate their actions, and set frameworks within which actions and progress are recorded. Popularising standards and laws also helps service providers who are not always aware of their duties. The work

on standards, i.e. their dissemination, understanding, and sometimes even development, is primarily, in the way the CVA currently operates, the strengthening of an activist core (not mass legal education).

At the heart of the mechanism for local ownership of the CVA approach are the tools developed with World Vision, mainly the Community *Score Card* (CSC) for assessing local situations and the creation of a new space for dialogue (e.g. interface meetings) that rarely existed in many communities. In a number of cases, such space constitutes a credible alternative to violence. However, its scaling up and adaptation from local to provincial or national level (or between levels) remain complicated.

It is useful to highlight two ways in which CVA-related change sometimes occur that are not explicitly included in the generic CVA theory of change: (1) change that is directly implemented by the community as a result of the problem identification process (via a community map or otherwise), e.g. the construction of infrastructure by the population without waiting for a service provider or authority to do so, and (2) a direct change in the provider's behaviour or work simply because they are aware of the norms and standard, without lobbying from, follow up by, or discussion with the community members?

Looking at the more standard CVA theory of change, different routes of change are observed. On the one hand, there are changes that are primarily the result of local discussion and that lead to a response from the service provider without the need to go too high up the hierarchy –this is especially the case in health and education where norms exist, and local institutions have room for manoeuvring. The support of the provincial or zonal authorities (health or education) is valuable; it strengthens and gives credibility to the process. Still, this scenario is essentially a "short route" CVA in which the issue settled locally. On the other hand, in other sectors, or for other problems, there is sometimes no possibility of resolving things entirely at the local level. It is then necessary to take a longer route, going up to the provincial or even national level and invest more time and energy in building a coalition of actors.

It is beyond the scope of this report to propose a complete theory of change of CVA for the DRC. However, we suggest some points that seem important to discuss to understand better and implement the approach. In addition to the different routes of change and the possibility of direct change, it seems crucial to take into account (1) the critical work that goes into the selection of norms (including their creation when they do not exist) and community actors; (2) the fact that in some cases there is significant back and forth between the preparation of citizen engagement and community meeting phases, especially when a coalition is being built for supra-local change; and (3) the fact that action plans, coalition building, monitoring, and advocacy are not synonymous with improved services –often action by the authorities is still needed and is not automatic.

SUSTAINABILITY

The CVA approach appears more sustainable and likely to survive World Vision's departure in the southern zone (and to a lesser extent in Gemena and South Kivu). This is probably linked to the longer experience in this area, dating back to 2013 in some places and the mobilisation of very competent civil society organisations –a deliberate choice on the part of World Vision from 2015. However, the mechanisms in place remain fragile in other areas, especially in the west, where World Vision plays an important facilitating role without a clear replacement in place or in sight.

The ownership of the approach by the team involved at the population level –for example, the CVA committee, community-based organisations, parents' committees or health committees– does not appear to be a substantial issue, even outside the southern zone. However, this ownership is less often a

reality among the general population, and such "critical mass" is likely to be necessary for the sustainability of the CVA approach. The pervasiveness of *per diems* and the financial expectations of some participants (population, service providers and authorities) concerning CVA remain a serious threat to its sustainability. The biggest challenge to the sustainability of the approach and its true success is that the change that is detectable in some communities and provinces also needs to extend to the national level, which holds the keys to a range of problems. World Vision will probably need to continue to play an active facilitation role in the coming years and can help to accelerate the change in institutional norms needed to embed social accountability.

It is undeniable that the CVA approach strengthens social accountability in the broadest sense and brings users, providers, and government members to the same table. The stakeholders we met also describe a process of changing social norms. This is gradual, and CVA should be evaluated over several years rather than over the time of short projects. Still, it suggests a strengthening of dialogue as a tool for conflict resolution and a change in the relationship between citizens and authorities (who become more respectful). Some trust is returning, which is an important achievement (not just a tool) of CVA in the fragile contexts of different parts of DRC.

MAIN RECOMMENDATIONS

Address the lack of engagement at national level by:

→ Raising awareness among national ministers and parliamentarians about the successes of CVA and the role they have to play; showing achievements (not only problems).
→ Establishing guidelines and strategies for CVA facilitators and staff to engage with stakeholders at the national level.
→ Engaging a discussion with the government side to fully integrate CVA elements (e.g. issues identified at the grassroots level) into budgeting and planning processes.
→ Establishing a CVA (or, more widely, social accountability) national forum.

Enhance the sustainability of CVA by:

→ Developing larger participation to CVA early on in the process.
→ Supporting quality but non-accredited associations to participate in CVA.
→ Identifying actors to take over the "intermediary" role of WV staff (credible and legitimate religious, community, or state authorities).
→ De-linking the sustainability of the CVA and that of *per diems*.

Develop the understanding of CVA processes for ad hoc for better support:

→ Developing a theory of CVA change specific to the various DRC contexts, using the preliminary work of this report.
→ Developing the CVA process as a forum for conflict resolution in areas of instability.
→ Developing the exchange of success stories (and challenges) at the level of all parties involved in the CVA, both between sectors and between zones - among others via *Database*.

Facilitate the work on *standards* by:

→ Continuing the work to support the development and selection of norms.
→ Sharing standards between sectors and zones.
→ Support the government or take the initiative to create a compendium of norms.

INTRODUCTION

Social accountability, the idea that citizens can hold their leaders and providers accountable and positively influence them to meet their needs better, has become a cornerstone of development. For nearly two decades, World Vision has developed, tested, and implemented a unique approach to social accountability - the *Citizen Voice and Action* (CVA) approach - that emphasises advocacy and dialogue. The results of CVA are usually described in very positive terms in evaluations organised or commissioned by World Vision in contexts as varied as health centres in Zambia (Schaaf et al., 2017), child health in Indonesia (Community Matters PTY, 2018), child protection in Kosovo (World Vision, 2017), or education in Romania and Lebanon (World Vision Middle East Eastern Europe Region, 2018). However, both operational and academic research indicates that social accountability approaches such as CVA vary substantially depending on the context in which they are implemented (Grandvoinnet et al., 2015). It is therefore important to analyse each CVA situation carefully, taking into account national and local elements, to understand the potential and limitations of this approach. Until this report, this work had not been done for the case of World Vision programmes and projects in DRC.

The report is structured as follows: the first part gives more detail on the CVA approach and the theoretical foundations, and the evolution of the idea of social accountability. It also introduces the report's main research questions. The second part presents the methods; the third part looks at the theory of CVA (in the DRC) and its main achievements. The fourth part examines the role of each CVA actor and the relationships between them, while the fifth part focuses on the dynamics leading to change. Finally, the last part asks the question of the sustainability of the approach and concludes. The report is as concise as possible, and the main findings are re-caped at the end of each sub-section.

A. BACKGROUND AND RATIONALE

WORLD VISION'S CVA APPROACH

In 2003, World Vision launched a new approach to accountability called *Citizen* Voice and Action (CVA). The idea is simple and inspired by decades of community practice and citizen mobilisation: within almost any programme, the participation of 'beneficiaries' (or more simply 'citizens' or the population) can be strengthened by simple mechanisms that allow the 'voice', demand and needs of the population to be heard and actioned upon. More than a simple communication and advocacy mechanism, the CVA approach has from the beginning incorporated an idea of *dialogue* between citizens and those who, in the private or public sector, have a substantial impact on community lives by providing services (such as health or education), influencing the environment and livelihoods (e.g. large companies, such as mining), protecting vulnerable groups, or developing public infrastructure (roads, water, etc). It is hoped that, ultimately, such dialogue will result in beneficial changes for the population.

World Vision has developed a series of practical guides (World Vision, 2012, 2020; World Vision Middle East Eastern Europe Region, 2018) to help implement the CVA approach. Based on experience gained over the years, they highlight key elements: the CVA approach should identify the 'real' problems of communities through community participation and should help find solutions through the knowledge gained by communities about their problems but also about the functioning of the social and political system. The latter allows them to engage in constructive dialogue with the authorities

(World Vision Middle East Eastern Europe Region, 2018). CVA is described as a low-cost approach with great potential.

From 2013 onwards, World Vision DRC started to develop projects integrating CVA and to train its staff who are now applying the approach in a large number of projects (7 CVA processes were reported in 2013, they were at least 32 in 2020 - we develop these aspects in section C). One notable element is that the approach has been *mainstreamed*, to use a term more often applied to gender issues, i.e. rather than developing CVA projects alongside non-CVA projects, the choice has been made to progressively integrate the social accountability dimension into as many projects as possible. CVA should therefore be seen as an approach, or even a philosophy, which is an integral component of World Vision's operations in DRC. The aim of this document is to summarise these first experiences and to propose elements for capitalisation and development.

CVA AND SOCIAL ACCOUNTABILITY: CONCEPTUAL ELEMENTS

Social accountability is often loosely understood as 'citizen or demand-driven accountability' (McGee & Gaventa, 2011). Malena and Forster (2004) define it more precisely as 'an approach to establishing accountability that is based on civic engagement, i.e. in which ordinary citizens and/or civil society organisations are directly or indirectly involved in the demand for accountability' (p. 4). There is a range of approaches, but collective action and collaboration are clearly key to community accountability (Brett, 2003). According to the World Bank, the 'demand for good governance' is essential to avoid the mechanism becoming a 'voice without influence' (Gaventa, 2002). This control must be claimed and earned rather than simply given to the people (Cornwall & Pasteur, 2000).

Drawing on literature that finds mitigated effects of social accountability initiatives (Mansuri & Rao, 2012a; O'Meally, 2013), Fox (2015) argues that the four conventional frameworks that have been used to address social accountability are too limited to understand its effects. These frameworks are (1) the principal-agent theory, (2) the World Bank's short route to accountability, (3) the idea of 'governance demand' and (4) the ideas of vertical and diagonal accountability. He introduces the distinction between 'tactical' and 'strategic' approaches to social accountability. He argues that overly 'tactical' approaches, which focus on the voice of citizens and are often very local, often fail. In contrast, strategic approaches, where social accountability is accompanied by government reforms and, among other things, uses multiple tactics, are more effective. In the same vein, Joshi and Houtzager (2012) emphasise the distinction between social accountability as a 'widget', a simple tool (e.g. social audit, community scorecards), and social accountability as a 'watchdog', a broader and longer-term policy commitment.

Community-based mechanisms, including community governance, have been widely promoted as a means of delivering and monitoring services in 'fragile' contexts. Fragility' is understood as a failure to deliver basic social services and a lack of state authority and legitimacy (Stewart et al., 2009). State failure is also commonly referred to as the absence of a 'long road' for service delivery, which would be a representative system with laws that adequately reflect the needs of the population. As the state does not provide enough services, local ownership of their provision becomes an attractive option for adequate service provision (Chesterman et al., 2005). The reasons for failure are not limited to conflict; they include all kinds of institutional fragilities such as rent-seeking, favouritism and ethnic or ideological cleavages. The 'short route' is a form of 'contracting out' some service delivery (such as management decisions) to citizens. It bypasses the dangerous 'long road' of political representation and is

intended to increase the direct power of communities over their services, especially for poor and vulnerable people (Baird, 2010). The 'short route' model of social accountability, although no longer promoted by the World Bank, remains highly influential. Interestingly, the CVA approach is –depending on the circumstances– either a short route, a long route, or both (see end of Part E for a discussion of this aspect).

This also is where the CVA approach should be of major interest to the various observers and practitioners of social accountability around the world. Indeed, the debate on social accountability has now reached a new maturity. 'Miracle' and simplistic approaches are no longer fashionable and a growing number of researchers (Fox, 2015; Joshi & Houtzager, 2012) and practitioners (Guerzovich, 2019, 2020), including within the World Bank's *Global Partnership for Social Accountability* (GPSA), are calling for a more realistic approach that takes into account context and constraints, and in particular for attention to be paid to what happens 'in the middle', i.e. what happens below national and regional policies (and grand declarations) but also slightly above individual communities. Thus, the issue that seems to be attracting particular attention today is the question of the everyday politics of social accountability practices –indeed, there is an awareness of the weakness of overly frontal and confrontational approaches that often fail to bear fruit. The realisation is also that, in practice, community accountability is about compromise, discussion and dialogue and that these aspects are often neglected in reports and analyses.

ISSUES AND SCOPE OF THE REPORT

Through various project reports discussing CVA, World Vision DRC has already suggested that the approach is bringing about change (see the full list of documents consulted in the appendix). Providing more evidence using research methods that can robustly establish causal relationships would still be useful, but more operational questions also arise. We will address these rather than CVA's impact on specific indicators (e.g. access to health or education).

First of all, the report tries to answer the question **what is the CVA approach *in practice* in the DRC?** Instead of assuming that the practice fits the model perfectly, we try to understand what adaptations and "positive deviations" make CVA a relevant tool in DRC. Secondly, we focus on trying to understand **which issues and problems does the CVA?** And those that it does not solve. The idea here is to look at the wide range of activities related to the CVAappraoch and see what the trends are and how people explain them rather than determine in advance the criteria for success. Finally, and perhaps most importantly, we seek to understand **when does the CVA approach work? What are the contextual and programmatic elements that are critical to its success?**

This report is an effort to synthesise a series of experiences with the CVA approach in different sectors and regions of DRC since 2013. It aims to capitalise on the practices and achievements to feed the reflection on the development and future of the approach. It is an attempt to reflect outside the usual framework of monitoring activities and is therefore not an impact study in the strict sense –this would require a very different evaluation apparatus.

The research and writing of the report were affected by a series of constraints. First of all, as expected, it remains difficult to reach *all* the people involved in the CVA approach, which is, let's remember, transversal to WV's activities in DRC. Such work would have implied a complete mapping of the activities and stakeholders since 2013. We did attempt it via an online survey, but unfortunately, it did not bear fruit: the responses were too few to be useful. Therefore, in this report, we do not claim to give a detailed account of each of the field experiences but rather to identify important trends. In addition, there were unforeseen obstacles: even when going to the field, some key actors were difficult to reach due to jam-packed (and tight) agendas, and the context of the COVID-19 pandemic prevented the lead researcher from travelling to DRC (the coordination of the research team had to be done from a distance).

The report is therefore based on two main sources:

A review of the reports produced by WV. These were provided by WV directly via their different programmes. In total, almost 47 documents were analysed. The table below gives the details and divides the documents into different types, including (1) programmatic reports that systematically list the *achievements* of the different projects, (2) annual reports, by project or programme, that detail the *progress* of activities (and the main achievements and challenges), and finally (3) *training* and *information* documents specific to the CVA approach, including reports on CVA "cases" (Table 1). The document review was mainly used to inform part 0 of the report, including mapping themes and activities and presenting the "CVA model" and its evolution. We analysed the documents three times: firstly when coding activities and sectors, secondly when identifying themes and comments related to the CVA experience, and thirdly when comparing the documents discussing the CVA 'theory' over time.

Table 1 Documents consulted

	2013	2014	2015	2016	2017	2018	2019	2020
Annual report	2	1	0	1	0	1	3	1
Programmatic report	1	1	4	4	7	2	8	4
Training document	0	0	2	1	3	1	0	0

Focus group interviews and discussion. These were conducted in small part online (3 interviews) and in larger part in person due to the difficulty of arranging appointments with all parties (for reasons of agenda and technology). Different categories of people were met: (1) WV staff working with the CVA approach; (2) authorities and managers of service providers involved in CVA; and finally (3) citizens and citizen representatives who have been involved in CVA initiatives. The table below presents the profiles of the interviewees, specifying the geographical areas, sectors, and types of stakeholders. The aim was to maximise the diversity of the profiles. The initial stakeholders were suggested by WV, but

other people were also interviewed using recommendations made by the interviewees and field contacts. The interview guide, developed after the first literature review, was discussed with WV staff and improved after the first interviews. It includes questions on 'most significant change' (but does not follow all the steps of this approach). The fieldwork took place in February and March 2021 (the last day of fieldwork being 14 March 2021).

Table 2 Interviews and focus groups

	eastern zone	South zone	western zone	northern zone
WV interviews	5	3	3	2
Interviews with authorities	6	6	8	4
Interviews with service providers	5	12	4	12
Focus group population	4	4	4	4

The interviews and focus groups allow us to get to the heart of the report's questions, and in particular, they allow us to understand the position and relationship between actors, the relationship to the CVA approach and tools, and –to put it briefly– the way the programme works in practice. During the data collection and preliminary work, a series of themes have emerged. They constitute the main parts of the report. The data have been analysed systematically for each theme, trying to put the different sources in dialogue. As much as possible, we use the voice of the people we met, using quotes, but this approach is limited in a report that aims to be to the point. To preserve the anonymity of the participants, which was a condition for their participation and a guarantee to which we committed ourselves, we do not mention first names or exact locations. Still, we refer to the function of the person and the general area, and sometimes the field in which that person is active. We also present five case studies to give a more concrete nature to our discussion.

There are clear limitations to the proposed approach, which need to be highlighted before developing our results. Firstly, given the time and resources available, most of the people we met were invited by WV so there is a *selection bias*, which we tried to mitigate by increasing the number of meetings and going beyond the lists suggested by WV. Secondly, there is also a risk of *social desirability bias*: facilitation by WV, which is essential given the format of the research, and the fact that the study is associated with WV inevitably puts respondents in a particular state of mind and expectation in which there is a temptation to answer 'what WV would like to hear'. It is not possible to completely eliminate this bias, but clear explanations of the researchers' position, guarantees of anonymity, and the absence of WV representatives are measures we have taken to mitigate this risk. Finally, it is clear that most of the report is based on *narratives and perspectives* rather than direct observations (which would be the case for more ethnographic research, for example): again, the research format did not really allow for any other approach. The multiplication of points of view, cross-referencing with the data from the reports, and questions that focus on facts rather than perspectives or impressions helps overcome this problem.

THE CVA MODEL AND ITS EVOLUTION

World Vision's CVA approach to community participation and advocacy was first piloted (outside DRC) in 2003. In the DRC, the official definition of CVA is consistent –and often repeated as such– in the documents. For example, in 2013, when CVA began in DRC, it was described as:

> "an advocacy approach at the local level to improve the dialogue between ordinary citizens, basic public service providers (health, education, etc.) and the government. To achieve the integration of CVA in its programmes, World Vision DRC has organised training for its staff, community leaders and representatives of public social services at the local level."

> (World Vision Annual Report, DRC 2013)

Seven years later, during a training session on CVA in education, the following definition was given

> "Citizen Voice and Action is World Vision's main approach to advocacy at the community level. It is a method of 'social accountability', which aims to promote dialogue between communities and government to improve services (such as health care and education) that affect the daily lives of children and their families. World Vision implements CVA in DRC to improve **local advocacy by communities**, to improve the rate of local accountability and to ensure the improvement of the good quality of services delivered.

> (Education Standards Outreach Report, 2020)

Apart from the appearance of the concept of *social accountability*, which became a central concept in the world of international development in the mid-2000s (among others via the *Global Partnership for Social Accountability* launched by the World Bank in 2014), the other difference is the appearance of the idea of 'community advocacy', which is slightly more present than in the first documents in 2013 and which corresponds, as we detail in Part 0, to the use of standards and regulatory documents.

In general, the difference between documents and over time is minor and almost always inconsistent. Nevertheless, the documents reviewed provide essential insights into the approach. As the CVA in Education training document states (in 2020), the CVA approach is based on the expression of community ideas or opinions and a set of principles –to quote the official documentation:

- "**Knowledge**, based on evidence from research, because ignorance, lack of information is the primary source of violence and social injustice;
- **Dialogue**: this requires stakeholders to listen to each other and engage in discussion to build a common understanding on issues of public interest, rebuild and strengthen relationships;
- **Accountability**: which consists of increasing the responsibility and spontaneity of the leaders and providers of social services towards the governed and the beneficiaries of the services.

As World Vision's documents explain, CVA aims to 'promote constructive dialogue between citizens, government and private enterprises to improve the quality of social services, especially those that have a direct impact on the lives of communities and contribute to community development'. The CVA approach is, therefore, very much in line with community participation approaches formulated over

several decades (Mafuta et al., 2015; Mansuri & Rao, 2012b). Although using its own lexical field, influenced by international development terminology ('accountability', 'engagement', etc.), CVA is fundamentally an approach to improving the functioning of (local) democracy - in its original sense of 'government by and for the people'.

On paper, and in addition to WV, the main actors in CVA are, therefore, the community, service providers (sometimes private and public), and authorities (local, provincial, and national). The configurations of actors vary according to the context. This is discussed in detail in Part 0. Schematically, the process can be summarised in Figure 1, taken from international WV documents. In practical terms, the CVA approach translates into different phases or times of action:

1. Preparation and organisation of World Vision staff ;
2. Civic engagement. These are training, awareness-raising and organisational activities, mainly for the benefit of community members;
3. Engagement through community gathering, i.e. putting into practice the principles of citizen engagement - among others through interface meetings in which citizens and service providers (and authorities) meet;
4. Improving services and influencing public policy.

This theory of change is World Vision's 'core' theory of change in DRC. At the time of writing, there was no specific theory of change for the DRC (more on this in Part D).
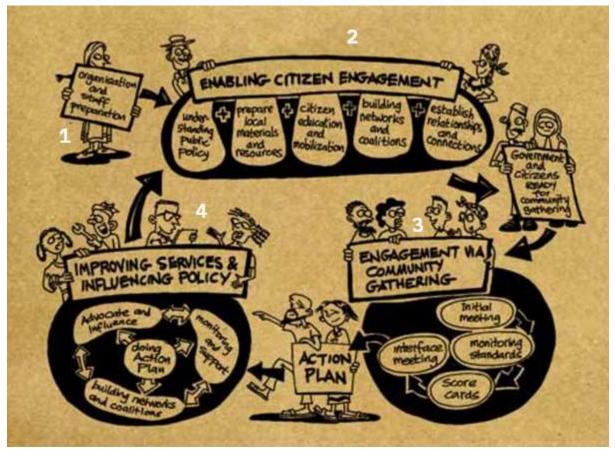

Figure 1 CVA process (international training manual)

Key points:
- The CVA approach has been in place in DRC since 2013 and is now being extended to a majority of projects; the philosophy has remained largely unchanged since then.
- On paper, and in addition to WV, the main actors in CVA are the community, service providers (sometimes private), and authorities (local, provincial, and national).
- WV facilitates citizen engagement through training, awareness-raising, community organising and interface meetings leading to joint action plans

MAPPING OF INTERVENTIONS AND PRACTICES

From 2013 to the present day, most WV projects in the DRC have integrated an advocacy and empowerment dimension. The analysed documents contain, with different levels of detail, information on 98 actions related to WV, which we analyse in this and the next section. The list is probably not complete, but it covers a wide range of activities. The documents are particularly detailed from 2017 onwards (general reports before this year are vaguer and less systematic in their mention of CVA). In this section, we briefly describe the type of activities by sector.

We have grouped the activities into five categories, which overlap with the categories used by WV: (1) health and nutrition (including food security), (2) education, (3) WASH (water, sanitation and hygiene), (4) land and livelihoods (including livelihoods, agriculture, etc.), (5) child protection and security more generally and (6) extractive resources. The diagram below gives an idea of the importance of each –it is clear that health and nutrition activities are best represented.
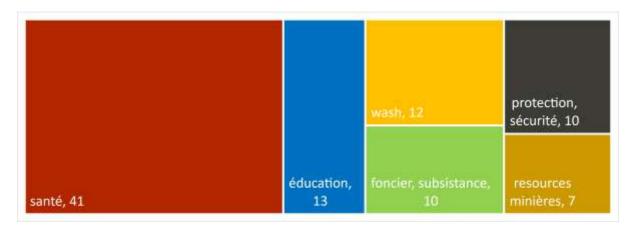

Figure 2 Thematic breakdown of CVA actions

It is important to treat this analysis with caution. We have not been able to list all projects, and, more importantly, we have identified at least 13 cross-sectoral projects (there are probably more). In general, the proportion of intersectoral projects seems to have increased in recent years. This cross-sectorality is sometimes deliberate, as in the case of integrated programmes: for example, the Kwango Children's Parliament is working on child protection (and is included in this category), but its actions also touch on health (work on health care costs) and livelihoods (actions targeting forced labour). Similarly, *CVA for Mining* –this time in the Southern Zone, which seems to have been particularly active in developing multi-sectoral approaches– has actions that address issues pertaining to health, education, child and women's protection and access to arable land. They come from the development of terms of reference

for the private sector that seek to amicably manage the harmful effects of mining on other sectors of life. Sometimes this inter-sectorality is less directly organised but still happens: for example, in the Ledia programme, health-focused meetings have led to improvements that directly impact on hygiene and sanitation in the community.

Note that inter-sectorality comes from the demands and voices of citizens who recognise the complexity of their problems: often, meeting standards and norms in a specific sector leads to identifying activities in another sector (health and WASH, for example, are often intimately linked). However, during the field research, we did not find any meetings between CVA facilitators from different sectors or projects/programmes triggered by WV (or even meetings between people with experience of CVA in different areas).

> *Key points*:
> - CVA activities cover a wide range of sectors, which ultimately suggests a need to adapt the approach to different realities and constraints (funding and others). Most of the activities are in the field of health and education.
> - A small proportion of projects are cross-sectoral, following community suggestions and decisions.

THE CVA: ACTIONS AND ACHIEVEMENTS

The field research revealed many achievements that participants directly attribute to the CVA process; they cover most sectors of public life and range from modest achievements at the local level, such as the construction of a fence in a primary school, to the amendment of laws of the republic.

Before addressing these achievements, it is important to fully appreciate that the real thread running through these achievements –and a point that was raised in every interview and focus group– is that the CVA approach seems to allow the *construction of a dialogue* between parties that used to speak little (or not at all) to each other and an *improvement in the relationship* between the population, providers and the governmental side. Similar to the idea of community participation (Rifkin, 1996), there are two ways (not necessarily opposed) to consider this renewed dialogue: either as a means to achieve the achievements described below or as an end in itself. We will return to dialogue as an end in Part 0, but let us emphasise here that dialogue is something that communities, providers, and authorities celebrate as an achievement in itself. As one NGO leader in Katanga and a nurse in South Kivu respectively said:

> "The first change [caused by CVA] is the bringing together of the three types of stakeholders [community, providers, and authorities] to reflect on the local development of their area. This was never possible in the past" and

> "One big difference [has been that] we really find ourselves with authorities we've never been in contact with before."

At this level, CVA is described as different from many other community initiatives, as a "moment of social dialogue" and exchange that allows everyone "to express their difficulties, their needs and to look for solutions together", as a nurse put it, rather than simply informing the population.

In an attempt to establish a typology of the *achievements that* follow this dialogue and to identify trends (we do not pretend to draw up a complete picture), we take the data from the reports presented in the last section and group them according to an analytical grid developed in an iterative way and which distinguishes :

(1) acquisition or donation of new land to the community,
(2) improvement of the environment or public space (cleaning, water supply, roads),
(3) rehabilitation or construction of new infrastructure,
(4) donation of equipment (medical, school, etc.),
(5) Improving services - for example, through the presence of new human resources, access to a service by individuals (e.g., the indigent), or revised conditions of access (e.g., fees at the health centre, or acceptance of pregnant girls at school),
(6) setting up a new system for monitoring the activities of an authority or service provider,
(7) development of plans on which authorities and/or community members and providers are committed to act and finally
(8) introduction of new laws or official measures.

Elements (6) and (7) are strongly encouraged by the CVA and often come upstream in the process (they are elements of steps 3 and 4 of the CVA model described above). It should, therefore, not be surprising to find them over-represented. We only include them when a report *explicitly* mentions them as an achievement. This probably excludes the less successful plans, but also probably excludes cases in which a significant achievement has taken place and possibly overshadowed the 'means' used (monitoring or plan) when the report was written.

More generally, elements (6) and (7) are commitments. They are important because they demonstrate some *theoretical* success of the CVA: people who make commitments demonstrate that they understand the need for change and, in many cases, the standards that should apply. However, these promises alone are not enough to speak of success *in practice* because, as community members repeated during our research, one can only speak of success "if one has experienced a perceptible change in reality". Cases where the plans are either *too much* or *only* present as the main CVA outcome are, therefore, cause for concern (the fear is that it was the only thing to report). They suggest inaction and an inability to go beyond meetings and the risk that CVA is only a facade of community participation without real impact (Falisse & Ntakarutimana, 2020). Failure to move beyond promises and commitments is a recurring problem in community participation approaches, including CVA, and we will return to this.

The remainder of this section looks first at the evolution of achievements over time, before looking at each sector and the regional dimension.

EVOLUTION OVER TIME

While keeping the limitations of the data in mind (noting also that the data available for the period after 2017 tends to be more detailed, notably through the ASM reports), we observe a notable change in the distribution of achievements: before 2017 (i.e. for the first part of the eight years we considered), achievements are mainly in the setting up of dialogue, planning, and monitoring structures. There are many more activities with tangible "physical" achievements in the second period.
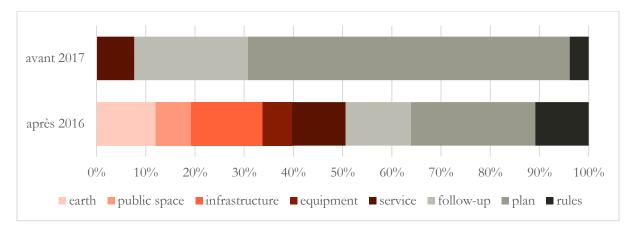
Figure 3 CVA achievements: first 4 years and last 4 years

This suggests that the CVA dynamic may take time to build up –and thus invites evaluation of the success of CVA approaches over a longer period than just a few years (well-developed academic literature supports this, see for example, Cornwall, 2011; Joshi, 2017). A World Vision executive explains: "sometimes it is only wishes in the first year, but if there is a real concern for the population and it remains, they will always persevere until their needs are met", while another, based in Kinshasa, elaborates:

> "asking for a sudden change of habit could not work. So we invested in patience. We had to be patient. Our concern was to see all these communities adhere to this approach. We gave them all the documentation we could, and it was only when they got into the quintessence of these documents that they realised the importance of the new approach".

Reports in the health field mention activities that gradually move out of their strict domain and lead to other initiatives beyond the framework initially set up by the CVA. For example, an official 2019 report on the Kalehe area in South Kivu explains the need "to extend this approach [CVA] in other sectors that fit the project's agenda". Similarly, the experience of the *CVA for Mining Fungurume* project shows how training on CVA, but also a refocusing of the actors involved (see later section on communities) change the effectiveness of the approach from 2015,. At the level of the intervention sectors, it is not too surprising to see the CVA expand over time, to cover a wide range of activities. Figure 4 shows this change, but it should be analysed with caution because the list of activities is, as we have already pointed out, not extensive. However, the difference between the situation before and after 2016 is clear and unmistakable.
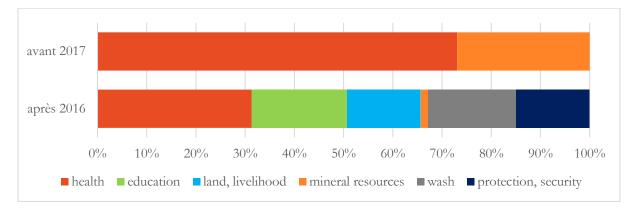

Figure 4 CVA activity sectors: first 4 years and last 4 years

Within WV DRC, staff change and move during this period. As a result, it is difficult to identify even one person who has consistently and closely followed the development of the CVA during the last (almost) ten years. What is certain, however, and is confirmed by WV managers who are not directly involved in CVA or who are only remotely involved, is that the approach is changing the relationship between WV staff and their work in general, leading them to question questions of social accountability at all levels and to look closely at the coherence between programmes promoted by WV, national policies, local priorities, and communities. As a WV manager explains, it is all about cohesion:

> "We used to do planning, projects, and budget programmes and so on, but they were not programmes that touched the communities [...] because when you come to the field, you really see a discrepancy between what is put in the government programme and the reality. And sometimes even an inadequacy."

He explained that the approach that must now prevail would value the "knowledge of the community [...] we give it the opportunity to go to the decision-makers to express itself and we bring the decision-makers to go to the bottom".

At the level of CVA practice and its adaptations, we did not find any real breaking point. The interviews show a gradual evolution and the affirmation of elements that, without contradicting the general theory of change of CVA, give it DRC-specific colours. Broadly speaking, and before coming back to these points, we note that the approach in the DRC:

(1) gradually recognised the need to train and organise community structures which in theory pre-existed the CVA approach but in practice functioned poorly or hardly at all in certain areas, for example, the COPAs in schools or the COGES in health centres. In Katanga, the approach was reframed in 2015 to work directly with community-based organisations with legal status. This coverage allowed community members to have more legitimacy to address provincial and even national authorities when reporting on their fieldwork;

(2) in view of the experiences and reality of the DRC, focused on the legal framework and rights, leading in some cases to push for the development of norms that did not exist, or to updating them;

(3) invested in a change of mentality by targeting resource person. Faced with a difficult context and not necessarily receptive to an approach other than a "frontal" community claim, CVA processes now invest earlier in figures that the community knows and respects. Thus, as a World Vision staff member based in Kinshasa explains:

> "At the beginning there was resistance, we had to break the habits of community advocacy. That was the big challenge, how to change the way of doing things. It wasn't easy, breaking with habits. So we fell back on the influential people, the resource people who should be following this approach in order to implement it, to popularise it for better understanding. That was the biggest challenge. To break down this resistance we referred to resource persons, opinion leaders, people who are listened to, among others.

Another important perspective for the analysis is to consider achievements by sector, each with its own specificities and, as noted above, its own history of community participation. We start with basic social services where providers are clearly identified in communities, health and education, before moving on to two sectors where people's expectations are generally clear, but there is not always a clear 'provider', and we end with two areas directly related to livelihoods: food security and extractive resources.

A substantial part of the projects using the CVA approach is in the field of health, and it is in this sector that some of the first experiences with CVA in DRC took place via, for instance, the child nutrition project PRONANUT (2001-2016, CVA elements come from 2013) and the child health project *Child Health Now Campaign* (2013-2017) implemented in Gemena, North Kivu, Katanga, and Kinshasa. In these first projects and programmes, activities focused on raising the population's awareness of social accountability issues. The aim was to share expectations and good practices, as well as for all parties to become familiar with the standards and norms in the sector. In 2014, the *Child Health Now Campaign* directly involved 1,480 people and trained 1,500 people on CVA. The same kind of activity occurs in the framework of the National Nutrition Programme (PRONANUT). The population's participation is important, but the documents consulted also reveal that the commitment of politicians often remains weak. The Maluku, Nkandu, Ledia and other projects that followed invest more resources in approaches that turn expectations into action. *Community Score Cards (*CSCs), an integral part of the CVA approach, help identify problems, define a strategy to solve them, and strengthen community health workers and health committee members (CODESA).

The documents collected seem to indicate a later start of the CVA approach in education (2016-2017), notably with the Kikula CVA programme (Haut Katanga), which saw the setting up of advocacy mechanisms at the provincial level. Later, in 2019, the *Kwango Integrated Program* went in the same direction by supporting a children's parliament. This "advocacy with" mechanism, to use the wording adopted by World Vision, aimed to enable the voice of children to be better heard in communities but also among political leaders. The same strategy is being applied in other places, such as Menkao. In addition to establishing new social accountability mechanisms, World Vision's CVA approach to education also focuses on strengthening existing mechanisms, such as parent committees (COPAs), to ensure that schools are operating in the best interests of the students.

Our attempt to map the 41 CVA achievements in health suggests a series of follow-up plans for activities in health facilities and health zones (see figure below). These are sometimes followed by concrete effects, which are mainly changes in services –mainly access to services for new categories of people such as the indigent and/or reductions in fees– as well as the construction of new infrastructures, most often with community support, in-kind or through complementary financial contributions. The trend in education (15 projects) is similar: localised and diverse projects for very localised problems.
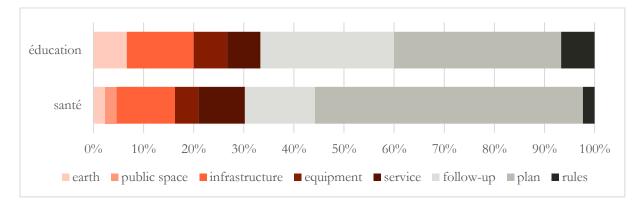

Figure 5 Activities in the field of health and education

The interviews allow for a better understanding of the main changes in the fields of health (mainly based on the experience in South Kivu and Gemena) and education. Most of the key informants interviewed on the side of users, service providers and governmental parties, as well as WV and Mercy Corps staff (WV's partner in South Kivu), stress that the most significant achievements attributable to the CVA approach are at two levels:

First, quite visibly, construction works are reported in many (if not almost all) health facilities and schools. These involve the population directly and are often a response to specific standards:

> "These community structures themselves carry out certain actions. They can build toilets in the health centre themselves in collaboration with the health centre administration. With contributions and the small operating costs that the health centre receives from the patients, they can carry out certain actions." (WV executive)

Secondly, there are reported changes in the quality of services associated with health areas (and schools) wanting to score well on the community maps. The changes are partly related to the use of standards that identify irregularities (for example, staff credentials in Gemena) which are then resolved. Although some of these actions lead the population to interact directly with the provincial Ministry of Health (e.g. in Kalehe in South Kivu), the bulk of CVA interventions in health and education seem to be mainly about solving local problems locally (what some documents call "advocacy by").

For teachers, as for nurses, CVA is part of a longer experience with community initiatives. There are community participation systems that have been in place for a long time (such as parent committees and health committees). Although these are not always fully functional (Falisse, 2016; Mafuta et al., 2015), the principle of community participation is usually known by the population and providers. It appears to be more straightforward in the health sector, where norms seem to be better known and more established and state involvement generally more significant than in the education sector.

The two case studies below show a wide variety of achievements that are influenced by local realities. Two mechanisms of change seem particularly important.

On the one hand, there is the use of norms and laws to force a change in the service provider, for example, when the community succeeds in banning corporal punishment in schools or forces them to build a library following a report or mapping existing practices. But the momentum can also come directly from providers who were themselves unaware of the existing norms. For example, a health care provider in Kalehe explained:

> "The mastery of standards is crucial; it's something I hadn't even studied, but during the training on the CVA approach, I was taught that this is how things should be, and it really edified me, and I feel comfortable when I can be sent to be in charge in a facility; I'll know what I have to do there.

On the other hand, often as a second step –and, according to the theory, as a second step– there are many community achievements that come directly from *community score cards* in which the community identifies actions to be carried out and in which it will participate directly. The cards are complementary to the standards, they will enable actions to be taken to meet them, but they will also lead to important and useful actions that do not directly reflect standards. A a WV executive explained:

> "The indicator monitoring sheets are prepared; in the facility, they constitute focus groups of users met on the spot, service providers, women, men or youth with a facilitator per group. After the data collection, the performance is rated by scores and then it is the turn of

the interface meeting where the CVA committees will present the level of performance of each structure in the presence of all the actors and action plans will be elaborated by determining the tasks to be done, the responsibilities and the deadlines for execution."

Technically, the CVA approach involves a third phase: improving services through advocacy by influencing policies. This phase exists in health and education but is often not central as problems are usually solved locally through mainstreaming or interface discussions and action plans.

Case study 1: The CVA approach to health in South Kivu

Context and challenge: authorities not very involved in user-provider dialogue

World Vision's CVA approach is used as an intervention strategy in the USAID-funded Food Security Project, which is being implemented by a consortium of five organisations, including Mercy Corps and World Vision, which are the lead and co-lead organisations respectively over a five-year period (2016-2021). For the moment, the health sector is concerned in the territory of Kabare (14 health areas) and Kalehe (9 health areas). To understand the success of CVA in the health sector, it is necessary to explain it according to its different stages. CVA is not the first approach that sought to involve community members in social participation, but participants in the focus groups and individual interviews are unanimous on its particularity of setting up a framework with three actors who meet to really dialogue on the problems of their health structures and find concerted solutions. This is supported by the Mercy Corps manager:

> "Elsewhere, the interface was only between providers and users and the third actor, which is the government, was not directly involved in the interface. It was necessary to find another opportunity to present them the results. But at the level of the CVA, all three actors participate in the exchanges, and you feel that where they can really support, they do not hesitate to do so.

The CVA has allowed for the opening of a dialogue between all the stakeholders –a participant in the focus group in the Kalehe health area explained:

> "We have understood that the smooth running of the centre is not the business of the providers alone, but we citizens must also participate in the management of the centre because we know what they have to do.

Process and actions: raising awareness and training authorities and citizens

At this stage, World Vision's experts get in touch with the relevant government departments to discuss the standards and prepare together the training to be given to the CVA stakeholders. Civic engagement is achieved through a series of activities, including training, awareness-raising and user organisation. Key actors in the approach are trained on health norms and standards, how to evaluate health services, how to develop an action plan and how to conduct and guide advocacy. To do this, community members must take the lead in finding solutions to problems in their health areas. Once trained, users organise themselves into CVA committees and prepare to follow up on the standards in the facilities after informing local officials and leaders.

Processes and actions: assessing achievements together

The verification of the standards, what exists and what does not conform to the standards, is done in the different focus groups. Then a rating meeting is held: points are awarded and flaws are raised. Everything is said to be done in a climate of trust and collaboration between providers and users.

At the beginning of the implementation of the CVA approach, some actors, especially service providers, were frustrated that the approach was particularly aimed at them because of their non-compliance with standards. However, as the approach started being implemented, they realised that it allows the normalisation of relations between users and service providers.

Two tools were used: the user performance assessment form (or rating form) and the health provider standards monitoring form. A member of the Muhongoza health area explained:

> "And in each group there will be an audit of these standards. What is written down and what is done? And we point out what is not really done. Then, after that, there will be another meeting with the nurses to do the performance rating to see now that some standards ask to be done in this way but it has not been done and the groups give points, then a pooling is done".

Putting the principles of citizen engagement into practice also meant organising interface meetings in which citizens and service providers (and authorities) meet to discuss the problems, their causes, and the actions to be taken. They end with the definition of responsibilities for each stakeholder and deadlines for executing planned actions. It is a cyclical activity and an action will be removed from the action plan once a solution has been found. As stated by a participant in the focus group in Kalehe:

> "It is during the interface meeting where the CVA committees will present the level of performance of each structure in the presence of users, service providers and political-administrative authorities and discuss the causes of the non-performance but also the proposals to be made to improve the less performing indicators."

Advocacy is also done by sharing and disseminating the results at the level of the provincial authorities. It is a way of involving them in the search for solutions beyond the community level. This is where the Ministry of Health participates in these interface meetings via the representative of the provincial health division, which is the technical state body, and the head of the decentralisation division.

Results: a multi-faceted improvement in services... and dialogue

Finally, it is the turn of improving services and influencing public policies. This is shown by the implementation of the action plan drawn up and validated by all the stakeholders. Actions that can be done locally easily find local responses and it is in this order of ideas that all participants agree that the CVA approach has brought significant changes at the community level. A user from the Bushushu health area mentioned that :

> "The significant change is the space for dialogue that did not exist in the past. Exchanges are made in a climate of respect and consideration regardless of the rank of the actors. Other changes are the warm attitude of the providers towards the users when people come to consult the facility and the increase in attendance following the improvement of the quality of services in the centre. Finally, it is the physical change of our health centre which has become a sanitised centre and the property is well secured both outside and inside the health centre."

Case study 2: The CVA approach in education

Context and challenges: Unnecessarily excluded pupils and poorly enforced teachers

Through the interviews and focus groups carried out with different stakeholders in the education sector, it appears, before the CVA, many schools were operating with few benchmarks and norms, leaving the way open for all sorts of abuses. A focus group participant in Kisantu explains the problem: "[Without knowledge of the norms,] you see in the schools the prefect becomes like a little general, he takes measures. Children have been chased away for months without explanation". The parents' committee often felt powerless, as one respondent in Lubumbashi explained: "when we were in the parents' committee, we could walk past the door of a school and see a teacher who was teaching badly and with many mistakes, and we were afraid to denounce that."

Processes and actions: identifying and mapping sector standards

In most cases, the CVA approach has provided education sector actors, and especially community members, with knowledge and access to the standards governing the sector. A respondent in Lubumbashi explains: "It also gave us the opportunity to understand what the main standards of a good quality school are. This is the CVA approach that was raised in our minds here [...]." Such advocacy has meant, in many cases, a discussion of the standards with service providers. It has sometimes made it possible, often through direct involvement of the community as an observer, to put an end to certain practices that were contrary to the respect of children's rights, as in Kasungami where a community member explains

> "we have participated in the education mapping, ... and there are advances. You will find that there was not even a library here [a situation that has changed] and punishments with sniping, corporal punishments, are no longer done in many of the schools as they used to be."

Results: improved teacher performance and parent-school relations

The knowledge of and access to standards has enabled the various stakeholders to begin to meet these standards (according to available resources and priorities), thereby improving service delivery conditions for teachers and study for students. This knowledge of standards also contributed to an improved climate of collaboration between parents and service providers on the one hand, and between service providers and government on the other: not only could any action now be taken in a collegial manner, but monitoring was also facilitated by the existence of a frame of reference.

WATER, SANITATION AND HYGIENE (WASH) AND PROTECTION

The CVA approach also leads to local actions and solutions in other areas, such as Water, Sanitation and Hygiene (WASH) and child protection. These two areas are different from health and education in that (1) the 'service provider' is often less well-identified and is not necessarily a community-based actor such as a school or health centre and (2) there is at the same time a common sense of what the standards should be –even if the documents are not available (people should have access to water, children should not be beaten)

In both cases, activities quickly become cross-cutting: for example, access to a school or health centre that requires a WASH road or water point (the Menkao project). Similarly, WV's main protection approach has been the Children's Parliament, an original initiative that builds on experiences in other

parts of the world. Implemented in a series of locations such as Kwango, Maluku or Menkao, mainly from 2018, the idea is simple: to involve children, rather than always adults, in problem identification and advocacy (in short, in CVA). The approach is basically about protecting children by listening to them, but the range of actions developed as a result of the children's parliament meetings shows that the problems they face –and the issues of protection and well-being– cut across sectors. Achievements in Kwango, for example, include actions in education (improving teaching), health (setting up a blood bank to address anaemia), and setting up new standards and practices to tackle early marriage and improve child justice.

In both cases, it is therefore not surprising to see a diversity of activities. For the WASH sector, half of the activities are, unsurprisingly, directly related to spatial planning. The share of monitoring and commitment to take measures (but not necessarily concrete achievements) is quite low. One hypothesis is that this is an area where actions are possible at low cost (digging holes, laying out roads, or cleaning up an environment can be done by mobilising citizens, for example on a community work day, or *salongo*. Similarly, at the level of the children's parliament, many initiatives appear to be led directly by children.
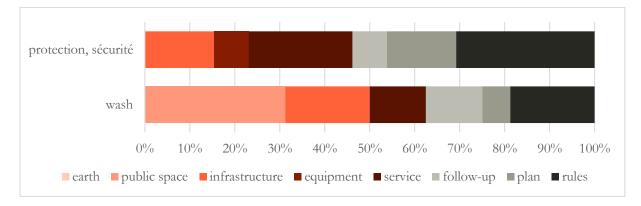

Figure 6 activities in the area of water protection and sanitation

The process of change related to CVA is different for WASH and protection. In the case of WASH, we see mechanisms quite similar to those described in the case of health and education, whereas in the case of protection –and the case study below returns to this– the emphasis is mainly on dialogue and collective action. There are, in effect, fewer explicit norms to refer to. It is worth noting that in the case of WASH, as in the case of agriculture and education, the process of dialogue sometimes leads to very large plans and commitments, 'sector plans', which one can legitimately wonder if they will ever be realised given the resources they require. As one focus group participant in Kinkole explained:

> "But in 2015, with this VAC approach, we came up with a water sector plan for the commune of N'selé, a 5-year WASH sector plan. It's a plan that spans 5 years and costs 9 million dollars, and all the donors who want to intervene here must rely on this plan. It's a plan, a map that shows where there is a real need for drinking water, or where it was necessary to intervene, because there were donors who came, they superimposed the hydraulic structures. One person comes to Bibwa, and another you find already, while in their neighbourhood like Dingidingi there has never been anyone who has come for decades. And this sectoral plan allowed for a fair distribution. At the moment, I can't tell you all the works that have been carried out, but with a sectoral plan that was 9 million, I think we were able to mobilise 2 million dollars for

this plan, which came to the aid of several infrastructures that were built here and there, and which continue to be well managed by the community.

Case study 3: Registration of children in the commune of N'sele at the civil registry

Context and challenge: children not on the register

According to the testimonies collected during our interviews and focus groups, there were serious problems with the registration of births at the civil registry office in the commune of N'sele, located in Kinkole. A focus group participant summarised the situation:

> "In 2014, the rate of registration of children was 29%. This means that out of 100 children born, only 29 had birth certificates. It was really a serious problem in our community and being identified as such, we had to engage together to be able to find solutions.

Process and actions: the children's parliament takes action

Through the Voice and Citizen Action approach, the advocacy of the children's parliament has convinced the communal authorities to decentralise the registration of newborns. In a focus group in Kinkole, a participant explains:

> "We started the CVA process between the commune, who are the actors who deliver these documents, between the health structures, the head doctor of the zone, or the mothers who give birth, but also between all the other services that can help us to sensitise the community for this registration. After various meetings, we came up with an action plan in which the service would be decentralised, because at the time only the mayor was authorised to sign the birth certificate for a commune of more than 30 km². As a result, someone who is in Dingidingi to bring his child here can even take two or three days. We first asked the authorities to decentralise the signing to allow the district chiefs who are far away to start signing, which was done. The second plea was to build other secondary civil status offices. At the time, there was only one office for an entire commune, but now the commune and its partners had to commit to decentralising but also to building other offices. As we speak, I think we have more than eight offices that have been built with the support of several donors [...] This is in relation to registration.

The process involved youth not only in awareness-raising but also in the production of proxy declarations for parents who are far away from the registry office or those who do not consider this activity a priority (due to other emergencies and realities of life). A participant in a focus group explains:

> "We at the level of the children's parliament, after having been trained on the CVA approach, we spoke with the head of the civil registry [...] We went to the neighbourhoods ourselves, even to the health centres, we created a system called EPEP (Registration by Proxy to the Child Parliamentarians). We take the proxy forms, we fill them in and go to the parents [...] but there were also other districts that were far away, and it was necessary to come to the commune, we also made another plea so that the mayor could decentralise his signature in the districts. This was done, and today even in the neighbourhood offices we can sign children's birth certificates."

Results: massive registration

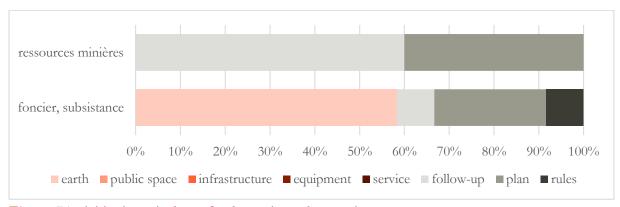The results speak for themselves and are explained by the participants in our focus groups:

> "After the efforts of the work that had been done by our team, we managed to record a 78% headcount. So we went from 29% to 78%, which was really a great achievement.

Finally, the resource and livelihood sectors are more complicated areas for the CVA to work in: the problems more often have a dimension beyond the community and reaches the provincial or even national level.

In terms of mining resources, the most interesting example is probably the 2015-2016 *Citizen Voice and Action for Mining (2015 Pilot): A Project to Ensure Transparency and Accountability in Fungurume, DRC* –which is also included in the 'case study' box at the end of this section. Here, the initial work is primarily the popularisation of the issues and finances of resource extraction to give communities the tools to act. It is clear from the documents how this empowerment is, in the first instance, made up of two main aspects: (1) understanding how a mine works, how to read the operations that take place there, etc. and (2) knowledge of the rights of the communities, particularly concerning the mining code. It is the combination of the two that gives communities a path to action. The interviews suggest that the CVA approach has broken down the social barriers between the different actors, and has pushed for dialogue. There are some clear successes, such as Tenke Fungurume Mining's commitment to devote 0.3% of its revenues to the community, which has been elevated to a mandatory practice enshrined in the country's mining code social responsibility of mining companies. But, perhaps because of all the sectors, it is the one that seems hardest to move, many projects and commitments that remain unimplemented. Some in the focus groups do not hesitate to blame the authorities as much if not more than the mining companies for the situation: "it requires the means to raise awareness and take charge [which must come from the government or the mining companies] ... that is the biggest problem".

Activities in 2019-2020 in the livelihoods sector in Kinkole, Kipushi, Gbadolite or Luwowoshi also illustrate how the CVA approach leads to a series of agreements and renegotiations (of land practices and sometimes even land rights). In Kinkole, for example, the dialogue initiated with the CVA approach has created space for joint farming activities that protect the community and derive from a closer examination of the land titles of the different parties. In Kipushi, it is also about land acquisition and registration. The division of CVA achievements here is, unsurprisingly, dominated by the acquisition of new land, or to be more accurate, the return of land often legally owned by the community but appropriated by other parties. The process is often tedious, as explained during a focus group in Lubumbashi, and involves first and foremost clarifying the rights of each party:

> "So we took steps at the level of the registrar of land titles and at the same time at the level of the minister. Only the minister had left, the new one came, and we started the file again for the acquisition of the land."

Figure 7 Activities in agriculture, food security and extractive resources

The case study below shows how change occurs in the extractive resource sector, primarily by changing the relationship between actors and establishing discussion. The community can engage in it knowledgeable of its rights and assess its situation. Achievements are much more about changes in the law and rights, or even efforts made directly by the mining companies, than about physical achievements by community members (as in health and education, for example). The situation seems similar in the livelihoods sector; even if there is indeed a needs assessment in some cases, the contribution and decisive element of CVA seems most that it allows federating community actors. They face a common problem but often had no effective collective action mechanism before CVA. CVA also gives them a basis for negotiation –the possibility of understanding the legality of land titles and their land rights as community members and suggesting constructive ways to engage in negotiation.

Case study 4: The CVA approach in the Fungurume mines

Context and challenge: a successful business but a miserable community

Fungurume is located 200 km away from the city of Lubumbashi in Katanga. It is a mining entity in the Lubudi territory, in the Lualaba province. It is there that Tenke Fungurume Mining SA, one of the largest producers of copper and cobalt in the Democratic Republic of Congo (DRC) and the world, operates. Its presence in the area provides a vital source of income for local communities and the country. Despite this, the situation there has long been difficult, as a local civil society representative explains: "Despite the presence of the TFM company, the population had no access to drinking water. There were security issues in Fungurume in general; there were problems with access to education." The approach of the NGOs present in Fungurume was usually to show the population that their problems stemmed from mining activities, which led to often violent demands.

Process and actions: mobilising authorities and citizens

The CVA approach equipped the members of the community with the skills of "how to claim" rights, proceed to the collection of evidence, and elaborate development plans or action plans through the understanding of national and international legal and regulatory texts related to the mining activities of the country. Training sessions for all stakeholders were an important step in mobilising them to look in the same direction, as it had previously been very difficult for the the population to dialogue or exchange with the company. The focus group participants are unanimous that the CVA approach has been a breath of fresh air in the way they solve their problems at the grassroots. One focus group participant said:

> "With other approaches we had, we had pressure group approaches. We could confront each other, we could lobby service providers, even the companies we had before. But after when CVA was brought to us, we were given methodologies that were different from anything we had before. What methodology? It's peaceful, non-confrontational dialogue to do advocacy; a peaceful non-confrontational dialogue with companies or service providers to improve the quality of the services they are providing to the population.

Another focus group participant added:

> "In the past, there was a climate of mistrust between the different stakeholders and when people demanded their rights, they could easily take to the streets, but now there is a climate of trust between the parties and each of them has understood that the other is not bad but an ally in achieving what we all want, which is to improve the quality of basic social services.

Process and action: evaluating and monitoring commitments and achievements

Several documents are being used, including the mining code, the African mining vision, the Equator Principles, the OECD principles, etc. A participant in the FGD explains:

> "The CVA approach is different from other approaches in that it teaches communities how to advocate, how to claim rights but in an orderly manner, not in a scattered manner, so not to disturb the public order, not even to fight with the authorities or private providers.

The CVA group collects evidence from companies and various basic social services by conducting sector performance assessments and producing analyses and action plans to be presented to other stakeholders in dialogue meetings. During these dialogues facilitated by World Vision, communities present the local situation in a cross-cutting approach. Following these exchanges, field trips are organised with members of the government and even companies to assess what the communities have presented. A joint meeting is then held to determine the actions to be taken.

Results: responsible business for improved social services

Actors from all walks of life seem to have understood that with the CVA approach, it is in everyone's interest to sit around the same table to dialogue peacefully and find solutions to the real problems that concern them. The president of the NGO IFGDTF listed the positive effects of CVA for Mining as follows:

> "CVA for mining gave us a directive on the 0.3% which has become a law in Congo. Another guideline is the development of a set of specifications that constitute a social responsibility to support society in the form of a guide to the rights and obligations of stakeholders in Fungurume mining. The other key achievement is clear principles on the relocation and compensation of communities in the area to be mined by the company."

A key informant in Fungurume agrees: "[with CVA,] this company gives the 0.3% to the community, it builds schools, it builds health centres, it accompanies the community in community projects."

BEYOND THE SECTORS PLANNED BY WORLD VISION

The strength of WV is also that it offers a model for mobilising community action that can be applied freely, affecting areas other than those in which WV had originally planned to intervene. The reports and interviews do not allow for a full inventory of what has been done in all areas, but there are examples of new actions in areas such as roads tracing. Perhaps the most notable example is in Kisantu where people trained in CVA (including in the Nkantu Youth Parliament), building on their good work with the local authorities, have gone on to develop other initiatives in the electricity sector.

Case study 5: CVA and electricity in the city of Kisantu

Context and challenge: serious problems in the supply of electricity

According to the testimonies collected during our interviews and focus group, the supply of electricity by SNEL in Kisantu has always been characterised by several problems, including improvised power cuts or load shedding and over-billing. Customers used all possible means to make claims, and most of their claims involved demonstrations that were sometimes violent. A respondent interviewed in Kisantu explains:

> "Before, our attitude of advocacy was to make unfounded demands, we should shout, march and in the end, you will realise that there is no solution. You get there, you break [...], attack

an electric cabin, you do a sit-in in front of SNEL and so on, without words, without anything, and you go back. On the contrary, you get into a worse situation and then there is no follow-up from the SNEL authorities, no follow-up from the state, and your situation gets worse. And that was a mentality for us. When we come, we break, we shout, we destroy, we say "well here we have claimed", we think that the lesson has been learned.

The tensions, mistrust and suspicions were explained by the fact that, on the one hand, SNEL did not inform its customers of the difficulties it was encountering in its operations and, on the other hand, faced with this lack of information and communication on the part of SNEL, the population in turn, without even talking to SNEL, took to the streets, thus making their relations increasingly tense. A focus group participant explains:

"Before we didn't know how to proceed because we were ignorant. We used to go in a vague way; we would go and make a fuss with SNEL for the problem of electricity [...], we would go and break things, we started to insult the agents without knowing how to proceed.

Processes and actions: talking and planning together

With the arrival of the CVA approach, a new wind will blow. The interviews do not mention as a crucial element the work of community maps or the assessment of the situation by one or the other party (or jointly) but that both parties will find this time the opportunity to put themselves together to seek solutions to the problems that oppose them. With this new approach, it is an opportunity for SNEL to give an account of the difficulties it faces in its operation, but also for the population to understand the challenges that their partner SNEL sometimes faces. A participant in the focus group in Kisantu emphasised the following:

"Through CVA we discovered the realities that our way of doing things was not good. It is better to go and meet the providers and discuss what quality of water or power is needed and how to proceed to improve the quality of services to our community."

Thus, with both parties now looking in the same direction, several pleas have been made to improve the quality of electricity supply service, and today there are significant changes in this sector in Kisantu. In an interview a respondent testifies:

"We talked about the electricity problems, several pleas were made. There is a project to electrify the most remote area of the town where a transformer has been installed, there are cables, and all the necessary equipment to supply this part of the town is already there [...] But there was also the plea that the population itself made to the authorities regarding access to electricity. It must be said that in our community, for I think about a year and a half or two years now, we no longer have the problem of load shedding. All this is because of the pleas that have been made since the electricity supply has been reviewed a little."

Results: a reliable power supply and a dispute resolution forum

As can be seen above, the CVA approach has enabled the population of Kisantu to put an end to the use of violent means in their demands to SNEL, and on the SNEL side, those in charge have introduced a culture of accountability to avoid any misunderstanding. This made it possible to make commitments between SNEL and the population to improve the quality of the electricity supply service, thus improving relations between these two partners. Thus, to date, SNEL has been provided with transformers and electrical cables, load shedding is less frequent, and electricity is cheaper. The CVA approach has resolved conflicts between the population and SNEL.

In trying to understand the differences in CVA results between sectors, it is important to first keep in mind that the different intervention sectors in different intervention zones. It is, therefore, complicated to fully analyse the situation using a "regional" perspective: not only are many of the dynamics local (and it is difficult to generalise at provincial level) but also and perhaps more importantly, the object of study is not the same in the different parts of the country (different sectors). For example, the Eastern zone (Kivu) has mainly seen CVA initiatives in the health sector, and most of the CVA initiatives in the mining sector are in the former Katanga province (South). However, it is clear each area has its own culture and political reality -in particular, the relationship with the community and the authorities varies and often plays an important role in the success of community-based initiatives (Mafuta et al., 2016). The east of the country, for example, seems to have more developed community dynamics than the west (Falisse, 2016; Lodenstein et al., 2017). Finally, socio-political realities matter, but it is complicated to fully qualify and describe them (many dimensions are at stake) and especially to know exactly how they will influence the CVA. This being said, three other hypotheses, which are not mutually exclusive, emerged during the interviews.

First of all, each sector has its specificities: in particular, there are some sectors in which many problems can be solved with relatively few resources and without involving many different actors, and there are sectors in which the **problems are inherently more complex**. A striking feature of actions in health, education and WASH is the number of activities that directly involve the community with a helping hand from the authorities or providers. Whether it is digging wells or putting up fences, these activities are easy wins for CVA. In other sectors, such as land or mining issues, changes involve more actors and require more than a green light or a little bit of money; they often require significant concessions of land or rights.

Secondly, and the differences play out in the same way, **the use of the law and standards** is a fundamental aspect of CVA (to which we shall return), but the sectors are not equal on this. Clear standards exist in health or education, defining what a school or health centre should be. In other areas, we do not find similar norms, and there is a need to go through an additional step of pushing for a revision or a new law. This is, for example, the case in the field of agriculture: the Constitution (article 123, point 14) gives general principles, but there were no standards and, therefore, a need for WV to do additional work with the government (create standards, which we discuss this in the next section).

Finally, different sectors rely on **different histories of community participation**. In health and education, mechanisms such as the Parents' Committees (COPA) or the Health Area Development Committees (CODESA) have existed for a long time. In contrast, in others, community participation is either based on other less directly institutional mechanisms, or there is simply less experience of participation. Words from a health official in South Kivu:

> "The chances of success cannot be the same [between sectors]. The health sector had a bit more of a head start [...], you already had community relays that existed and provided the intermediary between the beneficiary communities and the providers."

In the same vein, it is important to realise that the CVA theory of change lends itself better to certain sectors. A WV manager in the South Zone told us the following lesson:

"There is the sector where the stakeholders are easily identified and there the chances of success are also great –in particular the health sector, the education sector are the two easy sectors because the stakeholders are identifiable, you can mention them by name because you are in a department where you know that they are evolving in a... it is a work that is done in a closed environment where you know everyone, the promoter is such and such, the director is such and such, the children are such and such..."

CVA, FRAGILITY AND INSTABILITY

The general context in the DRC is one of state fragility. There is no universally accepted definition of the term 'state fragility' or 'fragile context'. Still, different definitions generally agree on "states that are failing or are at high risk of failing, in their: 1) authority to protect citizens, 2) full provision of basic services [inter alia: education, health, justice], or 3) legitimacy of governance" (Stewart et al., 2009). Using this definition, it is not only the eastern part of the country, marked by armed conflict, but almost the entire territory of the DRC that is indeed in a situation of fragility. Indeed, it is not only the east of the country that suffers from significant shortcomings in the provision of basic social services and political turbulence. As World Vision executive in Kinshasa said: "the biggest challenge is that there is no means to address the real problems at the grassroots level, no matter how much advocacy has been done at the local or provincial level". The fragility of the Congolese state remains, even if the World Bank definition is applied: "situations where government performance is weak, where state institutions are weak or on the verge of collapse, and where the state is not performing its core functions or is performing them quite inadequately". This report does not offer a comparison of the state's performance with that of the rest of the world, but rather focuses on the state's ability to perform its essential functions. This report does not offer a comparison with other 'non-fragile' contexts that would allow for comparative lessons on the implementation of CVA in fragile contexts. It is also difficult to arbitrarily define which areas would be more fragile when the concept is multi-faceted and difficult to measure exactly.

However, it is useful to see that *the context of fragility is what justifies the CVA approach and what CVA seeks to combat*. It is because the state is struggling to fully assume its responsibilities that citizen engagement is described, through the different documents consulted, as necessary –and this engagement aims, among other things, to restore a state that is responsive to the needs of, and accountable to, citizens.

A more useful and accurate analytical category for our analysis of the DRC data is that of the **context of armed violence**. Here the East of the country clearly stands out, and we have a potentially important prism for understanding the different results of the CVA. The West and, to some extent, the South and North are more 'stable' than the east, which is plagued by violence and forced displacement, although there are large differences between localities in this very large country. How does this context of violence interfere with the implementation and results of the CVA?

First of all, it should be noted that our research only scratches the surface of the issue. Our fieldwork focused on relatively stable areas in South Kivu near Bukavu (Kalehe and Kabaere) –an area that faces violence but to a lesser extent than, for example, North Kivu or South Kivu (Ruzizi plain and Lake Tanganyika coastline). Furthermore, the CVA approach was not, at the time of our survey, used in humanitarian emergency contexts. World Vision's flagship programme in eastern DRC is in the area of primary health care in general. The CVA champions we met explain that they believe it is possible to use the CVA approach in 'sectors' that directly affect instability, such as emergency humanitarian aid

and conflict resolution, provided that there are standards and laws to build on (initial experiments are being conducted in the food security sector).

In this context, the "important fragility" of the eastern zone is often not described as the first obstacle to the sustainability of the CVA approach. There is no defeatism about CVA in the communities or among the other actors interviewed (and we did not find any evidence that the CVA works much less well in the East than in the West of the country for example). A World Vision officer in the southern zone explained: "Colleagues should know that there are no particular laws that one should look for in the humanitarian context in the fragile context; the laws of the country cover all areas without any particularity". However, in the context of eastern DRC, the CVA is described as having an additional function, potentially resolving conflicts and easing tensions (more on this later in the report). The same World Vision officer continues: "it is necessary to adapt to the process of reconstruction, peace and reconciliation taking into account the peace agreements that exist at the local level and which documents are used as a communication tool". The standards, which are the material on which the CVA is based (see following chapters), are thus enriched with new elements in the Eastern context.

Three elements of instability in the east nevertheless seem to (potentially) affect the implementation of the CVA: (1) the more imprecise contours of the community, (2) the fact that some actors are influential but also difficult to meet, and (3) the (even) stronger contraction of the economy.

Firstly, the CVA approach is, as its name suggests, based on the community, and in some contexts of fragility, this community is more difficult to define because of forced population displacement. The people we met did not report experiences directly involving these displaced people –indeed, the work is with actors from already established communities such as traditional chiefs and members of community-based organisations and CODESAs. There is, therefore, a risk of missing or not representing part of the population, and World Vision staff are aware of this risk and the need to work more exclusively, as one of them explains: "...we work with the people who host them [the displaced]. I think it can work [to integrate IDPs], because there are well-defined standards, and if the refugees are mobilised, it will be to their advantage".

Then the context of tension implies working with the authorities, which is even more important, because the actors are sometimes less well identified. "There are actors involved in conflicts, but we don't see them, so it's a bit more difficult," explains a World Vision manager. Moreover, these actors tend to change more quickly than in more stable areas of the country, which means that awareness-raising work has to be redone and raises questions about the strategies that can be mobilised if and when World Vision withdraws.

Finally, the context of fragility means a more contracted economy and a higher cost of living, especially in terms of transport. The research participants developed two views on this subject, which are not necessarily opposed: on the one hand, they explain that a larger budget is required to facilitate CVA activities, especially when transport has to take place, and on the other hand, they explain, such as this World Vision official, that "it is a model that helps mobilise the community and does not need a lot of money" which is useful in a context with very limited resources. "People are really involved without receiving anything from World Vision in return, but they are there, they are really enthusiastic" explains a manager of a World Vision partner organisation in South Kivu.

Key points:

- In the early years of the CVA, a large proportion of "achievements" consisted of commitments, which were not necessarily followed by actions. The problem is diminishing over time.
- The effectiveness of the CVA approach differs by sector. Health, and, to a lesser extent, education, see more achievements, possibly because there is a longer history of participation in these sectors and because the standards are clearer. The land (and *livelihoods*) and mining sectors are sectors where CVA has more difficulty producing effects because the problems to be solved are located at a higher level of power, and the norms do not necessarily exist.
- The context of violence in the east of the country does not seem to prevent encouraging results in the health CVA. It is essential not to limit the conceptual framework to the east of the country –the failure of the authorities to provide decent basic social services and the political unrest also affect other parts of the country.

D. ACTORS OF THE CVA

We now turn to the different actors involved in CVA, trying to understand the role they play in practice. Of course, the relationships between these actors change according to circumstances, sectors, and areas; we have already discussed some of these elements in Section E and will return to them in Section F. In this section, we discuss the interactions and factors influencing the attitudes of actors at a fairly general level, across situations. Through the interviews, CVA is described as a process involving three partners. From the mouth of a participant in a focus group with community members:

> "CVA is at the local level, we mobilise the whole community around a common good, that is, the community, the government and the service providers."

COMMUNITIES

The primary actor in the CVA is, in the words of official documents :

> 'individuals and (the community) [who] are citizens of a nation-state, beings capable of governing themselves according to autonomous, objective, debatable and changeable laws'

In addition to service providers and authorities, to which we will return, the CVA approach trains and supports citizens. These citizens form 'communities', linked either to pre-existing administrative boundaries (village, territory, health area, etc.) or to a community of interest - people who want to see progress on a particular issue (e.g. hygiene, child health, etc.). Community assemblies or summits, in principle open to all, are organised at different points in the CVA process (launch, interface meetings, etc.). In practice, as explained by a Mercy Corps executive, it is mainly people who already have some responsibility or important legitimacy in the community who are targeted:

> "We call the chief of the neighbourhood, the chief of the avenue, the chief of the cells, the religious leaders or the religious leaders, we call the local NGOs that are in the community and we discuss every point that affects the community and there is a *team* now that drafts a document because we can't talk any old way but we must have a drafting team. It's like] the national assembly represents the population, where they are, they speak with the voice of the population, they take the needs at the grassroots level."

The core of the process, however, is, as the extract below highlights, with a smaller team of citizens. Through our research, we have identified two distinct approaches to CVA: the constitution of 'CVA committees' directly composed of members chosen (delegated by their associations) or elected by the population of a given place (the 'community') and the work with already constituted institutions and groups that are 'the emanation of interests in the community'.

In the first case, committees are created from scratch. However, setting up new committees is rarely easy and rarely an immediate success –a fact already well-documented in the context of *International Rescue Committee* (IRC) projects in eastern DRC (Humphreys et al., 2019). In the western and northern zones where we met CVA committees, some members stress that they remain dependent on WV for planning and have difficulty initiating a meeting or training without WV. They feel that the solution would be to form a full-fledged organisation with its own budget, official documents, and registration with the various authorities to be recognised and "authorised" to act autonomously. A participant in a focus group in Gemena said:

> "We are blocked because it is him [WV facilitator] who helps us at all times [...] this is to say that we are not autonomous to achieve what we can do. [...] we can't organise any activity or follow-up even of CVA without World Vision [...] For us to become independent, we need to have means, documents, to have our own place to meet."

It is therefore not surprising that alternatives through existing institutions have been favoured. We note two trends. The first is a CVA approach that integrates, or even privileges, the members of the Parents' Committees (COPA) and school governments, and in the field of health, the Health Development Committees (CODESA), community relays (community health workers, CHWs). Even when the project's reference is not explicitly to support these structures, "CVA committees" in the health sector in South Kivu are typically made up of CODESA members, Local Development Committee (LDC) members, and members of other pre-existing community organisations. This is a common phenomenon in community development initiatives: community representatives often wear several hats (Molyneux et al., 2012).

The second trend goes further and responds to the fact that, in some sectors, there are no pre-existing community institutions such as COPA or CODESA. The strategy then involves working directly with community-based organisations. For example, in the former province of Katanga, the choice was made around 2015 to go back to pre-existing community-based organisations. The particularity of these organisations would be, according to the interviews: (1) to have members with a certain profile: competent in different sectors of life, with experience in advocacy with bodies beyond the community level, and capable of producing evaluation reports with evidence; then (2) these organisations would be more motivated because they interact with a larger number of parties. CVA, of course, does not leave these organisations unchanged and in Katanga an association called *Initiative pour la Gouvernance et le Développement du Fungurume Tenk* (IGDFT) has grown out of the community-based organisations, has taken on the *CVA for Mining* approach, and remains a model in this sector throughout the country. The head of IGDTF explains:

> "After the training, we asked World Vision if it was possible to continue to accompany us with advice and that we would take charge of ourselves by integrating the approach into our activities in a transversal way. At present, we have nine international partners who support us in several sectors."

This reframing has, according to all the actors we met, strengthened the weight of community actions. This seems to be explained by the fact that these organisations are also (1) more credible with local actors because they already have a legal personality and a public presence and (2) at the same time, they already know the local political situation and know better than newly formed organisations what levers are possible and who their allies might be. However, this choice is not without difficulty. Almost all the citizens we met stressed the importance of having strong NGOs, as did this participant in a focus group in Gemena who insisted that "to speak up to the presidency, you need strong NGOs". However, some lament the fact that WV only uses existing local organisations with official documents, pointing out that the practice discriminates against a large part of the population who find themselves in associations that are less structured and have no official records, but which are considered to be "very credible" and "close to the population".

Ultimately, the debate is about what the community is and can usefully represent it –a crucial, difficult, and long-standing issue in community participation projects (Rifkin et al., 1988). It is all the more relevant when CVA is applied to community-based organisations that do not necessarily have the primary purpose of representing everyone in the community. The 'voice' of ethnic minorities, the 'indigent', young people and women was thus identified as potentially under-represented in some of the focus groups.

Research participants are usually initially optimistic about progress in terms of gender. As a focus group participant pointed out: "today women are trying in big meetings to speak, i.e., the woman's voice today is heard by people in the community". However, in practice, stereotypes persist. For example, women are mostly present in the health sector (a service they use more than men), and community-based organisations led by women are rare.

The issue of youth participation is considered crucial by many stakeholders, but it is often lacking. Interestingly, child-led activities and advocacy seem to have a greater chance of success –most notably through the Children's Parliament is full of encouraging CVA stories (see, for example, Case Study 3). Practitioners report that whenever a child/teenager is sufficiently informed about rights and other norms, "he or she is not ashamed or afraid to express them while adults have reservations".

During the focus groups with the population, the representativeness of those involved in the CVA came up in an unexpected light: many felt that the private sector should be more involved. As one respondent in Gemena explained in an interview:

> "...the second influential partner is the big traders, when there is a presence of a big trader in the meeting to plead the case of lack of benches in the schools where his child is studying, he can make the commitment, "I will bring five benches", that will help the situation."

Through the interviews and focus groups, the initial mobilisation of the community is often described as easy, for obvious reasons: "after all, they are the ones looking for solutions to their problems". Nevertheless, the processes are also described as fragile. On the one hand, as WV officials were quick to remind us, there is no guarantee that the community will follow through with the process when it receives gifts from its authorities, as one national WV official explained: "maybe when the minister had come, he [the community member] instead of going in the direction of the objective [the CVA approach], he started by asking for the food and the minister gave him a $100 [...] the $100, he says to himself it's good, it's over". On the other hand, the CVA approach relies on the tenacity of community members. Many testified to an admirable endurance and resilience, like this respondent in a focus group in Fungurume:

"There is a saying in our language: "if you grow sorghum –every time there are birds that like to come and eat; you have to go and hunt until the sorghum is mature and you harvest it!" It's the same with this approach; you can't get tired even if the situation doesn't allow you to; you always have to go and raise awareness until one day the system will change, and there will be fruits for that."

However, in many cases, CVA tends to run out of steam if there are no victories and quick solutions. Typically, the group first loses diversity and then even the core group gets discouraged. Thus a focus group participant in Kinkole explains:

"The problem is that you introduce a project, it takes time to be financed, and while it takes time, it's no longer the same people who are the facilitators, it's no longer the same people who are the project developers. So you're going to come and finance a project when it's another generation that is neither a developer nor a participant in any way; you can see that the population is not really going to value it, is not going to focus on what should be a priority."

We see here the direct tension between CVA dynamics, which we explained need time to develop, but also need to maintain mobilisation through relatively quick solutions (which, at the risk of repeating ourselves, is not possible in all sectors).

Key points:
- CVA is a process open to all citizens, but, in practice, the core of the approach has often been carried out by building on pre-existing community institutions or community-based organisations.
- When involved, young people and children seem particularly capable of generating positive change.
- The issue of women's representation and the sector is still not clear.
- Community mobilisation is a function of achievements –the more achievements there are, the greater the enthusiasm and support for the approach. It risks, therefore, collapsing without rapid success.

SERVICE PROVIDERS

Without going back to the analysis in Part 0and the importance of pre-existing relationships between community actors and service providers, it should be noted that the interviews and focus groups reveal that public service providers, particularly in health, are generally ready to "play the game" of CVA once the principles and approach are clarified. In the different sectors, service providers report that they had concerns at the beginning of the introduction of the CVA, as they believed that the approach was an audit measure that threatened employment. For example, as a representative of an NGO in the southern zone explained:

"At the beginning, some actors felt indirectly targeted by the approach, especially the service providers who saw CVA as a police action by the community and that their power was diminishing. But after understanding the approach, I have to say that they are now the most committed in view of the results of the different meetings and advocacy to improve the quality of services."

Years of CVA practice have allowed facilitators (and facilitator trainers) to develop approaches to convince providers and allay these fears: the main thing seems to have been to show that CVA also met their interests and, ultimately, could contribute to improving their delivery conditions and working environment. The turning point in the attitude of the service providers, as they explain it, is when they understand that the interface meetings are an opportunity to present their problems without fear. It should also be remembered that CVA has also been, in a number of cases in the health and education sectors, an opportunity for service providers to learn more about their profession, as many were ignorant of the standards governing their own sector.

The situation is sometimes more delicate for service providers under private or faith-based management. They do not have the same relationship with the law and standards and sometimes see the reminder of standards as an interference in their affairs. For example, a representative of the provincial Ministry of Health in South Kivu explains: "the church imposes itself, but in the meetings we say no".

On the side of private companies, collaboration is often initially more difficult because, as one WV executive explained, "they are there to make money". Interviews revealed that private companies fear that CVA will lead them to make expenditures that they should not (or rather, do not want to) do or to be sued. A CVA practitioner in Kasungami explains:

> "The difficult part of mobilising, in my opinion, is the companies, i.e. the service providers. Since they have interests, they want to preserve [...] at times they sulk when the CVA teams contact them."

Thus, for any complaint, they generally direct the population to other parties: the Federation of Enterprises of Congo (FEC), the Chamber of Mines or the Chamber of Commerce. The initial work of the CVA actors, led by the WV facilitators, is to develop a communication and outreach strategy to dispel this fear and establish direct contact between the population and the companies.

It should also be noted that the category "service provider" includes a diverse group of individuals, and the relationship with the community must also be assessed in the context of interpersonal relationships that may or may not pre-exist CVA. For example, nurses and teachers mostly live in the community and have family and friends who naturally bring them closer to the community. This is less the case for skilled mining personnel who often live (de facto) away from the community and certainly for more distant 'providers' such as the land registrar.

Key points:
- Service providers are generally willing to participate in the CVA process as long as they see that the community is not there to police them.
- Private actors are generally initially wary and fear that the CVA will harm their business.

AUTHORITIES

The interplay between different levels of power in DRC is complex. Specific matters and sectors are *de jure* or *de facto* decentralised with a great deal of decision-making power at the level of the provinces (or below), but sometimes –for the very same matters or sectors– the decision-making chain goes very directly up to Kinshasa. The scenario is not always known in advance. The same problem may require

the mobilisation of very different networks of power actors depending on the geographical and temporal circumstances. At the level of CVA, the testimonies collected in the four zones show that the local level of power is generally favourable to the CVA approach: health zones, educational sub-provinces, territorial administration and other customary authorities often adhere to the CVA approach, which also allows them to achieve some of their social policy objectives at the local level. As for the service providers, adaptation and explanations are needed –as a provincial public servant explained:

> "And it's true that every change brings a little problem first. When this approach first came up they thought they were vigilantes... people coming to impose themselves and get involved in their business."

Local authorities are also those who often have the best understanding of the problems that plague their communities and are the most accessible –they are also a strong ally for communities seeking change from a higher level of power. When a solution is found at their level, things usually work out well as a representative of a WV partner organisation in South Kivu explains:

> "When the action defined can be solved at local level, the solution is quickly found. However, for an action that requires large resources beyond the capacity of the community, it is here that commitments are no longer kept."

When the solution is not found at the local level, the need arises to go to the higher level. This frustrates the authorities at the local level, which will often procrastinate when they realise that they are unable to act. The reaction is understandable: rather than directly admitting that the solution is not in their hands, which would be an admission of powerlessness, local state representatives will start avoiding meetings and making repeated promises that, almost by definition, will not be kept. Years can then pass without any real resolution of the problems. A telling case is the testimony of a focus group participant from Kasungami in Haut-Katanga:

> "Yes you know the politics are really very... very complicated. We have made the plan, but when we are in a meeting he tells you that no, we are also waiting for the decision of the provincial government. But the government, when we say the provincial government, has already authorised the local authority, for example, the mayor, to solve the problems of his commune with the mining royalties. But you see somewhere the mayor when you say there will be a meeting on such and such a day, he tells you that I still have a meeting at the governorate."

Generally speaking, there has been some progress on this issue in the former province of Katanga and, to some extent, South Kivu: in a few instances, CVA has gone beyond the local level and is influencing provincial policy decisions. In the education sector, the CVA team in Kasungami explains that:

> "We started with the mayor of our commune to see if a state school could be built. He promised us to act, and he came to tell us that thanks to his partners, a modern school would be built. As nothing was being done, we went to see the president of the provincial assembly for the same cause and finally, it was the turn to meet the governor who promised to deal with the issue at the council of ministers."

In South Kivu, a focus group participant from the Lushebera area explained his satisfaction at participating in an interface meeting with "provincial authorities with whom we had never thought we would be in contact with". These provincial authorities are aware of CVA activities and have participated in CVA training and sensitisation workshops. Advocacy follows the decision chain to the assembly, the

governorate and the different ministers and divisional officers concerned by the action plans. However, not all answers are found at the provincial level. In these cases, a dynamic of procrastination similar to that of the local level is observed, with its unfulfilled promises and missed appointments. This is the case, for example, with structural decisions on the hiring of civil servants (and their remuneration):

> "How can we influence the national level, the decision-making body, so that it can really respond to these problems because we risk staying for a year, two years, three years, four years. We come back, we come back, but we always find ourselves with the same problem."

Among the "authorities", a broad category in which we include elected politicians as well as the administration, the first group is considered less receptive to the approach because "not only do they only see where they have a direct interest, but they also do not like to support too much the approaches that can raise the awareness of the population". The interviews even suggest that some elected officials see CVA as a danger to their powers, and the focus groups in the west of the country show that some in the communities find that :

> "The authorities only come to us for their own interests, and this is especially noticeable during election periods because we need the votes of the population." (FG Maluku)

Finally, three other issues highlighted during the fieldwork seem to influence the full cooperation of local and provincial authorities: the change of political and administrative staff, the inclusiveness of CVA invitations, and the issue of *per diems*.

First of all, the achievements of CVA can quickly collapse when an "allied" official is replaced. The communities understand this. To minimise the risk of going back to square one when the authorities that made commitments change, some CVA working groups used the action plans validated by all the stakeholders to show new authorities that work has been done with their predecessor. The idea is to convince them that they too are supposed to take ownership of this work.

Secondly, and this is also a problem that some communities have learnt to overcome, some local authorities appeared frustrated at not being more easily invited to CVA meetings. This is obviously a delicate issue and sometimes inseparable from the issue of *per diems* mentioned below. It also reflects insecurity on the part of some authorities who feel that well-organised communities are beyond their control. As this representative of the provincial administration of South Kivu testifies:

> "When VAC organises its activities, it does not signal to us, the people in charge of the structures, to come and see what they are organising first. What are they organising? What is it like? Where is it? And to continue that, the "CVA" has "the audacity to come and meet the ministry, to explain what is being done, what we intend to do and what was planned".

The third problem is probably even more complex, and we will come back to it in the section on the sustainability of the approach. In Katanga and Kivu, as well as in other parts of the country, the authorities expect remuneration for full participation in CVA activities, as explained by a chief nurse in South Kivu:

> "The local authorities are really demanding when you invite them for any issue - they always expect an incentive in terms of money."

The relationship between the authorities and the community and service providers is complex; many cards are in the hands of the authorities. Many of the "authorities" are elected or chosen directly by

the population and remind themselves at regular intervals (usually before elections) of their constituents. Still, they also know and can exercise, as we detail in different places in this report, different strategies to avoid substantial and genuine engagement with the population and with service providers (whether it is the distribution of favours that allows to stop the demands of the population or playing on their absence and procrastination). It is not possible to characterise the authorities in general; many play a very positive role in CVA, others are less constructive forms –there does not seem to be a trend by region or by sector as it is above all a question of people. Let us note, however, the conditions under which authorities seem more inclined to contribute fully to the CVA process: (1) when they see that the process does not diminish their power or influence but, on the contrary, allows them to strengthen their relationships and legitimacy and to achieve the policies that are priorities for them. This is, of course, about their relationship with the population, but also about the relationship between different "authorities". The advocacy and change promoted by CVA is used by some authorities to influence other fields. For example, an executive from the provincial administration in Lubumbashi explained to us that "there was a gap between us and the provincial assembly because we could not penetrate some of them… and with advocacy [CVA], we got closer to the Members of Parliament". (2) The second element that promotes full collaboration is the authorities' involvement in the process (attendance to meetings, even when not strictly required, so that information flows). This is a point usually taken care of by World Vision CVA facilitators. Nevertheless, a series of interviews at the level of chiefdoms and ministries show authorities frustrated that they do not have more of a regulating role in the CVA process and criticise the approach for this reason. This is a delicate aspect for the CVA facilitators to deal with.

> *Key points*:
> - The CVA generally works well with local authorities.
> - The main sticking points are on issues that do not have a local answer, but inspiring examples of provincial and national level involvement can be found in the southern zone.
> - The change of political and administrative staff, the exclusivity of some CVA invitations, and the issue of *per diems* are barriers to working with the authorities.

WORLD VISION

World Vision's role is described by those we met as "raising the awareness of stakeholders to be able to identify problems in their communities using the standards and laws in each sector". This step is, according to our document review and interviews, well-executed. The principle of taking stock through performance audits followed by community meetings to decide on an action plan is accepted –as is the idea of using these plans for advocacy work with decision-makers.

The choice of facilitators and their training is essential, and in the words of a focus group participant in the south of the country, CVA is "only as good as its facilitators". Our research in South Kivu suggests uneven levels of competence between facilitators, with some being much less able to assist in strategies for identifying problems and parties with whom to engage in dialogue. A service provider in Kalehe Territory said: 'Among us, there are some who have taken their role as a supervisor or controller. There is a real risk of creating conflicts between the two parties.

Although World Vision describes its role as that of an initiator, evidence from different parties shows that the organisation's facilitation footprint is often quite substantial. The first fundamental step is the

selection of the standards and laws on which the community will rely. World Vision does an important job of making these documents available and popularising them –or at least sharing them (see next section), if not simply helping to ensure that they are created. As one WV manager explains:

> "If there are no standards in the services we would like to work in, we discuss with the government. The government can say we don't have the capacity, and World Vision can help recruit a consultant who can help us get the standards in that area. So World Vision facilitated the process in the livelihoods area. World Vision recruited this consultant to support the government."

This is not a problem –it is normal that reference texts are chosen and it is healthy to move forward with clear reference texts, but it is crucial to see how upstream in the process WV finds itself.

In practice, this role can be as simple as asking the authorities themselves to indicate which text should be the reference, but it can also be complex and involve helping communities to make this "choice". Most of the time, WV brings the different parties together to determine the priority standards in relation to the context and means available. An example given was that of a health centre: "one can decide to tackle first the reception capacity and the availability of inputs, leaving some standards unmet, although known". Let us clarify here that what we are raising here is not that there would be a "shopping around" between different norms with different content, but rather simply that there is a *de facto* prioritisation of certain texts within a largely coherent body of legislation and that the facilitation of WV is crucial (and, at the risk of repeating ourselves, this prioritisation is not a bad thing).

Secondly, WV, through its reputation and influence, is often crucial for meetings between parties to take place and be taken seriously and attended by all stakeholders (the role of NGOs in such meetings has already been well documented in the scientific literature, see for example Falisse & Ntakarutimana, 2020). As participants in a focus group explained: "World Vision seems to give the impetus to get things done". From the reports, it is clear that World Vision's role does not stop at training and sensitising people. It is also about supporting them in their contact with the authorities and other stakeholders - what the documents describe as phase 3 of the CVA: "improving services and influencing policies". Thus, WV stakeholders in South Kivu explain:

> "There are certain problems that the health zone cannot solve, because it has to be solved at the provincial level. If they can't do that, they have to go through the minister. So if you look at the law, that's where World Vision comes in, to facilitate the dialogue."

Key points:
- World Vision plays a crucial role in CVA. It is not just about training and awareness raising. In particular (but not exclusively):
- WV is instrumental in supporting the selection, and sometimes the drafting, of standards used in the CVA
- WV also plays a role in facilitating and linking the most complicated interactions, for example with public authorities at the supra-local level.

E. THEORIES OF CHANGE AND CVA MODES OF ACTION

We now turn to the CVA 'theory of change', i.e. the mechanisms by which CVA operationalises itself and brings about change. The CVA theory of change is based on promoting a peaceful dialogue that aims to transform relationships so that all stakeholders become accountable. Based on our research, there is no reason to question this theory fundamentally, but it can be qualified by trying to better understand the interaction between contextual factors and CVA (Williams, 2020) , and by exploring the different channels through which dialogue and community action lead to change.

The official documents mention 'pillars' which we use to structure this section: (1) public policy; (2) social accountability; (3) citizenship and social norms; (4) facilitation and citizen approach (dialogue); and (5) ownership of local information.

PUBLIC POLICY: STANDARDS AND STRUCTURES

Compared to other social accountability and community participation initiatives, the CVA approach puts extra emphasis on laws and standards. This is fundamental to the approach and is the most discussed mechanism both in the documents consulted and through the interviews conducted. For example, one research participant in Kinkole explains in a few words why he believes these norms are essential:

> "Well, if there are no standards, it becomes a jungle. We should make an effort, and who else should make an effort?"

Other stakeholders explain that monitoring standards allow them to "see if community structures are meeting the standards as set by the government". A WV field officer explains, taking the case of health:

> "They [the CVA committee] are following up, they say no the standards say we have to have an IT and an ITA in a health centre. The standards say that we must have in the external environment a shower for women and a shower for men, a toilet for women and a toilet for men. Does this exist?"

The basic idea of using standards is to clarify each party's expectations, duties, and roles. More formally, the CVA theory talks about :

> "Public policies (norms and structures): CVA activities and strategies are based on and planned to ensure the development of sound and fair social <u>norms </u>and structures and their effective <u>implementation </u>in the community."

Therefore, the idea is a three-step mechanism: the knowledge of the law and standards is followed by an assessment of the situation and the possibility of "claiming that right" (CVA facilitator). Let's focus on the first stage for now. As already outlined in the section on the role played by WV, the first step is to make the law and standards available. The CVA report "WASH" in Gemena explains:

> "The facilitator seeks out useful information that may come from policies, laws, action plans and reports of government or private or public enterprises. It is made available to citizens in a simple and understandable format. This information is then used by the citizens who express

their voice through the peaceful expression of their opinions, the ideal of change is expressed in a constructive dialogue."

WV executives admit that the Achilles heel of the CVA is that the approach "relies heavily on these norms and standards. Where they don't exist, it becomes a bit difficult to be successful or have a long-term impact". It is, therefore, quite logical (and important) to see serious investment from WV in this area. The CVA focal point in Gemena explains the role he plays in this –anchoring his work in the government's action at the national and international level:

> "Where we don't have standards, we try to see what is the acceptable level and what would be acceptable. So, for example, we take the international level, what the standards are, and we try to compare them with the reality on the ground and move forward. But the big effort remains standardisation."

A comment heard in almost every interview and named as a problem for CVA is that "most of the population is ignorant of the law". However, this assertion needs to be qualified –the sometimes violent demonstrations at local and national levels and various interventions in the public space suggest that the population has at least some idea of what it should, in theory, expect from its authorities and service providers. They are often aware of the main rules and have expectations of what the state and other actors should be doing. However, it is also clear that people worldwide (even the most educated) do not know the details of every law or standard. This is precisely where CVA comes in, not by educating about 'the law' in general, but by showing people that the norm, the law, can also be used as a tool to demand a change in practices. This approach has been the subject of much work and is known as the "*rights-based approach*" (sometimes even *legal empowerment*; Joshi, 2017).

Everywhere we went, we heard people say that this knowledge of the norms makes it possible to envisage concrete actions. In the are of health, the CVA approach has allowed users to acquire new knowledge on the norms of functioning of health facilities and the rights and duties of each stakeholder. This increased awareness means that these users actively participate in the search for solutions as actors who make proposals rather than complaints. Also, service providers who used to neglect users have understood that this is an opportunity to join forces to ensure that the services are of high quality –a prominent example being punctuality and opening hours. A respondent in Gemena revealed that, by observing the standards :

> "There were health centres that did not even have laboratory technicians, we only had people who had studied Latin and Philosophy and who were trained by the state to do the analysis...Today we have assigned laboratory technicians who have studied science to do this work...There were not even appropriate beds for childbirth in the health centres."

A crucial point to note, and one that adds complexity to the theory of change, is that the publicity around norms is also a reminder (or simply a training) for service providers who do not always fully understand their role. In other words, it is not just the community living in a certain ignorance of the standards; it is also the providers who, in good faith, were in ignorance before CVA. As one nurse explains:

> "It's something that I hadn't even studied, but once I was taught that this is how things should be, it really built me up. I feel comfortable that I can be sent to be in charge of a facility. I will know what I need to do there."

A manager of the CVA approach agrees:

> "When we started the training some of the nurses, some of the doctors even, said that they did not know the standards. The community members also did not know the standards. That's why we made posters on the standards to allow [understanding] even for someone who can't read."

However, this knowledge has limitations –mentioned in each of the four areas where we carried out fieldwork. The CVA approach is not a large-scale popularisation of the laws (or even a translation of these laws into the local language) –although some initiatives (in South Kivu for example) have seen the development of posters as the example above shows. This is not the ambition of CVA either, which does not include a media campaign for example. Two other points should be noted.

Firstly, only the people at the heart who are involved in the core of the CVA are aware of the law, as one participant in Kalehe explains: "the approach has not taken the whole of all the health areas or of... not even the health zone". The issue of intersectorality noted above applies here too: knowledge of the law, where it exists, is often limited to a particular sector (e.g. health standards, or education standards).

Secondly, it is also clear that the use of standards has its limits. On the one hand, an overly insistent use of the law can sometimes undermine dialogue: in South Kivu, some members interpret the CVA approach as an invitation to act as agents controlling service providers. A participant in a focus group in the south of the country explains:

> "If there are a lot of standards, it becomes as they say that "too many taxes kill the tax, too much tax kills the tax", so the person in charge should be able to issue standards that can improve the living conditions of the population."

The standards approach implies that these standards are necessarily the most appropriate, but some stakeholders point to generalising laws inconsistent with their particular circumstances. The problem is known to WV (and we mention it as a point requiring constant attention rather than a deficit). Two NGO leaders summarise some of that frustration and also reveal that the problem is not necessarily the *knowledge* of the law but its consistency and appropriateness:

> "You create laws that suit the person living in Europe while the person living in the DRC is not able to respect that law. We are not ignoring the law because we say that no one is supposed to ignore the law, but we want to make laws that fit the context where people live."

> "The standards that the government has dictated in relation to education, in relation to health, are enormous."

Key points:
- CVA relies heavily on the norms, standards, and laws of the sectors in which it operates.
- These standards help the public demand change, but their dissemination also directly helps service providers (who are not always aware of their duties).
- The work on standards (sensitisation, training) primarily strengthens an activist core (rather than a mass legal education).
- Like any approach, the standards approach has limitations, mainly that it is assumed that standards are necessarily good and appropriate.

The second step, once the norms are known, is to understand how well they are followed. To use the language of CVA theory, it is about people "initiating research and generating what they need themselves; analysing the information they have and using it to improve the quality of services that government and private companies offer to the community. This information should be used for advocacy at provincial, national or international level." This implies clear standards, and sometimes, as already noted, that new standards have been set. A WV executive in Gemena insists:

> "There must be standards in all sectors, and the big job that is being done now at the national level with the team is to make sure that by the end of this year we have standards in the livelihoods sector so that we can compare the standard with the reality on the ground. That's how it's done."

Ownership of local information is essential to the CVA approach: knowledge of standards and laws is only useful if the community is able to identify what is not in line with these standards (and demand changes accordingly). Interestingly, many on the side of service providers and the state also see this process as a useful safeguard, not only so that citizens can access better services, but also so that providers and the state are not wrongly accused of not doing their work. A representative of the Ministry of Decentralisation in South Kivu explains:

> "[With the CVA] the public has discovered that every government service is subject to standards and that it is now possible to criticise the performance of services in an objective manner without going overboard or underestimating them."

In South Kivu, in the health sector, one of the most significant changes brought about by the CVA is in the quality of services and is directly linked to the appropriation of local information. The health areas have developed, as explained by a focus group participant in Kalehe :

> "A spirit of competition so that at an interface meeting, we cannot be blamed and rated poorly. And the centre that has had a low rating can redouble its efforts to do better at the next meeting. These efforts to do better lead to an improvement in the quality of services. However, some standards are difficult to apply, especially those related to infrastructure, which would require the demolition of certain rooms. Yet, users and providers do not have the means to do so or to assign a qualified provider whose recruitment decision is beyond their competence."

Such appropriation and evaluation are not always unanimous, and dialogue is necessary to find a consensus (in South Kivu, the regulator intervenes at this level). For example, a stakeholder in South Kivu explains that:

> "At times, there were differences of opinion about the service provided between the providers and the users. That is, for the providers it is "very good", but for the users, it is "quite good" - for example."

At the heart of the local ownership mechanism are the tools developed with WV, and mainly the Community *Score Card (*CSC), which is described as absolutely central by stakeholders. It allows the CVA committee (or the community-based organisations involved in CVA) to establish a "performance rating with the service providers by giving scores and then calculating average scores and seeing where the centre stands on a scale of 100". The advantage of the method is that an easily understandable

product can then be used in an interface meeting with a larger number of stakeholders (and where decisions usually have to be taken) or in lobbying activities. The disadvantage, pointed out by some stakeholders, is that this method makes it difficult to discuss elements beyond the norm, as a focus group participant explained: "If the community sees that we need so many beds. Are we going to stay within that standard [which sets a number of beds] and continue to observe needs that are greater than what the standard provides for?"

Key points:

- Ownership of the standards provides a framework within which actions and progress are recorded.
- At the heart of the local ownership mechanism are the tools developed with WV, and mainly the Community *Score Card* (CSC).

FACILITATION AND DIALOGUE

The CVA approach has created a framework for dialogue that brings together users, service providers, and government members to find agreed solutions to locally identified problems. "The aim is to empower communities to engage in dialogue themselves." In many settings, this approach is new –community initiatives are not new, but the dialogue dimension is. The approach has brought actors together at local level. For example, as the manager of CVA in Lubumbashi explains:

> "CVA actors need to go beyond the overall theory of the approach and get communities to listen to other experiences either from service providers, especially industrial companies, or from government officials and agents."

Other field workers, such as this NGO leader, agree:

> "The strength of the CVA is dialogue. That is the first strength. It sets up a dialogue in an almost peaceful climate where all actors agree on the problem."

Dialogue can take place at different levels. In South Kivu, it is mainly limited to local and a few provincial discussions, whereas in the southern zone, the actors appear to be much more organised and able to participate fully in what matters for planning in the communities: budgeting. The community-based organisations in the zone make targeted and oriented pleas at the province or even the country level and during budget sessions to representative assemblies. They are invited to inform the people's elected representatives on certain action plans.

The issue of scaling up the dialogue is crucial because, as we detailed earlier in this report, the further away from the local level, the less likely it is that problems will be solved. Most of the promises that are realised are those that do not require financial means and are decided locally, while those that require financial means –often decided at the supra-local level– often remain unaddressed. Some respondents take a radical position: since the state has not provided sufficient means in its budget, CVA should, they say, involve economic operators because *they* can directly act in place of the state, mobilising their resources and pressurising national deputies who intervene in the budget vote. Such a suggestion highlights that scaling up the dialogue is a game of alliances. As one WV zonal officer explained: "if the pressure at the lower level that is generated by the CVA creates a connection with the

national advocacy model, I believe that it will create a common force that is able to push the government, authority, or partners to reach out to different partners". We saw earlier how this power play works well in the southern zone but less well in other zones.

A NEW SPACE FOR CONFLICT MANAGEMENT?

The CVA approach creates a new space for conflict resolution. Many stakeholders explain that before CVA, people were making claims "without being based on the norms" and most cases ended in confrontation and failure. According to the people we met, CVA creates "a climate of dialogue in any advocacy action". As a civil society representative in the west of the country explains:

> "In any case it was never good; everything always ended in violence, arbitrary arrests, mistrust. People avoided each other instead of coming together because they had become enemies. The way they wanted to claim their rights with violence always left marks and wounds in the victims. They were always at loggerheads; there was no good understanding. But with the CVA approach, at least today, people know how to tell each other how they can change things differently.

Through the interface meetings with all stakeholders, confusion and prejudice are reduced, and the parties engage in a peaceful and collaborative manner. A case in point is Kisantu, where there was a major problem with the supply of electricity between the population and the energy distribution company, SNEL (see case study 5). In the same vein, we can mention the testimony of a focus group participant in Kasungami in Katanga:

> "With other approaches, we could confront each other, we had pressure groups with service providers, with companies. At times, it encouraged people to take to the streets, but the CVA approach teaches people to act or to demand something through non-violence. We learnt advocacy techniques and how to conduct a peaceful non-confrontational dialogue."

Key points:
- CVA creates a new space for dialogue that rarely existed in the communities where it is applied
- Scaling up such space the, from the local to the provincial or national level, or between areas, remains complicated.
- The new space for dialogue that is being created is a credible alternative to violence.

SOCIAL ACCOUNTABILITY

The question of social accountability has already been developed in the previous sections (and mainly in the sub-section on communities), so we will not go into detail. CVA theory speaks of "strengthening *existing* systems and structures to address the causes of poverty and reform public policy and practice". We have used the notion of social accountability in a broader sense in this report, but it is clear that CVA does not come in a social vacuum. We have already explained how, especially in the areas of health and education, CVA builds on and strengthens pre-existing structures through community mapping tools, but it is also, as one CODESA member points out: "a technique of dialogue with decision-

makers. This approach is special in that it brings the community closer to decision-makers with its techniques".

The CVA can therefore be described, in some sectors, as empowerment of members of already existing institutions. It has also fostered a certain inter-sectorality, as explained to us by a chief-nurse who spoke of "the involvement of COPAs [school parents committees] in the activities of health centres".

More fundamentally, the issue of social accountability raises the question of the follow-up of promises and commitments. At this level, the field research shows that the existence of quantified standards is an undeniable asset for enforcing compliance with commitments, as is the existence of institutions such as CODESA, COPA and community-based organisations that have the capacity to monitor. As one WV official explains, accountability is more complicated in areas such as protection where "we have a problem because there are no clearly defined norms that guide the dialogue at the community level. [...] It was easy in health because when we remind the ministry that x number is the standard [but when we talk about protection] this constructive discussion becomes very fluid. We don't have evidence to prove why a service wasn't done."

> *Key point*:
> - The CVA raises the question of institutions that can follow up on promises and commitments. Existing institutions and clear standards greatly facilitate this work.

CITIZENSHIP AND SOCIAL NORMS

As highlighted in the introduction, CVA and the idea of social accountability (in a broad sense) are issues of democracy and citizenship. A final pillar of the CVA approach is thus "the citizen's approach to advocacy: they themselves [citizens] must decide what actions they wish to take, their own experiences, information and aspirations for the future or the future of the community". A change in social norms is therefore aimed at by CVA, but is also necessary for the CVA approach to be fully deployed. It operates at different levels.

The first level is empowerment of the different parties involved. We have already mentioned communities and service providers who become aware of their rights and duties - usually by taking ownership of the norms. As one focus group participant explained: "users have become knowledgeable and when they go to the [health] centre, the providers treat them with great esteem because they know that they are dealing with an informed patient who knows how to claim their rights", and this is echoed by the service providers, such as this chief nurse who said: "from a technical point of view, or at least we, the provider, with the users' grievances, have changed our way of receiving and welcoming users".

The second level is the dimension of dialogue that we have just discussed. This is often a significant change from old practices, as one participant in Kinkole explained: "old habits that had to be broken to bring in the new approach, that was the big challenge. There was resistance at the beginning. To break this resistance we referred to resource persons, opinion leaders, people who are listened to among others."

The third level is a change in the relationship with the authorities. Many testimonies abound in this sense. This one summarises the opinion of many: "some people may believe that authority at the top

cannot be approached. But with the CVA approach, we see that there are levels of authority from the bottom to the top and there are many ways to reach these different authorities." Again, this is a change in social norms, as this NGO leader in the south of the country explains:

> "Yes, I admit that CVA has challenged social norms, but it is in a positive sense where everyone feels that this is the solution or the development issue is everyone's business. Ordinary citizens are empowered by the approach as they can now approach service providers without fear but have the opportunity to discuss with their local and even provincial authorities. On the government side, the real problems of the community are known and sincere exchanges are made on the basis of data collected at the grassroots. In short, at present, relations are good between the three stakeholders, although the vulnerability in which the community lives does not allow for the desired change."

The people we met did not fail to point out the changes underway at the local and sometimes provincial level, noting the different levels of achievement and success of this process. However, one question that came up repeatedly was whether the national level would also be capable of a change that many felt was essential for the sustainability of CVA's achievements. To quote a participant in a focus group in Lubumbashi: "I was comparing CVA to the system of our MPs saying that if only they worked with the idea [CVA], they could do better."

> *Key point*:
> - CVA has brought about changes in social norms, mainly in terms of trust in authorities and transparency of activities.
> - The change in the relationship between citizens and authorities is in itself an *outcome of* the CVA. It is not only a means.

RETHINKING THE THEORY OF CHANGE OF CVA IN THE DRC

We now return to the theory of change of CVA in the DRC context. As we have already pointed out, there is no theory of change for CVA specific to the DRC, but does the general theory of change hold in the light of the evidence reviewed? As a reminder, the theory of change is articulated in five phases: (1) organising, (2) facilitating citizen organisation, (3) engagement through community meetings, (4) action plans, and (5) finally improving services (and influencing policy). Not surprisingly, this is indeed the sequence that our research participants usually describe, but with nuances or emphases that correspond to the specificities of the Congolese sector and context, as we have seen in Parts C and E. The table below sets out our main observations with a sectoral reading grid.

Table 3 some specificities of CVA, by sector

	specifics	*focus in the CVA process*
Health	- pre-existing community mechanisms, sometimes strong (CODESA, RECO) - often very localised problems - well-defined standards	- community cards - community plans - training/direct change of provider - direct community action/work
Education	- pre-existing EU mechanisms (COPA)	- community cards

WASH	- often very localised problems - fairly well-defined standards - need for an often heavy infrastructure	- community plans - training/direct change of provider - direct community action/work - funds mobilisation - citizen inventory/needs mapping - direct community action/work - political commitment
Protection	- standards often already known but not applied	- citizen monitoring - local action plan with authorities - direct community action/work
Resources extractive industries	- with the private sector - often lack of pre-existing standards - often need for province-wide or country-wide solutions	- civil society key player - state of play of citizens - coalition of actors - restoration of dialogue
Land	- claims to property (land) owned/operated by others (legally or otherwise) - livelihoods sector often lack pre-existing standards	- search for rights titles (land titles) - Lobbying and influence at the supra-local level - political commitment

It is important to remain cautious; we do not claim here to cover absolutely all cases but rather the general trend observed –if we do not quote an element of the initial theory of change it is not because it is totally absent but simply because it is not the point people emphasised.

Two routes through which change seems to occur that are not explicitly included in the CVA theory of 'generic' change should be noted: (1) a change that is directly owned by the community as a result of the problem identification process (via a community map or otherwise), e.g. the construction of infrastructure by the population without waiting for the provider or the authorities, and (2) a direct change in the behaviour or work of the service provider simply because he or she has become aware of the norms, without necessarily lobbying, monitoring, or discussion with community members.

The changes observed throughout the previous sections correspond to different "routes". On the one hand there are changes that are primarily the result of local discussion and that lead to a response from the service provider without the need to go too high up the chain of authority –this is especially the case in the field of health and education where norms exist and where local structures have room for manoeuvre (of course in some cases it is necessary to go back to the provincial level, but rarely higher). The support of the provincial or zonal authorities (health or education) is useful and strengthens and gives credibility to the process, but it is essentially a "short route" CVA, which is locally regulated. In other areas, or for other problems, however, there is no possibility of resolving things entirely at the local level and it is then necessary to take a longer route, going up to the provincial or even national level, and investing more time and energy in building a coalition of actors.

In terms of the Congolese context, it is difficult to do justice to all the elements that matter, but the following points seem important to highlight:

(1) the context is marked by many levels of power, and collaboration between these levels of power is not always easy (the resources needed for the change desired through CVA can be found at different levels and key people change quickly);

(2) There are not always ready-made laws or standards for each sector;

(3) The context is one of significant poverty and political instability, which exacerbate the problems of per diem and rent-seeking (and give great weight to "sprinkling a few bucks" as a way of getting around a problem);

(4) sScial norms and a long history of frustrations make confrontation, sometimes violent confrontation a fairly common mode of protest; and finally

(5) There is a history of civic engagement that is different in different parts of the country, with civil society organisations that are sometimes already well-structured and can act as relays.

The diagram below aims to show the main possible situations (without pretending to be exhaustive and with a view to stimulating debate).
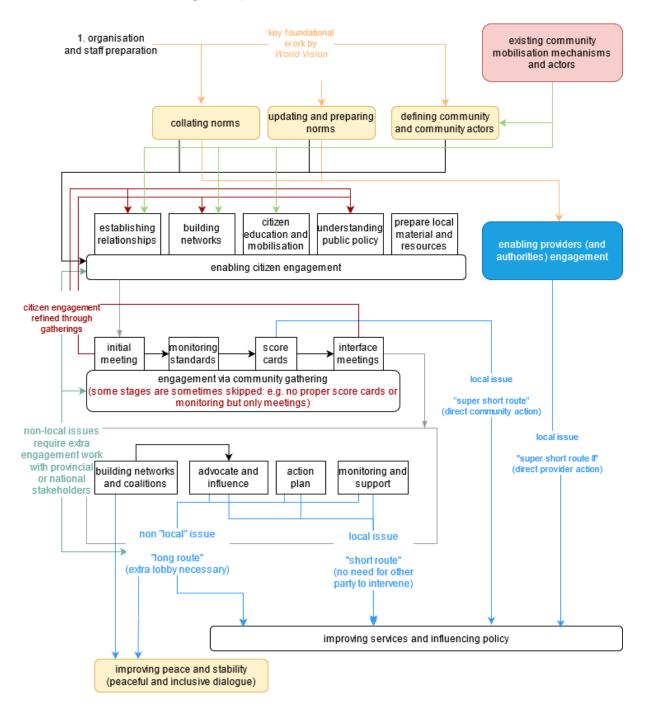

Figure 8Visualisation of some important elements of the theory of CVA change in the DRC

The path for change sometimes goes through many stages, sometimes through a few. The elements in black are the "original" elements of WV's general CVA theory of change. Note (1) the standards-level foundation work done by World Vision (yellow), (2) the non-linear process of refining community engagement back and forth between meetings and understanding preparation (red), (3) the type of change process (blue and green).

Proposing a full theory of change of CVA for the DRC is beyond the scope of this report for several reasons. Firstly, a good theory of change should come from the actors involved, drawing on their experience, rather than from external consultants who would dictate the terms of the theory. Secondly, it is not clear that establishing a CVA DRC theory that works usefully across all relevant sectors is possible. In the above outline, we do not pretend to provide a readymade theory of change adapted to the DRC context but rather provide a basis, or simply proposals, for reflection and action. We suggest paying particular attention to the following points: (1) the more direct effects of CVA (which do not need the whole cycle), (2) the distinction between levels of change, which are themselves linked to different sectors of intervention, (3) the distinction between different types of authorities and community actors, and (4) the substratum of norms and social standards in which CVA is embedded. It should also be noted that the process is not necessarily linear (or cyclical). It can go back and forth. We also suggest that action plans, coalition building, monitoring and advocacy should not automatically be synonymous with service improvement.

F. SUSTAINABILITY, CONCLUSIONS, AND RECOMMENDATION

SUSTAINABILITY

UNDERSTANDING(S) OF THE SUSTAINABILITY OF THE CVA

Some of the WV staff we spoke to see sustainability as primarily a question of training. As one of them (in Lubumbashi) explains:

> "The availability of operating standards for health facilities and the CVA guides given to all actors constitutes a mechanism for the sustainability of the approach, and we have trained community facilitators, there are already resources in the community that have capacities in this approach."

And a member of an organisation working with WV on CVA in South Kivu agrees:

> "Another fact is that the recruitment of facilitators was local to ensure the sustainability of the approach. The communities themselves have taken this approach even to other sectors other than health. This is a strong signal that the approach has been appropriated at the community level."

In general, the citizens who have been involved in CVA do not seem to have ownership issues. As one participant in a focus group in Fugumure explains: "we have already taken ownership [of CVA] and we can go further", in another focus group (southern zone) a participant goes further: "World Vision has to leave, but the approach will stay". However, almost all focus group participants also explain that they think that the departure of WV would cause problems, and they are joined on this point by the

civil society and government representatives we met. The key issue is that of transition, or, to use the more flowery language of a focus group participant in Kasungami :

> "What do we do to wean the child? We take milk and all that and prepare for weaning. I will return the question to World Vision, what are the policies they advocate to wean and make solid the actions we are committed to, for which we have worked day and night?"

Three elements stand out and need to be addressed with great care to avoid World Vision finding itself in a situation where, as the Maluku focus group participants explained: "World Vision trained us for savings groups as P4 [another participant] had just said. But look where we are now? We are abandoned!" They are important to effectively sustain the 'permanent dialogue' intended by the CVA approach.

1. The most straightforward element for sustainability is familiarity with the approach beyond the circle of insiders. As one participant in a focus group in Kalehe explained:

> "The other weakness is the lack of additional training so that a large critical mass of the community and all authorities become aware of the scope of CVA and can actually engage in the interface meetings, not verbally."

It is a question of the scale of interventions, and the "solution" appears simple, more support for more CVA activities.

2. Secondly, as we have already pointed out, WV does crucial work on finding and sharing standards and laws and facilitating meetings between parties. There is no guarantee that the community will play this role of facilitator and 'matchmaker'. Strengthening the communities is essential for the sustainability of WV, but sustainability is also about strengthening partners, and there are doubts about this – including at the level of WV managers. The biggest fear is that in the absence of WV, authorities at higher levels will stop getting involved. As these women in two focus groups in the east and south of the country point out:

> "[We hope that] the departure of WV is not early at this stage as we still need support in implementing our action plans, especially in terms of influencing policies in favour of CVA."

> "World Vision needs to be able to review its strategy for involving or influencing policy. As experience shows that the community and providers have understood the rationale of the approach, it is time to work on a national and international strategy that can ensure that all levels of health and political/administrative authorities are aware of the rationale for CVA."

In Fugumure, the perception is the same: "the problem can be dealt with, but at a very high level, for example in Kinshasa. Now we lack a relay who can take it on and make it known at Kinshasa level to find a lasting solution". As a participant in a focus group in Gemena explained, a constructive approach would be to ensure that the link with the government is built as early as possible in the projects:

> "To associate the government, above all, to be in permanent contact with them if they have made a plea to the state because the project is dragging on. The partners who will come, we will ask them to be in permanent contact with the government."

It is also a matter, as another participant in this focus group explains, of the government valuing the CVA community through World Vision:

> "Thank you very much, I want our partner World Vision to help us to develop because we come from several structures. This will enable us to make representations to our decision-makers who will help us with legal documents that will help us to work after World Vision leaves. This is what will help us to become autonomous in order to continue."

One idea mentioned during a focus group would be to "set up a CVA body at the territory level that will take care of the follow-up of CVA activities after WV has left". However, as explained above, the authorities do not particularly welcome the potential creation of a structure that risks duplicating some of the activities they consider to be their prerogative. Some informants explain that this role could be played by the "regulator", i.e. government officials: "the regulator does not have enough possibilities to interact in the interfaces!"

3. Finally, as the research participants are quick to point out, it is also a question of practical and financial resources for organising meetings (often with refreshments in DRC). The financial issue comes up repeatedly in discussions about sustainability and is related to what Ridde (2010) calls "perdi-emitis", i.e. a tendency of agents at all levels to become active only in the presence of a per diem (in the broadest sense, in which we include, for example, also 'transport costs' which would cover much more than transport costs). The discourse is echoed by the members of the CVA committees who "feel that missing a small incentive even though it is community work creates a demotivation in some people who sometimes face difficulties in their families, and the CVA activities take a lot of time that they should have spent on other activities to support themselves". In another focus group, this time in the southern zone, the argument was similar:

> "The recommendation I can give for CVA to stay and for others to really like it in the first place: I would like this CVA team that is popularising to be motivated, to have a small salary or a small piece of soap that can help keep the work going."

WV's partners also support this. For example, one of them in South Kivu :

> "In any case, it will be necessary to reflect more on the support to local taxation through awareness sessions and to add that in the absence of budget at the local level, it will be difficult to follow the activities on the ground, it will be necessary to consider organising workshops at the provincial level to capitalise on the good practices brought by the CVA approach at the community level."

And during a focus group in the southern zone, a participant explains:

> "I will propose to WV to develop mechanisms to perpetuate the approach before it leaves the area, in particular the organisation of complementary training to reach a greater number of people, to initiate economic revival activities such as income generating activities that will allow the CVA committees to ensure transportation during the different visits to the structures, the purchase of credits for communication.

The question of *per diem* it is a question of collective action that requires a change in society's norms. It also requires coordination between the different actors. However, it is not unreasonable to think that a true indicator of the success of WV would be to see initiatives continue without the need for this "facilitation", as a WV executive in South Kivu proudly explains:

"In other programmes] there is a little bit of fear because if you don't give, will people be there or won't they be there. But with WV it's not like that. So people are really involved without getting anything back from WV but they are there, they are really enthusiastic. It's really personally a strategy that I like."

And in the southern zone, a focus group participant explains that the people involved in the CVA "have taken ownership of the approach and are actively involved even if they receive nothing".

To conclude this section on sustainability, let us highlight two antithetical scenarios, which embody both the great fear and the great hope of CVA. The great fear is that of regression into violence. In this scenario, things get bogged down, and violence returns. As explained by a participant in a focus group in the south of the country:

"At times the demands made within the framework of the CVA take a little too long, the authorities neglect the demands. Since there is not really too much pressure in relation to the way of claiming it, since we are dealing with authorities who are already used to a way of claiming, burning tyres, barricading roads".

The hopeful scenario comes from the "natural experiment" experienced at the time of COVID, when WV actions were interrupted and communities trained in CVA were suddenly left to fend for themselves. As a WV representative in Gemena remarked:

"We were away for I think three to four months with this COVID thing, but let me tell you that people continued to work. Without any support from World Vision, but they continued to work. They did the activities, they did the performance reviews, they went around the projects, they saw, they documented and when we came back it was just to compile the report and prepare the interface meeting."

ELEMENTS AT THE LEVEL OF WORLD VISION FACILITATION

Sustainability also comes from the role of World Vision and the staff involved in the approach. With the exception of a few people who had just joined the organisation, all the people met had a good understanding (at least in theory) of the principles of CVA. Itt seems that the guides on the subject work well, even if a guide more directly connected to DRC would be welcomed, as well as, as a World Vision staff member from the southern zone reports, "clear and precise pragmatic tools of the approach according to the types of sectors and even the realities of each province".

As highlighted earlier in the report, a missed opportunity for strengthening the effectiveness of the CVA approach is the exchange of experience between zones and sectors. At the moment, this exchange takes place when a staff member changes assignment and brings their CVA baggage with them, or through the national coordination, but a more direct exchange seems possible –and is suggested by the research participants. This exchange needs to take place at three levels. First, it is about capacity building and capacity strengthening of staff. There are no major concerns here.

Secondly, it is about joining forces and sharing information about facilitation work, especially in terms of approaching government parties and businesses, which are not easy actors to approach. In the same vein, an element that came up in most of the interviews and which we have already discussed at length is the need to identify standards for effective facilitation. As explained above, CVA relies on knowledge

of laws and although World Vision staff seem to have a good general knowledge of laws, the more specific aspects can always be improved. A World Vision country manager agrees: "We need to know what laws exist that cover and where there are conflicts and where there are no conflicts. So we need to communicate, and share with colleagues that the laws of the country cover all areas."

Finally, it is about sharing the results generated by the CVA and the community evaluations to maximise the impact of the actions undertaken and their relevance. At this level, a World Vision tool exists: *Database*. It "centralises the results of social audits, scorecards and action plans that constitute the CVA approach" and has been available in DRC since 2019. However, it was only mentioned by two of the people we met, especially in the western zone where the indicators are closely monitored. This does not mean that other people do not use it, but rather that *Database* does not play a central role even though the tool seems to echo actual needs from the field. *Database* also allows, in theory, to work on coordination between organisations active in community participation (this lack of coordination with organisations using CVA-related approaches is a weakness reported during the interviews).

Finally, at the risk of repeating ourselves, a major weakness of the CVA that is reported by World Vision staff is the need for greater coordination and effort at the national level. As a WV staff in Lubumbashi explains: "There is nothing in the CVA approach on how to influence national policies at the level of Kinshasa. Once again, the initiators of CVA should rethink this phase of influencing policies, especially at the central level."

Key points:
- The approach appears to be more sustainable and likely to survive the departure of WV in the southern zone (and also, to a lesser extent, in Gemena and South Kivu). This is probably related to the longer experience with the approach, as well as the mobilisation of highly competent civil society organisations.
- The approach remains fragile in other areas, especially the west, where WV continues to play an important facilitating role (without a clear replacement being identified).
- There is no issue of ownership by CVA committees, but the same is not true of the general population. It is likely that a "critical mass" is needed for CVA's sustainability.
- The pervasiveness of *per diems* and the financial expectations of some CVA participants is a serious threat to the sustainability of the CVA.
- The blocking of CVA initiatives at provincial or national government level is a threat to the CVA, among other things because it requires a facilitating intervention from World Vision.
- In terms of implementing the CVA, World Vision would benefit from developing the exchange between its staff and drawing more on existing tools such as Database.

CONCLUSION

There is no doubt that the WV CVA approach strengthens social accountability in a broad sense and brings users, providers, and government to the same table. The approach, which relies heavily on standards and laws, seems to work best in sectors where sectoral standards –especially those relating to infrastructure and service expectations– are clear: health and education. These are also sectors where community institutions exist and can support the CVA process. Nevertheless, even in sectors that are *a priori* more complicated, such as the mining sector or land tenure in the southern zone, important victories have been won through CVA, relying on community-based organisations but also on new

initials such as the children's parliament, which gives a predominant place to young people. Perhaps most importantly, the stakeholders we met describe a process of changing social norms. This is gradual, and CVA should be evaluated over several years rather than over the time of short projects. Still, it suggests a strengthening of dialogue as a tool for conflict resolution and a change in the relationship between citizens and authorities. Some trust is returning. Obstacles remain, especially in the northern and western zones (and to a lesser extent in the Kivus), and are linked to the sectors of activity and pre-existing power relations.

The greatest challenge to the sustainability of the approach, and indeed to its real success, is that the change that is detectable in some communities and provinces also extends to the national level, which holds the key to a range of issues. WV will also need to continue to play an active facilitation role and can help accelerate the change in institutional and interpersonal norms needed to embed social accountability. Ultimately, CVA is about the full exercise of democracy, including access to channels to express opinions and accountability by and for all. The success of the CVA is therefore intimately linked to the progress of democracy at all levels. Rather than recommending policy changes, it is important to emphasise here that the necessary change is in (the way) public policy is made and implemented –these changes are, by their nature, often relatively slow but are encouraged by the citizen mobilisation of projects such as the CVA.

RECOMMENDATIONS

For WV and the authorities, to improve the *functioning of* CVA processes:

Challenge/Weakness: *Difficulty in solving problems identified by the CVA when they have a national dimension*, due to the low ownership and knowledge of the approach at this level.

- → **Establish guidelines and strategies for CVA facilitators and staff to engage with stakeholders at the national level.**
- → Intervene at the national level to **raise awareness among national ministers and parliamentarians about the CVA approach and successes** and the role they have to play in them.
- → **Engage a discussion with the government side to fully integrate CVA elements** (e.g. issues identified at the grassroots level) **into budgeting and planning processes** at different levels, as is being done in some cases in the southern zone –and building on this experience. It is about (1) ensuring that CVA processes have influence (and that the problems they have identified are solved) and (2) properly resourcing CVA processes beyond WV's support. Ultimately, it is about bringing about a change of mindset, which is, by definition, a relatively long-term process. One promising avenue to spark collaboration would be for the CVA committees to come and **present solutions** and not just problems **during the planning and budgeting sessions**.
- → Develop an active promotion of the CVA's successes via the media, including the social media that matter.
- → Establish a **national forum** that would either involve existing institutions (reformed or sensitised to be receptive) or a **new role** (some countries have set up a "rights defender" or a "national ombudsman" who plays this relay role).

<u>Challenge/weakness</u>: fear of stakeholders that the approach will not survive the departure of WV*, significant risk that the approach will not be fully sustainable.*

→ Integrate earlier in the CVA process the fact that a critical mass is needed to make the approach sustainable. Mobilisation beyond the CVA committees is needed. Facilitate the formation of a critical mass trained in CVA tools that is larger at the grassroots level.

→ Develop a reflection on the selection process of civil society organisations involved in the CVA, particularly the possibility to **support quality but non-accredited associations to either get accreditation or participate in CVA** (with criteria).

→ The leadership skills of WV managers are of paramount importance in the scaling-up process. **The role of WV as (1) initiator and facilitator of the process of extension and selection/production of standards and (2) as intermediary and facilitator between levels of power needs to be taken over** by an institution. Such institution is yet to be identified and may vary according to contexts and sectors, as it is not clear that CVA communities and committees can or should play this role. Credible and legitimate religious, community, or state authorities can play this role (and some are already asking for it).

→ On the issue of per diem, which is significant: anticipate the problem and try experiments without per diem early in the CVA process –or find a local resource to finance possible operating costs. It is a question of de-linking the sustainability of the CVA and that of *per diems* –no sustainable CVA structure can be put in place in DRC if it is mainly motivated by a financial incentive.

<u>Challenge/weakness</u>: experiences with CVA in contexts of violence and forced displacement are so far limited and mainly in the field of primary health care (one of the areas where CVA works best because of clear standards). More generally, *CVA experiences are very diverse and it is not always clear which contextual factors matter and how.* There is no theory of CVA change specific to the DRC and its experiences, which makes it more difficult to analyse problems. There is little exchange of experience between sectors and areas.

→ This report provides, at the end of section E, **the first draft of a grid for reading and understanding the situation in different contexts and avenues for developing a theory of CVA change specific to the various DRC contexts. It will be necessary for WV and its partners to discuss and develop this theory of change**.

→ Building on the reflections in this report, it will also be essential for WV to define more clearly what is meant by fragility - many areas are 'fragile', and fragility is multifactorial. The theory of change will help to better account for this complexity of the notion of fragility.

→ **Develop the CVA process as a forum for conflict resolution** in areas of instability. Beyond the sectoral problems, the circumstances created by the CVA are promising. It will be essential to document this process well.

→ **Develop the exchange of success stories** (and challenges) at the level of all parties involved in the CVA, both between sectors and between zones - among others via *Database* (see below), but also for example via the production of short video or audio clips, games, and case studies.

<u>Challenge/Weakness</u>: Reports mention *frequent under-spending* on CVA activities, while interviews suggest a lack of funding.

→ Re-think the budgeting of CVA activities and developing flexible multi-year solutions.
→ Raise awareness among donors that successful CVA requires adaptable budgets.

Challenge/weakness: In many areas –especially those outside the education and health fields– the *standards* are vague, which weakens the implementation and effects of CVA:

→ Continue the work to support the development and selection of standards.
→ **Share standards between sectors and zones so that the same work does not have to be repeated.**
→ **Ideally, support the government or take the initiative to create a compendium, e.g. a website, of all the standards used in CVA.**

For WV, in order to improve the *documentation* of CVA processes:

→ Raise awareness among World Vision staff on a more comprehensive use of the *Database* platform.
→ Many reports repeat the same CVA actions year after year. Link the CVA more explicitly to actions (the latest ASM reports go in this direction) and clearly distinguish processes from results.
→ Focus on actions, not just meetings and plans (more recent reports are better at this).

G. REFERENCES

Baird, M. (2010). *Services Delivery in Fragile and Conflict-Affected States* (World Development Report 2011 - Background Paper).

Brett, E. A. (2003). Participation and accountability in development management. *Journal of Development Studies*, *40*(2), 1-29. https://doi.org/10.1080/00220380412331293747

Chesterman, S., Ignatieff, M., & Thakur, R. (2005). Making states work: state failure and the crisis of governance. In *New York*. United Nations University Press.

Community Matters PTY. (2018). *Citizen Voice and Action for Government Accountability and Improved Services: Maternal , Newborn , Infant and Child Health Services. October*.

Cornwall, A. (2011). *The participation reader*.

Cornwall, A., & Pasteur, K. (2000). Introduction: Accountability through Participation in the Health Sector. *IDS Bulletin*, *31*(1), 1-13.

Falisse, J.-B. (2016). *The Community Governance of Basic Social Services in Fragile States: Health Facility Committees in Burundi and South Kivu, DRC*. Oxford.

Falisse, J.-B., & Ntakarutimana, L. (2020). When information is not power: Community-elected health facility committees and health facility performance indicators. *Social Science and Medicine*, *265*(August). https://doi.org/10.1016/j.socscimed.2020.113331

Fox, J. A. (2015). Social Accountability: What Does the Evidence Really Say? *World Development*, *72*, 346-361. https://doi.org/10.1016/j.worlddev.2015.03.011

Gaventa, J. (2002). Exploring citizenship, participation and accountability. *IDS Bulletin*, *33*(2), 1-14.

Grandvoinnet, H., Aslam, G., & Raha, S. (2015). Opening the Black Box: The Contextual Drivers of Social Accountability. In *World Bank Group* (Issue 3). The World Bank. https://doi.org/10.1596/978-1-4648-0481-6

Guerzovich, F. (2019). *On learning about transparency & accountability... and how to move this debate forward (Part 1)*. World Bank Blog. https://gpsaknowledge.org/blog/on-learning-about-transparency-accountability-and-how-to-move-this-debate-forward-part-1/

Guerzovich, F. (2020). *Conquering our blind spots: Glamorizing the everyday politics of accountability*. https://gpsaknowledge.org/blog/conquering-our-blind-spots-glamorizing-the-everyday-politics-of-accountability-part-1/

Humphreys, M., Sánchez de la Sierra, R., & Van der Windt, P. (2019). Exporting democratic practices: Evidence from a village governance intervention in Eastern Congo. *Journal of Development Economics*, *140*(November 2017), 279-301. https://doi.org/10.1016/j.jdeveco.2019.03.011

Joshi, A. (2017). Legal Empowerment and Social Accountability: Complementary Strategies Toward Rights-based Development in Health? *World Development*, *99*, 160-172. https://doi.org/10.1016/j.worlddev.2017.07.008

Joshi, A., & Houtzager, P. P. (2012). Widgets or Watchdogs? *Public Management Review*, *14*(2), 145-162. https://doi.org/10.1080/14719037.2012.657837

Lodenstein, E., Mafuta, E., Kpatchavi, A. C., Servais, J., Dieleman, M., Broerse, J. E. W., Barry, A. A. B., Mambu, T. M. N., & Toonen, J. (2017). Social accountability in primary health care in West and Central Africa: Exploring the role of health facility committees. *BMC Health Services Research*, *17*(1), 1-15. https://doi.org/10.1186/s12913-017-2344-7

Mafuta, E. M., Kayembe, P. K., Mambu, T. N. M., Dieleman, M. A., Hogema, L. M., De Cock

Buning, T., Khomba, P. N., & Zioko, F. M. (2015). Social accountability for maternal health services in Muanda and Bolenge Health Zones, Democratic Republic of Congo: A situation analysis. *BMC Health Services Research*, *15*(1). https://doi.org/10.1186/s12913-015-1176-6

Mafuta, E. M., Mambu, T. N. M., Kayembe, P. K., Hogema, L., De Cock Buning, T., Dieleman, M. A., Kiyimbi, P. B., & Indebe, B. P. (2016). Understanding the local context and its possible influences on shaping, implementing and running social accountability initiatives for maternal health services in rural Democratic Republic of the Congo: a contextual factor analysis. *BMC Health Services Research*, *16*(1), 1-13. https://doi.org/10.1186/s12913-016-1895-3

Malena, C., & Forster, R. (2004). *Social Accountability An Introduction to the Concept and Emerging Practice* (No. 76; Social Development Papers, Issue 76).

Mansuri, G., & Rao, V. (2012a). Localizing Development. Does Participation Work? In *Localizing Development*. World Bank. https://doi.org/10.1596/978-0-8213-8256-1

Mansuri, G., & Rao, V. (2012b). Localizing Development. In *Localizing Development*. World Bank. https://doi.org/10.1596/978-0-8213-8256-1

McGee, R., & Gaventa, J. (2011). Shifting Power? Assessing the Impact of Transparency and Accountability Initiatives. In *IDS Working Papers* (Vol. 2011, Issue 383). https://doi.org/10.1111/j.2040-0209.2011.00383_2.x

Molyneux, S., Atela, M., Angwenyi, V., & Goodman, C. (2012). Community accountability at peripheral health facilities: a review of the empirical literature and development of a conceptual framework. *Health Policy and Planning*, *1*, 1-14. https://doi.org/10.1093/heapol/czr083

O'Meally, S. C. (2013). *Mapping Context for Social Accountability*. The World Bank.

Ridde, V. (2010). Per diems undermine health interventions, systems and research in Africa: burying our heads in the sand. *Tropical Medicine & International Health, 15*(7), E1-E4. https://doi.org/10.1111/tmi.2607

Rifkin, S. B. (1996). Paradigms lost: toward a new understanding of community participation in health programmes. *Acta Tropica*, *61*(2), 79-92.

Rifkin, S. B., Muller, F., & Bichmann, W. (1988). Primary health care: on measuring participation. *Social Science & Medicine, 26*(9), 931-940. https://doi.org/10.1016/0277-9536(88)90413-3

Schaaf, M., Topp, S. M., & Ngulube, M. (2017). From favours to entitlements: community voice and action and health service quality in Zambia. *Health Policy and Planning, 32*(6), 847-859. https://doi.org/10.1093/heapol/czx024

Stewart, F., Brown, G., & Ukiwo, U. (2009). *Fragile States* (No. 51; CRISE Working Paper, Issue 51).

Williams, M. J. (2020). Beyond 'context matters': Context and external validity in impact evaluation. *World Development*, *127*, 104833. https://doi.org/10.1016/j.worlddev.2019.104833

World Vision. (2012). *Citizen Voice and Action within the Development Programme Approach*. 1-3.

World Vision. (2017). *Summary of the Ethnographic Research Report Citizen Voice & Action with Children for Child Protection: Effectiveness in Four Case Studies from Kosovo (*Issue March 2017).

World Vision. (2020). *Citizen Voice and Action (CVA) for Health and Nutrition*. World Vision.

World Vision Middle East Eastern Europe Region. (2018). *Citizen Voice and Action (CVA) Model, Field Practitioner Version*.

List of internal documents consulted :

- 2013 - annual report - WVI ANNUAL REPORT 2013 04062014
- 2013 - annual report - WVI ANNUAL REPORT 2013 04062014
- 2013 - health - west - DRC CHN Annual Report FY13
- 2014 - health - west - DRC CHN Annual Report FY14
- 2014 - health - west - DRC_FY14_annual_report_revised...
- 2015 - mining - Katanga - CVA for Mining_Fungurume vf
- 2015 - mining - Katanga - Fungurume CVA For Mining LEAP_ Annual Management Report FY 15
- 2015 - training - Goma CVA training from 27 to 29 January 2015
- 2015 - training nutrition - CVA pronanut training report
- 2016 - mining - Katanga - Second Quarter Report PROMINES 23 March 2016 reviewed
- 2016 - health - west - CHN annual report FY16
- 2016 - health - west - Final report CHN NO full complete
- 2016 - health - west - CHNC narrative annual report 2016_VD
- 2016 - training mining - guide_version1june
- 2017 - annual report - advocacy - DRC Advocacy Annual report FY 17
- 2017 - ASM - ASM FY18 DRC PSM Final
- 2017 - ASM - ASM report for SAR DRC 20170118 GM FY17
- 2017 - case study - Katanga - SuccessCVA director HURUMA (1)
- 2017 - case study - Katanga -CVA success
- 2017 - case study - Katanga Success CVA J.P
- 2017 - education - Katanga - Final annual report Kikula
- 2017 - land and mining - Katanga - KIGOMA and LUWOWOSHI ADVOCACY project related to land access in extractive context
- 2018 - health - NW - Specific report on the CVA approach to the Ledia health and nutrition programme. (1)
- 2019 - annual report health - LEAP_3_TP_Annual_Report_H&N VF 06012020
- 2019 - ASM - ASM report template reviewed-GM FY19
- 2019 - education - west - CVA REPORT KONGO CENTRAL CLUSTER (2)
- 2019 - education - west - Maluku mission report 05022019
- 2019 - education - west Maluku mission report 05022019
- 2019 - health - South Kivu - CVA Kalehe Report
- 2019 - health - South Kivu - CVA Report ZS -Katana OK
- 2019 - WASH - NW CVA for WASH Report Fy19 Consolidated Gemena
- 2019 - WASH - NW CVA for WASH Report Fy19 Consolidated Ledia
- 2020 - education - NW - VAC GEMENA TRAINING REPORT
- 2020 - education - NW REPORT VULGARISATION STANDARDS EDUCATION
- 2020 - education - west - CVA REPORT KONGO CENTRAL CLUSTER GM
- 2018 - health - west - CVA impact in Gemena
- 2019 - WSA

- 2020 - ASM
- 2018- ASM
- 2020 - WV DRC Livelihoods Annual Report 03012020 16:49 ENG
- 2017 - WV DRC FY 17 Annual Report Livelihoods
- 2016 - DRC Health and Nutrition Annual report FY 2016
- 2017 - DRC Health and Nutrition Annual report FY 2017 - English
- 2018 - WV DRC FY17 AP CWBR Data Collection Template_Final.xlsxLEDIA
- 2019 - LEAP_3_TP_Annual_Report_H&N VF 07012020
- 2015 - GFATM Annual Performance Report - FY2015
- 2015 - NO HHN FY14 Review and FY 15 Planning