Citizen Voice and Action

An effective local level advocacy approach to increase local government accountability

PRIMARY TARGET GROUP

Citizen Voice and Action is used with citizens who are willing to participate in engaging in the ownership of essential services which are key to children's well-being

What is this approach?

Citizen Voice and Action (*CVA*) mobilises and equips citizens to monitor government services, and facilitates an advocacy methodology that results in the improvement of inadequate government-provided services. *CVA* is often used as a component of other projects to improve relevant government services for the well-being of children. Key services, such as health and education, are delivered effectively and contribute towards the well-being of children, due to the impact of CVA in improving relationships between citizens, government and service providers.

When would this project model be used?

CVA is used in any context with a relatively stable population where government policy and commitments can be identified, and where governments are willing to listen to alternative views and have access to some resources.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AJ&C	Advocacy Justice and Children
CBPM	Community-based Performance Monitoring
CVA	Citizen Voice and Action
HIV	Human Immunodeficiency Virus
IPM	Integrated Programming Model
LEAP	Learning through Evaluation with Accountability and Planning
MCH	Maternal Child Health
MOU	Memorandum of Understanding
MSTC	Making Sense of Turbulent Contexts
NGO	Non-government Organisation
PMIS	Programme Monitoring and Information Systems
WASH	Water, Sanitation and Hygiene

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Citizen Voice and Action project model

1. What is Citizen Voice and Action about?

Citizen Voice and Action (*CVA*) is a local level advocacy methodology that aims to improve essential services (like health and education) by improving the relationship between communities and government. Sometimes World Vision (WV) staff will have identified shortfalls in government services during the Learning through Evaluation with Accountability and Planning (LEAP) programme assessment or during Steps 2, 3 and 4 of the Critical Path. The Critical Path is part of World Vision's Development Programme Approach (formerly called the integrated programming model (IPM)). Sometimes, the starter group or working groups (in Step 5) will have identified crucial gaps in government services. At other times, *CVA* may be used to complement a sectoral project model that already has a target group.

CVA is considered an 'enabling' project model within WV's Development Programme Approach. That is, it is often used as a component of another project when improving government provided services is considered a community priority for improving the well-being of children. For example, it may be adopted as a component of a health or education project. Once a community starts implementing *CVA*, it often serves as an overall approach to improving the well-being of children, rather than an isolated project.

Prior to any programme using the *CVA* project model, the initial 'organisational and staff preparation' phase must be completed at the national office level. Sometimes, this phase involves a simple meeting to reflect on existing strategy. Other times, more preparation is needed. It is also essential that the programme staff have been trained in *CVA* and have excellent facilitation skills. As a result of this process, communities should be ready to engage governments in a constructive, productive and well-informed manner.

1.1 What are the issues or problems that the project was developed to address?

In many communities the relationship between government and citizens is broken. Despite government commitments and budgets that should guarantee essential services to families, the reality is different. For example, local health clinics may lack basic drugs or nurses and doctors may not attend the clinic as they should (potentially leading to the chronic illness and death of community members); or local primary schools may lack basic equipment and resources and may be overcrowded. *Citizen Voice and Action* is designed to help communities with these kinds of issues to take hold of their own future and transform the quality of the vital services on which their families and children depend.

In primary focus areas where health or education has been identified by the community as priorities, analysis tools can be used by the working groups to understand the root causes. These tools are called Analysis, Design and Planning tools (ADAPTs). These tools have both a national and community level analysis. Based on this analysis, the working group may identify gaps in service provision. The *CVA* project model is an effective approach to engage the working group and key stakeholders around these gaps.

1.2 What are the main components of the model?

Citizen Voice and Action works by mobilising citizens, equipping them with tools to monitor government services, and facilitating a process to improve those services.

CVA includes one preparatory phase, called 'organisational and staff preparation,' which occurs at the national office level and three implementation phases:

1. enabling citizen engagement
2. engagement via community gathering
3. improving services and influencing policy.

Each of these phases in described in more detail beginning in Section 4.

1.3 What are the expected benefits or impacts of this model?

CVA facilitates the transformation of the relationships between citizens, government (civil servants and elected officials), and service providers (like nurses, doctors, principals and teachers) so that everyone in the community can work together towards the well-being of children. As a result of the *CVA* process and the improved relationships, vital services (like health care and education) are improved.[1] Ultimately, these improvements impact specific indicators of child well-being.

Since 2005, dozens of communities in more than 200 programmes around the world have used *CVA* to improve the quality of services in their areas. For more information about their experiences, see *Appendices A* and *B* for case studies from Armenia and Uganda.

Citizen Voice and Action Guidance Notes serve as the primary resource for those interested in implementing *CVA*. The guidance notes can be found in *Appendix C*. The local level advocacy team, part of the Integrated Programme Effectiveness Unit, also offers support to offices that want to implement this effective approach.

Contact jeff_hall@wvi.org or keren.winterford@worldvision.com.au for more information.

1.4 How does the project model contribute to WV's ministry goal and specific child well-being outcomes, and reflect WV strategies?

The contribution of *CVA* to improving the well-being of children depends on the context and community-identified priorities. However, most commonly, the *CVA* project model primarily contributes to two child well-being outcomes: 'children and their caregivers access essential health services' and 'children access and complete a basic education'.

But *CVA* can really contribute to any ministry that has some intersection with services provided by local government. For example, communities have successfully used *CVA* to improve child protective services, improve access to markets, expand agricultural extension and improve the disaster risk reduction plans of local government.

For examples of contributions to each of the child well-being outcomes and various ministry strategies, see *Appendix D*.

[1] Academic studies of how Citizen Voice and Action improves services and relationships are available on the Local Level Advocacy Interest Group webpage at https://www.wvcentral.org/cop/pe/localadvocacy/default.aspx.

2. Context considerations

2.1 In which contexts is the project model likely to work best?

Citizen Voice and Action has been successfully applied in a variety of contexts.[2] *CVA* has succeeded in Africa, Asia, Latin America, the Middle East and Eastern Europe. However, some contexts are more challenging than others.

Citizen Voice and Action works best when:

- Government policy and commitments can be easily identified. Often, WV staff must help communities research these policy commitments. Sometimes, staff members employ the help of a lawyer or a technical specialist from the national office.
- Governments have at least some discretionary resources to contribute to service delivery.
- Populations are relatively stable, because citizens are more likely to be invested in the quality of services if they expect to be in the area for a longer period of time.

2.2 Are there contexts where CVA should not be considered?

In contexts of absolute poverty it may be unrealistic to expect governments to deliver services.

Urban contexts, like emergency contexts, prove challenging when populations are highly mobile. Sometimes, non-governmental organisations (NGO) have created relationships with communities that are characterised by dependency. In such cases, *CVA* practitioners must work hard to carefully create new messages that gently persuade communities to take increasing ownership of their future.

A modified version of the *CVA* project model is being piloted in fragile contexts. The Integrated Programming Effectiveness (IPE) unit, through its Local Advocacy and Local Partnering unit, is currently exploring an adaptation of *CVA* for fragile contexts. Until that adaptation is ready, please contact the IPE team prior to designing a *CVA* project for fragile contexts. Contact jeff_hall@wvi.org or keren.winterford@worldvision.com.au for more information.

2.3 What questions should field staff ask when adapting this model, and are there particular context factors relating to this project model that they should consider?

The following questions should be able to be answered with a 'yes' when considering the *CVA* project model, or *CVA* should be adapted to ensure that the methodology addresses that specific factor. Frequently, staff can improve their ability to adapt *CVA* by conducting a local capacities for peace (LCP) analysis.

- Citizenship and governance:
  - Does the government allow for and encourage citizen education and empowerment activities?
  - Are there existing opportunities for citizen participation both at local, regional and national levels?
  - Is there potential for citizens to claim opportunities for their own citizen participation?

[2] As of September 2011, CVA has been included in programme and grant designs in 29 countries: Brazil, Peru, Haiti, El Salvador, Bolivia, Senegal, South Africa, South Sudan, Malawi, Zambia, Kenya, Uganda, Tanzania, Mozambique, Sierra Leone, Georgia, Romania, Armenia, Albania, Bosnia and Herzegovina, Lebanon, Philippines, India, Cambodia, Indonesia, Sri Lanka, Pakistan and Australia.

- Is there acceptance by power holders of citizens claiming opportunities for participation?
- Does the government, and do service providers, demonstrate some level of willingness to listen to and respond to citizens' voices?

o Policy development, implementation and budgeting:
- Are policies documented and publicly available which stipulate the provision of goods and services from government to citizens?
- Are plans and budgets which support the implementation of policies in place and publically available?
- Do policy documents and plans describe standards of service delivery (entitlements)?
- Does the government or other mandated agency provide basic services at the community level?

3. Who are the key target groups and beneficiaries of this model?

3.1 Target group(s)

The target group for the *Citizen Voice and Action (CVA)* project model are people in the community who use the service that is to be monitored. These individuals will have the greatest incentive to actively participate in *CVA* activities, even after WV transitions out of an area.

However, there are often several different types of people who use a particular government service. For example, pregnant women, the elderly, children, ordinary men and women, people with disabilities or people living with HIV or AIDS will all use different aspects of a clinic. When inviting community members to participate in *CVA* activities, it is essential that WV staff facilitate a process by which all these different groups may be represented.

3.2 Who are the intended primary beneficiaries?

The *CVA* project model primarily benefits the users of the service that the community monitors. For example, if the community monitors the performance of the local school, then children who attend the school, as well as their parents, will be the most direct beneficiaries. However, *CVA* also tends to improve working conditions for staff who work at the facility being monitored and staff often report increased job satisfaction as a result of the *CVA* process.

3.3 Life cycle stages to which the model contributes

Citizen Voice and Action contributes to different life cycle stages depending upon the service that the community chooses to monitor. However, the *CVA* process provides an opportunity for all ages to contribute and to ensure that government services are responsive to all.

3.4 How will the model include/impact the most vulnerable?

The *CVA* project model provides a vital method for ensuring that government services respond to the needs of the most vulnerable. In Step 3 of the Critical Path, the starter group defined vulnerability for the area, created a map of most vulnerable households and conducted a social mapping. This information can be used by the facilitator, the working group and community members during the 'scorecard session'. During the 'scorecard session,' the community divides into user groups and measures the performance of facilities based on criteria that they generate.

For example, at a clinic, there might be separate user groups composed of children, women, men, pregnant women, most vulnerable groups, such as the disabled, and those living with HIV and AIDS. Each of these groups will have different ideas about the performance of the clinic. *CVA* is designed to ensure that each group has an opportunity to be heard.

4. How does the project model work?

4.1 Overview of approach/methodology

The *Citizen Voice and Action (CVA)* project model brings together citizens, service providers, local government and partners in a collaborative, facilitated group process designed to improve the quality of services at the local level.

CVA includes one preparatory phase, called 'organisational and staff preparation,' which occurs at the national office level and three implementation phases:

1. enabling citizen engagement
2. engagement via community gathering
3. improving services and influencing policy.

The following description is only an overview of the *CVA* process. Please see the *CVA Guidance Notes* in *Appendix C* for more detailed information.

Enabling citizen engagement: This phase builds the capacity of citizens to engage in governance issues and provides the foundation for subsequent *CVA* monitoring and advocacy phases. For citizens to engage effectively with governments, they need support and awareness to enable them to act. Therefore, this stage involves a series of processes that raise awareness on the meaning of citizenship, accountability, good governance and human rights (including women's rights, children's rights and the rights of people with disabilities).

Importantly, citizens learn about how abstract human rights translate into concrete commitments by their government under national law. For example, the 'Right to Health' (Article 25 of the Universal Declaration of Human Rights) in a particular country might include a child's right to receive vaccinations at the local clinic, or the community's right to have two midwives present at the local clinic, as stated under national law. Sometimes, staff may need to work with sectoral specialists or engage a lawyer to determine the precise nature of community entitlements under local law. *CVA* lays the groundwork for staff to mobilise communities towards ensuring that these rights are respected.

As a result, communities should be ready to engage governments in a constructive, productive and well-informed manner.

Engagement via community gathering: The 'community gathering' describes a series of linked participatory processes that focus on assessing the quality of public services (like health care and education) and identifying ways to improve their delivery. Community members who use the service (especially marginalised groups), service providers (such as clinic and school staff) and local government officials are all invited to participate. The process is collaborative, not confrontational. Nobody wants an underperforming school or clinic in their community, and local authorities are often eager to work with citizens to improve these essential facilities. *CVA* practitioners have developed a variety of strategies that help retain this collaborative environment that focuses on improving the well-being of children, not placing blame.

Four types of sessions should be held as part of the 'community gathering':

- **The initial meeting:** At this meeting, citizens, service providers (such as teachers or nurses) and local government representatives learn about the *CVA* process, its objectives and what they can expect moving forward.
- **The 'monitoring standards' meeting:** At this meeting, stakeholders recall what they have learned during the enabling citizen engagement phase of *Citizen Voice and Action* about

their entitlements under national law (such as the hours the doctor is supposed to work, what drugs should be available at the local clinic or how many beds a maternity ward should have). With this information in hand, community representatives actually visit the facility (such as a school or clinic) and compare the reality with the stated government commitments. Communities use a simple quantitative method to record what they discover.

- **The 'community scorecard' process:** The scorecard process provides both service users and providers with a simple qualitative method for assessing the performance of service delivery. The scorecard process asks service users and providers what an ideal school or clinic might look like, and compares the reality with the ideal. Communities develop proposals for improving services at this stage.
- **The 'interface meeting':** At the interface meeting, stakeholders share the information from the 'monitoring standards' and 'scorecards' processes with a broader group. Based on this information the community, government and service providers create an advocacy action plan to improve the services monitored.

As a result of these four processes, communities have a wealth of information about what the government has promised to do and what exists in reality. Communities also build essential relationships that strengthen civil society and begin to form action plans that will allow them to change the condition of the services upon which they depend on a daily basis.

Improving services and influencing policy: In this fourth phase, communities begin to implement the action plan that they created as a result of the community gathering process. Citizens and other stakeholders act together to influence policy at both local and higher levels. In effect, communities organise what amounts to a local level campaign, with objectives, targets, tactics and activities designed to influence the individuals who have the power to change the situations they face at the local level.

Often, communities will work with other communities and partners to identify patterns of government failure across larger geographic areas. In response, communities come together in coalitions in order to influence progressively higher levels of government in order to solve the problems they face.

As a result of their advocacy, communities tend to see marked improvements in the services that they depend upon on a daily basis. Once communities see the success they can have, they usually begin the monitoring process again and focus on increasingly complex and challenging issues. As they mature in their *CVA* practice, communities also shift their focus from one sector to another. For example, a community might work on improving health services in the first year, and then move on to improve education or water and sanitation services. Thus, the *CVA* project model is designed to function cyclically and sustain a new working relationship between communities and governments over the long-term.

4.2 What potential partners could/should be involved?

A group of community representatives does most of the work of monitoring government facilities and implementing the resulting action plan. This group may be self-selected. For example, a school management committee composed of parents, students and teachers might be equipped with *CVA* tools to monitor their school. Alternatively, the group might be a working group formed as part of WV's Development Programme Approach and may decide for themselves what facility they will monitor. In still other cases, the community representatives might be part of a church council or a local organisation that is a member of one of the working groups. It is important that WV work with a group that is truly representative of the community, especially the most vulnerable. *CVA* facilitators should intentionally include marginalised groups (such as people with disabilities, women, girls and others) throughout the *CVA* process.

TABLE 1: Recommended Partners		
Potential partner	**Priority for partnering (Essential, Desirable)**	**Partner role**
• Service providers at local facilities such as health clinics or schools	Usually essential	• Recall that *CVA* is a collaborative, not confrontational, advocacy approach. *CVA* facilitators should approach service providers (like teachers, principals, doctors and nurses) early and ensure that they are willing to participate in the monitoring process. Service provider participation ensures broader ownership of the process, provides a balanced view of service provision, and helps in data collection. Service providers are often eager to participate because no one wants to work in a dilapidated school or clinic.
• Local government, such as Ministry of Health or Ministry of Education	Usually essential	• Similarly, early buy-in from elected local government officials (such as mayors or councillors) helps to build the collaborative rapport necessary for success. Often, these officials are eager to participate because community demand strengthens the local government's position when it seeks more resources from provincial or national government. • The presence of civil servants (such as district education officers or district health officers) provides important technical input for the service monitored. These officials often help de-politicise the process by bringing in an objective viewpoint and provide continuity in the event elected officials are replaced during the *CVA* process.
• Local civil society organisations such as community-based organisations, faith-based organisations (or other faith groups), school management committees, village health or development committees	Desired	• Where local civil society groups already exist, it may be best to simply equip them with *CVA* tools. In many contexts, WV has trained local groups to implement *CVA*. WV provides occasional technical or organisational support.
• Regional and national coalitions	Desired	• National or regional level coalitions (of local civil society organisations), using *CVA*, can help identify patterns of government failure. With this evidence base, national or regional coalitions are empowered to influence broader policy on the subject matter monitored by *CVA*. International groups, like Transparency International, may also be interested in communities that are implementing *CVA*.

4.3 Partner capacity considerations

TABLE 2: Partnering capacity context	
Partnering capacity context (Refer to Step 5 of Critical Path)	**Guidance regarding ways of working to implement this project model in these contexts**
No or very few organisations (mobilise)	• *CVA* can be implemented with a group of interested citizens that do not belong to any formal organisation. Often, as these individuals work together, they may want to formalise their relationship as part of some type of community-based organisation. WV can help facilitate this process (see *Appendix A*).
Weak organisations (build capacity)	• *CVA* can provide some excellent objectives around which weak organisations can organise. Often, by setting clear objectives and implementing clear activities, the capacity of weak organisations can be built organically (see *Appendix B*).
Strong organisations, not child-focused or not networked (catalyse)	• WV can train local level partners in CVA methodology, so that they have the authority and independence to use the tools as necessary, but provide some facilitation so that they may work better together towards the improved well-being of children.
Established child-focused partnerships (join)	• WV can train local level partners in *CVA* methodology, so that they have the authority and independence to use the tools as necessary.

4.4 How does the model promote the empowerment of partners and project participants?

The *CVA* project model provides ample space for local level partners and communities to drive the process. As the civil society of a particular area becomes more experienced, WV's role decreases. In many programmes, *CVA* activities are conducted entirely by local level partners. Because *CVA* is inexpensive and requires few inputs, the methodology provides a sustainable way for communities to continue to improve child well-being long after WV has transitioned out of an area.

Moreover, *CVA* is a powerful tool for the empowerment of the most vulnerable and traditionally marginalised groups. Women, children and disabled and minority groups should especially be included as their rights to government services are often denied, and this offers opportunity to change the situation and build leadership skills.

5. Project DME

5.1 What are the goal and outcomes that will be sustained as a result of this project model?

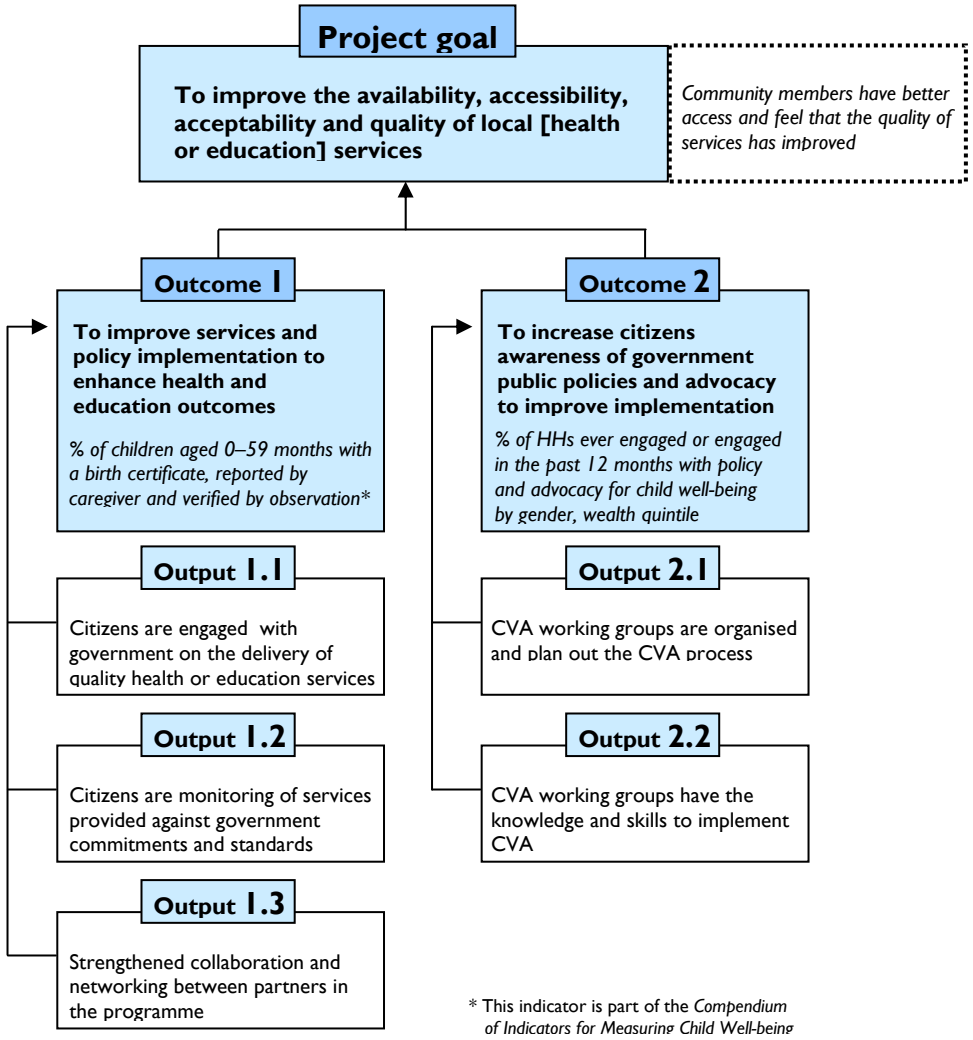
The goal of *Citizen Voice and Action* depends on context but is usually something similar to 'increased government responsiveness and accountability in the delivery of primary health care or education services,' or simply 'improved government services and community relationships.' However, *CVA* should always be developed as appropriate for the context.

Outcomes may include:

- Citizens are able to engage with government on the delivery of quality health or education services.
- Citizens engage with government on the delivery of quality health or education services.
- Communities demand improved services and influence health and education policy at local and national level.

5.2 Sample logframe for this project model

The diagram below shows the logic of this project model. The indicators shown below illustrate the types of indicators that can be used. An illustrative logframe including a range of potential indicators is provided in *Appendix D*.



5.3 Recommended monitoring methods

Most *CVA* practitioners use a database to collect information about the progress of *CVA*, including the results from the community gatherings and the action plans. A copy of the existing database is available from jeff_hall@wvi.org or keren.winterford@worldvision.com.au.

The most important indicator of *CVA* progress is the improvement in the quality of government services. As part of the working group's action plans, local level partners create monitoring plans to determine whether their advocacy actions are effective. They also monitor whether government promises to correct mistakes or improve performance are actually put into action. All of the data that emerges is recorded in the database and in the meeting minutes. As local level partners gain more advocacy experience, they reflect upon their successes and draw lessons about how to improve their future advocacy work.

5.4 Advocacy component(s)

Citizen Voice and Action is primarily an advocacy methodology that can be used to complement existing sector-based projects.

5.5 Critical assumptions and risk management

TABLE 4: Risk Mitigation		
Critical Assumptions	**Importance (high, medium)**	**Management Response**
Government services are underperforming	High	Baseline data or macro indicators from the Corruption Perceptions Index[3] can help staff determine how corruption or the Civil Society Index[4] might help staff adapt *CVA* to the local context.
Government has resources available to improve services	Medium	Look for ways to improve efficiency. In the event that no additional resources are available, look for ways that the community itself can contribute to improved services.
Community and government willing to participate in process	High	Expand the enabling citizen engagement phase to empower communities and government to participate.

5.6 Sustainability

The success of the *CVA* project model depends upon the ownership and engagement of local stakeholders. Usually, communities the fruits of the *CVA* process themselves, and appreciate the tangible benefits at schools, clinics and other government facilities that they use every day. In many programme areas, communities run the *CVA* process almost entirely on their own. As the project model does not require costly inputs, communities have the freedom to pursue the process without WV intervention.

In addition, *CVA* acts as an important vehicle for the sustainability of other projects. *CVA* helps create the relationships, resource flows, accountability, participation and transparency that lay the foundations of sustainability for a variety of services.

6. Protection and equity considerations

6.1 How can child protection be promoted in the implementation of this project model?

Programme staff should take precautions when children and adults interact throughout the *CVA* process, specifically during the community gathering phase. Staff should assess the risks to children and take actions to minimise any potential risks.

- Develop criteria for selecting and screening volunteers, including those with partner organisations, especially in regards to protection issues.
- Develop preparedness plans for serious abuse or exploitation of children in target communities (WV level I child protection incidents).

[3] http://www.transparency.org/

[4] http://csi.civicus.org/

- Train volunteers on the basics of child protection, such as what are child abuse, exploitation and neglect, and how these issues are manifest in the community.
- Train volunteers how to recognise signs of abuse, neglect and exploitation, and train them how to respond. Report and refer effectively and in timely manner under the WVI Child Protection Definitions and Response Protocol.
- Communicate to community members (including children) what are inappropriate and appropriate behaviours towards children by WV staff and volunteers.
- Establish a reporting and response mechanism with communities (including children) for concerned parties to report inappropriate behaviour towards children by WV staff, volunteers or community health workers.
- Establish child safe partnerships with healthcare providers and services (for referrals of child protection incidents).

6.2 How can the model promote equitable access to and control of resources, opportunities, and benefits from a gender perspective as well as other perspectives, such as disability, ethnicity, faith, etc.?

The *CVA* community scorecard process provides a crucial method for ensuring that government services respond to the needs of the most vulnerable, and that these groups acquire equitable access to government resources. During the community scorecard session, the community divides into user groups and measures the performance of facilities based on criteria that they generate themselves. For example, at a clinic, there may be separate user groups composed of children, women, men, pregnant women, the disabled and those living with HIV and AIDS. Each of these groups will have different ideas about the performance of the clinic. *CVA* is designed to ensure that each group has an opportunity to be heard. Importantly, the *CVA Guidance Notes* describe how to make this process accessible to illiterate groups.

7. Project Management

7.1 National office support required for project implementation and success

National office commitment to *Citizen Voice and Action,* and national level preparation for *CVA* to be adopted within programmes, is essential for the success of the project model at the local level. Prior to any programme considering adopting *CVA*, the initial organisational and staff preparation phase must be completed at the national office level (see Section 3 of the *CVA Guidance Notes* for more details).

This involves:

- understanding the situation within each country in relation to citizen and governance issues
- understanding how the most vulnerable and marginalised groups (such as women or people with disabilities) can participate in processes like *CVA*
- training staff, local level partners and other key stakeholders to facilitate *Citizen Voice and Action* within communities, recognising the broader issues that relate to citizenship and governance within their country
- ensuring that *CVA* complements national office strategy
- contextualising the *CVA* materials (national offices are encouraged to adapt the project model to respond to the civil society spaces that exist and use context analysis tools to better understand the power structures in society).

7.2 Technical expertise needed

CVA practitioners find it helpful to have the active support of advocacy staff at the national office level. Advocacy staff can help build community and partner and staff capacity to undertake successful advocacy actions. In particular, advocacy staff can help local partners to identify patterns among the monitoring exercises they have undertaken. These patterns might provide good evidence for provincial or national level advocacy. For example, several communities in several programmes might determine (through the monitoring standards process) that pupil-teacher ratios are much higher than allowed by local law throughout a district. National office advocacy staff can help these communities work in coalition to advocate for changes in district policy or budget priorities to ensure the government's own standards are met.

Programme staff or local partner organisations are usually the primary facilitators of *CVA* projects. In order to be successful, they often need some basic, and even advanced, advocacy skills that may not come naturally. It is often beneficial for national office advocacy staff to have a direct relationship with the programme staff members who facilitate the project.

Communities choose a variety of government services to monitor. Often healthcare or education are identified by the community as priorities. When the national office has staff with expertise in the subject matter of the service monitored (such as a health or education technical expertise), those staff should be prepared to help the working group, community members and programme staff to understand the dynamics at work within that sector and the structures and policies that guide service provision at the local level.

Finally, it is essential that *CVA* facilitators work closely with sector specialists to make sure that they choose good policies to monitor, and that they find creative ways of including the most vulnerable groups. For example, it may be important to work with gender or disability specialist advisers for technical support and trainings.

7.3 Guidelines for staffing

National offices create a variety of staffing structures to support the implementation of the *CVA* project model. Perhaps most commonly, once they have been trained, development facilitators act as the primary *CVA* facilitators for their primary focus area. Development facilitators identify and implement activities that enable citizen engagement, facilitate the community gathering and organise communities so they may influence policy and improve services.

Development facilitators participate in a *CVA* capacity building event and sometimes visit other national offices to learn more about *CVA* practice. The skills that the *CVA* facilitator should possess are largely described in the *Local Level Advocacy Competency* within the *Integrated Competency Development (ICD) Resources*.

Additional staffing and expertise are often needed beyond development facilitators. As *CVA* grows across several programmes, national offices often add a national *CVA* coordinator. This individual often has two roles:

1. Help build CVA capacity for new staff and partners.
2. Organise communities to identify patterns of government failure.

Once these patterns are identified, national office staff help organise regional or national level campaigns to influence higher level policies.

In addition, programmes implementing *CVA* may find it helpful to have the support of advocacy staff at the national office level. Advocacy staff can play a role in building the capacity of staff and local level partners to undertake successful advocacy actions.

7.4 Guidelines for resources needed for project implementation

Costs for implementing the *CVA* project model are largely related to staffing, which generally consumes approximately two-thirds of the project budget. Sample budgets are available on Horizon (search 'CVA,' 'CV&A' or 'CBPM').

Local level partners should consider the following activities during *CVA* implementation. These activities tend to have costs related to them.

- Facilitate the *CVA* process.
- Research entitlements and government commitments to health, education or other services.
- Source, translate and simplify key issues and entitlements in the policy documents (health and education) and translate them into local languages.
- Provide sensitisation and orientation training workshops.
- Provide follow up support and monitoring.
- Facilitate dialogue with government on policy implementation gaps identified during community gatherings.

The time period required for *CVA* implementation will vary according to context. Some contexts may need a longer period for the enabling citizen engagement phase than others. Some national offices have taken a full year to prepare for the community gathering. Others have held a community gathering within a few weeks. The time needed depends on the relationship between citizens and government in a particular context. Where citizens and government do not usually interact, more time will be required. In communities with existing structures that support citizen engagement, less time will be required. In any event, once the enabling citizen engagement phase has been completed, the community gathering process may take a week to organise and convene. Finally, the advocacy context will depend on the action plan designed by the community. Some goals from the action plan may be solved during the community gathering itself. Others might require a longer-term, mini advocacy campaign to accomplish. In any event, the *CVA* process should always be ongoing, so that the community continues to select more ambitious objectives to improve the quality of services where they live.

7.5 Critical success factors for the model

In addition to the skills and contextual factors described above, it is critical to note that *Citizen Voice and Action* requires excellent facilitation skills. Facilitators must have the ability to:

- mobilise communities, but not dominate the process
- create the conditions for constructive dialogue, not angry reactions
- identify appropriate advocacy targets, not unrealistic ones
- balance the community's expectations with reality.

Programmes that lack skilled facilitators should first build their facilitation capacity before embarking on a *CVA* project. Core competencies for development facilitators include effective facilitation skills such as:

- DF04 facilitate community engagement through group processes
- DF06 facilitate the engagement of children
- DF07 facilitate and support training for community stakeholders.

More information about these competencies and resource packs to support their development can be found on the Guidance for Development Programming website (under the button 'Integrated Competency Development'): www.wvdevelopment.org.

8. Any necessary tools

All of the tools necessary for the implementation of *Citizen Voice and Action* are contained within the *CVA Guidance Notes*, see *Appendix C*.

9. Linkages and integration

9.1 Child sponsorship

The *Citizen Voice and Action* project model is designed to help communities take hold of their futures and transform the quality of the vital services on which families and children depend. It can also strengthen the involvement of families in the *CVA* processes, by understanding the services and participating in strengthening their effectiveness. The working group or community group involved in implementing *CVA* may consider selecting and monitoring children as part of the community scorecard process and strengthening the effectiveness of services by identifying gaps. Children who are the primary beneficiaries of the shared projects (such as health or education) will also include registered children. Monitoring for the child sponsorship can then provide a mechanism to monitor children as part of the community scorecard process.

For example, sponsorship monitoring data may indicate that many children are not in school, which may correlate with *CVA* data that highlights the reasons for poorly performing schools. Together, these data sources create a holistic picture of issues in the community and give partners an early blueprint of the changes necessary to improve the well-being of children.

On a broader scale, when patterns indicated by sponsorship monitoring data correlate to patterns of government failure (as indicated by *CVA* data), national office staff and partners have an excellent evidence base for regional or national level advocacy campaigns.

9.2 Enabling project models

The *CVA* project model is an enabling project model for other, sector specific models. For example, *CVA* functions as an ideal advocacy component of the *Basic Education Improvement Plan* project model and other projects such as the *Community Mobilisation* project model. *CVA* can also contribute important advocacy elements to many existing health projects.

Appendices

Appendix A - Case study from Armenia

Appendix B - Case study from Uganda

Appendix C - CVA Guidance Notes

Appendix D - Contributions towards child well-being

Appendix E - Illustrative logframe

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