



# Mainstreaming Social Accountability in Mongolia (MASAM) Project

## Independent Assessment of Sub-project Implementation

Prepared for the World Bank Group

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## List of Acronyms

AGH	Aimag General Hospital
ANSA-EAP	Affiliated Network for Social Accountability in East Asia and the Pacific
CSC	Citizen Score Card
CSO	Civil Society Organization
FHC	Family Health Clinic
MASAM	Mainstreaming Social Accountability in Mongolia Project
MEA	Mongolian Education Alliance
MNT	Mongolian Tugrik
MOH	Ministry of Health
MPPHA	Mongolian Public Health Professionals Association
NAOG	National Academy of Governance
NGO	Non-government Education
SDC	Swiss Agency for Development and Cooperation
SIP	Service Improvement Plan
WB	World Bank

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## Executive Summary

The Mainstreaming Social Accountability in Mongolia (MASAM) Project is being implemented in ten (10) aimags and three (3) districts in Ulaanbaatar towards more transparent, accountable and effective public resource management at the national and local levels. Part of its implementation strategy is to support joint efforts by government, civil society and community stakeholders that seek to improve effectiveness, formalization, and sustainability of disclosure and participation mechanisms at the local level. These Aimag sub-projects were chosen based on a mixed criteria of poverty incidence, readiness for social accountability, and health and education development indicators.

This independent external assessment of the ten (10) Aimag sub-projects seeks to feed into internal and donor reporting as well as towards making project decisions on potential activities

to scale up and replicate by assessing the projects and proposing forward action in terms of:

- the social accountability process;
- generating outcomes in improving governance and service delivery, and empowerment of stakeholders;
- instituting mechanisms for sustainability.

Except for the case of Gobi-Altai aimag which at the time of the data gathering for the assessment is yet to complete sub-project implementation, health and education social accountability initiatives from the aimags of Dornod, Govisumber, Khentii, Khovd, Khuvsgul, Selenge, Suhbataar, Uvs and Uvurkhangai are documented and covered in this report. Project experience, insights, and lessons from the sub-projects were culled through field visits and key informant interviews

with national and local CSOs partners, local government officials and staff, and service providers.

According to stakeholders, all sub-projects harnessed multi-stakeholder collaboration and coordination to gather feedback on access to and quality of health and education services in general, to specific and targeted service provision for tuberculosis patients, temporary residents, and oral health. Assessment results were gathered, consolidated and presented as feedback to decision-makers and service providers as basis for action and/or service improvement. Most action plans (5 projects) were developed with direct participation from the CSOs while 4 other projects were by the service providers themselves (4 projects), but including some level of inputs and recommendations from the CSOs. One project was unique in that it sought to influence the improvement of the procurement process by taking part in planning and contract implementation/delivery.

Even as all sub-projects have been successful in implementing their social accountability initiatives and activities as planned, there are notable variances in the level of understanding and

quality of implementation to produce outcomes and documented evidence of results. There are models that have more than adequately covered all areas of assessment and shown enough proof that the particular experience or approach is ready for replication and scale, most notably that of Khovd and Selenge.

All sub-projects were able to demonstrate results in the ability of their initiative to improve service delivery, and have enough potential for replicability and scaling up, it will do them well to address some areas for improvement. Part 3 of the report discusses the individual sub-project experience in greater detail and proposes some actionable points at the Aimag level. On the whole however, MASAM as a project may also introduce interventions and activities as follows:

1. Deepening understanding and appreciation for social accountability and citizen participation in decision-making, service delivery, and governance, especially on the part of local government counterparts and duty-bearers.
2. Strengthening local capacity for project development and design in general, and in generating objective,

valid, and solid feedback on government programs and services which can serve as starting point for collaborative decision-making and problem solving.

3. Exposure to and familiarity with other social accountability models and approaches suitable to local Mongolian context, apart from the Citizen Report Card.
4. Devising more formal and institutionalised ways of integrating and mainstreaming lessons from their initial sub-project experience and make their models a more permanent and regular feature of governance. One that seeks to integrate citizen feedback and to monitor results of service delivery.

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Part 1:  
Background,  
Assessment  
Framework  
and Study  
Methodology

# Background and Objectives of the Study

Jointly funded by The Swiss Agency for Development Cooperation (SDC) and the World Bank (WB), the MASAM project (2015-2019) is being implemented in 10 aimags and 3 Ulaanbaatar districts.

The program aims to mainstream social accountability for more transparent, accountable and effective public resource management at national and local levels by:

1. Increasing the capacity of CSOs to hold government to account; and,
2. Strengthening the institutionalization of social accountability by improving the effectiveness, formalization and sustainability of disclosure and participation mechanisms.

Through social accountability, citizens in poor localities will have increased access to public decision-making processes and quality services.

As ten (10) aimag sub-projects are about to conclude their implementation, the World Bank commissioned an independent external assessment to understand implementation details and success factors in each of the sub-projects. The assessment aims to recognize where sub-projects have performed exceptionally well in terms of social accountability process, results and impact, and sustainability. This assessment seeks to feed into two things:

1. Internal and donor reporting; and
2. Interim project decisions on potential activities to scale up and replicate.

# Assessment Framework

The framework for this assessment is adapted from RTI International's study by Wetterberg, A., Brinkerhoff, D. W., & Hertz, J. C. (2016), "Governance and Service Delivery: Practical Applications of Social Accountability Across Sectors." The study focused on six projects in different parts of the world, which applied social accountability interventions on varying themes, such as health, education, and improved local government response capacities and service delivery. Results from the authors' scrutiny of the projects surfaced common elements among all the case studies despite the differences in country contexts, which constitute the assessment framework adapted for this study.

Similarly for MASAM, the initiatives of the ten (10) sub-project grantees seek to mainstream social accountability as a regular and institutionalized approach for governance, decision-making, and service delivery at the local level. Therefore, assessing progress of sub-project implementation and the results generated from the intervention require essentially the same elements to be

present as the six (6) country projects covered by Wetterberg, A., Brinkerhoff, D. W., & Hertz, J. C. (2016)

Wetterberg and Brinkerhoff (2016) explain that social accountability comprises the array of actions and mechanisms-beyond the ballot box-that engage citizens in holding the state to account. They further described that social accountability, from a normative perspective, is providing venues for citizens to engage with the state and that in itself contributes to good governance and effecting democratic values. From the instrumental point of view, social accountability is a means to an end. The field of international development sees social accountability interventions as a combination of citizens' engagement with the state to express their views and needs and of officials taking responsibility or being held to account for their choices and actions.

Considering the international development view of social accountability, the assessment framework suggests that social accountability is largely influenced by macro- and micro-contextual factors.

These factors include, but are not limited to, history, processes, sociopolitical structures, available resources, and capacities that affect identification of social accountability interventions and their outcomes and how social accountability may be sustained.

As such, it is deemed important and strategic to implement social accountability interventions at both the supply and demand sides; the supply-side being the state's capacity and responsiveness, while the demand-side is the citizen capacities for exercising social accountability (Wetterberg & Brinkerhoff, Chapter 9: Cross-Sectoral Social Accountability in Practice: Findings from Six Cases, 2016). This is to facilitate not only citizen's participation, but also government's creation of an enabling environment for participation and expression and its responsiveness to citizens' views and needs relatively parallel to each other.

Some examples of social accountability interventions cited for both the supply and demand sides are mechanisms for performance assessment and monitoring, user committees,

participatory planning processes, and advocacy training.

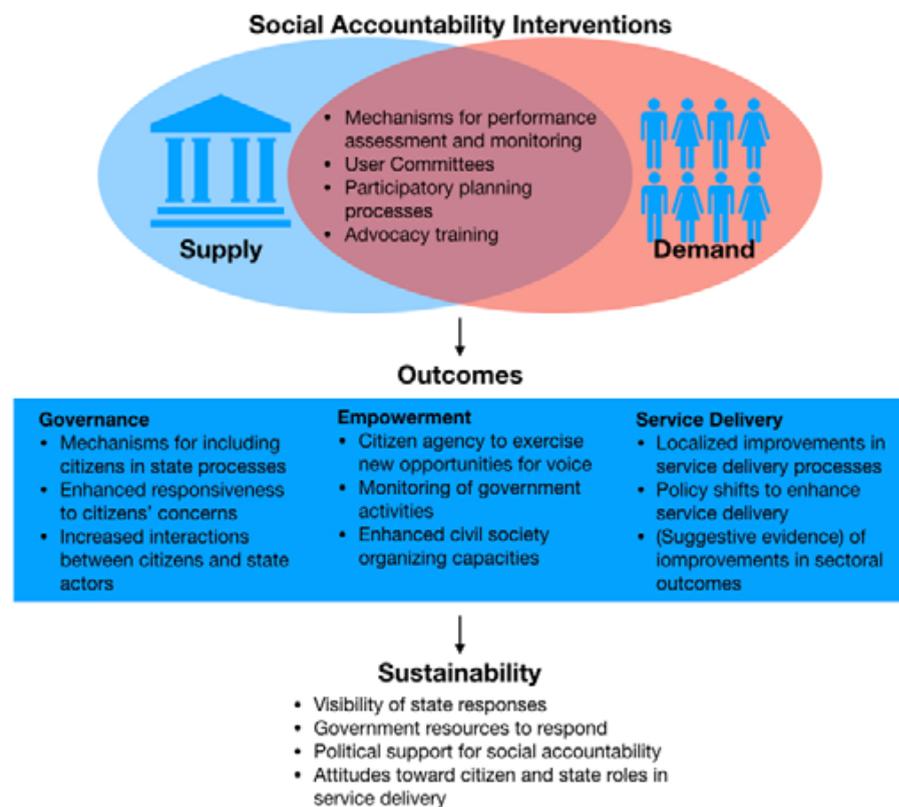
In terms of outcomes from social accountability interventions, Wetterberg and Brinkerhoff (2016) looked into three aspects: (1) governance; (2) empowerment; and (3) service delivery.

The authors define governance as the relationships between the state and citizens, referring to the following concrete examples of outcomes: (a) mechanisms for including citizens in state processes; (b) enhanced responsiveness to citizen's concerns; (c) increased interactions between citizens and state actors; (d) improved government performance; and (e) stronger rights and protection for marginalized citizens.

Models identified in terms of empowerment were: (a) citizen agency to exercise new opportunities for voice; (b) monitoring of government activities; and (c) enhanced civil society capacities.

Tangible outcomes on service delivery include: (a) localized improvements in service delivery processes; (b) policy shifts to enhance service delivery; and (c) suggestive evidence of improvements in sectoral outcomes.

The final element in this framework is sustainability, which refers to the continuation of social accountability efforts by local actors after project activities conclude (Brinkerhoff, Hertz, & Wetterberg, 2016). Evidence of sustainability of social accountability may be seen through: (a) visibility of state responses; (b) government resources to respond; (c) political support for social accountability; and (d) attitudes toward citizen and state roles in service delivery.



The Assessment Framework as adapted:

# Methodology

The assessment is both descriptive and diagnostic. It seeks to document actual performance of the sub-projects and to determine whether each sub-project has achieved its intended results based on the submitted proposals. It likewise looks more closely at barriers and factors to more effective and successful implementation of social accountability interventions as well as opportunities for replication and scale, both at the level of the individual sub-projects, and for the MASAM Project as a whole.

All sub-project grantees (aimags) under MASAM are expected to participate in the assessment but selection and actual interviews was according to actual availability of respondents while data gathering (ie. convenience sampling). The assessment was able to cover and interview representatives from the national NGO partners/Coordinators and from among three key sectors of local implementers:

- Local government (aimag and soum level, when available)
- CSO coordinators and citizen monitors
- Service Providers (School or Health facility)

Aimag	Date of Visit/Interviews	Institutions/Respondents
Uvs	4-5 September 2017	Local NGO Coordinator and Citizen Monitors AGH Quality Department Aimag Health Department Office of the Aimag Governor
Khovd	5-6 September 2017	School Director and Soum Governor ( — Soum) Aimag Education Department School Director, Parent Volunteers and Teachers ( — Soum) Local NGO Implementer (Policy Group) Aimag Social Policy Department
Selenge	8 September 2017	CSO Network of Selenge Aimag Social Policy Department Aimag Health Department Aimag General Hospital
Sukhbaatar	11 September 2017	CSO Network of Sukhbaatar Office of the Aimag Governor Office of the Soum Governor Aimag Health Department Aimag General Hospital
Khentii	12 September 2017	Local NGO Coordinator and CSO Representatives Family Health Clinic Aimag Health Department
Govisumber	18 September 2017	Local NGO Coordinator Aimag Social Policy Department Aimag Health Department

Data gathering for all the sub-projects was done through a combination of face to face interviews during field visits and project stakeholder meetings, as well as through online/video/phone calls for projects that were not visited due to travel restrictions and time limitations.

Respondents were informed and mobilized through the WB Country Office in Mongolia through email. English to Mongolian to English translation services during interviews were provided by the local consultant Tsunara Ann Purevtogtokh-Ganbold and translators hired by the Bank.

Face-to-face key informant and group interviews were conducted during actual visits to the following project sites:

Phone Interviews were likewise conducted with representatives from the following offices and aimags:

Uvurkhangai	14 September 2017	Aimags Social Policy Department Aimags Education Department School Director ( —Soum) Local NGO Coordinator
Dornod	14 September 2017	Aimags Social Policy Department Aimags General Hospital Local CSO Council Coordinator
Khuvsgul	16 September 2017	Aimags Monitoring and Evaluation Department Aimags Social Policy Department Family Health Clinic Aimags General Hospital Local NGO Coordinator
Gobi-Altai	16 September	Local NGO Coordinator Aimags Education Department

Lastly, national UB-based NGOs were convened for a focus group discussion to clarify the theory of change of their respective sub-projects as well as the assistance that they have provided to their counterparts. Present during the FGD held 15 September 2017 were representatives from Transparency International-Mongolia, Mongolian Education Alliance, All4Education CSO coalition, Mongolian Public Health Professionals Association, and MonFemNet. An interview with the Democracy Education Center was held 17 September 2017.

Part 2:  
MASAM and  
the Aimag  
Sub-projects at  
a Glance

In order to meet the objectives of the project and to build on gains of previous piloting experiences, MASAM has given particular focus on working with local level stakeholders not only in terms of increasing capacities for social accountability but also in terms of harnessing interests, awareness and capacity of citizens and communities to tackle and resolve issues at the local level and where good governance, citizen empowerment, and improved service delivery are immediately and directly felt by the people, especially the poor.

For this purpose, ten (10) aimag sub-projects were chosen for capacity-building, funding and technical support, and provided opportunities to build effective collaboration with their respective local government units, service providers (in the health and education sectors), other local organizations and citizens at

large. Key interventions at the MASAM project level involved:

1. Design and implementation of a Social Accountability certificate course in collaboration with international and national training institutions (Affiliated Network for Social Accountability in the East Asia and the Pacific and the National Academy of Governance).
2. Provision of grants for the implementation of social accountability mechanisms and initiatives to tackle and resolve local issues in the health and education sectors.
3. Coaching and technical assistance support from national NGOs.

## The Social Accountability Course for Implementers

Prior to the implementation of the sub-projects, a total number of forty six (46) participants coming from twenty six (26) national CSOs, ten (10) local CSO representatives/coordinators, and ten (10) government counterparts from the participating aimags attended a 3-day training-workshop on Social Accountability.

The workshop was designed and implemented jointly by ANSA-EAP and NAOG in order to enhance the participants' capacity "to identify, discern, and select context appropriate social accountability tools that will help them engage their local government towards an improved health and education service delivery."

During the training, participants were exposed to topics and sessions that will deepen their understanding of and appreciation for social accountability and the tools within the Public Finance Management cycle that they can deploy for their respective sub-projects.

Participation to the course was meant to help the national NGO partners and representatives from participating aimags in the development and implementation of their social accountability initiatives as part of the capacity-building interventions under MASAM.

### Key Topics and Sessions covered during the Social Accountability Workshop (October 2016)

- Experiences of working with Government or Civil Society
- Social Accountability as an approach to Good Governance
- Tools of Social Accountability
- Social Accountability Tolls in the context of the Aimag sub-project proposals

## The MASAM Sub-projects

Ten (10) aimags were chosen as priority areas for MASAM at project inception, based on a mixed criteria of poverty incidence, readiness for SA, and health and education development indicators. These aimags are Dornod, Gobi-Altai, Govisumber, Khentii, Khovd, Khuvsgul, Selenge, Sukhbataar, Uvs and Uvurkhangai. Stakeholders in the aimags were convened to design and implement their social accountability initiative based on a series of capacity building activities. Guidelines for selecting sub-project topics were based on stakeholder consensus on a local issue or "felt need". Aimag stakeholders met with and decided on a national NGO partner, who served as their mentor throughout the implementation process.

Of the ten sub-projects, 7 are in the Health sector, while the other 3 are in the Education sector. Majority of the projects sought to engage public sector counterparts by assessing services and providing feedback through the use of the Citizen Score Card (4); two (2) projects deployed the assessment tool developed by the Mongolian Education

Association called the “Participatory Schools” model; two (2) other projects sought to measure stakeholder feedback and satisfaction based on standards set by laws and government policies (on procurement and primary health case services); one sub-project conducted 3rd-party monitoring; one project deployed the “Good School” assessment tool developed by the national civil society coalition, named “All4Education”.

In terms of approach to social accountability, all sub-projects harnessed multi-stakeholder collaboration and coordination to gather feedback on access to and quality of health and education services in general, to specific and targeted service provision for tuberculosis patients, temporary residents, and oral health.

Assessment results were gathered, consolidated and presented as feedback to decision-makers and service providers as basis for action and/or service improvement. Most action plans (5 projects) were developed with direct participation from the CSOs while 4 other projects were by the service providers themselves (4 projects), but including some level of inputs and recommendations from the CSOs. One project was unique in that it sought to influence the improvement of the procurement process by taking part in planning and contract implementation/delivery.

The sub-projects profiles are summarized in the table below:

Sector	Aimags	Tool Used	Approach
Health	Dornod	Citizen Score Card	Participatory assessment and Service improvement planning
Education	Gobi-altai	Good School model	Participatory assessment and planning
Health	Govisumber	Citizen Score Card	Participatory assessment and Service improvement planning
Health	Khentii	Standards of HHC Checklist and Stakeholder satisfaction survey	Participatory assessment and Joint service improvement planning
Education	Khovd	Participatory Schools model	Policy analysis, Participatory assessment and Joint (school-level) planning
Health	Khuvsgul	3rd-Party Monitoring	Participatory assessment and Service improvement planning
Health	Selenge	Citizen Score Card	Participatory assessment and Joint service improvement planning
Health	Sukhbataar	Citizen Score Card	Participatory assessment and Service improvement planning
Health	Uvs	Procurement/Contract award checklist and Stakeholder satisfaction survey	Participatory procurement planning, monitoring and assessment
Education	Uvurkhantai	Participatory Schools model	Participatory assessment and Joint (school-level) planning

The sub-projects were also designed and implemented with technical support and coaching from UB-based national NGOs. The Democracy Education Center worked with the aimags of Dornod, Selenge and Sukhbataar, the Mongolian Education Alliance worked with the aimags of Khovd and Uvurkhantai, the Mongolian Public Health Professionals Association worked with Khuvsgul and Govisumber, MonFemNet worked with Khentii, Transparency International-Mongolia worked with Uvs, while the aimag of Gobi-altai was supported by “All4Education”.

Part 3:  
Assessment  
of the  
MASAM  
Sub-projects

This part of the report documents and assesses sub-project implementation according to the essential elements for effective social accountability practice as discussed in Part 1.

Each sub-project report has three main parts:

- Description of sub-project experience according to intent (as described in the project proposal) and actual implementation;
- Documentation of outputs and outcomes according to the essential elements for social accountability (Social Accountability mechanisms, Outcomes as improvements in Governance, Citizen empowerment, and Service Delivery, and Sustainability); and,
- Assessment of strengths and opportunities for improvement.

# Improving Health Services for Vulnerable Groups of People: The Dornod Experience

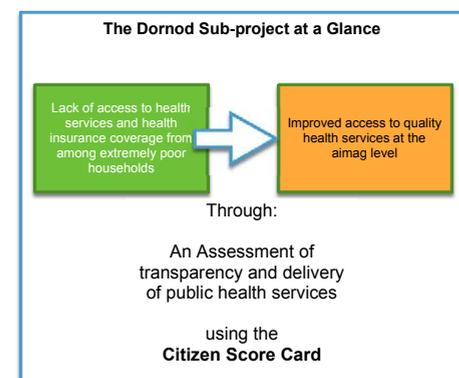
The sub-project in Dornod is implemented in partnership with the Democracy Education Center (DEMO) entitled “Improving health services for vulnerable groups of people”. Together with the local council of CSOs in Dornod aimag known to have a long history and sufficient organisational capacity, the sub-project was meant to make health care services available to vulnerable groups of people. Targeted beneficiaries are the 2,922 identified poor citizens of the 1st, 2nd, and 8th baghs of the aimag center who are unable to receive health and medical care.

According to the proponent’s project proposal, Dornod aimag is inhabited by 22,900 households or a total population of 76,500, with 56.8% living in the aimag center, 11.5% in the soum center, and 31.7% in the countryside. Dornod registers among the lowest life expectancy throughout the country, with death rates extremely high among poor households who are unable to avail of health insurance services due to their lack of civil registration and identification documents, no permanent addresses, and poverty.

The sub-project proposed to improve access to quality health services by assessing the transparency and delivery of public health services by health centers. It is hoped that through feedback from the results of the Citizen Score Card (CSC) survey, service providers together with concerned stakeholders will develop a Service Improvement Plan to make health services and social insurance coverage accessible for the extremely poor and vulnerable households and citizens.

Immediately upon the start of project implementation, the CSO council signed a Memorandum of Understanding with the Aimag Governor’s Office which in turn formally constituted the project implementation committee composed of representatives from 12 civil society organizations, 8 citizens, 3 members of the local CSO council, and designated representatives from the Governor’s Office, Departments of Social Policy, Social Insurance, and Health, Family Health Clinic and Regional Diagnostic and Treatment Center/Aimag General Hospital, and the Secretary of the Governor.

At the outset, the CSO council was aware of the significant number of vulnerable people in Baghs 1, 2 and 8, according to data from the Social Welfare Service and Social Insurance Departments. However, it was also felt that apart from the lack of access to decent and affordable health services, citizens complained of difficulties in setting appointments with doctors, having to physically wait in line after 3–4 attempts of securing such a schedule. The project team resolved to use the sub-project as an opportunity to improve health service delivery, improve the quality and coverage for health services, and to ensure citizen participation in



service delivery. More concretely for government, the project became the means to enroll 219 citizens into the medical insurance system.

In order to achieve above-mentioned objectives, the project team implemented key activities as outline below:

1. In consultation with local project stakeholders, the CSO council decided to use CSC tool with DEMO, the national NGO partner, conducting a 3-day training workshop on the use of the Citizen Score Card attended by 40 volunteers. On the last day of the workshop, the participants: 1) identified the major issues they will conduct the assessment on using the CSC tool; 2) reviewed laws and regulations; and, went on field to observe how the social insurance program was being implemented.
2. As agreed with project stakeholders, the CSC survey was focused on challenges and difficulties in receiving medical services, particularly the behavior and ethics of medical personnel towards patients. The CSC survey was designed to assess five areas which were:
  - Attitude/ethics of medical staff;
  - Workload of medical staff;
  - Public health education;
  - Setting hospital appointments; and,
  - Implementation of related legislation.

The assessment was conducted for and with two Family Health Clinics and the Regional Diagnostic Center/Aimag General Hospital.

3. The CSC survey was participated in by 112 hospital/clinic staff and 234 people from among the identified vulnerable groups of people according to the Bagh Governor's Office.
4. Organized face-to-face meetings discussed the results of the CSC assessment to develop a service improvement plan. The Regional Diagnostic Center/Aimag General Hospital conducted awareness sessions for their personnel and formulated an action plan with the Hospital Director providing guidance in the action planning process.
5. The implementation of the 3-month service improvement plan resulted in specific courses of action meant to resolve issues or areas of weaknesses as identified during the CSC survey and face-to-face dialogues. Most noteworthy are:
  - On the part of the Service Provider (Regional Diagnostic Center/Aimag General Hospital): Revision of procedures to ease the workload of personnel and make setting appointments easier for the patients. Information on services and procedures for availing these services (through 2 newly set-up customer hotlines)

were disseminated to citizens. Senior doctors and consultants have allocated a day each week to conduct checkups/visits in their respective wards and departments, and started to see patients from rural soums even without prior appointments. Because of this new system, medical advice was provided to 1,450 vulnerable citizens. To improve personnel behavior, the hospital invited a trainer from the National Health Development Center to give a training for hospital staff.

# Sub-project Outputs and Outcomes

As discussed in Part 1 of this report, each sub-project was observed and assessed for actual results across essential elements for an effective social accountability intervention. The following sections document and discuss the case of Dornod:

## 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

The conduct of the CSC survey, participated in by both citizens and service providers, has allowed for the identification of issues confronting health service delivery, especially on the differing perceptions of the two concerned parties regarding the behavior/ethics of medical personnel towards patients. Despite the differences on perception and actual rating, stakeholder feedback from the results of the CSC was used as basis and starting point for discussions during face-to-face meetings between patients and medical personnel. Specific criteria and areas of assessment became the springboard for such dialogues to happen and set the parameters for collective action planning regarding

behavior of medical personnel, workload, securing appointments for services, health education, and the social insurance system.

Attended by 52 participants from various government offices, service providers, and CSO council members, the group endeavored to arrive at a 3-month service improvement action plan with 25 specific tasks for implementation by identified accountable offices.

## 2. On Outcomes: Concrete improvements in local governance, citizen empowerment, and health service delivery.

**Governance:** The Aimag Department of Social Insurance was able to identify and register 148 new beneficiaries to the social insurance system and provided them with information on how to avail of and participate in government programs. Government officials for their part, realized that service delivery is not the sole work of government and that citizen participation is important especially in terms of identifying problems, taking action for its resolution, and acting as channels for bringing information down to citizens. For the Social Policy

Department, the sub-project has allowed them to pay close attention to complaints and conflicts confronting service delivery. One key learning point was that listening to inputs from CSO counterparts “paves the way for making policies and programs more relevant to the needs of the citizens.”

In order to follow through and coordinate activities on government commitments, the Aimag Governor’s office formed a task force (albeit adhoc) of 7 members, including the heads of the Social Policy, Deputy Governor’s Office, and Soum Governor’s Office.

**Empowerment:** Eight (8) local civil society organizations with individual mandates were able to work together in the sub-project united by the sole purpose of advancing social accountability. Seen by government as capable counterparts in doing government’s work, the network and the individual CSOs are perceived as being “able to see issues on the ground better than government officials do”, according to an official from the Social Policy Department. While one member of the CSO coordinating team had some background in research and the conduct of surveys, all participants were new to the CSC technology. It was

**(Actual sample of) Citizens' Rating and Recommendations**  
(Survey prior to implementation of Service Improvement Plan)

Assessment Areas	Rating
On service to provide health education	35.5 (Poor)
On communication & ethics of health Professionals	39.4 (Poor)
On service for getting an appointment	31.9 (Poor)

**Recommendations:**

- Conduct one a month training for the public in an interesting way
- Regularly broadcast health education/training on all local TV stations
- Conduct regular training for HCC doctors and nurses
- Make the evaluation routine

noted by DEMO that the implementers quickly learned the tool and were able to take advantage of their good communication channels and rapport with local government officials and service providers.

CSO counterparts were instrumental in making citizens aware of laws and regulations on: 1) standards for health service delivery (e.g., PWDs and Senior Citizens should be immediately attended to); and, 2) social insurance coverage, reimbursement for out-of-pocket expenses. CSO council members realized that participation is an important aspect of governance in terms of identifying problems and seeking their resolution.

**Service Delivery:** After the conduct of the first assessment, two areas were evaluated by citizens lower than what the service providers assessed for themselves. With this came the realization that patients and citizens were not satisfied with the manner by

which they secure appointments with doctors and the behavior exhibited by medical staff. Officials from the Regional Diagnostic and Treatment Center have initiated steps and concrete action to address issues identified in the CSC survey.

While the formulation of the service improvement plan did not involve the CSOs or citizens, feedback was used to determine areas for improvement which in the second round of assessment was rated significantly higher (from 35.6% to 54% satisfaction rating). This was realized through action on the following areas:

- Hospital units now have journals on which citizens can write their feedback on services and how they availed of medical attention and services;
- Conducted training sessions to address attitude and behavior of medical personnel;

- Developed procedures to improve culture for service and developed a system to secure information on medical services;
- Organized an open-door day to improve health education of vulnerable groups of people;
- Funding for the purchase of dental equipment, establishing a room for public health education and for waiting senior citizens.

**3. On mechanisms for sustainability.**

There is a resolve on the part of the service provider to conduct an independent assessment once a year, on top of the stakeholder satisfaction survey which is mandated by the state Health Department. Although financial resources are uncertain at the moment, it is being proposed for inclusion to and funding under the Local Development Fund, subject to the approval by the local council.

The Social Policy Department, through its existing monitoring and evaluation (M&E) system, will likewise explore integrating CSO monitoring and include it in their 2018 budget proposal. No other more definite course of action or decision has been reached at the time of the interviews.

# Assessment and Recommendations

It is worth noting that the local CSOs have been credited for establishing good communication channels and rapport with local officials and the service provider. While the approach and technology of social accountability through the CSC tool is new for them, they are said to be technically proficient in the conduct of surveys/research. However, for future social accountability engagements to become more effective and sustainable, it will be helpful to address the following issues:

- While social accountability is understandably a new concept and approach to governance, it will be beneficial for CSOs and local stakeholders, and for ensuring the transfer of technology to have them be responsible for formulating the assessment tool, and not just be recipients of the tool, questionnaire, and methodology as developed by the national NGO partner. On a more fundamental level, local CSOs can benefit from a deeper understanding of and exposure to social accountability practices in similar contexts.
- Majority of tasks and commitments to the Service Improvement Plan were the responsibility of the hospital

(service provider) and meant almost entirely to improve how medical personnel relate with and behave towards patients.

- Action instituted by the Governor's office involved creating an inter-agency task force to follow through on and coordinate activities but nothing concrete or sustainable was identified as to how the concerned offices can contribute to service improvement apart from facilitating the registration of 148 new beneficiaries and raising awareness on laws and regulations governing social insurance.
- There is an existing institutional mechanism for internal monitoring by the M&E Department of the aimag as well as a desire to integrate citizen monitoring but it does not have clearly defined purposes and parameters, nor a deeper understanding of social accountability and its possible contribution to governance apart from using the approach to inform citizens of existing programs and services.

Should local stakeholders in Dornod Aimag wish to sustain the social accountability initiative, the following are recommended:

- Greater involvement and accountability over the tool and tool development will ensure not only ownership over the process but also local empowerment and confidence to run a similar citizen monitoring assessment on other government programs and services. Time and resources may have understandably been tight but a more helpful process would have been for the local stakeholders to develop the questionnaire on their own with the guidance of a more experienced social accountability practitioner (e.g., UB-based NGO or peers).
- The use of the CSC as a tool for advancing citizen engagement and social accountability has its strengths and advantages. It has its own set of limitations as well. It will be beneficial if stakeholders undergo a more thorough process of problem identification and analysis of issues confronting public sector services and programs to determine the most appropriate and relevant tool/s to use. While the CSC is helpful in getting constituents to provide feedback on government programs, its user will run into technical issues of sampling and making generalizations on

larger trends of the population and incur unnecessary costs when the approach to the problem could have been simpler and faster. If the core issue that the sub-project sought to address was the lack of access to health services due to their non-registration to the social insurance program, a social audit exercise (or even the Community Score Card) would have allowed them to identify exclusion errors and then immediately have the concerned agency enrol citizens to the program. While it was actually done in the case of the Dornod sub-project (with 148 citizens registered to the program as a result of the project), the route to get there may have been costly

and almost unnecessary (surveying 1,120 people through the CSC) to identify 260 vulnerable citizens who needed social insurance.

- Institutionalizing a mechanism for generating and processing citizen feedback into the existing internal monitoring mechanism of the aimag government is a notable concern. While there is an expression of desire to do so in the next fiscal year, this still needs to be formalized and made more systematic, clearly indicating roles and responsibilities of CSO monitoring and the process with which this can be integrated into the for-mal M&E system.

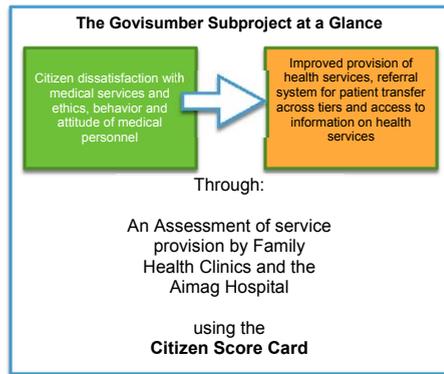
## Inclusive Health Services in Govisumber Aimag

The sub-project in the aimag of Govisumber is implemented in partnership with the Mongolian Public Health Professionals' Association (MPHPA). De-signed to improve the provision of health services and the referral system for patient transfer across tiers of service providers, the sub-project used stakeholder feedback specifically on the ethics, attitude, and behavior of medical personnel. The feedback was gathered through the Citizen Score Card assessment in order to address citizen dissatisfaction with medical services and medical personnel. Targeted to cover the residents and households receiving services from the Aimag General Hospital, Soum medical centers and Family household clinics, citizen feedback was used to improve the delivery of services in compliance with Decree 307, 2009 so that AGH ward personnel provide medical counseling and other services even without securing prior appointments.

Summary Assessment for  
Dornod Aimag

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓✗	✓	✓✗	✓	✓

Consider other social accountability tools (e.g. **Social Audit**) to better ensure social insurance coverage



According to sub-project proponents, residents of Govisumber are not able to avail of sufficient health services because of their lack of information on, resource allocation for, and weak participation in the provision of health services. Despite the many and varied reasons why service provision is not up to par with required standards of quality, the attitude and behavior of medical personnel was of primary importance to stakeholders because of manifest and felt issues in securing appointments, weak communication skills of medical personnel, the failure of self-assessment processes to surface issues that citizens are not happy about, the stress, and pressure from extended and heavy work hours being passed on to patients.

Initially put on the defensive, medical personnel resisted the assessment and feedback. They, however eventually understood that the desire to improve service provision, especially for vulnerable households and to provide the public with the necessary information through organized and collective feedback of NGOs and citizens, generated from an objective and organized process.

Sub-project implementation in Govisumber was led by the Social Policy Department of the Aimag Governor's office who chaired the working group at the aimag level. Even as there was no formally constituted and organized council or coalition of local CSOs, sub-project implementation was supported by the cooperation of four local NGOs. Through a decree issued by the Governor, the project task force was constituted by representatives from the Governor's office (through the Social Policy Department), Health Department, Family health clinic, NGOs, and citizens representative.

In order to improve the quality of and access to health services, more specifically to improve the ethical behavior of medical personnel through feedback from the CSC, the following key activities were implemented by the Aimag working group:

1. Conducted meetings with local residents to identify problems confronting access to and quality of health services. There were two rounds of meet-ings held with local organizations and government offices which allowed the group to narrow its focus and identify the sub-project to be imple-mented.
2. Invited the Democracy Education Center (DEMO), another MASAM Program partner but not for Govisumber, to provide a training on the use of the CSC.
3. Organized two survey teams. One assessed the Aimag General Hospital, the other looked into the Family Health Clinics (FHCs) . The Aimag General Hospital was assessed

in terms of ethics and behavior of medical personnel, professional skills and capacity, access to information on health services and programs, and time spent for/during medical appointments. FHCs were assessed for the ethical behavior and attitude of medical personnel, sufficiency of human resources, and the implementation of the referral system. A total of 1800 citizens participated in the survey, with 1003 citizens as respondents on the Aimag Hospital Assessment, 797 respondents for the assessment of the FHCs, and a counterpart of 37.6% of total comprising hospital staff.

4. Conducted face-to-face meetings to formulate the Service Improvement Plan which was agreed on by 25 participants composed of representatives from the Aimag Governor's Office, Health Department, Aimag Gen-eral Hospital, citizens, and local NGO partners.
5. Implemented activities and interventions as identified in the Service Im-provement Plan. The local NGOs organized appreciation events for hos-pital staff to change their attitude towards and get their support for the project. The Aimag Health Department for its part, introduced the E-Health Registration system as a means for citizens to secure appoint-ments with medical personnel without having to physically queue up long hours and conducted a series of training for medical personnel to make them more customer-oriented and patient with clients.

# Sub-project Outputs and Outcomes

This sub-project was documented and assessed utilizing the essential elements for an effective social accountability intervention as presented earlier. The key points are discussed below.

## 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

At the beginning of project implementation, the team endeavored to involve citizens from the targeted areas in the initial analysis of the situation.

This was to help focus the initiative and identify the specific problems confronting health service delivery in the aimag. Citizens and CSO participation was given importance in the formal constitution of the Task Force. As decreed by the Governor, there were members nominated from among citizens' representatives and the local NGO partners, together with representatives from the Aimag Governor's Office, the Health Department, and the service provider - the Family Health Clinic.

Citizen participation continued to play a significant role in the conduct of the

CSC survey given the high turnout of respondents from among the identified poor and vulnerable households. Citizen respondents, as well as their service providers, were asked to evaluate health service provision using a scoring system of 0-100, with 100 as the highest rating. The rating was on the areas for assessment agreed upon by the project Task Force. These were on: Ethics and behavior of medical personnel; Professional Skills; Access to information on health services and programs; Time spent in accessing services; and the Referral system (specifically for FHCs).

According to citizens that participated in the survey, all areas of assessment "needed improvement", compared to the higher rating that service providers accorded themselves (e.g., citizens assessment on ethical behavior had an average of 41 points or "poor" as against the self-assessment rating of 87 points).

On the other hand, formulation of the Service Improvement Plan involved representatives from the local NGOs, together with the Aimag Governor's Office, the Hospital's management team, and the Health Department. From out of this exercise, the task force was able to identify eight key tasks and activities which included the establishment of an ethics committee, the conduct of training activities to improve the attitude and behavior of hospital staff, and ensuring sufficiency of human resources (to serve temporary residents on top of the regular clients being served by the hospital).

## 2. On Outcomes: Concrete improvements in local governance, citizen empowerment and health service delivery.

**Governance:** The Aimag Governor's office has actively participated in the project. It facilitated activities including face-to-face meetings through the Social Policy Department. Through the formally designated task force, the Office of the Governor is directly oversee and followed up on activities and commitments made by the health department and the service provider as outlined in the Service Improvement Plan.

In one of the face-to-face dialogues between NGOs and government offices, one of the identified needs of the hospital was the establishment of a cardiovascular ward. The office of the Governor has requested for funding from international donor organizations but was declined. The local government has decided to submit the proposal to the central government for inclusion to the public investment program, as such cost is more than what the aimag government can bear. The request is already in the 2018 Aimag action plan, just the same

The Social Policy Department for its part, claims to have a clearer understanding of the CSC/citizens' assessment and monitoring, and has drafted a local monitoring regulation to include a CSC component in its monitoring and evaluation work.

The proposal will be pre-sented for approval at the Aimag Council meeting.

**Empowerment:** Prior to MASAM sub-project implementation, NGOs in Govisumber did not have any experience collaborating with each other. While the coordinating NGO had some experience implementing projects for international organizations like Mercy Corps and the German Agency for International Cooperation, it did not have working relations with other NGOs in the area and, more so, with the government. For the NGO counterpart coordinator, sub-project implementation meant that levers had to be pushed for local NGOs to work collaboratively with each other, towards a common agenda of working with and making the local government accountable to its constituents.

**Service Delivery:** Despite the many issues confronting health service delivery in Govisumber, stakeholders (in government and the NGOs themselves) have identified the behavior and attitude of medical personnel as the most pressing issue that they wanted to assess and give feedback on.

Admittedly for the Health Department, changing behavior may take a long time and will also require addressing the more fundamental issues confronting health service delivery (such as funding and the hiring additional personnel and, perhaps, even social insurance coverage). They however noted that in the second round of assessment conducted five months later, after the conduct of face-to-face meetings and training activities for hospital staff, there have been significant

improvements according to survey respondents. Moreover, they note that there is now a narrower gap between the assessment scores given by the citizens and medical personnel. Customer satisfaction is in fact reflected not just in the survey results but in the documented reduction of complaints received.

Certain action points in the Service Improvement Plan have yet to be implemented, but concrete steps have already been taken to address them such as the introduction of the E-Health Registration system as a means for securing appointments and referring clients to/from the Family Health Clinic and the Aimag General Hospital. The hospital, through its newly established Ethics Committee has likewise drafted guidelines in dealing with medical personnel reported for misconduct or inappropriate behavior. In relation to this, to help ensure that patients feel fully taken care of and attended to, the FHC Director has banned the use of social media and ordered the blocking off of access to wifi connection during clinic hours.

All commitments in the action plan will be monitored and followed through the Ethics Committee which is likewise tasked with instituting prevention measures against and to correct violations on staff ethics.

### 3. On mechanisms for sustainability.

The NGOs feel the need for further capacity building in gathering and providing feedback to government. In assessing health service provision, there was hesitation due to lack of information on the sector mainly because they are

not medical professionals themselves. But given prior work on monitoring the implementation of the Local Development Fund and the experience of sub-project implementation that has allowed NGOs to establish a working relationship with government plus an openness to and recognition of citizen monitoring, there is willingness to continue working with citizens in the planning, budgeting for and spending of the LDF.

For the Aimag Governor's Office, mechanisms for sustainability are being explored by incorporating citizen monitoring in the health development program of the 2018 Action Plan. Past experience has been that results of internal assessments by the hospital was not reported to the public and were treated as part of internal procedures. Recognizing that citizens are important stakeholders in policy and decision-making, the Social Policy Department wants to make monitoring an annual provision in the plan, and that results will be made public and shared to the local council so that such feedback can be incorporated in plan formulation and decision-making.

For the Family Health Clinic, there is expressed willingness to employ the CSC at the FHC level and work with the local NGO to assess the FHC services twice a year. Results of which will also be reported to the public.

## Assessment and Recommendations

Having chosen to focus on the attitude and behavior of medical personnel as against the many and more fundamental issues confronting health service delivery in the Govisumber Aimag, sub-project stakeholders were able to identify specific and concrete measures that will help resolve such concern. However, given the narrow and shallow focus for gathering feedback and mobilizing citizen participation, it has not allowed for more strategic and programmatic responses to health service delivery, especially on the part of local government.

At the time the interviews were conducted and at the conclusion of sub-project implementation, health department officials were cognizant of the underlying issues why medical personnel behave the way they do towards patients. While it does not justify the behavior, hospital staff are passing on the stress to patients and are unable to provide them the attention that they deserve, due to the fact that the hospital and family health clinics are underfunded, understaffed, yet overloaded with work.

In terms of social accountability practice, the following might have to be addressed in order for more effective collaborations in the future:

- Need for greater clarity of purpose and approach to solving systemic problems (regardless of sector) that

need more strategic and integrated solutions across governance levels, and not just superficial and band-aid solutions that at best only help appease citizen dissatisfaction with services. Mobilizing volunteers, the conduct of massive surveys, gathering, processing and presenting stakeholder feedback require not just technical knowledge and skills but significant material resources as well. The Health Department already recognized that the behavior and attitude of medical personnel at the Aimag General Hospital and Family Health Clinics are brought about by even bigger issues in the health sector. Should stakeholders wish to involve citizens in more strategic and programmatic issues, a good starting point will be to focus on the planning for and utilization of the Local Development Fund where there is clearly some level of interest and technical capacity on the part of local NGOs to design the appropriate methodology for gathering citizen feedback.

- Effective social accountability initiatives are built around a common and sound understanding of the role citizens and citizen feedback can play in governance and decision-making. More than just being channels for communication and information dissemination, government and citizens groups should see themselves as partners in decision-making and program implementation in the spirit of constructive engagement. Citizen monitoring and mechanisms for sustaining the effort in Govisumber is not yet a shared value among stakeholders. NGOs do not feel competent in assessing government services and programs. Government sees NGOs mainly as vessels for information dissemination. Service providers viewed the sub-project as the means to narrow the gap between medical personnel and citizens, but only in so far as providing the latter an opportunity to gain understanding of the struggles of the former so that they “will complain less when they are not immediately attended to”.

Summary Assessment for  
Govisumber Aimag

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓ X	✓ X	✓ X	✓	✓ X
Deepening <b>understanding of and capacity for social accountability</b> as approach to collective				

# Introducing a Community Inclusive Monitoring Mechanism Sub-project in Khentii Aimag

Primary health care in Khentii, as in other aimags, is provided by Family Health Clinics (also referred to as Household Health Centers or HHCs) which are private, voluntary health organizations contracted by government. Service provision is bound by a contract signed by the Aimag Governor and the Head of the Health Department. This contract includes provisions for performance assessments which however do not take into account stakeholder feedback and is perfunctorily renewed.

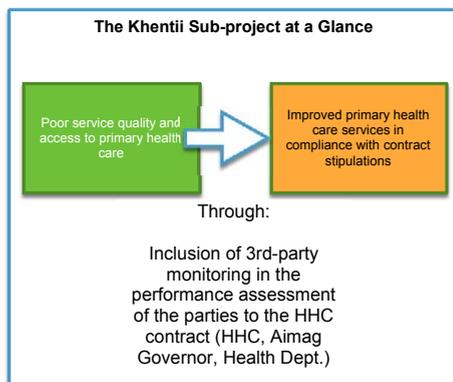
Focused on working with two HHCs (the first serving the most populous community in the aimag center and the second for the remote, more vulnerable communities), the sub-project in Khentii sought to improve service quality and access to primary health care by introducing a third-party monitoring mechanism in the performance assessment of HHCs. Using standards and provisions mandated by the Ministry of Health and as stipulated in the contract for HHCs, citizens are likewise expected to evaluate the performance of the HHC as well as contractual obligations of the two other signatories – the Aimag Governor and the Health Department.

The results were taken into consideration and given weight in the assessment and renewal of contract with the HHC and in the action planning process with the Governor's Office.

Sub-project implementation in Khentii was led by UB-based NGO Mon-FemNet, in partnership with local NGOs and their monitoring teams organized for the purposes of the project, two (2) HHCs whose contracts were up for renewal, and the concerned offices of the Aimag Governor.

The local CSO network has 20 active members, out of which 9 organizations were selected to be part of the implementation team, complemented by 10 people from the bagh areas where the HHCs were located and 4 representatives from the local government. Upon signing of the Memorandum of Understanding, the Head of the Social Policy Department was designated to represent the Governor.

Being part of the local project implementation team, the CSO network coordinator was part of several crucial



decisions on the project such as the selection of team members, issue and problem identification, and sub-project design.

Particularly for the sub-project, improving primary health service delivery was designed to be achieved through:

- a) Introducing a public participatory monitoring mechanism in the contracts of HHCs (in 2 out of 4 service providers);
- b) Training CSOs and citizens to conduct monitoring; and,
- c) Enhancing transparency and accountability of HHCs through constructive engagement.

In order to achieve above-mentioned objectives, the project implementation and management team conducted the following key activities:

1. Review of the assessment criteria in the tripartite contract provisions. From out of the review process, it was resolved to introduce public participatory monitoring as part of the contract agreement whereby citizens will be asked to evaluate the parties to the contract—the Family Health Clinic, Aimag Governor and the Aimag Health Department—through a survey that will be carried out by the local NGO partners. Results of the survey were aggregated and constituted 50% of the total assessment of HHC Performance.

2. Development of a handbook and guidelines for the conduct of participatory monitoring. Integral to this was survey design and tool development by the partner NGO MonFemNet. Pilot testing of the survey design was done with 40 respondents.
3. Setting up of and capacity-building for the monitoring groups.
4. The public participatory group of the local implementation team's conduct of a community mapping exercise that allowed them to determine the location and profiles of vulnerable groups, especially temporary residents. Simultaneous to the mapping exercise, they conducted a stakeholder satisfaction survey, with criteria and indicators similar to that of the assessment tool as annexed to the tripartite contract. These notwithstanding that the contracts were newly signed and the service providers were not up for assessment just yet.
5. Conduct of health service monitoring among five key groups of citizens according to services/programs offered by the HHC: newborn, pregnant women, elderly, temporary residents, and vulnerable groups.
6. Formulation of the Service/Performance Improvement Plan.

## Sub-project Outputs and Outcomes

The sub-project was documented and assessed for actual results across essential elements for an effective social accountability intervention which are documented as follows:

### 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

The main point for engagement is the tripartite contract for primary health care services entered into by the Aimag Governor and the Health Department with the FHC or HHC. Local stakeholders, with the guidance of the national NGO partner MonFemNet reviewed the existing provisions of the contract and other related legislation and policies from the Ministry of Health.

Given that the contracts with two out of the four service providers were up for renewal, they were able to revise and introduce provisions for integrating a public participatory assessment in these two contracts, with the assessment criteria and instrument annexed to the main contract.

From out of the community mapping and the survey, the group was able to identify constraints and issues in the delivery of services by HHCs as against standards and indicators prescribed by the Ministry of Health.

Drawing on survey results, HHCs together with concerned stakeholders from the Aimag Governor's Office, the Health Department, Bagh Governor, and local NGOs, formulated a Service Improvement Plan. This will, hopefully, allow the HHC to have better rating in actual performance assessment as provided for in their contracts.

## 2. On Outcomes: Concrete improvements in local governance, citizen empowerment, and health service delivery.

**Governance:** The subproject reinforced the accountabilities and responsibilities of the Aimag Governor and the Aimag Health Department in providing other elements – such as infrastructure and

equipment to contracted HHC – and ensuring quality public health service provision

With the initial results of the assessment and feedback provided to the Governor's office and its Health department, there has been a greater stake and involvement on the part of the Soum and Aimag government units to address gaps and take on tasks identified in the Service Improvement Plan that are simply beyond the accountability of the private service provider as they are clearly contractual obligations by government.

Because of the value placed on stakeholder participation, the 2018 Aimag Action Plan being proposed by the Health Department contains specific provisions on CSO participation seeking to improve private-public partnerships, CSO cooperation, and allowing for some functions to be delegated to and performed by CSOs and professional associations.

For the aimag Health Department, citizen monitoring and participation is a new term and approach. Even as citizen satisfaction surveys are regularly conducted (once every quarter) to assess the performance of offices under the health department, the organizations have the benefit of choice to take action (or not) on the results of the survey. Citizens or citizens groups are not involved in the design, administration and analysis of the survey, more so in the resolution of issues and therefore do not have any means to exact accountability in their current practice. Given project experience however, there is an expressed willingness to replicate the model and conduct citizen monitoring on other government programs and services (especially on health).

**Empowerment:** According to the local CSO coordinator, citizens, especially temporary residents are not aware of and the difference of services offered by family health clinics (at the bagh level) and the Soum health clinics.

Their participation in the stakeholder satisfaction survey (and, prospectively, in the HHC Performance Assessment) has made them aware of the services and has given them the means to tell government about the level or quality of services that HHCs provide.

While the tripartite contracts prescribe standards of quality and timelines, citizens are not aware of these standards and more so, are not able to tell government about the quality

### Areas for improvement by the HHC according to the stakeholder satisfaction survey:

- Due to a lack of space of the HHC, it should focus on creating as much comfort as possible in terms of the organization of the rooms and corridor;
- When providing the health care services, set up a day where the elders, disabled people and children with nutritional deficiencies are visited regularly and provided at-home monitoring;
- Decorate the area for the preliminary examination and vaccination;
- Upgrade the tools and equipment of doctors on call;
- Open a fitness room and make it available for the citizens permanently;
- Increase the number of doctors and nurses, permanently employ the employees trained at the laboratory;
- Provide capacity building for the already trained volunteers and incentive for further employment

of services they get. Through the survey results, citizens were able to collectively articulate citizens' needs and influence the formulation of the service improvement plan for the benefit of the larger community.

Citizens groups or CSOs involved in the sub-project believe in the power of feedback such that they see the potential of replicating the effort in assessing the services of the Aimag General hospital, public utilities, waste management, and education services. They see the importance of citizen monitoring in exacting good performance for contracted services. To them, it is the beginning of an effort **“for citizens to know their rights, trust government and ensure the citizens have access and influence to decision-making.”**

Some citizens used to be highly critical of all things government, but participation in the assessment has made them take into account their own responsibilities in making government programs effective because, as one respondent put it, **“the state cannot solve all the problems of our family health clinic. Our participation is highly important.”**

**Service Delivery:** As discussed earlier, a public participatory mechanism was included in the tripartite contract for HHCs as re-vised and implemented this 2017. The revised contract introduced an assessment scheme whereby items rated below 80 are categorized as “needs improvement” and therefore require the parties to take action.

Citizens' rating comprises 50% of the total assessment. For the HHC, the initial assessment has correctly pointed out gaps in facilities and services that they need to improve on yet ignored for the longest time. Useful feedback and insights were brought out by the survey and concerned stakeholders have since tried to address the problems through the Service Improvement Plan.

Key actions taken include:

- Procurement of diagnostic equipment to improve laboratory services through the Local Development Fund of the Bagh and Soum governors;
- Instituting mechanisms to provide funding for services availed of by temporary residents (the costs for whom should be covered by the Bagh they come from given their temporary resident status in the aimag center, but they also go to the HHCs whose contracts do not stipulate their accommodation); and,
- Setting up an electronic data base of patients being served by the HHC including temporary residents.

### 3. On mechanisms for sustainability.

According to the head of the Aimag Health Department, there was initial resistance to citizen monitoring on the part of the HHC. They were however convinced to support the project with the explanation that citizen monitoring will help improve their work and service

de-livery by making other parties to the contract accountable for their part as well. At present, all stakeholders (CSO, government offices, service providers) are aware of and are able to articulate the need for monitoring programs and services financed by government. The health department is determined to implement the approach to other FHCs as well as with Soum Health Centers, national and aimag level programs.

Because prevention and detection of diseases require public information and knowledge, they see citizen participation as an important component of public health services. As demonstrated by their experience in the aimag, the Health Department will push for citizen monitoring in the implementation of tripartite contracts and will recommend for such policy to the Ministry of Health.

# Assessment and Recommendations

The sub-project was successful in meeting its intended objectives due to the buy-in and support from the contracted service provider. Despite being tied to the same contract stipulations for the last seventeen years, the two pilot HHCs acceded to the proposed contract revisions and allowed for participatory performance assessment to be included in the redrafted agreements. Additionally, the

performance contract with HHCs was a strategic mechanism and entry point for integrating community participation in the assessment of family health clinics. Being parties to the contract and performance assessment, accountability was likewise demanded from the Aimag Governor and the Aimag Health Department who in turn expressed support for the adoption and implementation of the service

## Revised contract stipulations integrating citizen participation in performance assessment of HHCs and government offices:

- The Independent Working Group appointed by the decision of the Standing Committee of the Social Policy of the Aimag Citizens' Representative Khural shall conclude the Contract by half-year and full-year; and shall decide and approve matters regarding the extension, termination of and amendment to the contract.
- The Independent Working Group shall adhere to the indicators and requirements stated in the "Structure and Operations of the Household Health Center", MNS 5292 – 2011, Mongolian Standard as well as the criteria adopted by the 1st and 2nd Appendix of this Contract:
- The operations of the Household Health Center shall be evaluated in conformity with the indicators and requirements mentioned in the Article 7 of the "Structure and Operations of the Household Health Center", MNS 5292 – 2011, Mongolian Standard;
- As indicated in the 1st Appendix, the evaluation provided by the citizens in regards to if the actions undertaken within the framework of the Community Inclusive Monitoring (CIMM) methodology have fulfilled some of the indicators and requirements stated in the 5th and 6th Articles of the "Structure and Operations of the Household Health Center", MNS 5292 – 2011, Mongolian Standard shall be converted to percentage;
- 50% of the integrated evaluation concerning the 3.3.2-3.3.4 indicators shall be the evaluation provided by the representatives of the service recipients-citizens within the the framework of the Public Scorecard.

improvement action plan and to further involve CSOs in other programs requiring private-public partnerships.

Khentii’s model for integrating a community-inclusive monitoring mechanism is a readily-replicable practice to other private service providers contracted by government (in health and possibly other sectors). It will be beneficial for project implementers in Khentii to address the following areas as well:

- The CSO convener may have had significant experience working on projects with international and multilateral organizations. However the other organizations forming part of the implementation team are seemingly bound by more tactical and project-based terms. Given that the revised contract agreements have

a life beyond the MASAM sub-project term, the CSO network may need to revisit its bases for unity and work towards a shared agenda of exacting accountability from government and service providers.

- Project management leaders themselves have expressed difficulty in looking for and mobilizing volunteers according to the criteria recommended by the national NGO partner at the start of implementation. While initially they wanted to recruit local CSOs and citizen volunteers that had capacity for research and communication skills, they somehow compromised and recruited volunteers on the basis of commitment and availability. If the third party assessment were to be continued and sustained, the

CSO network needs to strengthen its capacity for evidence-based engagement (i.e., research) and substantiating objective feedback, perhaps initially with support from national NGO advisers/consultants.

- There has been no concrete action reported regarding feedback given to the Aimag Governor’s Office and the Aimag Health Department, as parties to the tripartite contract and therefore may need further documentation.
- Despite willingness to replicate the experience in other FHCs/HHCs and Soum Health Centers, appreciation for citizen participation is limited to involving citizens groups in public information and campaigns towards prevention and early detection of diseases. Government counterparts could greatly benefit from a deeper understanding of the value of citizen monitoring and its possible application to other government concerns.

Summary Assessment for  
Khentii Aimag

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓	✓	✓ ✗	✓	✓
<b>Empowering the network and its members</b> , concretizing bases for unity and working together				

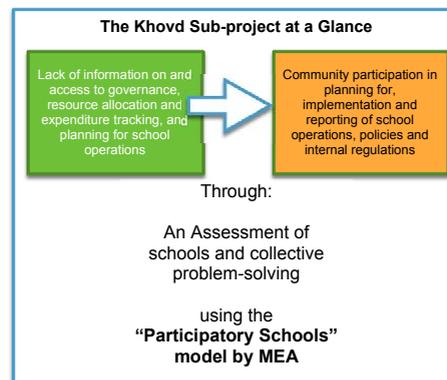
# Public Participatory Schools in Khovd Aimag

The sub-project in Khovd aimag, entitled “Public Participatory Schools with Accountability”, was implemented in partnership with the Mongolian Education Alliance (MEA). The sub-project sought to address the governance, resource allocation, expenditure, and multi-stakeholder decision-making in ten (10) secondary schools that are isolated from the aimag center, in low-income soums, and are, more often than not, unable to participate in donor-funded projects that support school activities.

According to the situational analysis conducted by key stakeholders in the aimag, most, if not all, schools do not provide sufficient information and access to decision-making processes on governance, resource allocation, expenditure-tracking, and planning for their operations. Schools have deteriorating conditions, are insufficiently staffed to handle the school population, and lacked support from concerned stakeholders. Moreover, despite the

mandate for setting up parent-teacher councils which are mostly inactive, the project team felt the need for effective mechanisms for participation in the planning for and monitoring of school operations. To address this, the sub-project deployed the MEA-developed “Community-inclusive Schools” Assessment tool that could help mobilize community participation in planning, implementation, and reporting of school operations, policies, and internal regulations.

At the beginning of sub-project implementation, the Aimag Governor’s office issued an ordinance appointing the members of the project coordination team composed of representatives of the Education Department, the Governor’s office, and CSOs. In order to ensure the smooth implementation and coordination of activities, the project coordination team further organized policy analysis and implementation teams. The policy team, composed of technical staff from the education department and local NGOs, was tasked with conducting an inventory and analysis of the policies governing secondary school operations in the aimag. From this analysis, they identified opportunities for strengthening and/or revising education policies that will allow for more effective participation in school-level governance and operations.



The implementation team had 20 members, with two members looking after soum/school level mini-projects that had three key activities: the conduct of the assessment; the development/implementation of the school operations improvement plan; and, documenting/reporting activities for submission to the Governor's office, the Education Department, and MEA.

To create a model for participatory school management, collective problem identification, and action planning, activities implemented were clustered into these three main areas:

### **1. Policy analysis**

- Analysis of national and local policies on education and determination of whether provisions are relevant to current context and needs of schools were done—basically a study of related literature.
- Public perception survey on efficacy and relevance of specific policy provisions was run. Two key findings are public displeasure over the appointment of school director and council members by the Governor; and, the recommendation to transfer the appointing authority to the Education Department.
- Proposals on strengthening citizen participation in school governance were crafted.

### **2. School-level assessment and the crafting and implementation of school improvement action plans**

- Organized discussions among teachers and students to identify and define the problems at the school level were held. In one school for instance, 5-6 discussion sessions were conducted, attended by a total number of 800 participants.
- A number of participants from each of the 10 pilot schools were selected to attend a workshop conducted by the Aimag Education Department during which they were introduced to the concept of participatory school management, including the conduct of the assessment using the tool developed by MEA.
- A survey was conducted according to the criteria for public participatory schools and results were presented to teachers and parents. The results were used as basis for collective problem solving and action planning. One school visited for this assessment had 500 survey respondents (parents, government staff, and school teachers).
- Because school resources were not enough to address even the top-most priority issue, members of the school/soum-level mini-project teams (Soum Governor, School

Director, teachers and parents) looked for partners and donors by scouring organizations and business within the 10-kilometer radius of the school environs.

- Once household members (especially from among herder families) became aware of the issues that schools and their children faced (such as deteriorating conditions in the school dorm, and addiction to billiards and online/video games in the two schools visited for this assessment), they readily volunteered to take a more active role in school affairs (in the renovation of the dorm and their children's quarters and in monitoring their children's activities).

### **3. Aimag-level/Inter-school learning exchange**

- There was documentation and sharing of experiences from the participating schools to facilitate dissemination of results to other non-pilot schools in the aimag.
- Public information campaigns in the media to talk about successes in mini-project implementation by certain schools were run.

# Sub-project Outputs and Outcomes

## 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

The education policy team was able to analyze the policy and regulatory environment that governs the school operations. They learned that there is an existing law that provides for and mandates participation through the local school council. However, through the survey conducted among parent-respondents, they also got stakeholder feedback on how implementation is constrained by some provisions of the same law. As a case in point, the school council is rendered irrelevant and eventually become inactive because members of the school council and the school director are appointed by the Aimag Governor. According to the desk study and survey they conducted, the governor appoints his own party mates. So in reality, according the head of the local policy team (of the sub-project), there is no power nor incentive for the council to operate except as a stamp pad to the council and governor due to lack

of clear processes and mechanisms to operationalize participation in decision-making. There is no room for wider consultation and participation from among community stakeholders in the governance and operations of schools. Because of these findings, the sub-project was able to identify opportunities for greater stakeholder involvement in the management of schools outside of the purview of the school council.

At the school level, the conduct of discussion groups and the “Participatory schools” assessment-cum-survey has allowed for the identification and prioritization of school-level issues. Given that there were 10 participating schools in the sub-project, the issues identified and the action taken on these issues also varied across soums and schools. From out of the issues identified and prioritized, school communities were able to do collective problem-solving. In fact, one school was able to convene 200 students, 100 parents, and all teachers and staff to identify and prioritize school issues and

involved the larger community and local business organizations in collaborative action planning.

In almost all the pilot schools, respondents gave the lowest scores to parents’ participation in school affairs and activities, but the identification of priorities depended on the context and requirements of the schools and the learners. In one school for instance, top issues were the need to increase parent involvement in their children’s development, physical conditions in the school (i.e., tables and chairs), and the need for building a concert/art hall for performances and exhibitions.

The formulation and implementation of the mini-projects (school improvement plan) allowed for multi-stakeholder commitment and action including aimag and soum government offices, parents and community members, business and civic organizations. It has made the local community aware of and take action on real issues confronting the school that are also beyond

the resources and capacity of the school management to resolve such as the rehabilitation of dorm facilities and monitoring of children's free time while in school.

The mini-project in one school was able to harness local resources and commitment from herder families who more often than not just basically "deposit" their children in schools at the beginning of the academic year. In another school, parents and teachers conducted their own separate action planning process and arrived at their own initiatives—with parents deciding to monitor student behavior and teachers' preparation for the state examinations.

Having gone into problem-solving mode and seeing the benefit of greater stakeholder participation, some schools were able to activate parents' councils and dorm parents' councils and to push for change of school operational policies, installation of internal monitoring systems, and citizens monitoring of the school budget, planning and expenditure tracking.

At the aimag level, the project implementation team was able to organize a facility and provide a venue for sharing of experiences and lessons from among participating schools. Non-participating schools were challenged and encouraged to implement the same model and replicate the experience in their schools based on the good results being experienced by the pilot schools.

## 2. On Outcomes: Concrete improvements in local governance, citizen empowerment and education services.

**Governance:** On the part of the Aimag Education Department Officials, Soum Governor, and School Directors, there is now recognition of the role and contribution that CSOs and community members can play in resolving problems in school. Their understanding of and appreciation for social accountability revolves around instituting fairness and justice in education service delivery and involving citizens in running the schools. In one soum for instance, the Governor has totally changed her perception on solving problems in the school (and on other aspects of governance and public service). Solving development concerns, according to her, is not just looking for and seeking funding provision but more importantly about the community solving their problems, about harnessing communication and local resources, networking with other potential local partners. It was shown

"Solving our problems does not only mean looking for and receiving funding but more importantly about the community solving their problems."

-Governor of Myangad Soum,  
Khovd Aimag

that through collaborative problem-solving, local issues can be resolved even if there is no increase in the budget of the soum government. Given the right process and motivation, government can harness the individual and collective contribution of herder families (who are usually away), the community and local organizations.

Seeing the fruits of their collective labor from sub-project implementation, the Education Department has forged an agreement with the schools under its supervision to strengthen social accountability and to increase constructive engagement with local stakeholders as well as ensure the active participation of school managers in meetings and initiatives by their respective school councils. Education officials have drafted and sought approval for their Action Plan to include budget allocations for the training of monitors, CSO/parents participation in the school budget proposal making process, public reporting of school performance, and making school audit reports available to school councils and citizens at large.

**Empowerment:** With their involvement in the assessment of school conditions and participation in collection action planning, participating parents became more involved in ensuring productive time for their children while in school. They feel that their children now have

better prospects for proceeding to university-level education. Such change in mentality also meant assuming greater accountability for the education of their children, both in school and at home.

Parents also gained knowledge and experience in school planning, governance and operations. Part of this is knowing what school managers have to give way and prioritize less because of the many problems confronting school operations. In one school for instance, the parents gained an insight as to why teachers had less time preparing for the state examinations than they should because of students becoming addicted to mobile/video games and billiards, a harmful situation which the local government eventually did something about as part of the mini-project implementation.

On the part of the larger community, they have become activated and motivated to look after the welfare of schools. Local project implementers and stakeholders claim greater confidence over their ability to “solve other problems as well.”

**Service Delivery:** Because of greater parent involvement in the affairs of the school and the volunteer activities that they have implemented, including monitoring not just the activities of children but that of teachers as well, teachers have been freed up from mundane but almost necessary tasks of monitoring how their students spend their free time while in school (over

video games and billiards). Teachers are able to focus on teaching and improving on the subject matter they are responsible for. In the case of the two schools visited, the improvement in physical and mental environment makes the school more fit for learning to happen and has, according to parents, resulted in improved grades and overall school performance.

### 3. On mechanisms for sustainability.

Sub-project implementation in Khovd was not without some challenges.

For one, the ten participating schools are mostly located outside the aimag center and difficult to reach which caused some issues considering budget limitations. Information was difficult to share and consolidate given the distance of the schools from the aimag center. Gathering all stakeholders for the sharing of experiences and lessons also meant having to cover for their transportation expenses. Project implementation also ran into scheduling problems considering the end of school year break and so organizing events

#### Highlights of the “Community-Inclusive School (CIS) - Human Development Center Subprogram of the Health Department, as proposed to the Aimag Local Council

**Purpose:** Developing the school as a citizens’ development center, where in a family, educational and social environment, a children can grow into a responsible, self-confident citizen who has an ability to make a decision, live collectively and become a life-long learner.

**Objectives:**

- Expand community inclusiveness in school development and develop it as a local community development center.
- School - establish a human development center and legal environment, ensure sustainability.
- Create community monitoring in school services and introduce social accountability.

**Key activities (relating to community participation):**

- Organize a regional training aimed at providing a capacity to conduct CIS quality evaluation methodology to a representation of 15 secondary schools that were not part of the project
- Report the implementation of the school year plan to school committee and public
- Regionally organize a training to a representation of each soum citizens to conduct monitoring and evaluation in school services, budget planning and expenditure
- School shall annually have the citizens’ monitoring and evaluation conducted in certain service quality, budget planning and expenditure; report and implement the recommendation

and mobilizing students and parents became a hurdle for some schools.

Notably, despite the few limitations mentioned above, the project implementation team was able to put in place some measures that will allow for the initiative to become sustainable and more effective in the long run.

At the school level, there is expressed commitment to continue the mini-project and several volunteer groups have in fact been activated to help in improving school behavior and development. The school director in one concerned learning institution has the intention of including such mechanism as part of the school development policy.

In another case, with the leadership of one school director, local stakeholders have started to introduce changes to the internal policy for school operations. This is meant to institutionalize the set up of teachers looking after the particular welfare of the children especially in their dormitory. They also plan to introduce provisions in the performance contracts of school administrators and teachers that will strengthen cooperation between the school, its community, and the children.

At the aimag level, particularly for the Education Department, there is a clear understanding of and motivation for adopting a bottom-up process for identification of issues, such that the

department has developed an education sub-program on public participatory schools which seeks to replicate the initiative in all soum schools. Given the results of the policy review conducted as part of the project, the implementation team has put together a proposal for replication subject to the ongoing deliberation and subsequent approval by the local council.

Both education department officials and CSO leaders feel confident that the measure will be approved by the aimag legislative council.

During the consolidation workshop for the project, the ten pilot schools were also joined by the other soum schools all throughout Khovd aimag. With the documentation of the experiences across the pilot schools, education stakeholders would know more about what works and what does not.

The model being replicated in all aimag schools is thus greatly informed by the collective experience and insights from the participating schools.

With the school-level mini-projects being able to tap into institutions and resources they feel they have not fully taken advantage of before (such as local volunteering efforts, resources from the private sectors and organizations for philanthropy), there is now a new-found confidence in mobilizing, coordination, and collaboration even for future endeavors.

Lastly, the aimag government has seen the value and potential of harnessing participation such that even as the project was still being implemented, the local government already provided resources in the amount of 160 Million MNT in support of sustaining the “schools as centers for human development” project.

# Assessment and Recommendations

The sub-project of Khovd aimag is a well-documented and highly replicable model, not only in terms of the rest of the schools in the aimag but possibly as a national policy recommendation to the Ministry of Education. The strengths going for Khovd in this experience include:

- Clearly identified gaps and policies governing the operations of schools that make the local school council unable to exact accountability from the school management. If local school councils were to be less beholden to their appointing authority, and therefore act as a strong mechanism for checks and balances, school directors and the counterpart school council should not be appointed by the aimag governor, as proposed by local project implementers.
- The experience has clearly demonstrated multi-stakeholder engagement and collaborative problem-solving from among government (soum and aimag levels), civil society organizations, community members and par-ents, and business and civic organizations. These collaborative engage-ments were happening across contexts and the various school issues confronting the 10 pilot soums. Perhaps it should also be noted that stakeholders can

easily relate to education and the issues surrounding it are. After all “it takes a village to raise (and educate) a child.” Education issues can therefore be effective in mobilizing various stakeholders. The project was able to tap into intrinsically available motivations and re-sources for parents to become involved in the education of their children, and for business sector/civic organizations to help their local schools.

- The model is simple and easy to follow regardless of settings and allowed for immediate action planning. Stakeholders were able to create an envi-ronment that will allow for easy adoption and a solid documentation of what works and what will not, given the sizable number of participating schools in the sub-project.

Still, some areas for improvement are worth noting. Operationally, the con-solidated documentation should

be designed to note whether school-level mini-projects were able to move beyond animating and mobilizing parents to become involved in the sub-project activities, but more strategically towards collective problem solving. Moreover, because most soum schools are located far from the aimag center, education managers and CSO leaders have to find more effective ways of spreading information as well as sharing information and lessons.

More importantly though, being an initiative framed from the perspective of social accountability, the project should be able to make its stakeholders realize that education service delivery remains the primary responsibility of the state and state instrumentalities.

This is the premise upon which stands the proposition that the education department, school managers, and even national level policies and programs should be able to address gaps and issues in education service delivery. While parent participation is important, it is not an end in itself. While successful in some schools, it needs to be documented that mini-projects in most schools have in fact led to exacting accountability from state actors, across levels of governance.

Summary Assessment for  
Khovd Aimag

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓	✓	✓	✓	✓

Scale up implementation to cover **ALL schools** in the aimag and documentation for national-level policy

# Participatory Health Service project in Khuvsgul Aimag

The sub-project in Khuvsgul entitled “Participatory Health Services” was implemented in partnership with the Mongolian Public Health Professionals’ Association (MPHPA). Through an order issued by the Aimag Governor, the project implementation team was convened and composed of representatives from the Social Development Department, the Health Department, Aimag General Hospital, participating Household Health Center of Murun Soum and the local NGO network which has 35 active CSO members (5 of them cooperated on this project) and was responsible for project coordination.

According to respondents from the aimag, Khuvsgul has a constant influx of temporary residents who stay at the aimag center (particularly in Murun Soum) for a minimum of six months. These temporary residents typically end up needing access to health services and programs in the aimag center, instead of the soum health clinic where they are formally registered. Residents who are not registered in the aimag center are unable to obtain mandatory health care from the Household Health Centers of Murun Soum since the bills they incur for medical services are supposed to be

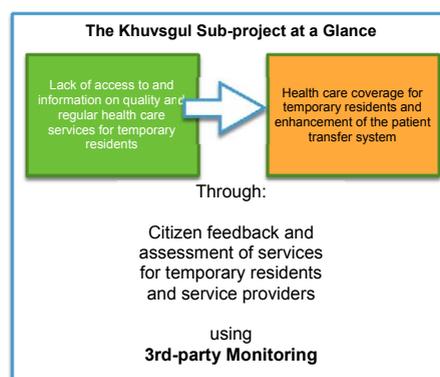
charged against the budget of the HHC/soums of their place of residence and not that of Murun’s HHC. Should temporary residents require health services, they have to go to the tertiary level Aimag General Hospital for which they either do not have enough information or they are not adequately attended to because of the lack of doctors, nurses and other health professionals.

The objective of the sub-project in Khuvsgul is to improve temporary residents’ access to health care and to ensure that service providers are able to adequately implement the patient transfer system between tiers of health service provision. Through a 3rd-party monitoring tool based on the World Health Organization’s “Leave no one behind” principles, stakeholders and

temporary residents are able to provide feedback on services from the Aimag General Hospital and the HHC in Murun Soum. More specifically, the project was to help improve patients’ satisfaction with the physical environment of and waiting time in the hospital.

The local coordinating team, with support from the national NGO partner implemented the following key activities:

1. Small group discussion among key stakeholders to decide on the focus and design of the sub-project resolved to proceed and focus on the health sector given the inputs from the aimag officials, service providers in the health and education sectors, and the local NGO.
2. A census was conducted to determine the number and profile of temporary residents.
3. Jointly led by the NGO and the Quality Division of the hospital, a stakeholder satisfaction survey was conducted three times: in January 2017 with 390 hospital clients as respondents; again in March 2017 with 200 hospital clients and 190 FHC clients as respondents; and lastly in May-June 2017 with 200 hospital clients and 190 FHC clients as respondents. This was to assess service provision (e.g., service management plan, treatment of patients, over-all health improvement) by aimag general



hospital and family health clinics. Issues identified in this survey as priority areas for resolution included: increasing time allocation for outpatient check-ups by attending physicians; improving the transfer system of patients between different tiers of hospitals/service providers; resolving the provision of and funding for health services availed of by temporary residents; and, increasing public health knowledge among citizens. In March 2017, 270 hospital and 46 FHC staff participated in a survey to rate their satisfaction with their respective medical facilities.

4. Face-to-face meetings were held to discuss the results of the assessment. This was attended by representatives from the Aimag Governor's Office, Health Department, Soum Government, Aimag General Hospital, Family Health Clinic/HHCs, citizens and NGOs.
5. Information and education sessions for citizens were conducted to improve health-seeking behavior and help manage or mitigate risks to health providers and other citizens.
6. A presentation of the results of project implementation was made to the aimag government, service providers, and the civil society council and its member NGOs. Results were likewise shared to 24 soum governors, and other international organisations present in the area.

## Sub-project Outputs and Outcomes

In the following sections, output from sub-project implementation of the activities enumerated above are documented and analyzed in view of the essential elements and contextual factors for effective social accountability initiatives.

### 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

The design and conduct of the stakeholder satisfaction survey has allowed relevant government offices to hear and determine issues confronting health care provision.

Service providers value the assessment because they believe that the independent assessment done by the CSO "is more realistic and rational" which can pressure them into improving the services they provide.

Because CSOs and citizens were part of the design, administration and analysis of survey results, they were part of problem-solving discussions with health service providers.

### 2. On Outcomes: Concrete improvements in local governance, citizen empowerment and health service delivery

**Governance:** The conduct of the census allowed the aimag government offices to identify and locate temporary residents and allowed for more efficient services to patients in every soum. When citizens stay more than six months in the aimag center, they become entitled to medical services in the soum where they temporarily reside.

The project coordinating team has already drafted a regulation whereby if a temporary resident receives medical services from the HHC, the facility will be reimbursed by their "home" soum health clinic. Because funding for health facilities is on a per capita basis and health facilities are funded based on the total number of registered residents in the last three years, temporary residents availing of health services in their adoptive soums put a strain on the resources of the HHC.

With the results of the census and the database of temporary residents, the

aimag health department has a basis for claiming reimbursement from the soum government through an MOU. While there is no existing national law or policy regarding funding for temporary residents, which has in many ways caused conflict among service providers regarding their budget allocation and utilization, the implementation of the project allowed stakeholders to identify these problems and have pushed aimag stakeholders into referring the issue to the Ministry of Health and to the Parliament committee on social policy.

**Empowerment:** No reported outcome as of the assessment.

**Service delivery:** From out of the results of the stakeholder satisfaction survey, service providers have taken action and instituted changes such that over the course of three satisfaction surveys (one prior to the service improvement plan), the over-all rating given to the hospital and the Family Health Clinic in Murum Soum has steadily improved. In the first survey conducted in January 2017, 18% of respondents (N=392) rated the aimag hospital as “Poor”, and this has significantly gone down in the subsequent surveys.

For instance, in the second survey in March (N=390), 3.9% of respondents gave the hospital a “Poor” rating. While perhaps the improved rating cannot be solely attributed to the implementation of the service improvement plan, customers and patients might have benefited from changes made

considering that according to the local NGO coordinator, patients reported having had to visit the facility a lesser number of times when availing of services. In availing of medical analysis or laboratory services for instance, the patient previously had to make more than 5 visits to the hospital; this has now been reduced to just 2 to 5 visits. Before the project was implemented, patients had to endure long waiting time and delays to just book an e-appointment. At present, they are able to make appointments as soon as they arrive at the hospital and has thus eradicated unnecessary delays and waiting.

Hospital staff took the survey results positively and thought that it was useful feedback for improving health services. The formulation and implementation of the service improvement plan which they called “Change starts with me” devised work teams around each identified area for improvement which are: Improvement of communication skills, ethics, and attitude of medical personnel; advocacy and counseling for patients; improvement of physical environment; culture of service; efficiency and timeliness of services; and, regular visits to patients.

While CSO counterparts were not involved in the formulation of service improvement plan, the service provider has already implemented some key activities as a result of the survey feedback and recommendations provided by the local CSO such as:

- Introduction of E-Service registration and appointment system to reduce waiting time and queues;
- Production of infographic/schematic diagram to help patients find the right doctors for their needs;
- Establishment of social health office to handle health counseling for citizens, giving psycho-social advice, information dissemination towards better health-seeking behavior; and,
- Training for staff on better behavior towards patients.

### 3. On mechanisms for sustainability

All three key stakeholders, government, service provider, and CSO representative view that citizen participation and monitoring can play an important contribution in decision-making and service delivery. The aimag governor’s action plan has a provision for ensuring inclusive participation and accountable governance.

The Family Health Clinic director sees inclusive assessment being done more regularly (twice a year). Worth mentioning too is their view that CSOs are crucial partners in informing citizens about health services and programs, in public health education, and improving health seeking behavior and not just to criticize the work of health service providers.

# Assessment

There are a number of areas for improvement that need to be addressed before the experience can be replicated or scaled up:

- There is need for clarity of purpose and approach in solving systemic problems. This requires more strategic and integrated solutions, and not just surface-level and token initiatives that help appease the dissatisfaction of citizens.
- While results of the stakeholder satisfaction survey and problem solving exercise allowed the project implementation/coordination team to identify problems confronting health service delivery, service improvement initiatives are seemingly taken on by the offices concerned but not from a concerted and coordinated effort of service improvement. The CSOs themselves were not part of the formulation of the service improvement plan and were therefore just providers of the information from the survey despite their involvement in all phases of the discussion and project implementation.
- The perception of duty-bearers and service providers that CSOs and citizens' organizations are means for making information available to the citizens, as conduits for teaching citizens to look after their own health, must be considered. Articulated appreciation for the role of CSOs/Citizen participation is limited to being an extension of government, as means to reach citizens and constituents in availing of health services and programs. Having had the opportunity to directly work with CSOs in the aimag, local government offices can move towards more collaborative decision-making practices, and seeing CSOs as critical partners in these processes.
- Longer-term and sustainable resolution of health care provision for temporary residents may be a matter for policy advocacy at the national level – i.e., Ministry of Health and Parliament – to look into the allocation and health financing scheme for health service provision by the Family Health Clinics and Soum Health Centers. Even as the project implementers have identified the need to change the financing scheme and population quota per FHC, the issue will have to be elevated and resolved at the level of the national ministry or parliament.

**Summary Assessment for  
Khuvsgul Aimag**

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓	✓	✗	✓	✓ ✗
Organizing, <b>capacity and network-building</b> for CSOs				

# Improving the Tuberculosis Ward Services in the Aimag of Selenge

The sub-project in Selenge aimag was implemented in partnership with the UB-based NGO Democracy Education Center (DEMO). Called the “Improving Tuberculosis Ward Services”, the sub-project was designed to arrest the increasing incidence of tuberculosis (second highest in the country).

Selenge is situated near the Russian border and has gold mining operations in six to seven soums of the aimag. Because of this, populations are exposed to higher risks of contamination and spread of the disease because of the influx and regular traffic of people in the mines. In 2016, tuberculosis contamination stood at 18.2 cases for every one hundred thousand people – or even higher than this official number. To treat Tuberculosis cases, the Aimag General hospital has a TB ward with 5 out of the total 25 beds dedicated mainly for TB patients. On average, the hospital treats 180 people annually, with 60% of the patients coming from the local areas. Due to poor conditions in the hospital and overloaded staff, service delivery is compromised and may have possibly given rise to the further spread

of the disease because people either do not come for treatment or are unable to complete treatment.

With the MASAM sub-project, aimag stakeholders led by the local CSO network, sought to improve the access to and quality of services by the Tuberculosis ward of the Aimag General Hospital through mobilizing citizen and patient feedback and joint assessment of services and service providers using the Citizen Score Card. To realize this objective, the sub-project implemented the following activities:

1. Key stakeholders, including the CSO network, had preliminary discussions to explore project ideas and to select project focus. After the group

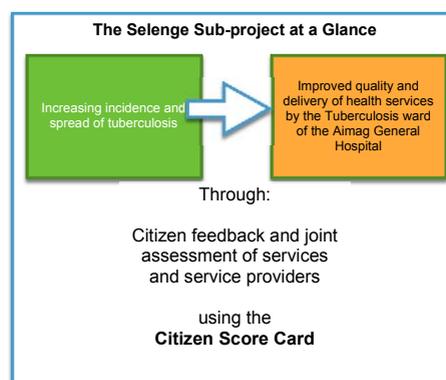
settled on the health sector, they chose to focus on the need to improve the quality of services by the TB ward due to worries on the spread of the disease and the aimag’s inability to bring down TB incidence.

2. The local CSO partner conducted a preliminary research on TB prevalence in the aimag.

3. Decision was made to work with the Democracy Education Center (DEMO) who in turn provided guidance in developing the methodology for conducting a participatory assessment. DEMO implemented a 5-day training workshop to capacitate local stakeholders on the use of the Citi-zen Score Card, as well as to design and plan implementing mechanisms for the conduct of the survey.

4. A field implementation team of 20 people was split into 3 groups. Each group was tasked to conduct the assessment on particular aspects of service delivery, which are: human resources, equipment, and physical facilities. 324 citizens and 17 hospital staff participated in the assessment.

5. Face-to-face meetings were conducted to analyze and level off on the results of the assessment and facilitate collective problem-solving, especially with the development of the service improvement plan.



6. New initiatives were implemented as a direct result of the assessment and in furtherance of immediate needs as indicated in the service improvement plan. This includes the conduct of public information campaigns on tuberculosis, consultation activities regarding disease prevention and treatment plan and mobile diagnostic/treatment of TB for patients in all soums using mobile diagnostic equipment recently purchased through the National Infectious Disease Center and the Ministry of Health. Because of the mobile diagnostic campaign, 15 new cases of tuberculosis were detected and recorded by the health authorities.

## Sub-project Outputs and Outcomes

Outputs from sub-project implementation and the activities enumerated above are documented and set against essential elements and contextual factors for more effective social accountability initiative. They are discussed below.

### 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

At the beginning of sub-project implementation, the CSO network was able to convene all relevant stakeholders and to level off on their understanding and approach to fighting the spread of tuberculosis in the aimag. Nineteen (19) monitors from within the local CSO network, together with the aimag health department, the TB ward and public health specialists, were trained on the use of the CSC which was developed from their common understanding of issues surrounding tuberculosis and the needed steps to treat or curb the disease. Areas of assessment were on the Quality of facilities, Human resource/Medical staff, Medical Equipment, Public education on TB, and Outpatient services.

Through the use of the CSC, the sub-project was able to surface stakeholder feedback and level of satisfaction on how the TB ward of the Aimag General Hospital was handling the treatment of tuberculosis patients. There were 324 citizens and 17 medical staff who participated in the survey. The results were different for each set of respondents which became the starting point for conversation in the face-to-face meetings. Citizens, according to the survey, thought services were poor. On the other hand, the doctors and medical staff were “moderately satisfied” on the matter.

Face-to-face meetings then sought to level off on respondents’ understanding of the assessment and, from out of more conversational and collaborative discussions, respondents were able to accept the differences in assessment results which then led to the collective formulation of the service improvement plan. Parties to the MOU for the project (CSO network, Health Department, and Governor’s Office) were represented and were responsible for finding ways and means to resolve dissatisfaction and issues on health service delivery particularly for TB cases.

Worth noting though is that while it is the CSO network’s first time to provide organized and objective feedback on a particular government program or service, 28 local organizations that formed the network in 2015 have an existing 4-party agreement with the local government, local entrepreneurs, and mining companies operating in the aimag. Regardless of changes to the political landscape (a change in elected governor or appointed officials, for example), the agreement will stand and allow the parties to work on supporting local entrepreneurs and producers (e.g., vegetable growers) that feed into or off the mining industry.

## 2. On Outcomes: Concrete improvements in local governance, citizen empowerment and health service delivery.

**Governance:** According to the Aimag Social Policy Department, local government has tried to engage citizens in the implementation of local development plans where they would convene meetings and assemblies at the bagh and khoroo levels and seek local community needs for small infrastructure. After which, citizens are involved in the planning for and monitoring of the projects funded through the LDF and, more often than not, the planning and project identification process would always prioritize infrastructure-related projects.

The MASAM sub-project experience is a new approach and had in fact been a little difficult to understand for the local government officials in the beginning. In their mind, focus was improving public service in terms of process and on citizens taking of roles and responsibilities as part of governance. Projects were traditionally seen as provision and funding for infrastructure projects, but not about improving services and processes. It took a while for officials to understand the project, but in the end, resulted to changed views on governance and citizen participation. According to the official from the social policy department, they have seen the importance of engaging citizens and

how plans and programs should reflect the felt needs of citizens.

Citizens on the other hand are used to criticizing and blaming government for their problems. With their sub-project experience, citizens themselves have seen and been part of the process to identify problems, its causes and resolution, from an integral and holistic perspective. In the end, governance and development projects can also be about improving ways of working and achieving intended results without the provision of financial resources but with efforts at harnessing and engaging the participation of all relevant stakeholders to look at and work on problems collectively.

Particularly for health service provision and curbing TB cases in the aimag, local government officials have always known of problems surrounding the disease yet have remained unsuccessful in bringing down the number of cases and contamination. What the project has done for officials is highlight the urgency of the issue and provide the necessary push for actors to collaborate and to listen to citizens' needs based on facts and evidence gathered by the partners from the civil society sector. From the information gathered and made available to concerned agencies (such as new cases and extent of contamination), program and action planning was focused and directed toward the real and urgent issues, even including them in the budget proposal

for 2018 (for the building of a dedicated TB facility, procurement of diagnostic equipment, and proposals for 4 Family Health Clinics).

**Empowerment:** Social accountability was a totally new perspective for CSOs and the citizens at large. Governance in the aimag has always been top-down in approach but the sub-project was bottom-up—about citizens giving feedback on a particular service of government. It was about citizens taking accountability over problems and not just blaming government for the problems. The CSO network was part of identifying the problems, analyzing the causes and taking responsibility for them, just as much as government should.

**Service Delivery:** Based on the CSC results, stakeholder feedback in the face-to-face dialogues, and CSO participation in the formulation of the service improvement plan, officials from the Health Department and the Aimag General Hospital were able to institute action to improve service delivery. While staff and officials of the hospital initially felt uncomfortable about CSOs monitoring their operations and defensive about the results because the citizen assessment was lower than their internal assessment, several service improvements have been initiated. Some notable actions include:

- Joint proposal (CSO and health sector officials) presentation to the local council of the plan to curb and and treat the dis-ease.
- Issuance of an ordinance on the holistic plan to improve ser-vices for TB patients which includes provision for a new building and facilities exclusively for TB-related services.
- Soum visits, mobile diagnostics, and treatment of new cases. Home visits were conducted in 16 out of 17 soums because of the immediate procurement of mobile diagnostics equip-ment which allowed the hospital to reach out to and cover almost the entire population of the aimag.
- Public information campaigns on TB to help change attitudes and behavior towards TB and how better health practices can stop the spread of the disease (especially on completing treatment so that the disease does not become drug-resistant).

### 3. On mechanisms for sustainability.

There are three key elements that will allow for sustainability and replicability of the social accountability initiative in Selenge. These are: the institutional mechanism, platform for constructive engage-ment, and changed mindsets and attitude necessary for citizen par-ticipation and monitoring.

1. There is the service improvement plan, which was not developed by the service providers alone but is a

joint and collective en-deavor by all stakeholders concerned. Moreover, and despite ini-tial hesitation on the part of hospital staff to be evaluated for their services and operations, the plan is now an officially approved piece of legislation by the local council.

2. Selenge boasts of a formally constituted network of civil society organi-zations. Formed in 2015, the Association of Civil Society Organizations of Selenge aimag has 28 NGO members and 15 citizen representatives. With the aim of uniting organizations under a “common aim and to be-come a vibrant organization” recognized by the public, the network and its members has had experience implementing two other projects apart from the MASAM sub-project. These are the “Comprehensive

Local De-velopment Partnership” of GIZ’s Integrated Mineral Resources Initiative and the “Gender and Institutional Analysis of Selenge” research project funded by the ADB.

3. All three stakeholders (government, service provider, and CSOs) have expressed appreciation for and changed mindsets towards citizen par-ticipation in and monitoring of government programs and services. While they initially grappled with the concept, sub-project implementation concretized the approach and how such can result to actual im-provements and services that citizens can benefit from. There is now a shared interest in implementing the approach and employing citizen feedback and participation in decision-making, policy formulation, and implementation of development projects, even outside the health sector.

### Profile of the Association of Civil Society Organizations of Selenge Aimag

Origins	In 2015, 25 member organizations joined the Association while as of September this year, it is operating with 28 NGOs and a representation of 15 citizens.
Overview	Association of Civil Society Organizations (ACSO) of Selenge aimag is a non-profit association which serves the society and has three programs: “Responsible society”, “Occupational Safety, Health and Responsible Mining” and “Let us Support Youth Development”.
Vision	Creating multi-stakeholder partnership inclusive of government, business and civil society organizations for th development of Selenge; by ensuring creative participation of citizens in the society and building capacity, shall make the operations of government organizations acquire open, transparent and monitoring system.

# Assessment

Sub-project implementation experience in Selenge aimag can lay claim to several elements that make the initiative highly replicable. Stakeholders may even consider implementing the model in greater scope and scale to cover other programs and services by the local government. These notable strengths are:

- Clearly identified problem, scope and approach to solving the problem. Even as the focus of the problem is narrow in scope (which is the spread of TB as against perhaps bigger issues in the public health sector), the process with which it was arrived at demonstrates capacity for systems and analytical thinking. The project did not fall into the trap of wanting to solve many issues all at the same time. Rather, they focused

on getting it right, and getting participants to understand and appreciate constructive engagement and collaborative problem-solving, regardless of the magnitude of the problem.

- Formally constituted and organized network of CSOs, who committed to work towards a common agenda of development for the aimag. Working with a formally organized network makes for easier consensus building and wider reach of representation. The CSO network is also formally recognized as a partner of the local government unit, having executed two formal MOUs, albeit for different ends but practically the same purposes—to collaborate and work towards the same agenda. Prior to the project, the network had initial bases for unity and working relations with the Aimag government, particularly in looking after those affected and/or involved in downstream activities in

the mining sector. The CSO network has a signed four-party MOU with the Aimag government, mining companies, and local entrepreneurs, that will make constructive engagement free from political interference and elections.

- Clear understanding of and ability to articulate the purpose and benefits of social accountability. Service providers initially felt defensive about the results but recognized that the hospital may have been remiss in informing the public about its services. This also involved an acknowledgement of individual and collective accountabilities of all parties concerned and taking action to rectify such errors (e.g., what one was supposed to do but did not, what one is doing but is not enough, what one needs to do herein onwards, to solve problems).
- Immediate decision and action were taken by concerned government agencies (Health and Social Policy Departments) and moved towards adoption of the action plan not only at the Service Provider level but making it the action plan of the Aimag Governor’s Office especially that several action points require investments - infrastructure, facilities, additional personnel.

Summary Assessment for  
Selenge Aimag

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓	✓	✓	✓	✓

**For replication** to other more urgent and bigger public health issues and the programs/services meant

# Reducing Oral Disease among Children in Sukhbaatar Aimag

The sub-project in Sukhbataar aimag was implemented in partnership with the UB-based NGO Democracy Education Center (DEMO). Together with key officials from the Health Department, Aimag General Hospital, Aimag and Soum Governors' Office, the local CSO Network sought to improve oral health care service delivery and oral health education for children in schools.

The issue of poor oral health care for children was chosen to be the focus of the citizen feedback because of the rising cases of gum disease and deteriorating oral health care. According to data cited in the sub-project proposal, there are 16 schools and 23 kindergartens in the aimag with a total population of 10,456 children being

serviced by 16 dental pediatricians in schools and kindergartens. Due to the sheer number of children being served, inadequate tools and equipment, and the removal of a Health class in the basic education curriculum, children with oral health issues would naturally flock to the Aimag General Hospital. This adds pressure to its already bursting carrying capacity considering that the hospital operates with only two dental clinics with four doctors servicing 68,000 clients.

With the MASAM sub-project, stakeholders wanted to improve the delivery of oral health services and oral health education for youth and children through a participatory assessment of and dialogue on such services using the Citizen Score Card. In order to realize this, the following key activities were implemented with leadership by the local CSO network after signing a Memorandum of Agreement with the Aimag Governor:

1. Conducted a preliminary survey and group discussions involving 1000 children and 90 parent representatives in order to define the situation, review existing policies, and evaluate the regulatory and

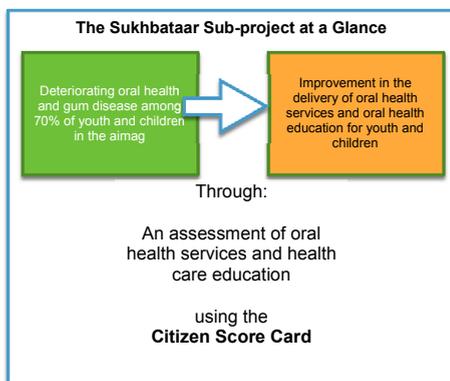
policy environment that govern oral health practices in the aimag.

2. Local project team members from the CSO and government (total of 20) attended a training on gathering stakeholder feedback through the use of the Citizen Score Card conducted by the UB-based NGO DEMO.

3. Rolled out the conduct of the CSC assessment with 520 children and parent respondents and 94 respondents from among service providers. The CSC sought stakeholder feedback on four areas: Oral health behavior and practices; Access to and availability of dental health personnel (dentists and nurses); Dental facility, tools and equipment; and, Relationship between schools, parents and oral health service providers.

4. Information and education campaigns implemented in all 4 schools of the aimag center. Preventive check-ups were conducted for 2522 out of 2558 children from 4 schools. 1150 children were found out to be suffering from oral/gum disease.

5. Based on the CSC survey results, face-to-face dialogues among service providers and representatives from the aimag governor's office and health department were conducted for a leveling off on the assessment results and to identify root problems and appropriate courses of action through the joint formulation of the Service Improvement Plan. A total of 22 activities were proposed to be conducted as stipulated in said plan.



# Sub-project Outputs and Outcomes

Outputs from sub-project implementation and the activities enumerated above are documented and juxtaposed against essential elements and contextual factors for more effective social accountability initiatives, as follows:

## 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

The actual conduct of activities as proposed and as planned by the implementation team has allowed the aimag to pilot test the social accountability approach to improving governance. This produced key outputs such as:

- Collective problem identification, analysis and problem solving as the CSO network members, aimag government representatives, and doctors of the hospital were part of the brain-storming process to design the sub-project, the issues and aspects for assessment through the CSC, and inputs formulation of the service improvement plan.
- The CSC survey and FGDs allowed both citizens and service providers to assess the quality of services, facilities and staff of the hospital, and public health education mechanisms. The survey and FGD results were used to provide objective feedback to those concerned.
- Collated feedback from the citizens was leveled off with the results of the internal assessment done by the service providers during the face-to-face meetings.
- The CSO network prepared and presented a list of recommendations for service improvement. These were later adopted and implemented by the concerned government agencies. The list of recommendations identifies 22 activities and proposals. As of this assessment, only three activities have yet to be implemented.
- Organized and conducted oral health campaigns in partnership with the CSO network. This served two purposes: as a public health information campaign, to educate children and their parents about good oral practices; and, as a service caravan, to diagnose and treat school children with oral health problems.

## 2. On Outcomes: Concrete improvements in local governance, citizen empowerment and health service delivery.

**Governance:** Upon hearing of the results of the CSC, the aimag governor ordered for the purchase of one set of dental equipment, the renovation of one dental clinic in the aimag hospital, and the allocation of one of the dental clinics for youth/children patients. Through the issuance of ordinance #A/493, the Aimag was able to purchase dental equipment and setup a dental clinic with resources coming from the governor's office amounting to 23,697,800 MNT.

This action instituted by the Governor's office manifests his acknowledgement of the gaps and value placed on the recommendations put forth by the CSO monitors and as evidenced by the results of the survey and FGDs. According to the Vice-Governor himself, being able to hear feedback on the issues confronting program implementation allows the local government to "provide the right service, to the right people, in the right way." CSOs will be taking part in monitoring public services in accordance with the contract entered into between the Aimag governor.

The initiative will tap 46 trained citizen monitors.

**Empowerment:** Being involved in the project conceptualization and implementation has opened minds and changed perceptions on the part of the CSO leaders. For one, being aware of the issues under-lying certain problems felt by citizens and standards of service that government ought to provide its constituents gave the leaders first-hand knowledge and basis for monitoring and assessing government performance, programs, and services.

This has allowed them to stir up dialogue and conversation on issues affecting citizens and to appreciate how collective reflection and action can compel government to take action on these issues which they could otherwise actually choose to ignore.

Secondly, seeking accountability from those in power also comes with responsibility on the part of citizens. This case shows how health is now seen as a shared responsibility between service providers and beneficiaries, especially on the aspect of health education, disease prevention, and health-seeking behavior.

Moreover, this illustrates that giving good feedback and avoiding accusations of just evaluating programs and services for no apparent reason requires evidence especially if, initially, local government people are not happy with the reaction they are getting.

Lastly, having worked closely with government has allowed people to gain a deeper understanding of the workings of the public sector. Sub-project implementation has made them realize that not all problems can be solved by resource provision but through influencing, cooperating, and working together with government to make programs and services more relevant to citizens' needs.

**Service Delivery:** The action plan of the Aimag General Hospital took into consideration recommendations from the CSO network. The hospital administration and staff took the issues and recommendations seriously because it affirmed and validated concerns that the hospital and even the Health Department were already aware of but felt unable to do something about (e.g., following required standards of quality and staffing) due to budget limitations.

The results of the survey and FGD became leverage for the hospital to request for funding support from the Soum and Aimag Governors such that both offices were able to commit a total of 31.9 Million MNT (28.9 M from the aimag governor, another 3M from the soum governor) for the purchase of mobile dental equipment, expansion and rehabilitation of facilities, and hiring of one additional personnel.

Baruun-Urt soum has developed an oral health education program as a

result of the assessment. Such will be implemented across 4 schools in the Aimag center towards improving oral health among school children.

As part of the recommended action plan, the hospital will also send off its staff for further training to become specialists, and will emphasize the need for and conduct of public health education campaigns (i.e., preventing people for getting sick).

While the hospital is used to getting two to three complaints and feedback from citizens, they have never received concrete and organized feedback from CSOs as experienced in the sub-project. Having seen its efficacy, the Health Department and the Hospital officials are keen on exploring how citizen participation can likewise be implemented in other programs and services (such as in education, to increase parents' participation).

### 3. On mechanisms for sustainability.

Despite the limitation in time and resources to implement the sub-project, local stakeholders were able to put in place some mechanisms that can make the initiative viable for longer than the project term or in monitoring and collaborating for other programs and services of the local government.

For one, the CSO network was able to build and strengthen working relations both from within the network itself

and with government counterparts, including the local council. And because of the positive experience of working together (as “one voice of CSO”) and with government, they have expressed willingness to use the model on other programs and services of government. In fact, the LGU already has an existing signed agreement with the Labor Union (a member of the CSO network) and 11 Soum Governors to monitor the soum governments’ performance and services.

According to both the local government and CSO representatives, such an agreement can be invoked to also conduct monitoring on education, water, quality of and access to services of the Aimag General Hospital (beyond the TB ward).

The Deputy Governor himself has expressed willingness to implement the model with other projects and programs.

To him, CSOs can act as government’s independent counterpart to assess performance of the soum government units. He believes in the value of the engagement such that the aimag government, according to him, is supportive of the action plan put forward by the Health Department. He has endorsed said plan to the Advisory Committee for their approval.

The action plan proposed by the Health Department has a citizen monitoring initiative enshrined in the proposal.

## Assessment and Recommendations

The sub-project in Sukhbataar has several strengths going for it that makes the experience ready for possible application in other services and program of the aimag. On the part of the local government unit, there is predisposition to, prior awareness and

acceptance of engaging with civil society organizations. Given the feedback from the CSC survey and FGDs, CSOs were able to leverage the information to seek action on and resolution of service delivery gaps which government may have been aware of but have ignored.

### Salient Points of the formally constituted CSO Network’s Rights and Responsibilities

- 4.1 NGOs can freely join the network and organizations joined the network shall be ensured with equal relations and integrated policy coordination.
- 4.2 Shall be established according to the Law on NGO; shall acquire Board of Directors, financial and human resources capacity and be free of conflict of interests.
- 4.3 Network shall be involved in submitting a proposal to the discussion aimed at determining aimag and soum development solution as well as in the working group established in line with certain issues.
- 4.4 Inform the public on product, work or service that will be procured through state or local capital as well as product supply operations; promote relevant laws and regulation, jointly organize training with a government institution.
- 4.5 Private entities shall provide assistance in obtaining survey on market demands and customer satisfaction, provide support in developing SME project and business plan as well as show an intermediary support in establishing a contact with external or internal donor organizations.
- 4.6 Private entities and civil society organizations shall immediately, transparently and openly deliver information and news that are not classified as state secret to the public.
- 4.7 Develop a project and participate in selection of certain works and services to be completed by civil society organizations; within the framework of the sector and field, obtain financing according to an agreement.
- 4.8 Organize a public survey, conduct monitoring and inspection, inform the result to the public.
- 4.9 Promote decisions taken by the government organization, express position and issue a statement in this regard.

And because there is appreciation for the role that CSOs can play and given the presence of a reform champion in the person of the Health Sector adviser, immediate action was taken on these requests with an expressed willingness to continue the engagement through the adoption of local policies and programs that will allow for CSO participation and engagement. On the part of the CSOs, there is a demonstrated familiarity with the tool and the attendant processes and steps in gathering and presenting stakeholder feedback.

Key areas needing improvement include the following:

- While there is an organized presence of CSOs in the aimag, they need to further build on their bases for unity and to agree to work on making local government more accountable for the delivery of programs and services (i.e., concretizing self-avowed responsibilities, see box above). Parallel to this is strengthening and assuming a more active leadership

role in monitoring and engaging with government. The balance of power is naturally tilted to the side of duty bearers (locally elected and appointed officials), the CSO can balance this off by the power of their numbers and their technical proficiency. Their abilities matter not only in terms of social accountability tools and approaches, but in being able to gather evidence as basis for feedback, especially on more complex and complicated programs and services (beyond oral health care, which understandably may be a strong issue for the community but surely, there are bigger and more urgent issues that could use some feedback and improvement).

- On the part of the Health Department and of the service providers, they need to see CSOs not only as a means for mobilizing and informing citizens about public health, but as co-creators, co-equals, and collaborators of program development and implementation.

## Collective POWER in Uvs Aimag

The sub-project in Uvs aimag was implemented in partnership with Transparency International-Mongolia entitled “Collective POWER”. Through the leadership of the local NGO Coordinator and with strong support of stakeholders from the Aimag Governor’s Office, General Hospital and other local CSOs, the project took huge strides in improving the procurement of and access to quality medicines, supplies, and medical equipment.

According to CSOs in Uvs, the procurement process by the Aimag General Hospital, as undertaken by the Bid Evaluation Committee, is almost always awarded to the lowest bidder which has led to the purchase and delivery of low quality medicines and supplies, which when dispensed to patients and clients, has contributed to growing dissatisfaction over the services and medicines, facilities, and equipment of the hospital. Underlying this are several issues concerning procurement. In their analysis, the procuring entity is unable to exact accountability on the supplier in cases of delayed deliveries, and delivery of drugs that are not compliant to specifications (either low quality or totally inappropriate drug replacements).

Summary Assessment for Sukhbaatar Aimag

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓	✓	✓	✓	✓ ✗
Capacity-building for <b>claim-making</b> and asserting the voice of the CSO network				

In order to address this, the sub-project worked at mobilizing CSO and government counterparts to gather stakeholder feedback (on the performance of the Bid Evaluation Committee members), participation in procurement planning and monitoring, and performance monitoring. To gather information on the above-mentioned approaches, the team deployed tools such as the Stakeholder satisfaction survey, Performance evaluation tool (based on the National Procurement Law) and Contract implementation/ Delivery checklists.

Upon signing of the Project Memorandum of Agreement, the Project Management team was formally constituted. It was composed of representatives of the Aimag Social Policy Department, Local Council, Head of the Aimag General Hospital, Aimag Health Department. External monitoring group members, organized and led by the local CSO coordinator, were selected from among local CSOs in the aimag. They were also complemented by a local coordination team (supported by consultants from

Transparency International).

To achieve project objectives, the following key activities were implemented:

#### Pre-Project Implementation

1. Issues relative to the procurement of medicines and medical supplies by the aimag hospital were analyzed using the problem and decision tree method with the guidance of Transparency International (TI)-Mongolia. Through this process, local CSO stakeholders were able to identify core issues upon which the project design was based.
2. Through formal representations made by the local CSO Coordinator, buy-in and support of government offices was sought to set-up the project management team and the working groups.
3. TI-Mongolia was officially chosen as national NGO partner to provide technical assistance and coaching on improving procurement processes in Uvs aimag.

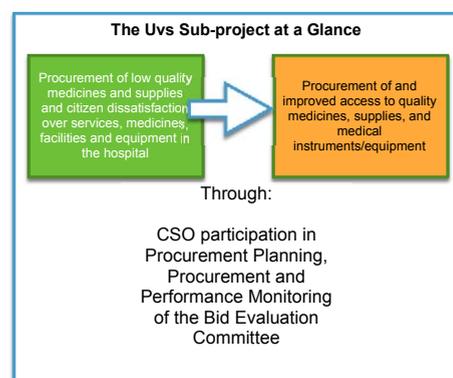
#### Procurement Planning

1. Identified the persons who are trained experts on procurement monitoring and sought their inputs in reviewing procurement instruments and processes which provided guidance in including special provisions and quality considerations in bid and contract instruments.
2. Participated in the activities of the Bid Evaluation Committee to advocate for the revision of bid, tender, and contract documents.

3. Conducted a performance evaluation survey on the members of the Bid Evaluation committee.

#### Internal and External Procurement Monitoring

1. Organized external citizen monitoring groups composed of 20 volunteers (from the local media, citizens' organizations, and professional organizations, e.g. pharmacists) to monitor the delivery of procured items based on the revised bid and contract specifications. Monitored and reported (through SMS or calls to members of the Project Management Team) if delivery of items was in accord with the signed contract in terms of specified brand, quantity, and quality and delivery schedules. A member of the external monitoring team even published the results of monitoring activities in an article for a local newspaper.
2. Organized an internal monitoring team of 15 people from among hospital staff. Led by the Quality department of the hospital, the team monitored utilization and availability of medicine supplies. The team worked at resolving issues (on availability of supply) based on the results of their internal monitoring.
3. Conducted a customer satisfaction survey.
4. Utilization of survey results as basis for interface meeting with the aimag general hospital management and staff.



# Sub-project Outputs and Outcomes

Outputs from sub-project implementation and the activities just enumerated are discussed below.

## 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

The conduct of the problem analysis and the stakeholder satisfaction survey surfaced the level of citizen satisfaction with the services and facilities of the aimag general hospital and the issues underlying such. The results were presented to the project management and implementation team with representation from the Social Policy Department, Local Council and the General Hospital.

The team was able to advocate to and influence the Bid Evaluation Committee to reorganize its membership and include representation from the local council, local CSOs, and the business sector. With the reconstituted committee, the sub-project team was also able to provide assistance and inputs in the review and revision of technical specifications, bid, tender and contract documents. From out of the review, they were able to identify opportunities for reforming the process with which procurement decisions and actions are made by introducing special provisions (to the usual templated

procurement documents) to ensure quality and not just award the contract to the lowest bidder by default. The reconstitution of the committee and the introduction of the special provisions was timely in preventing a call that was about to be made for bid proposals using the usual templates. The call would have resulted to awarding the contract to the lowest bidder and to procurement of poor quality medicines. Procurement activities worth 1.4 Billion MNT were undertaken using the revised bid specifications. The project team estimates government savings at 189 Million MNT because of such reform initiative.

The revised contract stipulations also paved way for the development of a tool/checklist with the local CSO (external) monitors, which was used during contract implementation to evaluate the performance of the Bid Evaluation Committee members. Citizen monitors were able to alert decision-makers and to halt the delivery of medicines because they had direct and immediate access to hospital managers (being a member of the project management team). Based on the monitoring tool, they were able to prompt managers about delays in delivery, medicines that are duplicated in the delivery list, and items that were replaced with cheaper/lower quality products in violation of bid/contract specifications.

Results of the monitoring activities and the customer satisfaction survey

### Additional contract stipulations to ensure quality of procured medicines and supplies:

Customer have the right to experiment and verify. Such rights are exercised during the scheduled period through two times of random selection approach shall transfer the drugs and medical instruments to the laboratory selected by the customer and the supplier shall reflect the incurring costs in the budget. The experiment and monitoring costs shall not exceed 0,01 percent of supplier's contract amount.

In order to verify the technical specifications, the supplier shall have met the following requirements:

1. Supplier shall have the drugs and medical instruments analyzed by the independent, competent laboratory maximum not more than 15 days before the determined supply schedule and submit the feedback along with the products.
2. Supplier shall be in charge of the relevant costs.
3. Team inclusive of local citizens and consumers shall verify if the drugs and medical instruments supplied meet requirements indicated in the tender documents and receive them.
4. The conclusion shall be considered for the payment completion.

were used as basis for proposing recommendations to the hospital management.

## 2. On Outcomes: Concrete improvements in local governance, citizen empowerment and health service delivery.

**Governance:** The Health Department has expressed support for the reconstitution of the Bid Evaluation Committee as well as the re-vision of the bid and tender documents. Although there is no formal policy issuance yet, he likewise sees the hospital conducting pro-curement activities using the revised bid and tender documents even after the sub-project.

Government officials and service providers appreciate the availability of and accept the feedback arising from the customer satisfaction survey as basis for problem-solving and action planning. They will in fact explore how citizen/CSO participation can be made a feature in the decision-making processes of the aimag government. Because of feedback from citizens gathered through the customer satisfaction survey, the local government unit has committed to increase budget allocation for health and procurement of medicines by 200 Million MNT.

The results of citizen monitoring on procurement and strengthening of quality considerations in the bid documents have generated projected savings for the local government, which can be used for pro-curing additional

requirements and/or services for hospital clients. Monitoring contract implementation has likewise allowed for on-time delivery of procured medicines and goods, and therefore assured availability of good quality supplies in the hospital.

**Citizen Empowerment:** With their participation in the reconstituted Bid evaluation committee, local CSO representative/s has/ve become familiar with the procurement process and how decisions are arrived at. And with the checklist/monitoring tool made available to the monitors, they have acquired some level of capacity to appraise the delivery of medical products and supplies according to technical specifications as stipulated in the contract and thus empowered to report and refuse outright the delivery of products that are not in accordance to technical specifications.

**Service Delivery:** According to the Finance Head of the Aimag Health Department, a procurement specialist herself, the Bid evaluation committee was able to improve on the transparency and effectiveness of their procurement process due to the external performance evaluation and the revised technical specifications of bid, tender and contract documents.

This enabled the hospital to receive higher budget allocation for and procure quality medical goods and supplies in the most timely manner. In terms of the hospital's ability to deliver services,

local stakeholders have noticed the following:

- Reduction of shortage on supply of antibiotics;
- Increase in number of patients being served;
- Reduction of infant mortality (from 11 in the previous year to 5 in the current year); and,
- Reduction of citizens' out-of-pocket expenses for medicines.

Results of the stakeholder satisfaction survey also compelled action to introduce an appointment system in the hospital through a phone hotline, rehabilitation of the hospital roof, and improvement of laboratory equipment.

## 3. On mechanisms for sustainability.

Prospects for sustainability of the intervention are bolstered by commitment to continue using the revised bid and tender documents as well as a willingness to replicate the improvement of procurement procedures at the Soum clinic and Family health clinic levels. There has been no reported effort to make such proposal official or institutionalized at the time the interviews were conducted for this assessment. Citizen monitoring on the other hand, is seen to mean additional workload and will require additional resources to implement on the part of government. At the moment, the Aimag Governor's Office has designated one staff to handle and look after citizen complaints.

# Assessment and Recommendations

Sub-project implementation in Uvs aimag encountered some difficulties. According to the CSO coordinator it was quite a challenge to create a common understanding on and acceptance of social accountability from among stakeholders which caused delays in implementation. Because of the time it took to get the project off the ground, CSO volunteer monitors eventually became inactive. In terms of actual project operations, the internal and external monitoring teams did not work directly nor coordinate with each other as with the surveys that each group conducted even as the external stakeholder satisfaction survey validated the results of the hospital's regular internal survey. Despite these minor setbacks, the project was able to implement planned activities and realize intended outputs owing to the following strengths:

- Openness of the procuring entity (Aimag General Hospital) to open up the procurement preparation and contract implementation process to citizen participation as well as to expand the membership of the Bid Evaluation Committee;
- Technical inputs and expertise provided by national NGO allowed for closer examination of procurement issues and identification of opportunities for improvement in procurement activities;
- Social/Political capital of the local implementing partner being a former local council member himself, and is therefore able to tap into this resource to participate and influence decision-making; and,
- Contract implementation monitoring ties up and closes out the loop in improving the procurement process. From procurement planning to

delivery and inspection of goods, citizens/citizen representatives were involved in the approaches to improve the procurement of medicines and supplies.

However, if the sub-project were to be scaled up and replicated in other areas or services of government, it needs to address weaknesses which can be categorized according to:

- Project design - Procurement is a complex, complicated and highly technical matter that takes time for the untrained to understand and participate in. It would have helped the implementers if the design were clearer as to focus on strategic points for citizen participation. Seemingly a case of wanting to solve too much and too many issues on procurement in a limited span of time, the project is unable to demonstrate concrete and sustainable gains in either procurement planning or contract implementation monitoring.
- Operations and implementing mechanisms - While there were three different monitoring, and stakeholder feedback mechanisms implemented (stakeholder satisfaction survey, internal quality monitoring, and contract implementation monitoring) they were seemingly not feeding off of each other and complementing what each particular effort was doing for the project. At best, coordination took place at the level of the project management team, but not between and among the three monitoring teams

Summary Assessment for Uvs Aimag

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓ X	✓	✓ X	✓	✓ X
Tighten link between participation in procurement planning and contract implementation; <b>transfer of technology</b> to local CSOs				

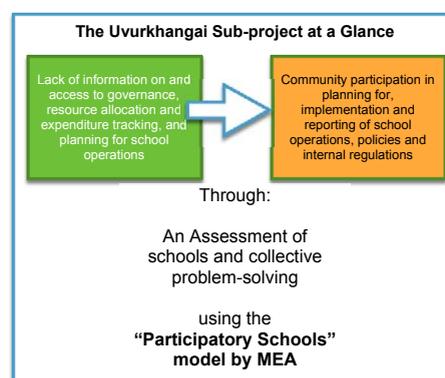
- Sustainability - Transfer of technology to and deeper appreciation for citizen monitoring among local CSOs and citizen monitors (beyond their individual interests and motivation). Citizen monitors need to be bound by and committed to goals of contract monitoring. Contract monitoring re-quires resources for technical training of monitors and mobilization, and therefore will need to be implemented from a more strategic (perhaps not all, but a few important ones) and sustainable (regular) beyond the sub-project's practice of providing "payments" to the monitors. As CSOs build their confidence and capacity to conduct contract monitoring, they can choose to undertake monitoring of less technical aspects of the contract and deploy easier to follow and disseminate tools and procedures.
- Institutionalization - The revisions to the bid and tender documents, while based on the provisions of the national procurement law, is not an institutionalized and regular process of the Bid Evaluation Committee. For now, the matter relies on the political will of decision-makers to continue using the approach introduced. Needless to say, the concerned actors may re-vert to using the traditional and templated bid requirements and contract stipulations should there be no compelling reasons and benefit for contin-uing and sustaining such reform.

## Public Participatory Schools with Accountability in Uvurkhangai Aimag

The sub-project in Uvurkhangai aimag was implemented in partnership with the Mongolian Education Alliance (MEA) entitled "Public Participatory Schools with Accountability". The sub-project sought to address the gov-ernance, resource allocation, expenditure and multi-stakeholder decision-making in ten secondary schools which are isolated from the aimag center, low-

income, and are more often than not, unable to participate in donor-funded projects that support school activities.

According to the Director of one participating school, parents do not get en-gaged with school activities and the schooling of their children in general. Most herder families are not aware of school activities and more often than not, only the mothers would attend meetings. For most schools in the aimag, the local school councils are mostly non-functional. To school direc-tors like her and to stakeholders in general, the sub-project is about involv-ing parents and citizens in school operations and management using the MEA-developed "Participatory Schools" model and ultimately making schools as human development centers.



To realize the project objectives, the following key activities were implemented:

1. The national NGO partner MEA conducted a workshop on social accountability which to participants meant finding productive ways to get engaged in the planning for and monitoring of school operations. The activity was also meant to train project stakeholders on the objectives and expected results of the collaboration. Trainers from MEA oriented the participants about the “Participatory Schools” methodology of problem identification, prioritization, and collective problem solving.
2. Organized the local project team in partnership with the local CSO. Three field teams were set up: policy analysis team, the implementation team, and the media/communications team. Education Department staff also served as counterparts to the CSO volunteer teams but were mostly involved in the policy and field implementation teams.
3. The team of 20 volunteers for field implementation cascaded the MEA training to the soum/school volunteers mobilized for the sub-project. They trained soum and school level implementers on the conduct of the schools assessment according to the MEA-developed criteria and participatory problem solving.
4. At the school-level, local stakeholders (school management and staff, parents and volunteers) did an assessment of school management and operations using the “Participatory Schools” survey. Out of the results, each school team developed action plans to resolve the issues identified in the survey. Most of the ten participating schools identified the lack of or weak participation of parents in school activities as their main area of concern.
5. Each school team designed and implemented their “mini-projects”. One participating school implemented a “mobile news” project as a means to strengthen information disclosure and for information about school activities to reach herder parents. Another school interviewed for the assessment implemented a mini-project purposively aimed at making fathers more actively participate in the education of their children. The group of fathers were made to participate in a training called “Wisdom of life: Role of the father in the family”; the school organized sports activities and social events; and, through support from a Member of Parliament, the group of fathers went on a study trip to UB for them to learn from the experiences of other schools.

# Sub-project Outputs and Outcomes

Outputs from sub-project implementation and the activities enumerated above are documented and juxtaposed against essential elements and contextual factors for more effective social accountability initiatives, as follows:

## 1. On the SAC Intervention Design to improve supply and demand sides of governance and accountability

Sub-project implementation allowed stakeholders, especially parents and community members to assess school operations and to identify weaknesses based on the Community Schools model. Because of the openness of local schools to engaging with citizens, they were able to identify issues, improve mechanisms for problem solving, and mobilised resources to resolve the issues. Each project school evolved its own monitoring tool and the results of the assessment was used as basis for organizing composite working groups (of teachers and parents, mostly fathers) to monitor

school activities and to mobilize parent involvement in parent activities through information dissemination, learning exchange, tree-planting and school beautification projects, and setting up of parents' development center in each participating school. Collective problem solving also resulted to mobilizing resources from local business and community stakeholders for school improvement initiatives (e.g., one school was able to mobilize 24 Million MNT for such a project).

## 2. On Outcomes: Concrete improvements in local governance, citizen empowerment and health service delivery.

**Governance:** For the Aimag Education Department, schools are places where children are formed as persons. Addressing this mission not only requires the involvement of the school but that of the children's parents as well. In recognition of this, the Education Department has developed a sub-program which was presented to and approved by the local council. The subprogram seeks to mobilize parents in monitoring the operations and daily activities of the school, and to make teachers more responsible in performing their roles.

Actual project implementation was made possible by the Education Department deploying 50% of its staff to become part of the field implementation teams, providing support, assistance to, and over-sight of the mini-projects.

School-level initiatives were also complemented with efforts from the Soum Governor's office. In one school for instance, the Soum Governor's office allocated 1.5 Million MNT for the purchase of musical equipment that the school needed, and which was identified through the assessment process. Because of the mini-project, officials from the local government understood the importance of child development and that their support to school (and the children's development) will be for the further development of the soum as well.

**Empowerment:** Sub-project implementation has provided opportunities for parents and the community at large to be part of collective problem-solving processes. Even as the mini-projects were mainly geared towards parent engagement, especially the fathers', some significant gains included:

- Changing mindsets and making parents recognize that education is a shared responsibility between them and the schools where the children go and parents (especially fathers) directly contribute personal resources for school needs (e.g. one vegetable grower donating his produce) through the training organised for 80 members of the local implementation teams and for 300 staff of the participating schools.

- Tapping financial resources from local business people and other organizations (one school mini-project was able to mobilize 25 Million MNT in donations);
- Implementing local initiatives in response to identified issues in the schools (such as tree planting around the school vicinity, fencing the school perimeters, and book campaigns for the school library) and training 2000 parents across the 10 soums;
- Increasing awareness and better understanding of school activities, programs and operations. One parent group monitored the implementation of the school lunch program with the School Director noting that because of their involvement in and understanding of school activities, they do not merely criticize the school amongst themselves (as they were wont to do in the past);
- Exacting accountability for learning and instruction. In the past, parents were afraid to say what they thought about teachers' performance. In one soum for instance, the School Director heard parents making a request to improve Math instruction.

**Service delivery:** Soum level officials and school managers think that having staff from the Aimag Education Department working with and visiting the soums was

an opportunity for them to show local realities of the schools and communities and for education managers at the aimag level to focus their attention, programs and resources.

For their part, schools see the value of collaborative issue identification and problem-solving, information disclosure, and transparency of school affairs and operations because it has made local stakeholders more aware of and responsive to gaps and needs in their children's schools. The mini-projects, while not directly funded through the school's budget, was a result of contributions and the collaborative effort of parents and local organizations. One school interviewed for this assessment is going about the formulation of their action plan in a more inclusive manner. In the past, planning was usually done just by the school managers and staff. They are now in the process of revisiting and changing internal school regulations such as integrating parent participation in the evaluation of teachers' performance.

### 3. On mechanisms for sustainability.

At the school level, some School Directors are leading the charge in reviewing existing internal regulations and finding ways to make parent participation a more integral part of their ways

of working. Not only are they looking at revising guidelines in how decision-making and planning processes are carried out in school but also specific aspects of school operations such as the job description of the teachers (making it part of their role to ensure parent participation), and teachers' performance evaluation among others.

At the aimag Education Department level, part of the proposal and action plan submitted to and approved by the local legislative council is to include citizen monitoring of school activities to help improve over-all operations and day-to-day activities, and to make teachers more responsible and accountable in the performance of their roles.

Results of project implementation were presented to and deliberated by the Aimag local council and the governor's council. The local implementation team exerted efforts to understand and support the sub-program proposal for instituting participatory mechanisms in schools.

# Assessment and Recommendations

Sub-project implementation in Uvurkhangai ran into some difficulties mainly because of timing. Convening community stakeholders was challenging during the coldest months of winter and equally hard during the spring because herder families were preoccupied with breeding cattle and livestock. Some schools were also located near the Gobi and along the steppes such that reaching them required longer travel and higher transportation costs.

Despite issues on schedules and some delays, stakeholders at the school level were able to manifest recognition for and valued the role of parents and their participation. On the part of the Education Department, it is highly laudable that the subprogram which the local council approved in July articulated measures to activate parents councils and ensure their permanent

operations. Part of the action plan's objective is to create a learning environment in the aimag where these councils can share and harness experiences of citizen's monitoring for school services, participation in school planning and budgeting processes, and information disclosure on results of school audits.

If a similar social accountability initiative were to be replicated in other soums or services in the aimag, stakeholders may have to work on and address some areas for improvement such as:

- The need to document the implementation of school-level mini projects and consolidate information on whether or not, parents involvement in school activities has thus far resulted to claim-making and used citizen feedback to develop interventions in response to identified issues.

- Go beyond parents mobilization and involvement in school activities (which is a responsibility by the parents themselves and not by service providers) and actually leverage and capitalize this involvement towards collective problem solving and improvements in education service delivery.
- Demonstrate actual experiences and results of citizens monitoring as most efforts to mobilize and involve the parents had to do with them merely being made aware of and involved with school activities, but not in terms of knowing, monitoring, and giving feedback on particular school programs and services. Such information may be used to demand accountability constructively from service providers and local government units.
- Local CSOs need to take a more active and leadership role in the design and implementation of activities. While decisions are mostly driven by Education Managers and technical assistance can be provided by a national NGO partner, all development and engagements are local. Therefore local CSOs/coordinators must harness their energies or whatever expertise are available, and take on a more catalytic role in ensuring that soum and school level monitoring and engagements truly happen and are made more sustainable.

Summary Assessment for  
Uvurkhangai Aimag

Social Accountability Mechanism	Outcomes			Sustainability
	Governance	Empowerment	Service Delivery	
✓ X	✓	✓ X	✓	✓ X

Empowering the local CSOs to **build evidence-base for feedback** and claim-making

Part 4:  
Conclusions and  
Recommendations

All sub-projects have been successful in implementing their social account-ability initiatives and activities as proposed and planned. Overall still, depth of understanding and quality of implementation to produce outcomes may vary across aimags.

Based on the assessment of the individual sub-projects, there are models that have more than adequately covered all elements and shown enough proof that the experience is ready for replication and scale. Other sub-projects may need further strengthening and interventions to tighten and clarify the design of, approach to, and better understanding social account-ability in order for them to be more effective and sustainable, even without MASAM support. The table below summarizes the assessment across the essential elements for effective social accountability interventions.

Sub-Project Implementers	Social Accountability Mechanism	Outcomes			Sustainability
		Governance	Empowerment	Service Delivery	
Dornod	✓ X	✓	✓ X	✓	✓
Govisumber	✓ X	✓ X	✓ X	✓	✓ X
Khentii	✓	✓	✓ X	✓	✓
Khovd	✓	✓	✓	✓	✓
Khuvsgul	✓	✓	X	✓	✓ X
Selenge	✓	✓	✓	✓	✓
Sukhbataar	✓	✓	✓	✓	✓ X
Uvs	✓ X	✓	✓ X	✓	✓ X
Uvurkhangai	✓ X	✓	✓ X	✓	✓ X

Looking at the chart, one would immediately see that the sub-project experiences from Khovd and Selenge were able to cover all essential elements and may therefore be considered for immediate replication and scale. While all sub-project grantees were able to demonstrate results on the improvement of service delivery as regards access and quality, there are weaknesses that may have to be addressed or interventions required to enable the projects implement a more solid, effective and sustainable practice of social accountability.

Areas for improvement and recommended courses of action at the individual sub-project level have been discussed in the preceding part of this report. In summary however, and based on the documentation and assessment of sub-project experiences, it is recommended to consider the following:

Sub-Project Implementers	Immediate Recommendations
Dornod	Consider other social accountability tools (e.g. <b>Social Audit</b> ) to better ensure social insurance coverage
Govisumber	Deepening <b>understanding of and capacity for social accountability</b> as approach to collective problem solving
Khentii	<b>Empowering the network and its members</b> , concretizing bases for unity and working together beyond the subproject
Khovd	Scale up implementation to cover <b>ALL schools</b> in the aimag and documentation for national-level policy advocacy
Khuvsgul	Organizing, <b>capacity and network-building</b> for CSOs
Selenge	<b>For replication</b> to other more urgent and bigger public health issues and the programs/services meant to address such
Sukhbataar	Capacity-building for <b>claim-making</b> and asserting the voice of the CSO network
Uvs	Tighten link between participation in procurement planning and contract implementation; <b>transfer of technology</b> to local CSOs
Uvurkhantai	Empowering the local CSOs to <b>build evidence-base for feedback</b> and claim-making

# Key Lessons and Considerations for replicability and scale of MASAM Sub-projects

1. The MASAM design and approach for supporting social accountability initiatives ensure support and acceptance on the part of the Aimag leadership at the get-go.

Expression of support has translated into issuances of ordinances that constitute the project implementation team and bestowing upon them the rights, responsibilities and wherewithal to carry out tasks and activities. Several aimag and soum governors have also expressed the willingness to formalize and integrate citizen participation in decision-making at several levels: through the formulation of and allocation of the Local Development Funds, inclusion of citizen monitoring in the action plans of the Health and Education Departments, and integrating citizen feedback in the regular M&E functions of local government offices.

However for some aimags, this does not necessarily translate to actual understanding of and appreciation for citizen participation across all critical decision-makers. For one, a

number of officials interviewed for the assessment view and think of CSOs as extensions of government work, as means to inform citizens of government programs and services, and as bridge for fostering understanding and acceptance of behind-the-scene issues hindering service delivery. While involving local CSOs for information dissemination is notably a significant starting point, government counterparts have to eventually see CSOs as critical partners in decision-making and collaborative problem solving. Not all officials are expected to fully understand nor embrace social accountability and citizen participation per se.

What the MASAM project and CSO counterparts can do is to find and maximize social accountability champions on the part of the local government. More often than not, this champion can be found in the heads/senior technical staff of offices of the aimag Health, Education, Social Policy, and Social Welfare Departments. These champions

in turn will ensure that other instrumentalities and decision-makers are made to understand and value citizen participation and the results of citizen monitoring and feedback.

2. Because the design of the project itself ensures the buy-in of key officials and decision-makers at the start of sub-project implementation, CSO claim-making and feedback have to be made on solid, sound, and unimpeachable assessment of government programs and services. While project experience is enough to expose participants to the value and process of generating stakeholder feedback, such should be gathered, analyzed and presented in a manner that cannot be easily be invalidated by decision-makers and power holders on the lack of validity, objectivity and rigor for conducting basic research - citizen feedback which is the starting point for collaborative decision-making and problem solving.

3. Most projects deployed the CSC as a tool for gathering stakeholder perception and feedback it was carried out through surveys and therefore is more often regarded as the Citizen Report Card. While the tool is among the easiest to deploy, stakeholders and practitioners could benefit from a clearer differentiation of the CRC from the CSC. Because of the choice to use surveys, data gathering has thus required intensive human and financial resources to carry out and yet compromised on technical

methodology and sampling, which if not done properly can just be easily invalidated by government officials who are less open to the idea of citizen feedback through constructive engagement. The CRC (in its technical sense) may be good as a one-off project but may not be as sustainable as a long-term mechanism for stakeholder feedback. While the Community Score Card (CSC) is mostly qualitative and requires strong facilitation skills, it is sufficiently participatory, requires

shorter implementation time, emphasizes immediate feedback and accountability, and is less likely to run into issues of representativeness of the sample and participants to the process. And while most programs and services can be assessed through the use of the CSC or CRC, the problem itself need not mobilize stakeholder feedback to resolve. In the case of wanting to ensure health insurance coverage for temporary residents and more vulnerable members of the community for example, a social audit would have sufficed.

4. Some projects are more successful than others because of the choice of simple, easy to analyze, and focused issue (e.g. tuberculosis, deteriorating conditions of dormitory facilities, oral health). Therefore, the resolution is more targeted and easy to mobilize support for, especially for a new initiative and approach for resolving community problems. This is in contrast with issues confronting procurement, for example, which are more complex, complicated and technical and will therefore require more time and resources to address. CSOs may need to temper the itch to solve too many issues given limitations in time and resources. While the model is solid and may likely be successful in the long term, procurement monitors require training and technical capacity building more than most citizen monitors would.

Both the CRC and CSC are instruments to exact social accountability and responsiveness from service providers, and may often times be used interchangeably.

It will be good to be reminded about some fundamental differences between the two, as follows:

**The Citizen Report Card (CRC) vs.  
The Community Score Card (CSC)**

	<b>CRC</b>	<b>CSC</b>
<b>Unit of Analysis</b>	Household/ Individual	Community
<b>Data gathering</b>	Survey	Focus group discussions
<b>Sampling</b>	Stratified random	None/Aim is participation
<b>Timing</b>	3-6 months	3-6 weeks
<b>Scope</b>	Macro (city/state or national)	Micro (local/ village level)

## Some Recommendations

Part 3 of the report covers areas for improvement and recommendations for addressing these issues at the individual sub-project level. The following set of recommendations in this part of the report may be considered by MASAM project designers, decision-makers and implementers in making decisions on the next phases of the project. These are mostly along the lines of further building the capacity of project stakeholders not only in terms of social accountability but on project management as well.

1. Assisting project proponents in terms of clearly defining the problem and analyzing the issues underlying the presenting problem. Once they are clearer about the issues confronting public service delivery, they should identify which issues can be addressed through social accountability approaches, and verify that the problem can benefit from stakeholder feedback and collaborative problem-solving from all those involved.
2. Sub-project proponents may also benefit from exposure to and familiarity with other social accountability tools and approaches. Apart from the CSC (which as implemented in essence is actually the Citizen Report Card) and Stakeholder satisfaction survey, there are a host of other tools and technologies that implementers can employ in generating and providing feedback to government offices and service providers. For one, the Community Score Card is an easier and less costly tool to use as compared to the CRC. Based on the project proposals prepared by the ten sub-project proponents, some issues would have been best addressed through public expenditure tracking, budget monitoring and social audit which are just as participatory, generates concrete and objective feedback as basis for service improvement, and involves lesser number of citizen respondents and therefore will cost less to administer. Given the propensity to assess and give a rating to certain aspects of service delivery, the Community Score Card would have been a faster, more efficient and less costly exercise for the proponents.
3. Thirdly, because the project design itself has ensured immediate buy-in from government counterparts, changes to configurations of power and appointments in the aimag departments may disrupt or altogether discontinue the good started by the sub-projects. Additionally, the choice of issues to be addressed are less controversial. But circumstances may not necessarily be the same throughout their practice of social accountability and so civil society actors need to be capacitated on constructive engagement (e.g. navigating through controversial issues and managing challenging relationships with government counterparts).
4. Aimag-level implementers and stakeholders have expressed gratitude for the technical expertise and advice provided by the national NGO partners. The national NGOs are credited not only in terms of social accountability approaches

and tools but in over-all project management as well. And because these national NGO partners are critical conduits towards ensuring that local stakeholders are able to understand and fully live out the practice of social accountability, as well as implementing their initiatives in the most efficient and effective manner, the first set of recommendations enumerated above may be best carried out with the participation and support of these national NGOs. The challenge though is to help local implementers think through their problems and governance issues, facilitate the intervention design and development process, and assist them in devising creative, collaborative, and effective solutions to challenges in governance and service delivery. This may also require them to go beyond tools and approaches they are most

familiar with and adapt them to local contexts, needs, and requirements.

5. Lastly, several officials of key government offices and service providers themselves have realized the value for and expressed the desire to continue integrating citizen feedback, monitoring results, and participatory decision-making in formal processes of governance. Except for a few exceptions however, most other sub-projects have yet to devise more formal and institutionalized ways of integrating and mainstreaming lessons from their sub-project experience. MASAM can capitalize on this expressed desire and provide assistance in helping local government units to develop, install, and activate these participatory mechanisms in terms of concrete local policies, programs and activities

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## Annex 1: Interview Guide

1. Supply Side: What formal mechanisms were made available for participation and/or feedback? Who is/are the accountable officers taking charge of this? What decision/s and/or actions were taken?
2. Demand Side: Who were stakeholders involved? What is their level of awareness of the need for engagement, the tool/s, processes, and mechanisms for participation and feedback?
3. Project Implementation Results/Output Level: What feedback was provided to the government agency and/or services? What inputs and/or recommendations were taken into consideration in the planning and budgeting for, and delivery of services? What services and/or programs were availed of by citizens as a result of the access to information and feedback on access to and quality of these services and/or programs? What agreements, formal or informal, were reached between citizens and the government office regarding the feedback and/or inputs given?
4. Outcomes: What has the initiative result to in terms of improving governance? What did citizens do with the information they were provided or had access to? Were there improvements in terms of access, quality, and turn-around time?
5. Sustainability: How were project results able to influence change in outlook, behavior, and systems for governance both on the part of government agencies and its officials, as well as from organized groups and the citizens in general? Is there willingness, commitment, re-sources, and formalized mechanisms to continue the initiative?