

## TABLE OF CONTENTS

ACRONYMS .....	3
A. BACKGROUND .....	4
B. INTRODUCTION.....	5
C. COMPONENT 1: ACCESS TO INFORMATION AND OPEN BUDGETS .....	8
STEP 1: CONDUCT INITIAL OUTREACH AND IDENTIFY AND ENGAGE STAKEHOLDERS .....	9
STEP 2: ORGANIZE AN INCEPTION MEETING WITH KEY STAKEHOLDERS IN EACH COMMUNE.....	12
STEP 3 – OBTAIN, REVIEW AND VALIDATE I4C PACKS.....	14
STEP 4: RAISE CITIZEN AWARENESS AND UNDERSTANDING OF I4C MATERIALS AND ENHANCE BUDGET LITERACY.....	15
D. COMPONENT 2: CITIZEN MONITORING .....	20
STEP 1: PREPARE FOR CITIZEN MONITORING AND SERVICE PROVIDER SELF-ASSESSMENT SESSIONS .....	20
STEP 2: CONDUCT COMMUNITY SCORECARD MEETINGS .....	23
STEP 3: CONDUCT SERVICE PROVIDER SELF-ASSESSMENT SESSIONS.....	31
STEP 4: CONDUCT INTERFACE MEETINGS TO DEVELOP A JOINT ACCOUNTABILITY ACTION PLAN.....	37
E. COMPONENT 3: JAAP IMPLEMENTATION.....	50
STEP 1: Follow up after the interface meetings .....	51
STEP 2: DISSEMINATE AND BUILD-AWARENESS OF THE JAAP .....	51
STEP 3. PRESENT THE JAAP AT DISTRICT LEVEL MEDIA EVENTS.....	52
STEP 4. VARIOUS STAKEHOLDERS IMPLEMENT THE JAAP.....	52
STEP 5. JAAP COMMITTEES MONITOR AND REPORT ON THE ONGOING IMPLEMENTATION.....	53
STEP 6: CBOS, CSOS AND CITIZEN REPRESENTATIVES CHAMPION THE JAAPS.....	53
F. COMPONENT 4: TRAINING AND CAPACITY BUILDING.....	56
STEP 1: IMPLEMENTING PARTNER STAFF ARE TRAINED.....	57
STEP 2: PARTNERS SELECT, TRAIN AND MENTOR CAFs .....	58
STEP 3: CAFs TRAIN, MENTOR AND COACH, AS APPROPRIATE, COMMUNITY REPRESENTATIVES.....	61
STEP 4. IPS DEVELOP AND IMPLEMENT LEARNING AGENDAS AT THE NATIONAL LEVEL .....	62
STEP 5: IPS CONTINUALLY REFRESH AND UPDATE THEIR CAPACITY.....	62
G. COMPONENT 5: MONITORING AND EVALUATION MINIMUM STANDARDS .....	64
M&E COMPONENT 1: ACCESS TO INFORMATION AND OPEN BUDGETS.....	64
M&E COMPONENT 2: CITIZEN MONITORING .....	65
M&E COMPONENT 3: JAAP IMPLEMENTATION.....	65

**Tables**

Table I: Scorecard Template ..... 25  
Table II: Priority Action Template ..... 28  
Table III: Sample Comparative Table of Scoring Findings ..... 40  
Table IV: Criteria for Action Refinement ..... 41  
Table V: Sample Priority Actions Table- Single Facility Interface Meeting ..... 42  
Table VI: Sample Sector-specific Priority Actions Table – Multi-sectoral Interface Meeting ..... 46  
Table VII: Sample Joint Accountability Action Plan ..... 47

**Boxes**

Box I: Complaints and Feedback Mechanism ..... 9  
Box II: Selection of Community Accountability Facilitators ..... 58

**Annexes**

Annex I: CBO/CSO Mapping Tool ..... 67  
Annex II: Definition of Groups Relevant for Enhancing Inclusion in I-SAF ..... 70  
Annex III: I4C Pack Overview ..... 73  
Annex IV: Assessment Criteria Categories ..... 74  
Annex V: Guidance on Suggested M&E Indicators ..... 76  
Annex VI: Sample Call for Expressions of Interest from CAF Candidates ..... 84  
Annex VII: I-SAF Citizen Monitoring: A Summary Table of Stakeholders and Roles ..... 86  
Annex VIII: Terms of Reference for the Joint Accountability Action Plan Committee ..... 87

## ACRONYMS

CAF	Community Accountability Facilitator
CBO	Community-Based Organization
CDB	Commune Database
CCWC	Commune Committee for Women and Children
CIP	Commune Investment Plan
CSO	Civil Society Organization
DIW	District Integration Workshop
FGD	Focus Group Discussion
I4C	Information for Citizens
ICT	Information and Communication Technology
IE	Impact Evaluation
IP	Implementing Partner
I-SAF	Implementation of the Social Accountability Framework
JAAP	Joint Accountability Action Plan
JAAP-C	Joint Accountability Action Plan Committee
M&E	Monitoring and Evaluation
NCDD	National Committee for Democratic Development
NCDD - S	National Committee for Democratic Development – Secretariat
NGO	Non-Governmental Organization
PSC	Partnership Steering Committee
PWD	Person with Disabilities
RCT	Randomized Control Trial
RGC	Royal Government of Cambodia
SNA	Sub-National Administration

## A. BACKGROUND

The Implementation of the Social Accountability Framework (I-SAF) in Cambodia aims to empower citizens, strengthen partnerships between sub-national administrations (SNAs) and citizens, and leverage enhanced accountability of SNAs to improve local service delivery. This initiative, unique in its scale, is led by the National Committee for Democratic Development Secretariat (NCDD-S) and implemented through partnerships with Development Partners and Civil Society Organizations.

During Phase I (2016-2018), I-SAF activities were successfully rolled out to 75% (18 out of 24) of the provinces, 62% (98 out of 159) of the districts and 56% (786 out of 1409) of the communes across the country. By the end of the phase I, the full I-SAF process had been implemented in relation to the services provided by 757 Communes, 1404 Primary Schools and 605 Health Centres over a 2 or 3 year period of time depending on the districts. The mobilization of citizens for their participation in I-SAF was supported by multiple implementation partners supported by different donors. A total of 3,700 volunteers and 7,200 local officials were trained. More than 550,000 people were informed on the services they are entitled to receive and 270,000 people were involved in the monitoring of the quality of the services received at the local level. In all communes, Joint Accountability Action Plans (JAAPs) were adopted. After one year, around 60 % of the actions set out in the JAAPs had been implemented.

In 2019, the I-SAF Phase II Implementation Plan (2019 - 2023) was developed through a consultative process with government, development partners and civil society, adopted and launched. The objective of I-SAF Phase II is to improve the performance of public service providers through improved transparency, strengthened citizen engagement and responsive action. By 2023, it is expected that I-SAF Phase II will conclude with both evidence of significant service delivery improvements and an implementation approach that requires minimal external financial support. Key dimensions of this new five-year phase of I-SAF include:

- Expansion of I-SAF coverage to all rural communes.
- Extension of I-SAF activities to district administrations (DAs).
- Adaptation of the I-SAF methodologies to selected urban areas.
- Use of Information and Communication Technologies (ICT) to extend I-SAF reach.
- Measures to enhance government responsiveness to Joint Accountability Action Plans (JAAPs) and increase JAAP implementation.
- Institutionalization and enhanced sustainability of I-SAF processes.
- Enhanced social inclusiveness of I-SAF.

The first version of the Operational Guidelines was developed in 2015 following a pilot phase and all implementing partners followed them over the years. However, over time, the

practices of the implementing partners started to deviate from the guidelines for 3 main reasons:

- The large-scale implementation of the Operational Guidelines led to the identification of learnings that called for the improvement of some steps and activities of the I-SAF process.
- Implementing partners piloted innovative approaches to address issues identified through M&E data or they adapted the I-SAF model to better respond to different contexts and challenges.
- Several implementing partners piloted initiatives that went beyond the minimum standards set up in the guidelines (involving children or strengthening inclusion of people with disabilities for example) and developed additional learnings from those.

## B. INTRODUCTION

These Operational Guidelines have 3 major objectives, to:

- Formally set minimum quality standards of practice to foster greater alignment around best practices identified over time by implementing partners.
- Establish minimum monitoring and evaluation (M&E) standards to facilitate a more intentional approach to learning and evidence generation across all implementing partners.
- Strengthen inclusion ensuring the voices and participation of marginalized groups are included and represented in the social accountability processes of I-SAF.

I-SAF has 5 main components, which are interlinked:

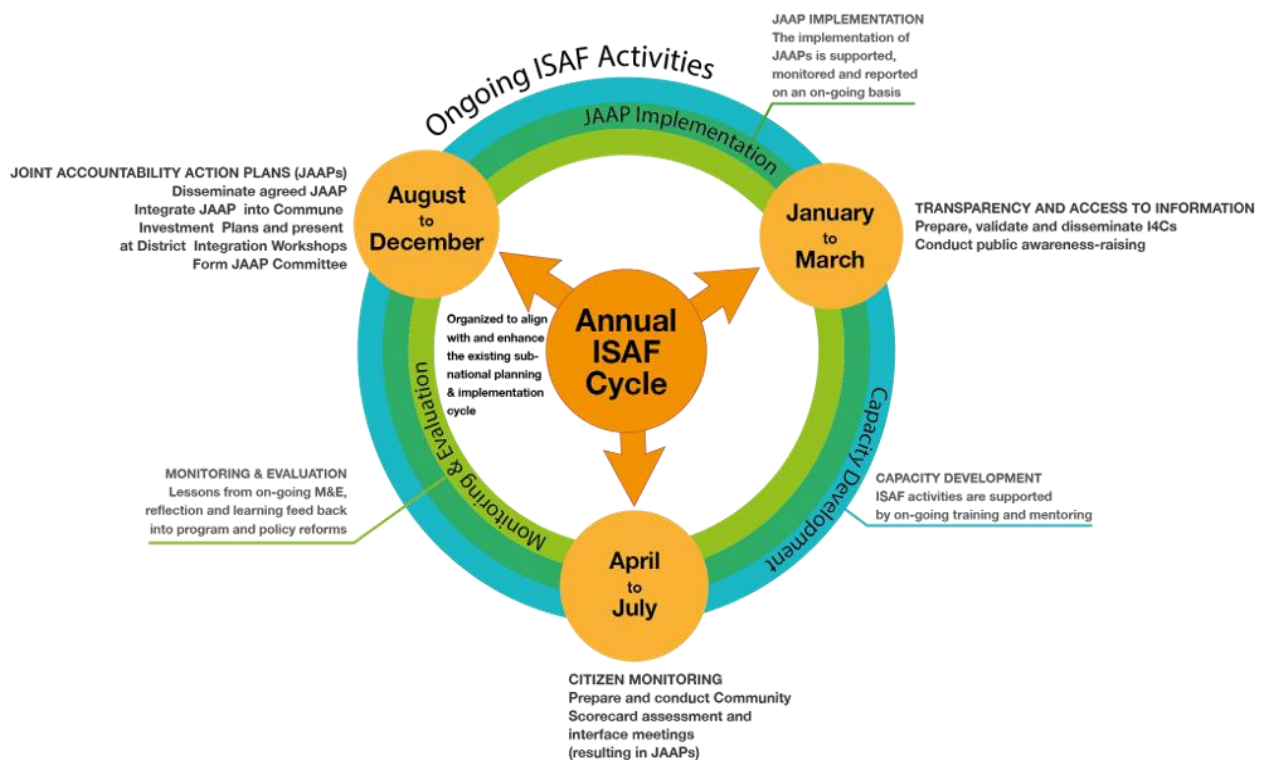
- **Component 1** (access to information and open budgets) makes provisions to provide citizens with information about policies, standards, budgets, and performance data related to a core set of public services – communes, health centers and primary schools – on an annual basis.
- **Component 2** (citizen monitoring) introduces annual facilitated citizen monitoring of these services with a view to promoting citizen voice, productive dialogue between citizens and public officials/service providers, and collective actions for improvement.
- **Component 3** (training and capacity building) supports the successful implementation of Components 1 and 2 by training local actors in I-SAF-related themes and building the capacity of a critical mass of CAFs and community representatives to act as a bridge between citizens and state actors.
- **Component 4:** Joint Accountability Action Plans (JAAP) support the follow up and actioning of the joint action plans emerging from the interface meetings. It is concerned with building public support for the JAAPs and ensuring that responsible persons

(community members and commune officials) execute the plans that have been assigned and agreed.

- **Component 5-** (Monitoring and Evaluation) A strong focus on M&E across I-SAF facilitates a certain degree of consistency in practice and allows for the generation of common data. This builds up a picture of the impact and effectiveness of the programme and enhances the comparability of data across implementers and, consequently, its policy relevance.

I-SAF activities are undertaken according to an annual cycle, aligned with the timing of existing planning and decision-making processes. The guidelines contained in this manual provide a step-by-step explanation and description of actions to be taken by demand-side actors throughout the different phases of the I-SAF annual cycle.

Figure 1. The I-SAF Cycle



When implementing I-SAF and using these Operational Guidelines, the following principles should be followed:

- The minimum quality standards proposed in this guidance should be met by all implementing partners. They are clearly identified at the beginning of each component.

- The Operational Guidelines are not intended to stymie or restrain creativity and innovation. On the contrary, all implementing partners are encouraged to, and have the freedom, to go beyond the minimum standards and to test new approaches.
- The guidelines anticipate that ICTs will bring major changes to the I-SAF process and, in this area too, innovation is encouraged.
- The implementing partners will need to adapt the minimum standards when extending I-SAF to new services or new contexts.
- It will be crucial for all implementing partners to work together to develop a strong learning agenda that will allow practices to continually improve over time, leading to regular reviews of these operational guidelines.

I-SAF Phase I took a particular focus on including women and youth, as participants and as Community Accountability Facilitators (CAFs) - an approach that demonstrated considerable success in I-SAF I. In I-SAF II, the social inclusion focus has been broadened to strengthen the participation of vulnerable people, using a more targeted approach to reaching people with disabilities, indigenous people and ID poor (whilst outreach to people of different genders and age groups will continue).

## C. COMPONENT 1: ACCESS TO INFORMATION AND OPEN BUDGETS

### Minimum Quality Standards:

- 1.1 Each implementing partner have a feedback and complaint mechanism in place that allows citizens to complain about and/or provide feedback about the way I-SAF has been implemented in their community.
- 1.2 Implementing partners use a robust social mapping tool (found in Annex I) to identify community stakeholders, especially including Community-based Organizations (CBOs) and Civil Society Organizations (CSOs) that include and represent people from marginalized and excluded groups (e.g. people with disabilities, indigenous people, or ID poor cardholders).
- 1.3 Using this mapping, implementing partners work with relevant CBOs and CSOs to support the participation of members of marginalized and excluded groups.
- 1.4 CAFs take part in the district level meeting to review and validate I4C post-on information before it is published.
- 1.5 I4C materials are displayed in all relevant service delivery facilities and disseminated widely in a way that is inclusive and accessible. Channels for dissemination must include:
  - targeted focus groups for marginalized people, such as people with disabilities, indigenous people, or people who are ID poor cardholders,
  - home visits for people with highly constrained access to the I-SAF process.
- 1.6 In addition, further channels for I4C dissemination should be pursued, such as:
  - large citizen forums,
  - local radio,
  - press releases and/or interviews with the press,
  - stands at local fairs and other public events,
  - the development and dissemination of videos, and
  - social media.
- 1.7 Implementing partners ensure that the information shared by CAFs with community members includes information on the specific service delivery entitlements of different people, including marginalized groups (where possible).
- 1.8 All key materials should be available in at least 2 different forms (posters, audio, video, etc.) to increase accessibility for people with disabilities.

### Box I: Complaints and Feedback Mechanism

All implementing partners should set up a complaints and feedback mechanism to increase community voice and power over the I-SAF process, and to contribute to a safe environment for the most vulnerable programme participants.

To achieve this, complaints mechanisms and procedures established should comply with a set of best practice principles. An effective complaints and feedback mechanism should be:

- **Legitimate:** A mechanism must have clear, transparent, and sufficiently independent governance structures to ensure that there is no bias or interference and the process can be conducted fairly with respect to all parties.
- **Accessible:** A mechanism must be publicized and provide adequate assistance to those who wish to access it, including for specific groups such as children, women, and people with disabilities. Accessibility needs to take into consideration language, literacy, awareness, finance, distance, or fear of reprisal.
- **Predictable:** A mechanism must provide a clear and known procedure, with timeframes for each stage, clarity on the types of processes and outcomes it can and cannot offer and means of monitoring the implementation of any outcome.
- **Equitable:** A mechanism must ensure that stakeholders have reasonable access to the necessary sources of information, advice, and expertise to engage in the process on fair and equitable terms.
- **Rights-compatible:** A mechanism's outcomes and remedies must accord with internationally recognized human rights standards; and
- **Transparent:** A mechanism must provide sufficient transparency of process and outcome to meet the public interest concerns at stake, and should presume transparency wherever possible.

### **STEP 1: CONDUCT INITIAL OUTREACH AND IDENTIFY AND ENGAGE STAKEHOLDERS**

The first step of the I-SAF Access to Information and Open Budgets component is for I-SAF implementing partners to conduct initial outreach and identify and engage relevant stakeholders. This should include Community Based Organizations (CBOs) and Civil Society Organizations (CSOs), with an emphasis on those representing and/or working with women, youth, the elderly, people with disabilities, ID poor cardholders, and indigenous populations. The objectives of this step are to ensure that key stakeholders are fully aware of I-SAF, and to mobilize their support for the process.

**Key sub-steps** include:

- (i) Mobilize the support of district and provincial level actors;
- (ii) Conduct initial outreach in each target commune;
- (iii) Map relevant CBOs and CSOs working in each target commune, using the provided Social Mapping tool in Annex I; and,
- (iv) Establish linkages with relevant CBOs in each village and CSOs in each target commune.

While mobilizing the support of district and provincial level actors, along with meeting commune level supply side actors (including commune officials and service providers) are

crucial, securing diverse citizen participation is a primary focus in I-SAF II. For this reason, Steps 3 and 4 (mapping of and outreach to CBOs and CSOs) require particular attention.

#### **i. Mobilize the support of district and provincial level actors.**

- Conduct courtesy visits to all relevant district and provincial level actors, to introduce key implementing partner staff and to ensure stakeholders have been informed about the I-SAF process. Courtesy visits should include government stakeholders in relevant service delivery departments, but also CSOs working on relevant issues.
- Briefly explain the implementing partner role in the I-SAF process and respond to any questions or concerns on the part of officials.
- If, after the courtesy visits, it is clear that key government officials have not been previously informed about I-SAF, follow up with the I-SAF secretariat within the National Committee for Democratic Development (NCDD-S) through national level implementing partner staff.
- Use these initial courtesy visits to gauge interest in I-SAF and to identify potential I-SAF “champions” in subnational government bodies. Champions are specific individuals who seem particularly keen to support and promote I-SAF and to provide assistance if necessary. These potential ‘champions’ should be recorded in the project database.
- After conducting initial courtesy visits, assess whether it may be useful to conduct a provincial level workshop, to better inform actors at that level about I-SAF, and to mobilize their support. This may be particularly important during the first year of implementation, at a time of high turnover in government departments, in provinces in which civil society is not very aware of I-SAF yet, or in communes that have not yet participated in I-SAF.
- Use this opportunity to invite relevant district and provincial level actors to participate in upcoming commune-level inception meetings, as appropriate.

#### **ii. Conduct initial outreach in each target commune.**

- Meet with relevant commune level supply side actors (officials and service providers) to ensure they have received I-SAF information and guidelines from NCDD-S. If this is not the case, follow up with NCDD-S directly (at subnational levels) or through national level implementing partner staff.
- With commune level officials and service providers, explain their role in the I-SAF process, answer any questions/concerns about I-SAF from local officials and service providers, aiming to build their support for, and ownership of, the I-SAF process. Emphasize that representatives from the different relevant public services should be involved throughout the process (especially during self-assessment and interface meetings). Ideally, the same individual service providers would participate throughout each of the key stages, to ensure consistency and informed participation.
- In collaboration with commune officials, identify all health centers and primary schools in the commune. These will all be covered by the I-SAF process, along with the services of commune administration office.

**iii. Map CBOs and CSOs in each target commune, using the provided Social Mapping Tool in Annex I.**

- Conduct a mapping exercise of CBOs/CSOs working in the commune. This should be done based on existing knowledge of the commune, and through consultations with local officials (e.g. commune council members and village chiefs) and community leaders (e.g. Health Center Management Committees, School Support Committees, pagoda committee members, CBO leaders themselves, teachers, health workers, and monks). Use a snowballing strategy for this mapping, asking different stakeholders about which other community members or leaders would be useful to speak with, to complete the mapping.
- A tool for conducting this mapping exercise, including a checklist to encourage the mapping of CBOs that include, are run by, and/or represent vulnerable groups, can be found in Annex I. Given the enhanced focus on social inclusion in I-SAF Phase II, this tool prompts implementing partners to look for organizations and groups that include and represent people with disabilities, indigenous people, ID poor cardholders, women and women's issues, non-binary people or sexual minorities, youth, and the elderly. A description of the key groups targeted for inclusion in I-SAF II is provided in Annex II.

**iv. Establish linkages with relevant CBOs in each village and CSOs in each target commune.**

- Based on the mapping produced in sub-step iii, meet with CBO/CSO leaders (ideally in a group meeting but, if necessary, through individual visits) to inform them about I-SAF, in particular the social inclusion opportunities provided by the programme, and how people from vulnerable groups can participate and be heard.
- Establish linkages with as many relevant CBOs/CSOs as possible. Special attention should be paid to reaching CBOs/CSOs that include, work with, and represent vulnerable groups (e.g. people with disabilities, indigenous people, and ID poor cardholders), women, youth, and the elderly. Also make connections with the Health Center Management Committees and the School Support Committee.
- Invite CBOs/CSOs to participate in I-SAF and ask them to encourage their members and/or communities they work with to participate in key aspects of the I-SAF process, as described below. In particular, seek CBO/CSO support in mobilizing people with constrained access to public services to participate in I4C sessions, community scoring sessions, and interface meetings.
- Encourage CBOs/CSOs to nominate at least one or more candidates to participate in the CAF training course, to support I-SAF as volunteers (see Component 4 for information about CAF training and capacity-building).

## **STEP 2: ORGANIZE AN INCEPTION MEETING WITH KEY STAKEHOLDERS IN EACH COMMUNE**

The next step of the I-SAF process is the organization of an inception meeting at commune level, bringing together all key commune level (and possibly district or provincial level) stakeholders. Key objectives of the inception meetings are to allow stakeholders to meet each other; to learn more about the I-SAF process; to agree a schedule for implementation; and to determine who will participate from each stakeholder group.

**Key sub-steps** include:

- (i) Prepare for the inception meeting;
- (ii) Conduct the inception meeting; and,
- (iii) Follow-up after the inception meeting.

### **i. Prepare for the inception meeting.**

- Identify and invite all key stakeholders to the commune level inception meeting. At a minimum, the following stakeholders should be invited to the inception meeting: the commune chief, a representative from the Commune Committee or Women and Children (CCWC), other commune councilors (according to interest), the director of the local health center, the director of the commune primary school(s), representatives of the Health Center Management Committee, representatives from the School Support Committee(s), relevant district level officials (with responsibility for health, education and commune administration services), village chiefs, and CBO/CSO leaders with a presence in the commune. Provincial level officials, as well as members of the provincial accountability working group, can also be invited.
- When confirming invitees, refer back to initial outreach meetings in the commune, district and/or province, inviting public officials or service providers who have been identified as potential ‘champions’ of the I-SAF process (in Step 1(i) above). Also refer back to the CBO/CSO mapping and commune level outreach meetings already undertaken (in Step 1 (iii) and Step 1(iv) above).
- Prior to the inception meeting, meet or have a call with commune officials to decide the time and place of the inception meeting. The time of the inception meeting should be set so it is convenient for government officials, service providers and community representatives (including CBO/CSO leaders and members). It is recommended that the inception meeting takes place at the commune hall, as the commune is the I-SAF coordinating body at the local level.
- Aim to ensure gender parity among participants of inception meetings, as well as the participation of both youth and older people, representation from vulnerable groups, including people with disabilities, indigenous people (if present in the commune), and ID poor cardholders, as well as representation from all villages in the commune.
- Provide transportation support for those for whom accessibility is a particular challenge, and communicate this provision at the time of invitation.
- Ensure that the venue is adequately prepared prior to the meeting. This should include, at a minimum, ensuring that the venue is accessible for people with disabilities (such as

having entrance ramps, even if put in place temporarily), that it has adequate seating, and that any necessary equipment, such as flipcharts or posters, is available.

- Arrange for water and/or a small snack for participants. It is not recommended to pay per diems to attendees.
- Prepare resource materials for the inception meeting. Where electricity is available, implementing partners may want to make use of a sound system or a PowerPoint projector, though these are not essential. Consideration should be given for people with disabilities who are hearing or sight impaired (or those who may have low literacy), to ensure that if Powerpoint slides or other written or visual materials are used, that presenters think ahead about describing the content for the visually impaired, or that visual materials are available for the deaf or those who are not literate.

## **ii. Conduct the inception meeting.**

- Welcome all participants, make introductions, and explain the purpose of the meeting. It is important to set a positive, productive and informal tone for the meeting, to allow participants to introduce themselves, and to encourage all to participate actively by asking questions and sharing views.
- Present and discuss the purpose and benefits of key aspects of I-SAF. Explain each step of the I4C, citizen monitoring, and JAAP development and implementation processes (as outlined in this document), explaining the expected roles of each group of stakeholders. Clarify that the aim of the process is not to criticize or place blame, but to encourage citizens and service providers to work together to make service delivery improvements.
- Emphasize the three mechanisms available for participation in the I4C citizen awareness-raising sessions in I-SAF Phase II (see the subsequent sections of this manual for more details):
  - a. large community forums,
  - b. targeted focus groups for marginalized people, and
  - c. select home visits for those with highly constrained access.
- Invite input (especially from CBOs/CSOs) on which of these mechanisms will be most useful for which groups/people, and also invite recommendations for specific focus group attendees and households that might require home visits. Request support from CBOs/CSOs to organize focus groups and contact households that might be good candidates for home visits.
- Invite questions and comments from participants, and check for comprehension of key aspects of I-SAF.
- Double check with the group whether there are any key groups or individuals missing from the process at this point and note any recommended additional participants for follow-up.
- Agree on an implementation schedule with inception meeting participants and clarify the immediate next steps.
- Thank participants for their participation and support.

### **iii. Follow-up after the inception meeting.**

- Follow up with each key stakeholder as necessary after the inception meeting. Keep in close contact with commune officials, service providers and CBO/CSO members throughout implementation, especially to clarify dates of events and ensure the right people are invited at each step.
- In particular, reach out to CBO/CSO leaders, focal points, and members in order to organize targeted focus groups and home visits for marginalized groups/households, for the upcoming I4C awareness-raising sessions.
- Follow up with any person, group, or organization that was deemed to be 'left out' or missing from the process, at the time of the inception meeting.

### **STEP 3 – OBTAIN, REVIEW AND VALIDATE I4C PACKS**

Step 3 of Component 1 is to obtain, review and validate I4C posters, post-ons, and booklets. The key objective of this step is to ensure that I4C information is displayed properly and that the post-ons include accurate information on allocated budgets and performance. While some of the verification process is only necessary during the first year of information, other components of the I4C packs should be updated each year based on new budget and performance information.

**Key sub-steps** include:

- (i) Request and obtain full I4C packs or new parts;
- (ii) Review and validate the post-ons and report problems or gaps; and
- (iii) Check the public posting of I4C information and report problems or gaps.

#### **i. Request and obtain full I4C packs or new parts.**


- During the first year of implementation, or again if new posters have been printed, communicate with concerned district level officials to obtain a full copy of the I4C pack (i.e. I4C posters/post-ons and booklets) for each target commune.
- Confirm that there is one set of posters (with 3 posters/set) for each relevant facility in the commune (see Annex III).
- If there are any difficulties in obtaining full I4C packs according to the agreed timeframe, first liaise with the district level National Committee for Democratic Development (NCDD) officer to find solutions. If necessary, report any persistent problems to district level officials and/or NCDD-S at the national level.

#### **ii. Review and validate the post-ons**

- Invite CAFs and supply side representatives from all communes to attend a meeting organized by district authorities to review the I4C post-ons (containing information that should be annually updated). It may be possible to conduct this review in the context of a training module on the I4C component of I-SAF (see Component 4 of this manual for more details on training).

- During the meeting, check whether any information is missing or appears to be incorrect, and try to resolve any issues.
- Once I4C post-on information has been verified, conduct a collective discussion and analysis of I4C pack information with CAFs and local officials. Where available, be sure to discuss information specific to:
  - a. vulnerable groups (if they have specific rights or entitlements, such as for people with disabilities, indigenous people, and ID poor cardholders),
  - b. gender-specific information, and
  - c. entitlements for youth and the elderly.
- If I4C pack issues or inaccuracies go unresolved at this meeting, relevant implementing partner staff should follow up with the relevant supply side stakeholders.

### iii. Check the public posting of I4C information and report problems or gaps.

- Organize visits (with commune council representatives) to I4C poster/post-on dissemination points including: the commune hall, the local health center, and primary schools located in the target communes. The purpose of these visits is to ensure that I4C posters and post-ons are prepared and publicly displayed, in compliance with public information dissemination regulations issued by NCDD.
- If any information gaps or problems are detected during the visits, take note of these, flag them with the relevant local officials/service providers (i.e. commune chief, health center director, or school principal) and together discuss and agree corrective measures.
- Any persistent information gaps or compliance problems should be reported to district-level officials and/or NCDD at the national level.

## **STEP 4: RAISE CITIZEN AWARENESS AND UNDERSTANDING OF I4C MATERIALS AND ENHANCE BUDGET LITERACY**

A fourth and final critical step for in implementing Component 1 is to raise citizen awareness and understanding of the I4C pack content. The key objective of this step is to ensure citizens are well-informed about their service entitlements, the commune level budget, and the performance of their local government. This step aims to contribute to broad citizen empowerment, but also to ensure that community members provide well-informed inputs

during the citizen monitoring component of I-SAF (Component 2). This is accomplished through the implementation of I4C awareness-raising sessions in communities. These sessions should take place over a period of 2 - 8 weeks, according to local circumstances, needs, and the schedules of key stakeholders.

**Key sub-steps** include:

- (i) Conduct at least 2 targeted focus groups for marginalized people;
- (ii) Conduct at least 10 targeted home visits for people with highly constrained access to the I-SAF process;
- (iii) Consider conducting large community forums;
- (iv) Implementing partners are strongly encouraged to implement additional activities to reach as many citizens as possible with I4C information, potentially including the further options discussed below.

Note that these activities can be undertaken sequentially or simultaneously.

### **i. Conduct at least 2 targeted focus groups for marginalized people.**

#### **Participants and Location**

- Using the CBO/CSO mapping developed in Component 1: Step 1(iii), and in dialogue with CBOs/CSOs, organize at least 2 targeted focus groups (of approximately 5 - 12 people) for groups of marginalized citizens.
- These groups could include people with disabilities, indigenous people (especially in areas within which they are small minorities), ID poor cardholders, or any other citizens that have been identified as being marginalized or vulnerable in the particular commune.
- These focus groups might target a group of people all marginalized in a common way (e.g. one focus group could target people who have disabilities). Alternatively, the focus groups could target a group of people who are marginalized in different ways (e.g. one focus group could target people with disabilities *and* ID poor cardholders).
- Ideally, these 2 focus groups would be held at different locations (to enhance accessibility for people who live in different locations in the commune).

#### **Methodology of the Meetings**

- In targeted focus groups for marginalized people, explain service delivery standards (on I4C posters) and commune budget and performance information (on I4C post-ons).
- To the extent possible, emphasize service delivery provisions and budget allocations most relevant to the specific marginalized people in the focus groups.
- I4C awareness-raising meetings should be participatory and active. The meetings should aim not only to share information, but to provide citizens with a safe space to question, reflect on, and react to I4C information.
- At the end of these targeted focus groups, ask participants whether they know anyone who has extremely constrained accessibility (due to disability, extreme time constraints,

poverty, or another reason). Referrals from focus groups can be followed up with home visits in the next sub-step.

**ii. Conduct at least 10 targeted home visits for people with highly constrained access to the I-SAF process.**

- In dialogue with CBOs/CSOs, organize at least 10 targeted home visits to households in which people have highly constrained access to the I-SAF process. These could be people with disabilities, the elderly, indigenous people (especially in areas within which they are small minorities), or ID poor cardholders. These are examples of people who could be targeted for home visits, but other people/households may fall into the category of having highly constrained access for a wider set of reasons.
- During home visits, explain service delivery standards (on I4C posters) and commune budget and performance information (on I4C post-ons).
- To the extent possible, emphasize service delivery provisions and budget allocations most relevant to the marginalized people reached during home visits.
- I4C awareness-raising meetings should be participatory and active. The meetings should aim not only to share information, but to provide citizens with a safe space to question, reflect on, and react to I4C information.

**iii. Consider conducting large community forums.**

- If large community forums are deemed desirable, in collaboration with CBO/CSOs partners and village chiefs in each village, agree a schedule and venues for awareness-raising activities, choosing times and locations that are the most convenient for the target audience.
- Using the CBO/CSO mapping developed in Component 1: Step 1(iii), and in dialogue with CBOs/CSOs, invite a wide range of participants to community forums.
- Consider dividing community forums into multiple sessions, covering different information in each. For example, the purpose of the first meeting could be to explain and discuss citizen standards and rights (as presented in the I4C posters). The aim of the second meeting could be to explain and discuss commune performance and budget data (as presented in the I4C post-ons).
- I4C awareness-raising meetings should be participatory and active. The meetings should aim not only to share information, but to provide citizens with a safe space to question, reflect on, and react to I4C information.

**iv. Implementing partners are strongly encouraged to implement additional activities to reach as many citizens as possible with I4C information potentially including the further options discussed below:**

- Consider setting up I4C activity kiosks at public events to share information and raise awareness. I4C activity kiosks can be set up in marketplaces, at local festivals or at other

community events, as appropriate. Events and locations should be identified in collaboration with the commune, CBOs/CSOs, and community leaders.

- At the activity kiosks, display, explain, and hand out I4C materials. Also take the opportunity to inform citizens about upcoming citizen monitoring activities and/or other opportunities for engagement in I-SAF. If possible, also make use of a loud-speaker or sound system to draw attention to the kiosk. Consider introducing games or quizzes, recruiting local musicians to provide entertainment, or preparing and presenting a theatre sketch to share key I4C messages. Consider issuing press statements as a means of publicly disseminating I4C information, or providing interviews to the press.
- Use existing radio programmes that are broadcast locally to share sound bites on I4C information, and help to coordinate media interviews with willing local officials and service providers, for broadcasting as radio spots.
- If possible, videos can also be developed and used in various locations (health center waiting groups, commune halls, schools, public events, the meetings of Health Center Management Committees and School Support Committees, etc.).
- Use social media platforms, including government or service-delivery related Facebook pages, etc. to share sound bites, key pieces of information, videos, etc.
- Where interviews or longer radio pieces are organized, or videos are developed, share and discuss these at the in-person I4C meetings.
- All key materials should be available in at least 2 different forms (posters, audio, video, etc.) to increase accessibility for people with disabilities.

**M&E Minimum Standards**  
**Component 1: Access to Information and Budgets**

I-SAF implementers will collect data on citizen participation in I4C awareness-raising events, including data on the total number of citizens who participate in each commune and how many participated in each type of I4C awareness-raising event.

Participation numbers will be disaggregated according to the following categories (understanding that the categories are not mutually exclusive, so double counting among categories will occur):

- sex (women, men, other)
- age group (youth, elderly)
- disability (binary yes/no)
- indigenous (binary yes/no)
- ID poor cardholder (binary yes/no)

The following example indicator can be used:

**% of people of different types participating in I4C awareness-raising events, by type of I4C event**  
(disaggregated as above)

More information about M&E minimum standards can be found in Component 5, and guidance on how to measure this indicator can be found in Annex V.

### **Minimum Quality Standards: Citizen Monitoring**

- 2.1 Citizen scoring sessions should include two types of scoring meetings:
  - general service user forums (with a mixed group of citizens), and
  - targeted focus groups for marginalized people.
- 2.2 It is recommended that a selection of scoring sessions are also conducted through home visits to reach people with highly constrained access. Implementing partners are also encouraged to consider the organization of a scoring session for student representatives from primary schools that are being covered by I-SAF.
- 2.3 As far as possible, participants in scoring sessions should be service users who have participated in previous I4C awareness-raising sessions, and should be those who have used the relevant service personally or have helped someone else do so, ideally in the recent past.
- 2.4 I4C information for the service being scored is reviewed at the beginning of scoring sessions, ensuring that participants understand how the current performance and resources of the service(s) compare with established standards and entitlements.
- 2.5 Citizens generate the assessment criteria they want to score, based on their own priorities. The methodology for this part of the process is provided in this section (see Step 2(i) below).
- 2.6 Voting occurs behind a curtain or screen, around a corner, or in a separate room (depending on the set up of the meeting venue) to ensure the anonymity of voting.
- 2.7 Citizens use different coloured stickers to allow CAFs and implementing partners to disaggregate the votes based on diversity characteristics. The methodology for this part of the process is provided in this section (see Step 2(i) below).
- 2.8 Citizens will generate a list of 4-6 actions that can be taken by service providers, community members and authorities at the district/provincial levels.
- 2.9 Several representatives will be selected to attend the subsequent single facility interface meeting, where they will present the outcomes of the scoring sessions and the actions proposed by different groups of citizens and by service providers.

## **D. COMPONENT 2: CITIZEN MONITORING**

### **STEP 1: PREPARE FOR CITIZEN MONITORING AND SERVICE PROVIDER SELF-ASSESSMENT SESSIONS**

The first step of Component 2 of the I-SAF process involves preparing citizens and service providers for the citizen monitoring component of I-SAF. The objective of this step is to ready

citizens and service providers for informed and open citizen scoring and service provider self-assessment sessions.

**Key sub-steps** include:

- (i) Reconfirm the participation and support of key stakeholders;
- (ii) Mobilize the participation of community members/service users; and
- (iii) Make logistical preparations for the citizen monitoring process.

#### **i. Reconfirm the participation and support of key stakeholders.**

- Revisit the commune chief and relevant commune councilors to discuss the upcoming I-SAF citizen monitoring process and to reaffirm the ownership of the commune over the process.
- In collaboration with commune representatives, revisit relevant service providers to confirm their support for, and participation in, the upcoming citizen monitoring process (including the service provider self-assessment process).
- Contact village chiefs and CBO/CSO/community leaders to explain/remind them of the I-SAF citizen monitoring process and to seek their assistance in identifying community participants.

#### **ii. Mobilize the participation and support of community members/service users.**

##### **Plan and Prepare Citizen Monitoring Sessions**

- As with the I4C process, there will be 3 ways to participate in a citizen scoring exercise:
  - a. general service user forums (with a mixed group of citizens),
  - b. targeted focus groups for marginalized people, and
  - c. at least 10 home visits for people with highly constrained access.

##### **General Service User Forums**

- Organize a general service user forum for each of the health facilities, primary schools, and the commune administration office, in each commune.
- This will typically mean that there is one scoring forum for the health facility, one for the commune administration office, and 2 - 3 for primary schools in the commune.
- For each relevant facility, identify approximately 20 users/community members to participate. Ideally, these participants should be those with familiarity of the services from the particular facility being scored. As far as possible, participants in scoring sessions should be service users who have participated in previous I4C awareness-raising sessions, and should be those who have used the relevant service personally or have helped someone else do so, ideally in the recent past. For example, it might be helpful to seek out pregnant or young mothers for participation in the health sector scoring sessions, and parents of primary school age children for participation in the education scoring sessions.
- Aim for as close to gender parity as possible.
- At least one-third of participants should be youth.

- Offer transportation support (logistical and financial) to people with particular barriers that restrict their participation, including people with disabilities, the elderly, or ID poor cardholders, to assist them in attending different types of scoring meetings.
- Make sure that participants are invited to meetings at least one week in advance.

### **Targeted Focus Groups for Marginalized People**

- Plan at least 2 targeted focus groups (of approximately 5 - 12 people) for marginalized people. These groups could include people with disabilities, indigenous people (especially in areas within which they are small minorities), ID poor cardholders, or any other citizens that have been identified as being marginalized or vulnerable in the particular commune. Seek to ensure gender and age diversity among these people.
- These focus groups might target a group of people all marginalized in a common way (e.g. one focus group could target people who have disabilities). Alternatively, the focus groups could target a group of people who are marginalized in different ways (e.g. one focus group could target people with disabilities *and* ID poor cardholders).
- Targeted focus groups for marginalized people will score all relevant services in a single session, rather than bringing together a service-specific group, as in the general service user forums above.
- Ideally, targeted focus groups for citizen scoring would include the same people as those reached through targeted focus groups during the I4C process, as this will ensure better informed scoring and continuity. However, if these people are not possible to reach, new participants can participate during the scoring phase.
- Hold focus groups at different locations in the commune (to enhance accessibility for people who live in different locations).
- Offer transportation support (logistical and financial) to people with particular barriers that restrict their participation, including people with disabilities, the elderly, or ID poor cardholders, to assist them in attending different types of scoring meetings.
- Make sure that participants are invited to meetings at least one week in advance.

### **Home Visits**

- Consider planning home visits, to households in which people have highly constrained access to the I-SAF process.
- As examples, these could be visits to people with disabilities, the elderly, indigenous people (especially in areas within which they are small minorities), or ID poor cardholders. Implementing partners and CAFs can also reach out to any other citizens that have been identified as being marginalized or vulnerable in a particular commune. Seek to ensure gender and age diversity among these people.
- Ideally, home visits for CSC scoring would be to the same households as those reached during the I4C process, as this will ensure better informed scoring and continuity. However, if these people are not possible to reach, new households could be visited during the citizen scoring phase.
- People reached through home visits will score all relevant services in a single session.

- Make sure that home visits are arranged at least one week in advance.

### **iii. Make logistical preparations for the citizen monitoring process.**

- Consult with local stakeholders about the most convenient times/places to organize the above meetings (taking into account community members' schedules and preferences). The general service user forums are usually held at service delivery facilities (at least for health centers and schools). Targeted focus groups for marginalized people should be held at accessible venues that are easy to reach for people with accessibility challenges. All meetings should be held in an environment in which people feel comfortable, such as a villager's house or a pagoda.
- During scoring sessions, voting should occur behind a curtain or screen, around a corner, or in a separate room (depending on the set up of the meeting venue). The purpose of this is to provide a confidential environment for scoring, so that participants can be as candid as possible. Plan how this will be managed in each venue.
- Ensure that the venues are adequately prepared prior to the scoring meetings. This should include, at a minimum, ensuring that the venues are physically accessible for people with disabilities (such as having entrance ramps, even if put in place temporarily), that they have adequate seating, and that any necessary equipment, such as flipcharts or posters, is available.
- Arrange for water and/or a small snack for participants. It is not recommended to pay per diems to attendees.
- Prepare resource materials for the scoring sessions, including I4C materials, a scorecard template copied onto a poster (as demonstrated in Table I), cards with I-SAF Phase I assessment criteria categories (a set of categories provided in Annex IV), voting materials (coloured stickers), and a priority action template copied onto a poster (as demonstrated in Table II). Consideration should be given for people with disabilities who are hearing or sight impaired (or those who may have low literacy), to ensure that if written or visual materials are used, that facilitators think ahead about describing the content for the visually impaired, or that visual materials are available for the deaf or those who are not literate.
- Establish a facilitation team for each session. These usually include 3 people (1 lead facilitator, 1 assistant facilitator, and 1 note-taker/timekeeper/assistant). Ideally, each facilitation team will represent some diversity, from the perspective of gender, age, sexuality, ethnicity, disability, etc.
- Agree a detailed agenda for each scoring meeting.

## **STEP 2: CONDUCT COMMUNITY SCORECARD MEETINGS**

Step 2 of the citizen monitoring component of I-SAF focuses on conducting citizen scoring sessions. The key objectives of this step are to enable citizens to assess public services, and to identify priority problems and shortcomings.

**Key sub-steps** include:

- (i) Conduct scoring in general service user forums;
- (ii) Conduct scoring in targeted focus groups for marginalized people;
- (iii) Consider conducting scoring during home visits for people with highly constrained access;
- (iv) Consider organizing a scoring session for some of the students of the primary schools, focused on education services; and
- (v) Follow-up after scoring meetings.

## i. Conduct scoring in general service user forums.

### Introduction

- Welcome participants, introduce the facilitation team, and establish a friendly and positive tone for the meeting.
- Briefly explain the purpose of I-SAF and specifically the citizen monitoring process, highlighting the important potential benefits for community members (e.g. more information about local public services; better understanding of standards, entitlements and constraints; an opportunity to voice views and concerns and to improve the quality of public services).
- Briefly review I4C standards and commune performance/open budget information, with a focus on the service(s) being scored in the scoring session, ensuring that participants understand how the current performance and resources of the service(s) compare with established standards and entitlements.
- Take the opportunity to clarify the role of CAFs and let participants know they can follow up with CAFs for further I4C information at any time.

### Selection of the Assessment Criteria

- Facilitate the selection of assessment criteria (criteria to score against on the scorecard) by the scoring group. To facilitate this discussion, begin by asking participants: *What are the characteristics of a good service (at a school, a health center, or from the commune administration)?*
- Participants may talk about some of the problems they have in accessing services during this part of the session (which is welcome). However, asking them to think about the characteristics of a good service can help to orient the conversation around envisioning positive outcomes (rather than solely focusing on negative points).
- Once the group has had a good discussion about the criteria, facilitate prioritization



among the list of criteria generated by the group, shortlisting the criteria down to 5 priorities. To do this, give each participant 5 stickers/rocks to allow them to vote for the criteria they consider most critical for inclusion on the

scorecard. To guide voting, ask participants: *What are the characteristics of this service (health, education, or commune administration services) you would most like to improve?*

**Categorization of the Assessment Criteria**

- Once the group has selected a maximum of 5 priority criteria, facilitate a matching exercise, using a set of cards with I-SAF Phase I standard assessment criteria on them (these are a set of categories provided in Annex IV). Where possible, match each criterion prioritized by the group with an existing assessment criterion from the deck of cards. When a match is found, write the matched assessment criterion (using the language from the standard criterion) on the poster of the scorecard template (as seen in Table I).
- Where no match exists, write the new assessment criterion prioritized by the group directly on the scorecard poster.

**Table I: Scorecard Template**

**Location:**

**Group:**

**Date:**

Criteria	Very Good 5	Good 4	OK 3	Bad 2	Very Bad 1	Strengths	Weaknesses/ Problems
	JJ	J	K	L	LL		
Criterion 1							
Criterion 2							
Criterion 3							
Criterion 4							
Criterion 5							

**Voter Self-identification Process**

- Ideally, voting will be conducted using different coloured stickers placed on the scorecard poster on the wall or laid out on a table (behind a curtain, screen, or in a space that allows for voters to vote in private).
- Designate different coloured stickers for women, men, other sex/non-binary, youth (aged 15 – 30), the elderly (age 60 and above), indigenous people, people with disabilities, and ID poor cardholders (8 colours). Explain that each person will have the opportunity to self-identify as belonging to any of these groups, and will be able to pick up as many stickers as they consider to be relevant, on their way to the private voting area. Voters will naturally have multiple characteristics that are relevant to them (for example, a woman with a disability, or a male indigenous youth).

- Explain that it is not mandatory to vote in this way and that citizens can choose a ‘neutral’ colour to vote with, if they prefer. Designate white or black stickers as the ‘neutral’ or non-identified colour.
- For those who choose to show elements of their identity through coloured stickers, instruct them to choose all the colours that apply to them, but to attach each set of stickers to each other. For example, if a person has a red, a green, and a blue sticker, s/he should attach the three colours together and use this cluster to vote for 1 criterion (such that the sticker cluster clearly represents one vote and not three).
- Explain that the purpose of this approach is to track the differences in opinion of different people, to better understand how service delivery experiences might vary among different people.

**Scoring Against**

**Assessment Criteria**

- Explain the scoring scale of 1 to 5, using the accompanying ‘smiley face’ pictures that correspond to each number on the scale (as seen in Table I). Explain that ‘5’ (or the related smiley faces) means the service is currently



‘Very Good’ based on the specific criterion being scored, and ‘1’ (or the related smiley face) means the service is ‘Very Bad’ based on the specific criterion.

- Clarify that it is ok for participants to express a negative opinion of any aspect of a service, and that scoring will be confidential. If service providers or local authorities are taking part in the scoring session, they should also encourage citizens to express their opinion, negative or positive, as freely as they want.
- Explain the scoring process and invite participants to score each assessment criterion, based on the current performance/quality of the service.
- Once the scale and voting approach is clear to all participants, lead a collective process of voting against each criterion. Facilitation teams can choose to have each participant score all criteria at once in the private area, or can facilitate the voting process one criterion at a time.

**Reflecting on Scoring Results**

- Once scoring is completed, rapidly calculate the overall median scores for each criterion.
- Present results (number of votes for each position on the scoring scale and median scores for each assessment criterion) to the group. Do not present the actual scorecard with the

coloured stickers on it, and do not present the median score for the individual categories of voters at this time. Doing so might obviously identify the scores of someone who was the only member of their 'group' in the room. For example, if there is only one visibly disabled person, their scores would be obvious on the score card.

- Facilitate a discussion around the scores and the reasons for scoring.
- Ask participants to describe what they view to be the current strengths of the service, along with the weaknesses/problems related to the various criteria, recording discussion points on the scorecard poster (as seen in Table I).
- So as not to waste time, one member of the facilitation team can begin to lead a discussion about the first assessment criterion as soon as its results have been calculated, while the assistant facilitator continues to calculate and post the results for the other criteria.

### **Identification of Actions for Improvement**

- Support participants to brainstorm and prioritize actions for service improvement. Encourage the group to identify actions that can be undertaken by four different groups of actors:
  - a. Actions that community members can undertake themselves (e.g. cleaning up the health center),
  - b. Actions by service providers (e.g. school directors monitoring teacher attendance),
  - c. Actions by commune councils. These should take two forms: a) as a service provider, communes can take actions to improve their own services (e.g. making registration forms available or speeding up the process of issuing documents); as well as b) as an oversight body for poverty reduction and local governance, councilors can coordinate among service providers to improve services, and
  - d. Actions by district/provincial departments of line ministries (e.g. requests for more teachers, medicines, etc.).
- If participants come up with a long list of actions, lead them in a process of prioritization. Encourage participants to take into account factors of feasibility, as well as importance, urgency, and the degree to which actions have been suggested by, or are essential to, vulnerable groups.
- Record prioritized actions on a poster developed based on Table II. In Table II, the codes that identify who suggested specific actions (in the second column from the left) should be completed after the scoring session (not in front of the group). At the end of the session, invite individuals who suggested the prioritized actions to self-identify to the facilitation team, against the provided categories (on a volunteer basis). Explain that providing this information helps the I-SAF process prioritize the needs of people from vulnerable groups and track responsiveness to the priorities of different people.
- Be sure to allocate adequate time to the identification and prioritization of proposed actions, as this is one of the most important "products" of the scoring meetings. This

means ensuring that the previous tasks of identifying and scoring assessment criteria are conducted quickly and efficiently.

**Table II: Priority Action Template**

Location:	Group:	Date:		Does this action require external assistance?*** Yes/No
Priority Actions	Who suggested this action?	Who will implement this action?*		
	<b>Code actions as follows, including all that apply:</b> Women = W Men = M Other Sex/Non-binary = O Youth = Y Elderly = E PWD = D Indigenous Person = I ID Poor Cardholder = P Service Provider = S	Lead Actor	Support Actors	
Priority Action 1				
Priority Action 2				
Priority Action 3				
Priority Action 4				
Priority Action 5				
Priority Action 6				

\*Who will (i) lead and (ii) support the implementation of this action? (Including: service providers, community members, commune officials and higher-level officials).

\*\*Can the service facility achieve this action on its own? Or does it require external resources or the support of commune or district officials?

### Planning Ahead for Interface Meetings

- Inform the group that the recommended actions they have developed will be discussed further during an upcoming interface meeting with service providers from the respective facility. At that interface meeting, participants will also learn about the outcomes of the service provider self-assessments, and will agree on a set of joint actions.
- Identify several representatives to attend the subsequent single facility interface meeting, where they will present the findings of the group, including: the scoring criteria selected, the median scores and key differences within the group (by sex, age, and other diversity characteristics, according to sticker colour); reasons for the scores; and proposed actions

for different actors. Facilitators should ensure that representatives have the time and the willingness to participate in the interface meeting.

- Consider diversity factors when choosing representatives to go to the single facility interface meeting. If possible, representatives should include different sexes, people from different age categories, and should include people with disabilities, ID poor cardholders, and indigenous people, if possible. In any case, any selected representative should be prepared to talk about issues raised by different people, including people from marginalized groups. Likewise, CAFs should be prepared to represent the issues of any group that is not in attendance during the single facility interface meeting.
- Gather the contact information for the agreed representatives at the end of the scoring meeting.
- Take the opportunity to explain the rest of the I-SAF cycle, including explaining that the single facility interface meeting will result in a facility-specific action plan, and that a further multi-sectoral interface meeting will result in a commune level JAAP. Also remind participants that CAFs are local resource people who can answer questions, provide additional information, and even organize additional meetings (e.g. to review I4C data or plan community actions) as required.

## **ii. Conduct scoring in targeted focus groups for marginalized people.**

- As discussed in Step 1, organize at least 2 targeted focus groups (of approximately 5 - 12 people) for groups of marginalized citizens. A full description of the composition of these focus groups is described in Step 1(ii) above.
- Facilitate focus group-based scoring sessions following the same steps as for the general service user scoring forums (detailed in Step 2(i) above).
- Make sure to provide targeted focus groups the opportunity to prioritize their own assessment criteria, following the same process as was followed for general forums. In other words, participants in targeted focus groups should not simply score against the same assessment criteria as were selected in the general forums.
- Targeted focus groups should score criteria for all services relevant to them as a group, in a single session. The group should agree on how many service sectors they will score, out of health, education, and commune administration services.
- Give focus group participants the opportunity to nominate someone to attend the relevant upcoming single facility interface meetings. Those with restricted accessibility should be offered transportation support (logistical and financial) to help them attend, as discussed above in Step 1(ii).

## **iii. Consider conducting scoring during home visits for with people with highly constrained access.**

- As discussed in Step 1(ii), organize at least 10 targeted home visits for people/households with highly constrained access to the I-SAF process. A full description of the composition of the targets of these home visits is described in Step 1(ii) above.

- Facilitate home visit-based scoring sessions following the same steps as for the general scoring forums (detailed in Step 2(i) above).
- Make sure to provide people reached through home visits the opportunity to prioritize their own assessment criteria, following the same process as was followed for the general forums and targeted focus groups. In other words, people reached through home visits should not simply score against the same assessment criteria as were selected in the other sessions.
- People reached through home visits should score criteria for all services relevant to them, in a single session. They should choose how many service sectors they will score, out of health, education, and commune administration services.
- Give home visit participants the opportunity to nominate someone to attend the relevant upcoming single facility interface meetings. Those with restricted accessibility should be offered transportation support (logistical and financial) to help them attend, as discussed above in Step 1(ii). However, while self-representation is ideal, people reached through home visits were identified due to their very constrained access to the I-SAF process, and it is likely that these same constraints will continue to impact their access to interface meetings. In this case, CAFs or relevant CBOs/CSOs should prepare to represent the needs and priorities surfaced during home visits in interface meetings.

**iv. Consider organizing a scoring session for some of the students of the primary schools, focused on education services.**

- Consider organizing a scoring session focused on education services for student representatives of local primary schools.
- However, before organizing these sessions, implementing partners must develop a strict child safeguarding protocol and ensure that the CAFs have the capacities and materials to facilitate the scoring session in a child-friendly way.

**v. Follow-up after scoring meetings.**

- Document results after all types of scoring meetings, ensuring that Tables I and II are completed for all sessions and digitally stored. It may also be useful to photograph the results on each scorecard, and/or retain the hard copy of the scorecard posters.
- Document any new assessment criteria that were developed in citizen scoring sessions, which did not match any existing criteria categories from the current list (in Annex IV). Work with central M&E staff to add any genuinely unique new assessment criteria to the existing menu.
- Develop facility-specific lists of assessment criteria selected by citizens in scoring sessions, for use in the service provider self-assessment process.

### **STEP 3: CONDUCT SERVICE PROVIDER SELF-ASSESSMENT SESSIONS**

#### **Minimum Quality Standards: Service Provider Self- Assessment**

- 2.10 The head of the relevant service (e.g. the commune chief, the health center chief, and the school director) and a representative group of frontline staff (and councilors in the case of the commune) are invited to the self-assessment sessions for service providers.
- 2.11 I4C information for the service being scored in the self-assessment session is reviewed at the beginning, ensuring that participants understand how the current performance and resources of the service(s) compare with established standards and entitlements.
- 2.12 Service providers follow a similar scoring system as service users, but partly use the assessment criteria selected by citizens (while having the opportunity to select 2 of their own assessment criteria as well). To achieve this, service provider self-assessments must take place after the citizen scoring sessions.
- 2.13 Voting occurs behind a curtain or screen, around a corner, or in a separate room (depending on the set up of the meeting venue) to ensure the anonymity of the voting.
- 2.14 Service providers use 2 different coloured stickers to allow CAFs/implementing partners to disaggregate the votes based on gender.
- 2.15 Service providers generate a list of 4 – 6 actions that can be taken by service providers, community members and authorities at the district/provincial levels.
- 2.16 Service providers agree on several representatives to attend the subsequent single facility interface meetings, where they present the self-assessment, including: the scoring criteria selected, the median scores and key gender differences within the group; reasons for the scores; and proposed actions for different actors.

The third step of the I-SAF citizen monitoring process is to give service providers the opportunity to assess how well they are performing against a set of service-specific assessment criteria, some of which are citizen-prioritized, and to suggest actions for improvement. The objectives of this step are to ensure that service providers (from primary schools, health centers, and the commune administration office) have the opportunity to conduct self-assessments, based on a reflection on current service quality; and to allow service providers to identify and prioritize suggested actions for improvement (to be implemented by themselves, community members, commune officials, and line ministries/departments).

**Key sub-steps** include:

- (i) Prepare for service provider self-assessment meetings;
- (ii) Conduct service provider self-assessment meetings; and

(iii) Follow-up after service provider self-assessment meetings.

**i. Prepare for service provider self-assessment meetings.**

- Coordinate the time and venue for each of the service provider meetings (one for every relevant facility). Most often, service provider self-assessment meetings are organized at the facility that is the focus of the self-assessment scoring. Work closely with each group of service providers to identify a time and venue that is convenient for them, in order to maximize participation.
- Invite service providers to the self-assessment meeting, including the head of the relevant service (i.e. the commune chief, the health center chief, or the school director), and a representative group of staff members (and councilors in the case of the commune). If any service providers were delegated at the beginning of the process to be the I-SAF focal person for their particular service or facility, be sure to invite them. A minimum of at least 6 participants (and a maximum of 20) for each self-assessment session is recommended.
- Make sure that all participants are informed about the meeting at least one week in advance.
- Prepare all necessary equipment and materials for the meetings.
  - a. During scoring sessions, voting should occur behind a curtain or screen, around a corner, or in a separate room (depending on the set up of the meeting venue). The purpose of this is to provide a confidential environment for scoring, so that participants can be as candid as possible. Plan how this will be managed in each venue.
  - b. Arrange for water and/or a small snack for participants. It is not recommended to pay per diems to attendees.
  - c. Prepare resource materials for the scoring sessions, including I4C materials, a scorecard template copied onto a poster (as demonstrated in Table I), a full list of the facility-specific assessment criteria as determined by citizens, voting materials (coloured stickers), and a priority action template copied onto a poster (as demonstrated in Table II).
- Agree a detailed agenda for each self-assessment meeting.

**ii. Conduct service provider self-assessment meetings.**

- Welcome participants, introduce the facilitation team, and establish a friendly and positive tone for the meeting.
- Briefly explain the purpose of I-SAF and specifically the citizen monitoring and service provider self-assessment parts of the process, highlighting the important potential benefits for service providers (e.g. an opportunity to voice views and concerns to higher level actors in the service delivery chain, to way engage with citizens in dialogue about service delivery quality, and a means of improving the quality of public services).
- Briefly review I4C standards and commune performance/open budget information, with a focus on the service sector being scored in the particular self-assessment session,

ensuring that participants understand how the current performance and resources of the service compare with established standards and entitlements.

- Do not reveal the results of citizen scoring sessions or comment on how citizens view the performance of this facility or others at this time.

### **Assessment Criteria Selection**

- Share and discuss the facility-specific assessment criteria developed by citizens (see Step 2 (i - iv) above). Explain to the service provider group how the menu of assessment criteria was developed, by surfacing key issues with citizens through guided discussions during scoring session, and then supporting citizen groups/individuals to shortlist down to their priority issues. Explain that all assessment criteria on the list were selected by at least one citizen or group, either in general service user forums, in targeted focus groups for marginalized people, or during home visits.
- Like service users, service providers may select 5 assessment criteria in total. At least 3 (and up to 5) of these must come from the citizen-selected criteria. Service providers should name the citizen-selected assessment criteria that they might be interested in scoring against, in order to create an initial list of options.
- Beyond the citizen-selected scoring criteria, service providers are allowed to select up to 2 of their own assessment criteria (resulting in no more than 5 assessment criteria in total). If they would like to select 1 or 2 of their own assessment criteria, facilitate a process of generating ideas for those 1 or 2 additional assessment criteria.
- If service providers have named more than 5 assessment criteria they are interested in scoring against, facilitate a prioritization process, shortlisting the criteria down to 5 priorities. To do this, give each participant 5 stickers to allow them to vote for the criteria they consider most critical for inclusion on the scorecard. Each voter must choose at least 3 assessment criteria from among those prioritized by citizens.
- The final list should include at least 3 assessment criteria from the list developed by the citizens, and no more than 5 criteria in total.

### **Categorization of the Assessment Criteria**

- Once the group has selected a maximum of 5 priority criteria, facilitate a matching exercise for any criteria developed by service providers. As in the citizen scoring sessions, this should be done using a set of cards with I-SAF Phase I assessment criteria categories on them (see list in Annex IV). Where possible, match each new criterion prioritized by the service provider group (a maximum of 2) with an existing assessment criterion from the deck of cards. When a match is found, write the matched assessment criterion (using the language from the standard criterion) on the poster of the scorecard template (as seen in Table I).
- Where no match exists, write the new assessment criterion prioritized by the service provider group directly on the scorecard poster.

### **Scoring Against Assessment Criteria**

- Explain the scoring scale of 1 to 5, using the accompanying ‘smiley face’ pictures that correspond to each number on the scale. Explain that ‘5’ means the service is currently ‘Very Good’ based on the specific criterion being scored, and ‘1’ means the service is ‘Very Bad’ based on the specific criterion being scored.
- Explain the scoring process and invite participants to score each assessment criterion, based on the current performance/quality of the service. Voting will be conducted using stickers placed on the scorecard posted on the wall or laid out on a table (behind a curtain, screen, or in a space that allows for voters to vote in private).
- Because service provider groups are quite small, disaggregation will automatically reduce anonymity. In this case, only use 4 sticker colours focused on the sex of the scorer: female, male, other/non-binary, or neutral (prefers not to identify).
- Clarify that it is ok for participants to express a negative opinion of any aspect of a service, and that scoring will be confidential.
- Once the scale and voting approach is clear to all participants, lead a collective process of voting against each criterion. Facilitation teams can choose to have each participant score all criteria at once or can facilitate the process one criterion at a time.



### Reflecting on Scoring Results

- Once scoring is completed, rapidly calculate median scores for each criterion (without disaggregating by sex at this time).
- Present results (number of votes for each position on the scoring scale and median scores for each assessment criterion) to the group. Do not present the actual scorecard with the coloured stickers on it, and do not present the median score for the individual categories of voters at this time. Doing so might obviously identify the scores of someone who was the only member of their ‘group’ in the room. For example, if there is only 1 woman or 1 man in the group, their scores would be obvious on the score card.
- Present results to the group and facilitate a discussion around the reasons for scoring.
- Ask participants to describe what they view to be the current strengths of the service, along with the weaknesses/problems related to the various criteria, recording discussion points on the scorecard poster (as seen in Table I).

- So as not to waste time, one member of the facilitation team can begin to lead a discussion about the first assessment criterion as soon as its results have been calculated, while the assistant facilitator continues to calculate and post the results for the other criteria.

### **Identification of Actions for Improvement**

- Support participants to brainstorm and prioritize actions for service improvement. Encourage the group to identify actions that can be undertaken by four different groups of actors:
  - a. Actions that community members can undertake (e.g. cleaning up the health center),
  - b. Actions by service providers themselves (e.g. school directors monitoring teacher attendance),
  - c. Actions by commune councils. These should take two forms: a) as a service provider, communes can take actions to improve their own services (e.g. making registration forms available or speeding up the process of issuing documents); as well as b) as an oversight body for poverty reduction and local governance, councilors can coordinate among service providers to improve services, and
  - d. Actions by district/provincial departments of line ministries (e.g. requests for more teachers, medicines, etc.).
- If participants come up with a long list of actions, lead them in a process of prioritization. Encourage participants to take into account factors of feasibility, as well as importance, urgency, and the degree to which actions are essential to vulnerable groups.
- Record prioritized action on a poster developed based on Table II.
- Be sure to allocate adequate time to the identification and prioritization of proposed actions, as this is one of the most important “products” of the self-assessment meetings. This means ensuring that the previous tasks of identifying and scoring assessment criteria are conducted quickly and efficiently.

### **Planning Ahead for Interface Meetings**

- Inform the service provider group that the recommended actions they have developed will be discussed further during an upcoming interface meeting with service users. At the interface meeting, they will also learn about the outcomes of the citizen scoring sessions, and will agree on a set of joint actions.
- Identify several representatives to attend the subsequent single facility interface meeting, where they will present the service provider self-assessment, including: the scoring criteria selected; the median scores with the breakdown by sex; reasons for the scores; and proposed actions for different actors. Facilitators should ensure that representatives have the time and the willingness to participate in the interface meeting.
- Consider diversity factors when choosing representatives to go to the single facility interface meeting. If possible, representatives should include different sexes and people from different age categories, among other diversity criteria.

- Gather the contact information for the agreed representatives at the end of the scoring meeting.
- Take the opportunity to explain the rest of the I-SAF cycle, including explaining that the single facility interface meeting will result in a facility-specific action plan, and that a further interface meeting will result in a multi-sectoral commune level JAAP.

**iii. Follow-up after the self-assessment meetings.**

- Document results after service provider self-assessment meetings, ensuring that Tables I and II are completed for all sessions and digitally stored. It may also be useful to photograph the results on each scorecard, and/or retain the hard copy of the scorecard posters.
- Document any new assessment criteria that were developed in service provider self-assessment sessions, which did not match any existing assessment criteria categories from the current list (in Annex IV). Work with central M&E staff to add any genuinely unique new assessment criteria to the existing menu.

### **M&E Minimum Standards**

#### **Component 2: Citizen Monitoring – Citizen Scoring and Service Provider Self-assessment**

1. I-SAF implementers should collect data on citizen participation in citizen scoring events, including on the total number of citizens who participate in each commune and how many participated in each type of citizen scoring event.

Participation numbers will be disaggregated according to the following categories (understanding that the categories are not mutually exclusive):

- sex (women, men, other)
- age group (youth, elderly)
- disability (binary yes/no)
- indigenous (binary yes/no)
- ID poor cardholders (binary yes/no)

The following example indicator can be used:

**% of people of different types participating in citizen scoring events, by type of scoring event**  
(disaggregated as above)

More information about how to measure this indicator can be found in Annex V.

2. I-SAF implementers should record all assessment criteria prioritized by citizen groups, by category, included in Annex IV.
3. I-SAF implementers should record the scores provided by citizens and service providers, from each scoring group (using the template in Table II). If possible, along with total median scores per assessment criterium, scores should be tracked by diversity characteristics (using the list above, also included in the template in Table II).

More information about M&E minimum standards can be found in Component 5.

#### **STEP 4: CONDUCT INTERFACE MEETINGS TO DEVELOP A JOINT ACCOUNTABILITY ACTION PLAN**

During this step, citizens/service users and service providers will come together to share their respective assessments and to agree on a commune level JAAP to improve service delivery. The objectives of this step are to develop facility-specific action plans for facilities included in the process; and to develop a commune-wide multi-sectoral JAAP that identifies practical and feasible actions, in time for priority actions to potentially be included in CIPs. Interface meetings happen at two levels: (i) single facility interface meetings to agree on facility-specific priority actions; and (ii) a multi-sectoral interface meeting at the commune level that will cover all 3 relevant sectors and culminate in a multi-sectoral JAAP.

**Key sub-steps** include:

- (i) Prepare for the single facility interface meetings;
- (ii) Conduct the single facility interface meetings;
- (iii) Prepare for the multi-sectoral interface meeting;
- (iv) Conduct the multi-sectoral interface meeting; and
- (v) Follow-up after the interface meetings.

**i. Prepare for the single facility interface meetings.**

- Coordinate the time and venue for each of the single facility interface meetings (one for every relevant facility). Most often, single interface meetings are organized at the facility that has been the focus of scoring. Work closely with each group of interface meeting attendees (as determined in the above steps) to identify a time and venue that is convenient for them, in order to maximize participation. The meeting should take place

**Minimum Quality Standards: Single Facility and Multi-sectoral Interface Meetings**

- 2.17 Invitees to interface meetings include representatives from general service user forums, targeted focus groups for marginalized people, those reached through home visits; service providers who participated in the self-assessment scoring sessions; the head or delegated focal point for the relevant service for the commune; and representatives from relevant CBOs/CSOs.
- 2.18 Citizen and service provider representatives present the outcomes of scoring sessions. Depending on the sensitivity of the issues, the CAFs may need to present scorecard information on behalf of citizen groups in some cases.
- 2.19 During multi-sectoral interface meetings, Commune Investment Plans (CIPs) and previous JAAPs are reviewed.
- 2.20 Action prioritization processes are provided in this section (in Step 1(ii) for single interface meetings and in Step 1(iv) for the multi-sectoral interface meeting. Affirmative inclusion measures are required (as outlined in these steps) to ensure that the actions prioritized by marginalized people are included in the final JAAPs. Actions suggested by marginalized groups will be tracked clearly on the JAAP format (Table VII).
- 2.21 Actions are reviewed and improved if needed, to ensure that they are practical, precise and realistic, following the SMART model table (Table IV).
- 2.22 Actions are organized according to whether they require collaboration and/or external resources and can be undertaken at the service facility level without additional resources.
- 2.23 Interface meetings must take place before the development of the CIP, allowing the commune council the opportunity to incorporate the JAAP findings into the CIP. CAFs liaise with commune officials to agree this and schedule accordingly.

before the finalization of the CIP, allowing the commune council the opportunity to incorporate the JAAP findings into the CIP. Liaise with commune officials to plan for this.

- Invite participants to the single facility interface meetings, including: agreed representatives from all types of citizen scoring sessions; service providers who participated in the self-assessment scoring sessions for the relevant facility; the head or delegated focal point for the relevant service for the commune; relevant CBOs/CSOs (referring back to the original CBO/CSO mapping tool and relationships built throughout the I-SAF process).
- If citizens who were reached through home visits are not able to attend themselves, CAFs should be prepared to present their scores and suggested actions.
- Make sure that all participants are informed about the meeting at least one week in advance.
- Prepare all necessary equipment and materials for the meetings (e.g. chairs/mats, flipcharts, sound system if necessary, markers, stickers for prioritization, accessibility ramps, etc.).
- Arrange for water and/or a small snack for participants. It is not recommended to pay per diems to attendees.
- Agree a detailed agenda for each single facility interface meeting.

### **Prepare Scorecard Data for Interface Meetings**

- Prepare comparative tables summarizing the outcomes of previous citizen/service user and service provider scoring meetings.
  - a. Calculate disaggregated median scores for each of the different coloured stickers used in scoring (resulting in scoring disaggregated by sex (women, men, other), age group (youth, the elderly), people with disabilities, indigenous people, and ID poor cardholders).
  - b. Then transfer (i) key findings from the service provider self-assessments and service user scorecards and (ii) actions proposed by each group, into comparative tables, in order to facilitate comparison and discussion. A template format for the first of these comparative tables is shown in Table III below. The second comparative table should be a consolidated version of the priority action table in Table II above, reflecting actions proposed in all scoring and self-assessment sessions.
- Since the assessment criteria selected by service providers and different groups of service users will differ, the first comparative table (Table III) should include in the left-hand column a full list of all the different criteria scored against by all groups, for a given facility.
- Median scores given by each group are shown in separate columns (as below), thus facilitating the direct comparison of scores from different groups against each criterion. The furthest right columns show the (combined) list of identified strengths and weaknesses.
- The second comparative table (a consolidated version of Table II) shows the actions that were identified by different groups of scorers on both the service user and service

provider sides. As above, the consolidated version of Table II should distinguish between those actions that (i) require multi-stakeholder collaboration or external resources; and (ii) those that do not require resources or external support above the facility level.

- In the consolidated version of Table II, highlight the actions suggested by people with disabilities, ID poor cardholders, and indigenous people.
- Prepare a poster of Table V, to record prioritized actions at the end of the single facility interface meetings.

**Table III: Sample Comparative Table of Scoring Findings**

Criteria (sample only, to be harmonized with standard assessment criteria as much as possible)	Service:		Location/Facility Name:					Combined Key Strengths and Challenges	
	Service User Median Score	Median Score by Sex (W/M/O)	Median Score by Age (Y/E)	Median Score from PWDs	Median Score from Indigenous People	Median Score from ID Poor Cardholders	Median Score from Service Providers	S	C
<b>1. Adequate staff</b>	3	W = ? M = ? O = ?	Y = ? E = ?	1	1	1	2		
<b>2. Opening hours</b>									facility can be closed without notice
<b>3. Cleanliness</b>									
<b>4. Adequate medicine</b>									regular stock-outs
<b>5. Attitude of staff</b>								staff are polite and helpful	
<b>6. Effective communication</b>									
<b>7. Emergency care</b>									

## ii. Conduct the single facility interface meetings.

- Welcome participants, introduce the facilitation team and establish a friendly and positive tone for the meeting.
- Briefly explain the purpose of I-SAF and specifically the citizen monitoring and service provider self-assessment parts of the process, highlighting the important potential benefits for citizens and service providers.
- Invite designated presenters from both the citizen and service provider sides to present scores from their respective scoring sessions, reasons for scoring, and proposed actions (as agreed at the end of the scoring and self-assessment sessions).

- If those who were reached through home visits are not able to attend themselves, CAFs should be prepared to present their scores and suggestions.
- Using Table III, facilitate a discussion about the differences between scores from different citizen groups (highlighting specific challenges for people from marginalized groups), and how citizen scores compare with service provider scores on comparable criteria.
- After this discussion on scores, use the consolidated version of Table II to facilitate a group discussion on suggested actions (which also emerged from the various scoring sessions).
- As above, if those who were reached through home visits are not able to attend themselves, CAFs should be prepared to represent their suggested actions.

### Refine the Actions

- Previously suggested actions may need to be refined. It is important that actions are practical, precise, and realistic. Check actions against the SMART model below (Table IV).
- Once actions have been discussed and refined, guide the group to review the suggested actions in terms of which ones require external resources or support from others above the facility level, and which ones can be undertaken at the service facility level without additional resources.

Table IV: Criteria for Action Refinement

Criteria	Description
<b>Specific</b>	The action should be highly specific; for example, “increase opening times of health center.”
<b>Measurable</b>	Service users and providers should be able to measure whether the action has taken place or not.
<b>Achievable</b>	There are some actions that are too complex and would be too costly and take a long time to achieve. Actions should be feasible.
<b>Relevant</b>	Ensure actions are relevant and focused on tangibly improving the lives of citizens (not preliminary actions like writing a letter, which may not lead to tangible change).
<b>Timely</b>	Actions should be doable within the short-to-medium term (i.e. within 1 - 2 years), but also be broken down such that they can be started soon after the approval of the JAAP.

### Prioritize the Actions

- Begin by engaging the group in a discussion specifically about the actions prioritized by people with disabilities, ID poor cardholders, and indigenous people (as shown in the consolidated version of Table II). Ensure that participants understand why these actions might be particularly important to these groups.

- To facilitate a prioritization process, give participants voting stickers that they can use to nominate their highest priority actions. Each participant should receive 8 stickers to select priority actions – 4 to vote for actions that can be taken at facility level without additional resources, and the other 4 to vote for actions that require external resources/support from above the facility level.
- All participants must use at least 2 stickers to vote for actions suggested by people with disabilities, indigenous people, or ID poor cardholders – one that requires external resources and one that does not.
- After voting, identify a maximum of 4 priority actions for each of the 2 categories (those that require additional resources and those that do not), based on the actions that get the highest number of votes. This will lead to a total of 8 priority actions for the facility.
- In addition, select 4 additional priority actions (2 that require external resources and 2 that do not) from the actions suggested by marginalized groups (people with disabilities, ID poor cardholders, and indigenous people). If some actions prioritized by people from these groups were already selected in the above voting process (i.e. they already received among the highest number of votes), go to the next most popular priority actions from among these groups. Once these actions are added to the list, there will be a total of 12 priority actions for the facility.
- Write these on a poster of Table V, highlighting all actions that were originally suggested by people with disabilities, ID poor cardholders, and indigenous people.
- Once actions have been confirmed, guide the group to specify who will lead/support each identified priority action, and add this information to Table V.

**Table V: Sample Priority Actions Table- Single Facility Interface Meeting**

**Service:**

**Location/Facility Name:**

Priority Actions	Who suggested this action?	Who will implement this action?*	
	Code actions as follows, including all that apply: Women = W Men = M Other Sex/Non-binary = O Youth = Y Elderly = E PWD = D Indigenous Person = I ID Poor Cardholder = P Service Provider = S	Lead Actors	Support Actors
<b>ACTIONS REQUIRING EXTERNAL RESOURCES AND/OR SUPPORT BEYOND THE FACILITY LEVEL**</b>			
Priority Action 1			
Priority Action 2			

Priority Action 3			
Priority Action 4			
Priority Action 5 (reserved for action from PWDs, ID poor, or indigenous people)			
Priority Action 6 (reserved for actions from PWDs, ID poor, or indigenous people)			
<b>ACTIONS THAT CAN BE TAKEN AT THE FACILITY LEVEL WITHOUT EXTERNAL RESOURCES**</b>			
Priority Action 1			
Priority Action 2			
Priority Action 3			
Priority Action 4			
Priority Action 5 (reserved for action from PWDs, ID poor, or indigenous people)			
Priority Action 6 (reserved for action from PWDs, ID poor, or indigenous people)			

*\*Who will (i) lead and (ii) support the implementation of this action? (Including: service providers, community members, commune officials and higher-level officials).*

*\*\*Can the service facility achieve this action on its own? Or does it require external resources or the support of commune or district officials?*

### **Planning Ahead for Multi-sectoral Interface Meetings**

- Inform the group that the recommended actions they have prioritized will be discussed further during an upcoming multi-sectoral interface meeting for the whole commune.
- Guide participants to nominate two representatives (one service user and one service provider) to present the agreed priorities in the upcoming meeting.
- Ensure that representatives have the time and the willingness to participate in the multi-sectoral interface meeting.
- Once confirmed, gather the contact information for the agreed representatives.
- Explain to the whole group that the I-SAF process will culminate in the production of a commune level JAAP and the establishment of a JAAP Committee.

### iii. Prepare for the multi-sectoral interface meeting.

- Coordinate the time and venue for the multi-sectoral interface meeting (one for each commune). Most often the multi-sectoral interface meeting takes place at the commune administration office. Work closely with each group of interface meeting attendees (as determined in the above steps) to identify a time that is convenient for them, in order to maximize participation.
- The meeting should take place before the finalization of the CIP, allowing the commune council the opportunity to incorporate the JAAP findings into the CIP. Liaise with commune officials to plan for this.
- Invite participants to the multi-sectoral interface meetings, including: commune officials (including the commune chief, deputy chief, councilors, and clerk); district (and/or provincial) sectoral officials; School Support Committee and Health Center Management Committee members; members of NCDD; agreed representatives from single facility interface meetings; service providers who participated in the self-assessment scoring sessions; the head or delegated focal point for the relevant service for the commune; relevant CBOs/CSOs (referring back to the original CBO/CSO mapping tool and relationships built throughout the I-SAF process).
- Invite the commune chief to chair the multi-sectoral interface meeting.
- Make sure that all participants are informed about the meeting at least one week in advance.
- Prepare all necessary equipment and materials for the meetings (e.g. chairs/mats, flipcharts, sound system if necessary, markers, stickers for prioritization, the previous CIP and previous JAAPs (if any), accessibility ramps, etc.).
- Arrange for water and/or a small snack for participants. It is not recommended to pay per diems to attendees.
- Agree a detailed agenda for each multi-sectoral interface meeting.

### Prepare Scorecard Data for Multi-sectoral Interface Meetings

- Prior to the multi-sectoral interface meeting, create a version of Tables III and V **for each service sector** (combining facility-specific data demonstrating median scores and proposed actions).
- The consolidated version of Table II should show a full list of assessment criteria selected in the commune (for each service sector) and should summarize scoring by group next to each criterion.
- The consolidated version of Table V should summarize those actions that were shortlisted in the single facility interface meetings. The consolidated version of Table V will continue to distinguish between those actions that (i) require external resources or support from beyond the facility level; and those that (ii) can be undertaken at the service facility level without additional external resources.
- In Table V, shortlisted actions that were originally suggested by people with disabilities, ID poor cardholders, and indigenous people will continue to be highlighted.

**iv. Conduct the multi-sectoral interface meeting.**

- Welcome participants, introduce the facilitation team, and establish a friendly and positive tone for the meeting.
- Briefly explain the purpose of I-SAF and specifically the citizen monitoring, service provider self-assessment, and single facility interface parts of the process, highlighting the important potential benefits for citizens and service providers.
- Facilitate a review of the previous CIP and previous JAAPs (if any), including sharing progress to date.
- Invite designated presenters from both the citizen and service provider sides to present scores from their respective scoring sessions, reasons for scoring, and proposed actions (as agreed at the end of the scoring and self-assessment sessions).

**Sector-specific Working Groups**

- After the plenary opening session, divide participants into three groups by service sector (commune administration, health, and primary education). Each group should have a facilitation team of at least two people to guide the discussion and to take notes.
- Use the sector-specific comparative tables prepared by the facilitation team (consolidated versions of Table II and Table V) to facilitate the comparison of scores and proposed actions from each group, distinguishing between those that (i) require external resources or support from beyond the facility level; and those that (ii) can be undertaken at the service facility level without additional external resources.



Point out actions proposed by people from vulnerable groups in both of the above categories, as highlighted in Table V.

- Refine actions in each group, modifying actions deemed to be unfeasible.
- Facilitate sector-specific working groups to select 6 priority actions from the inputs provided. No more than 2 of these can be actions that require external funding. A voting process similar to the one used in the single facility

interface meetings can be used here, if needed.

- At least 2 of these priority actions must be selected from among those suggested by people with disabilities, ID poor cardholders, and indigenous people (if applicable in the commune) – 1 of which requires external funding and 1 of which does not.

- Guide the group to specify who will lead/support each identified priority action (if this information is not complete already).
- A sample table for agreed service-specific priority actions is shown in Table VI.

**Table VI: Sample Sector-specific Priority Actions Table – Multi-sectoral Interface Meeting**

**Service:**

**Commune Name:**

Priority Actions	Who suggested this action?	Who will implement this action?*	
	Code actions as follows, including all that apply: Women = W Men = M Other Sex/Non-binary = O Youth = Y Elderly = E PWD = D Indigenous Person = I ID Poor Cardholder = P Service Provider = S	Lead Actors	Support Actors
<b>ACTIONS REQUIRING EXTERNAL RESOURCES AND/OR SUPPORT BEYOND THE FACILITY LEVEL**</b>			
Priority Action 1			
Priority Action 2 (reserved for action from PWDs, ID poor cardholders, or indigenous people)			
<b>ACTIONS THAT CAN BE TAKEN AT THE FACILITY LEVEL WITHOUT EXTERNAL RESOURCES**</b>			
Priority Action 3			
Priority Action 4			
Priority Action 5			
Priority Action 6 (reserved for action from PWDs, ID poor cardholders, or indigenous people)			

\*Who will (i) lead and (ii) support the implementation of this action? (Including: service providers, community members, commune officials and higher-level officials).

\*\*Can the service facility achieve this action on its own? Or does it require external resources or the support of commune or district officials?

**JAAP Development**

- Bring the group back together to present and discuss the priority actions of each service-specific group.
- Invite selected representatives from each sector group (commune administration, health, and education) to present their agreed priority actions to the broader group.
- Guide the group to discuss and clarify any questions about the identified priority actions.
- Support the group to develop the JAAP. Based on the inputs from the sector-specific working groups, the final JAAP will include a total of 6 actions requiring external assistance (2 from each sector, as seen in the top portion of Table VI). These should include at least 3 actions that were originally suggested by people with disabilities, indigenous people, and/or ID poor cardholders (1 for each sector).
- The final JAAP will also include the priority actions identified for action at the service facility level (4 for each sector, as seen in the bottom portion of Table VI).
- Based on the above process, complete the JAAP format (Table VII).

Table VII: Sample Joint Accountability Action Plan

ACTIONS REQUIRING EXTERNAL RESOURCES AND/OR SUPPORT BEYOND THE FACILITY LEVEL					
Priority actions	From citizen or service providers?	Who will implement this action?		By when do we aim to complete this action?	How will we complete this action? (list specific tasks)
	C/S	Lead	Support		
<b>HEALTH</b>					
Priority Action 1					
Priority Action 2 (reserved for actions from PWDs, ID poor cardholders, or indigenous people)					
<b>EDUCATION</b>					
Priority Action 3					
Priority Action 4 (reserved for actions from PWDs, ID poor cardholders, or indigenous people)					
<b>COMMUNE ADMINISTRATION</b>					
Priority Action 5					
Priority Action 6 (reserved for actions from PWDs, ID poor cardholders, or indigenous people)					
ACTIONS THAT CAN BE TAKEN AT THE FACILITY LEVEL WITHOUT EXTERNAL RESOURCES					
Priority actions	Who will implement this action?				
	Lead			Support	
<b>HEALTH</b>					

1.		
2.		
3.		
4.		
<b>EDUCATION</b>		
1.		
2.		
3.		
4.		
<b>COMMUNE ADMINISTRATION</b>		
1.		
2.		
3.		
4.		

### Establishment of JAAP Committee

- The JAAP Committee (JAAP-C) is a voluntary committee that will be set up by supply side stakeholders and will be supported by implementing partners and CAFs in the commune. The role of the JAAP-C is to support, monitor and report on the implementation of the JAAP.
- While the establishment of the JAAP-C is the responsibility of supply side stakeholders at the commune level, the CAFs will play an important role in providing support, documenting the work of the committee, and checking that quality standards are met, especially regarding the composition of the committee.
- The JAAP Committee will include at least 10 people, including at least four women and one youth representative, and be composed of the following members:
  - a. 5 community/service user representatives,
  - b. 5 government officials/service providers (including the commune or deputy commune chief; two additional commune representatives; the Chief or Deputy Chief of the health center; and the School Director or Deputy School Director of at least one of the schools that has been scored), and
  - c. if possible, at least one member of one of the marginalized groups targeted by I-SAF II, including people with disabilities, indigenous people, and ID poor cardholders.
- Support supply side stakeholders to guide the group in nominating and selecting members to serve on the JAAP Committee and agreeing a process for monitoring and reporting on the implementation of the JAAP.
- If the composition of the JAAP-C does not match the requirements presented above, try to resolve the issue through dialogue, reminding local authorities of the guidance issued by the NCDD-S. If the issue cannot be resolved, report the issue to the relevant implementing partner staff, who should raise the issue with NCDD-S.

**M&E Minimum Standards**  
**Component 2: Citizen Monitoring – JAAP Development**

1. I-SAF implementers should record all actions included in JAAPs, categorizing them by:
  - a. actions that require external resources and actions that do not;
  - b. within these 2 main categories, actions should be categorized by whether they were originally suggested by citizens or by service providers; and
  - c. within the actions originally suggested by citizens, actions should be categorized by the diversity characteristics in the list above.

This information can be found in the JAAP template (Table VII).

More information about M&E minimum standards can be found in Component 5.

## E. COMPONENT 3: JAAP IMPLEMENTATION

### Minimum Quality Standards

- 3.1 The JAAP committee comprises at least four women and one youth representative, community representatives (selected among the village cluster representatives), government officials/service providers (including the Commune or deputy commune chief; additional commune representatives; the Chief or Deputy Chief of the health center; and the School Director or Deputy School Director and a representative from the Commune Committee for Women and Children (CCWC)
- 3.2 CAFs, in collaboration with the JAAP Committee and CBOs, conduct awareness-raising activities in each village cluster to inform community members of the final content of the JAAP and encourage their involvement in implementation measures.
- 3.3 The CAFs mentors and coaches citizen representatives to champion and promote the JAAP in the Health Centre Management Committee, in the School Support Committee group and in the CIP development process
- 3.4 CAFs support the development of a one-page JAAP summary and its posting at the commune hall and is shareable on social media
- 3.5 The JAAP Committee meets quarterly over a two-year period to review implementation efforts and initiate support actions.
- 3.6 IPs, commune officials and JAAP Committees present the JAAP at district level media events and at the District Integration Workshop.
- 3.7 IPs commune officials and JAAP Committees presents the JAAP at district level media events and at the District Integration Workshop.
- 3.8 Service providers, community members and relevant officials jointly implement the JAAP, with the support and guidance of the JAAP Committee.
- 3.9 The IP and CAFs provides advice and technical support to the JAAP Committee as required during this process and follows up with service providers, commune officials and higher-level officials to support their efforts to implement actions prioritized in the JAAP.
- 3.10 CAFs, in collaboration with CBOs/CSOs assist in mobilizing and organizing community support as possible and as required.
- 3.11 The JAAP Committee undertakes relevant field visits when feasible.
- 3.12 IPs document and report findings and lessons.

This component represents a pivotal point in the social accountability process. It consolidates the efforts of the previous stages (I4Cs, scorecards and the capacity building of CAFs and communities) to address service improvement issues for the local community. Careful preparation for this phase builds on the interface meetings that are held in the community monitoring phase where the action plans are generated. In this component, the CAFs would

have trained, mentored and coached a small cadre of active community representatives to promote the JAAPs at the health management committees, school support committees and commune investment process and to monitor the action plans going forward. The key steps for this component are outlined below:

### **STEP 1: Follow up after the interface meetings**

- Implementing partners and CAFs document the results of the interface meeting and the final JAAP. The documentation of the interface meeting provides crucial evidence on the discussions and agreements that were reached between citizens and service providers. This documentation includes the JAAP priorities and action plans that were agreed and are stored in a form that allows the CAFs and community representatives to share widely in the community.
- Implementing partners and CAFs provide copies of JAAPs to various stakeholders including CBOs, CSOs as well as commune and district level officials. Sharing the JAAPs with key groups and stakeholders that participated in the interface meetings is crucial to building ownership and ensuring that everyone can recall the actions and play a role in follow up. This will later be followed up with a more aggressive dissemination amongst the wider community in subsequent steps.
- Implementing partners and CAFs convene the facilitation team to discuss and assess the interface meetings. This is part of the critical reflection process that follows significant steps and events in the I-SAF process. This reflection may include community representatives being mentored and coached by the CAFs as they are likely to play an active role in the dissemination and monitoring of the JAAP in the next steps of the process.
- Implementing partners, CAFs and community representatives liaise with the commune level officials to align the JAAP priorities and the CIP. It is important to align the JAAP actions with the CIP categories and actions. The end goal is for the JAAP actions to influence the CIP so the more aligned they are the easier it will be for them to be adopted. CAFs also re-confirm the timeline of the CIP development process to ensure there is enough time to influence the process.
- Implementing partners and CAFs organize a follow up meeting with the JAAP Committee. This is done either immediately after the interface meeting or at an agreed later date to ensure that they have understood all aspects of the action plan and their role.

### **STEP 2: DISSEMINATE AND BUILD-AWARENESS OF THE JAAP**

- Implementing partners are encouraged to implement activities to ensure there is a constant flow of information on the process back into the wider community as it is key to promote trust and confidence in the social accountability process from members of the community who are less engaged or may not have been able to attend activities. The community representatives being mentored by the CAFs plays a key role in this process.
- CAFs check that the JAAP-C develops, prints and posts the final JAAP at the commune hall alongside the relevant I4C poster. If the JAAP is not posted, the CAFs remind the JAAP-C

members about the need to post it. In case of continuous inaction, the CAF report the issue to the IP.

- Implementing Partners, CAFs, CBOs and community representatives should implement additional activities to inform community members of the final content of the JAAP and encourage their involvement in implementation measures more widely in the community:
  - Implementing partners and CAFs collaborate with JAAP Committees to disseminate the JAAP at local events and via local media including radio, print, television and social media.
  - CAFs, in collaboration with the JAAP Committee and CBOs, conduct awareness-raising activities and events in each village cluster using large community forums, FGDs with marginalized groups and or home visits (similar to I4C awareness-raising activities).

### **STEP 3. PRESENT THE JAAP AT DISTRICT LEVEL MEDIA EVENTS**

- Implementing partners, CAFs and community representatives plan district level media events, inviting local media and other targeted individuals in advance.
- Implementing partners at the event should include: local media, representatives from the district governor's office, district service providers, representatives from the commune councils, commune-level service providers, community leaders, NGOs and CBOs.
- The objectives of the district level media event are to: create wider citizen awareness of I4Cs, citizen monitoring process and the JAAPs; mobilize greater demand for information on public services; generate interest in I-SAF activities, and; create a public forum for a discussion about the implementation of JAAPs across the district.
- At the event, implementing partners and CAFs should briefly introduce the I-SAF process and invite representatives from the communes and/or JAAP Committees to present their respective agreed JAAPs and implementation arrangements.
- A question-and-answer session is facilitated so that people have an opportunity to learn about I-SAF and actions planned for the future.
- In collaboration with commune officials and JAAP Committees, a press statement will be prepared and issued, and follow-up interviews organized with the media (e.g. for the commune chief and/or JAAP Committee chair).
- Commune officials (and/or representatives of the JAAP Committees) also present their respective JAAPs at the District Integration Workshop.

### **STEP 4. VARIOUS STAKEHOLDERS IMPLEMENT THE JAAP**

- Service providers, community members and relevant officials will jointly implement the JAAP, with the support and guidance of the JAAP Committee. The implementation of the JAAP is the critical step of the process that will ensure that all the previous steps finally lead to improved services. This is not just a step for the service providers and local

officials, it involves all the stakeholders. The JAAP action planning process identifies specific roles for the community, service providers and district level officials.

- CAFs, in collaboration with CBOs/CSOs and community representatives assists in mobilizing and organizing community support for implementing the actions where possible and as required.
- The JAAP Committee reviews the resource requirements for agreed actions and explores where additional resources that are outside of the scope of the commune or district may need to be found.
- The JAAP Committee liaises with the responsible leads for each action to ensure actions are being taken in a timely way.
- The CAFs will join the meetings of the JAAP-C to support, document progress and challenges and check that the JAAP-C is meeting the relevant minimum quality standards (quarterly meeting over 2 years, participation of the relevant members, etc.).
- The CAFs will document progress and challenges (see minimum requirement on M&E) and any issue related to the quality of the work of the JAAP-C.

#### **STEP 5. JAAP COMMITTEES MONITOR AND REPORT ON THE ONGOING IMPLEMENTATION**

- The JAAP Committee agrees on a process for monitoring and reporting on the JAAP.
- It meets quarterly to review implementation efforts and initiate support actions.
- JAAP Committees monitors and reports on the ongoing implementation of the JAAP to the commune council over a two-year period. This allows for actions to be pursued and implemented beyond the scorecard cycle.
- Specific JAAP Committee members are responsible for supporting and monitoring the implementation of specific JAAP actions, based on their sectoral expertise and responsibilities.
- A JAAP Committee focal point is nominated to report specifically on progress on actions suggested by people with disabilities, indigenous people, and ID poor card holders.
- The JAAP Committee undertakes relevant field visits when feasible.
- The JAAP Committee hold public meetings twice a year to inform citizens about progress in implementing the JAAP. These meetings are open to the public and all individuals who participated in the citizen monitoring process will be invited to attend.

#### **STEP 6: CBOS, CSOS AND CITIZEN REPRESENTATIVES CHAMPION THE JAAPS**

- Building on the awareness raising activities in step 2 and 3, CSOs and communities play an active role in championing and monitoring the implementation of the JAAP.
- Implementing partners provide ongoing advice and technical support to the JAAP Committee as required during this process. However, as appropriate, the CAFs with the support of the community representatives follow up with service providers, commune officials and higher-level officials to support their efforts to implement actions prioritized in the JAAP.

- To enable this the following activities are suggested:
  - (i) CAFs, CBOs and community representatives host a meeting ahead of the JAAP-C meeting to assess their sense of progress on the actions and any questions they may have for JAAP-C and share these questions ahead of the quarterly meetings
  - (ii) CAFs, CBOs and community representatives mobilize the wider community to participate in the JAAP-C biannual public meetings and remind the community of the agreed actions and to ask questions on the progress of the JAAPs
  - (iii) CAFs coach citizen representatives who will present and champion the actions from the JAAPs in other social accountability processes such as the Health Center Management Committee, the School Support Committee or during the community consultation organized during the development process of the Commune Investment Plans.
  - (iv) Where CAFs and community representatives identify bottlenecks at any point in the implementation process, they may explore actions that can be used to support or champion specific actions including:
    - writing letters to decision-makers
    - identify activities that communities can do to accelerate the desired action
    - review existing budgetary provisions
    - visits to service facilities to further investigate the challenges
    - raise issues on local radio and social media
    - where citizens are part of the problem, raise awareness with citizens for behaviour change

*NB. These actions are suggestions and are not exhaustive. Communities are encouraged to take locally appropriate actions that help to advance the achievement of the JAAPs*

**M&E Minimum Standards**  
**Component 3: JAAP Implementation**

1. I-SAF implementers should collect data on the status of implementation of JAAP actions, including:
  - a. how many are completed,
  - b. how many are ongoing, and
  - c. how many have not been started.

Within these categories, actions should be broken down by:

- a. actions that require external resources and actions that do not;
- b. within these 2 main categories, actions should be categorized by whether they were originally suggested by citizens or by service providers; and
- c. within the actions originally suggested by citizens, actions should be categorized by the following diversity characteristics (understanding that the categories are not mutually exclusive):
  - sex (women, men, other)
  - age group (youth, elderly)
  - disability (binary yes/no)
  - indigenous (binary yes/no)
  - ID poor cardholders (binary yes/no)

The following example indicators can be used:

**% of JAAP activities completed, ongoing, or not yet started in target communes (by citizen and by service provider)**

**% of JAAP actions completed or ongoing that were suggested by vulnerable groups (people with disabilities, indigenous people, ID poor cardholders)**

More information about how to measure these indicators can be found in Annex V.

2. I-SAF implementers should collect data on the number and percentage of JAAP actions that are included in the final published version of the CIP in each commune. These actions should be analyzed by the diversity characteristics listed above. This information can be found in the JAAP template (Table VII).

The following example indicators can be used:

**% of JAAP actions that are included in the final published CIP**

**% of JAAP actions that are included in the final published CIP that were suggested by vulnerable groups (people with disabilities, indigenous people, and ID poor cardholders)**

3. I-SAF implementers should collect data on the number and percentage of JAAP actions that receive external funding, and from which source.

The following example indicator can be used:

**% of JAAP actions requiring financial support that have been allocated resources (by source of resource)**

More information about M&E minimum standards can be found in Component 5, and more information about how to measure these indicators can be found in Annex V.

## F. COMPONENT 4: TRAINING AND CAPACITY BUILDING

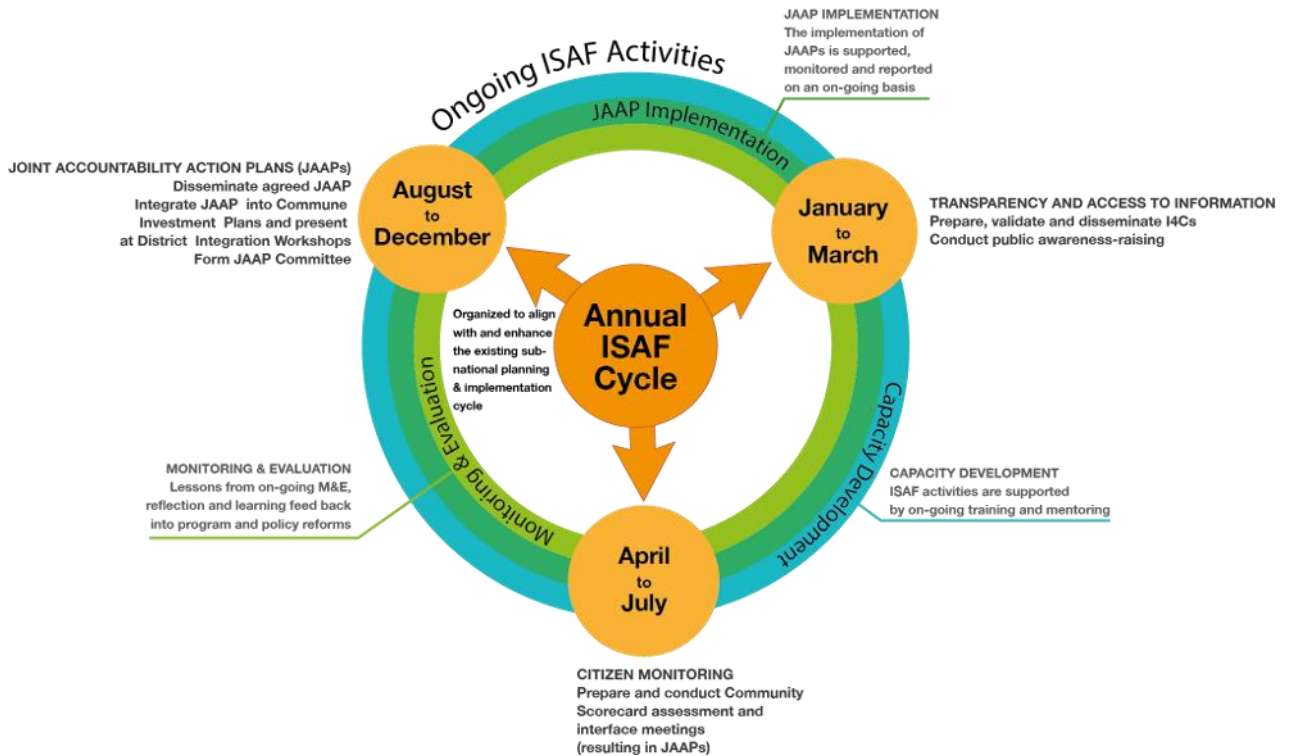
### Minimum Quality Standards - Training and capacity building

- 4.1 Each implementing partner conducts a capacity self-assessment and develops a supplementary capacity building plan to address the gaps identified
- 4.2 Implementing partner staff are trained in the core I-SAF processes and in mentorship, coaching and reflective practice to support CAF's' and CBOs' effective engagement in the I-SAF process
- 4.3 CAFs are trained in the core I-SAF processes that build their competence to fulfil the I-SAF requirements (Introduction to I-SAF) and includes:
  - Managing the I4C dissemination and validation process (I4Cs, Open Budgets and Awareness-Raising)
  - Facilitating the generation, mapping prioritization and scoring of assessment criteria from diverse citizen groups and individuals in an inclusive and accessible manner (Community Monitoring)
  - Coordinating the JAAP development process ensuring it is aligned with the commune integrated planning process
  - Soft skills with a focus on facilitation, mentoring inclusion, communication and reflective practice
- 4.4 CAFs are trained in decentralization and commune administrative systems to enable them to navigate the complex dynamics of policy and service delivery at the local level
- 4.5 Each CAF is assigned a mentor from an implementing partner and participate in pre- and post-activity debriefing sessions in each district, 'learning by doing activities' and periodic learning events
- 4.6 CAF's train, mentor and coach, as appropriate, community representatives from the key services being addressed
- 4.7 All partners share their training resources in a central repository which include hardcopies as well electronic resources such as videos and clips that can be accessed on social media on the go

The training and capacity building component seek to build the skills of demand side actors and to facilitate their effective engagement in the social accountability process. It outlines opportunities for training, mentoring and "learning by doing" for CAFs. During I-SAF Phase I, all implementing partners implemented a slightly different I-SAF process, taking in new learnings and testing new innovative approaches along the way. It is expected that this diversity will continue to prevail during phase II. As a consequence, all implementing partners have developed slightly different training curriculum for their staff and for the CAFs supporting their projects.

Capacity building within the I-SAF cycle, as can be seen in Figure 1 below, uses a “mirrored” approach, with a combination of training modules followed by mentoring in the field, which correspond with each stage of the cycle. These trainings cut across Inception, Training of Trainers and Refresher Workshops at the start and end of each annual I-SAF cycle and include mentored “learning by doing” throughout the I-SAF cycle. This is complemented by the development of a Community of Practice (CoP) which identifies, explores, documents and shares lessons learned, which is then incorporated with monitoring reports to provide a clear picture of where key challenges lie in I-SAF implementation each year, so that the Capacity Building plan and the various modules can be adjusted for the following year reflecting the learning that has been gained.

Figure 1. The I-SAF Cycle



**STEP 1: IMPLEMENTING PARTNER STAFF ARE TRAINED**

- Capacity building for staff covers 3 key areas:
  - a. **Introduction to the I-SAF**, background information on the theory of social accountability, the policy framework related to I-SAF particularly the decentralization process in Cambodia and local governance, planning and budgeting cycles at local level, roles and responsibilities of key local stakeholders (supply side

and demand side at all levels), governance arrangements for I-SAF and the roles and responsibilities of the Partnership Steering Committee (PSC).

- b. **The I-SAF process**, its key components, steps and the minimum quality standards required to meet each activity, including on **inclusion and M&E**.
  - c. **Process facilitation, mentoring and coaching** to equip them to support the evolving needs of CAFs including increased attention to social inclusion. Existing training resources on mentoring and coaching of community facilitators can be used to support this.
- Implementing partners who train the CAFs need to receive additional training to ensure they have the skills to train the CAFs on the different capacity building components.
  - Training resources (curriculum for the training of staff and curriculum for the training of trainers and related material and tools) have been developed during both Phase I and Phase II by implementing partners and are available for other implementing partners to consult and adapt.

## **STEP 2: PARTNERS SELECT, TRAIN AND MENTOR CAFs**

### **2.1 Four CAF candidates are selected from each target commune (with an emphasis on women, youth, persons with disabilities and persons from indigenous communities).**

- Outreach is conducted at local level to identify and encourage potential candidates (specifically targeting women, youth, persons with disabilities and persons from indigenous communities). A Sample Call for Expressions of Interest from CAF Candidates (which includes a job description and selection criteria) is attached as Annex VI.
- The Call for Expressions of Interest is shared with CBOs and they are encouraged to nominate one or more CAF candidates either from among their members or from the larger community; disseminate the call through local media (e.g. radio or newspaper) and; request that the commune post it on public notice boards.
- Four CAF candidates are selected according to defined selection criteria, ensuring geographic, gender and age balance.
- The results of the selection process are publicly announced and a MoU with the four selected CAF candidates from each target commune is signed.

#### **Box II: Selection of Community Accountability Facilitators**

### **2.2 Train CAFs**

- Once CAFs are selected, they receive adequate training to allow them to lead on the implementation of the components and steps of I-SAF at the commune level. This training should cover 4 areas:
  - a) Introduction to the I-SAF
  - b) I4Cs, Open Budgets and Awareness-Raising
  - c) Citizen Monitoring

d) Supporting Collective Action for Change

- Training should use a combination of approaches such as interactive presentations, visual aids, storytelling, individual reflection, group brainstorming, small group discussions, learning games, role play, opportunities for corporal expressions of concepts, mock exercises, field practice and feedback sessions.
- Training designs and content should take into account people with disabilities and the awareness that some CAFs are from marginalized backgrounds
- While CAFs receive no financial compensation for their participation in I-SAF, all of the costs related to their participation in training events (including lodging and food) should be covered and they should receive a small stipend to cover direct (e.g. travel) costs incurred in the context of “learning by doing” activities.

**(a) Introduction to the I-SAF**

- Once CAFs are selected, they receive a first introductory 4-day training module, entitled “Introduction to the I-SAF”.
- This training is similar to the one received by implementing partner staff and should cover the theory of social accountability, the policy framework related to I-SAF, the decentralization process in Cambodia and local governance, planning and budgeting cycles at local level, roles and responsibilities of key local stakeholders, etc.
- It also includes specific modules such as roles and responsibilities of the CAFs, etc.
- This training has a heightened focus on the minimum quality standards of I-SAF and an emphasis on social inclusion and M&E
- It also includes a focus on soft skills such as facilitation, inclusion, mentoring, communication and reflective practice

**(b) I4Cs, open budgets and awareness raising**

**Objective of the training**

- The second area that should be covered by the training of CAFs is on I4Cs, open budgets and citizen awareness-raising. It focuses on the service delivery entitlements of citizens, including specific and differentiated entitlements for people with disabilities, indigenous people, ID poor or ID poor, pregnant and lactating women, girls and boys at schools, migrants and the elderly.
- The purpose of the training is to help CAFs effectively understand and disseminate I4C information.
- Specifically, the training aims to help CAFs and selected local officials to: (i) understand the importance of public access to information; (ii) understand the content of I4Cs (including budgets and entitlements for marginalized groups); (iii) analyze the meaning and relevance of I4C data for local level actors; (iv) assess the accuracy/validity of local-level performance and budget data (contained in the commune-specific I4C post-ons)

and; (v) learn techniques for sharing information and raising citizen awareness and understanding of I4C information.

#### **I4C booklet**

- At the training, CAFs receive a personal copy of (i) the I4C booklet to assist them in conducting “learning-by-doing” activities.
- The I4C booklet provides a detailed explanation of the meaning, relevance and source of information contained in the I4C posters and post-ons and highlight entitlements and provisions for marginalized groups

#### **(c) Citizen Monitoring**

- The next area that should be covered in the training of the CAFs is on the citizen monitoring process. The purpose of the training is to help CAFs effectively understand and support I-SAF citizen monitoring.
- The training aims to help CAFs (i) understand each of the operational steps involved in implementing I-SAF citizen monitoring, as well as its purpose and benefits; (ii) understand the roles and responsibilities of the various actors involved in the community scorecard process, including themselves; (iii) develop the operational skills to organize, support and facilitate each step of the community scorecard process; and, (iv) have the opportunity to practice facilitating certain aspects of the citizen monitoring process in a safe space.
- CAFs are trained on how to support marginalized people to self-identify as a person with a disability or as a person who is an ID poor card-holder or as an indigenous person, etc. This would prevent CAFs and Implementing Partners ‘assessing’ marginalization on their own/based on their own perceptions and instead allow people to freely identify how they see themselves especially in large forums and group processes

#### **(d) Supporting Collective Action For Change**

- The aims of the training are (i) develop the operational skills needed to organize, support and facilitate Interface Meetings and development of a JAAP; (ii) understand the roles and responsibilities of the various actors involved in implementing and monitoring and reporting on the JAAP; (iii) learn how to support the implementation of the JAAP (and the work of the JAAP Committee); and (iv) learn how to ensure ongoing productive citizen-state dialogue and community development.
- CAFs will also be trained how to properly represent the views of marginalized groups in interface meetings especially those who were reached via home visits. When people from marginalized groups agree to represent themselves at interface meetings, they may need some coaching from CAFs in advance and this training will prepare the CAFs to do this.

### **2.3 Learning-by-doing**

- After each training module, CAFs conduct “learning by doing” activities in their communities.
- CAFs are accompanied, mentored and supported to implement activities - with the level of responsibility and autonomy of CAFs gradually increasing over time. For example, the CAFs first (i) observe as their mentor facilitates a meeting (I4C, scorecard or interface) then; (ii) co-facilitate a meeting with the mentor; (iii) facilitate a meeting while the mentor observes; and finally, (iv) facilitate meetings on their own.
- “Learning by doing” activities take place over several weeks or months - according to local circumstances, needs and the schedules of key stakeholders.

#### **2.4 Certification of Community Accountability Facilitators**

- The skills that CAFs learn, the status they gain in the community and the fact that they earn certification are all considered to be important incentives.
- To strengthen this incentive and recognize the new skills developed by the CAFs, implementing partners are encouraged to provide a certificate confirming the CAF’s status as a trained I-SAF CAF. This should be awarded to the candidates who have successfully completed all training modules and all related “learning by doing” activities (for each module).
- Implementing partners also encouraged to organize a ceremony, either at the district, provincial or national level to award the certificate and recognize the contribution of the CAFs to the successful implementation of I-SAF in the country.

### **STEP 3: CAFS TRAIN, MENTOR AND COACH, AS APPROPRIATE, COMMUNITY REPRESENTATIVES**

Trained and certified CAFs should play an active role in training and mentoring key community representatives.

- This extended capacity building to community representatives has the potential to create a broader pool of skilled local actors that could play several important roles throughout the I-SAF process which could include but not limited to:
  - Assist with organizing I4C events, mobilizing citizen participation and disseminating I4C information
  - Helping to identify potential members of marginalized groups and people with disabilities for Focus Group Discussions, Home Visits or Scoring Forums
  - Present and champion the actions from the JAAPs in other social accountability processes such as the Health Center Management Committee, the School Support Committee or during the community consultation organized during the development process of the Commune Investment Plans
- The CAFs interact with community representatives at the I4C, Community Monitoring and Joint Action Planning stages and are in a good position to develop a mentoring relationship with community members who show an interest and are keen to be more

involved further in the social accountability process. Depending on the Partner, this could be a formal or informal process.

- As a formal process, some implementing partners may want to identify active community members for targeted training, learning by doing and mentoring activities which the CAF would lead. These trainings, may involve one or more of the CAF training modules, would help to equip community representatives with knowledge of social accountability thus broadening the base of knowledge and skills at the community level to carry out accountability processes.
- CAFs may also adopt a primarily informal 'learning by doing' approach with community representatives. Conceivably this happens naturally and organically but there may be space to pursue these relationships more intentionally.
- This pool of trained community members could become a feeder mechanism for new CAFs to enter the process as attrition takes place with the CAFs. These relationships would also make it easier for handovers between a departing and arriving CAF.

#### **STEP 4. IPS DEVELOP AND IMPLEMENT LEARNING AGENDAS AT THE NATIONAL LEVEL**

- From 2015, I-SAF has evolved by continually generated new learning. All implementing partners need to ensure that these learnings are documented, shared with other implementing partners and, ultimately, integrated and reflected in the technical guidance and training curriculum. To this end, all implementing partners are encouraged to develop a learning agenda that will allow to capture lessons learned and best practices on a regular basis.
- This learning agenda can include 3 main components:
  - A list of questions and challenges that the implementing partners want to answer or address
  - A set of associated activities to answer them
  - A list of products, channels and/or activities that will be used to share the findings
- As part of this learning agenda, implementing partners are encouraged to organize reflection meetings involving field staff and CAFs to review, on a regular basis and at different levels, the progress of the implementation, identify learnings and document them.
- The Demand Side PSC ensures that the findings identified by the individuals implementing partners are consolidated at the national level, shared with all relevant stakeholders and used for the review of the national guidelines.

#### **STEP 5: IPS CONTINUALLY REFRESH AND UPDATE THEIR CAPACITY.**

- Implementing partners are encouraged to review their technical guidelines based on the learnings and best practices documented through their own learning agenda or at national level.

- They are encouraged to review on an annual basis their training curriculum and material to ensure that they reflect the improvements made to the technical guidance or the best practices documented and shared.
- The implementing partners are also encouraged to carry out a periodic capacity self-assessment to assess evolving competence within their organizations taking account of new staff that may have joined as well as staff that have developed years of experience.
- This should then be used to inform the nature and type of training that may be best suited for their staff. In line with this, partners should also review existing training resources to ensure they are up to date with good practice and should avail, where appropriate, their training resources and materials into a central repository for other partners to reference and learn from.

## **G. COMPONENT 5: MONITORING AND EVALUATION MINIMUM STANDARDS**

To improve the collective quality of I-SAF data, including its comparability across implementers and, consequently, its policy relevance, I-SAF implementers will commit to the following monitoring and evaluation minimum standards:

- Implementing partners will align their results and M&E frameworks for their I-SAF programming, including collecting data according to the minimum data standards discussed in the M&E minimum standards boxes provided in Components 1, 2 and 3 above. These key data standards are summarized again below in this section, and Annex V provides a full description of how to collect data for the suggested indicators.
- In order to ensure data is sufficient to respond to the minimum standards and relevant indicators, especially including the required social inclusion data that is a key focus in I-SAF Phase II, implementing partners will develop adequate tools for data collection, designed to respond to the minimum standards;
- Implementing partners will also train staff and CAFs accordingly, and provide ongoing support to ensure data quality;
- Implementing partners will provide data quality control throughout the project cycle, including cleaning, assessing, verifying, and gap-filling data, such that final datasets are complete and reliable;
- Implementing partners will also ensure secure and long-term data storage, respecting the need for participant anonymity, but also keeping in view the long-term policy relevance of I-SAF data;
- Implementing partners commit to sharing their implementation data, including data meeting all minimum standards, with the PSC and all its members at least annually. Implementing partners agree for this data to be used for accountability, learning, advocacy, and policy development purposes;
- Implementing partners will support and take an active part in efforts to consolidate and analyze data, including a regular annual analysis process;
- All implementing partners will engage in efforts to improve M&E, including data collection and analysis, as I-SAF evolves, as policy needs become clearer, and as learning from implementation strengthens the collective understanding of M&E needs and best fit approaches.

### **M&E COMPONENT I: ACCESS TO INFORMATION AND OPEN BUDGETS**

I-SAF implementers will collect data on citizen participation in I4C awareness-raising events, including data on the total number of citizens who participate in each commune and how many participated in each type of I4C awareness-raising event.

Participation numbers will be disaggregated according to the following categories (understanding that the categories are not mutually exclusive, so double counting among categories will occur):

- sex (women, men, other)

- age group (youth, elderly)
- disability (binary yes/no)
- indigenous (binary yes/no)
- ID poor cardholder (binary yes/no)

## **M&E COMPONENT 2: CITIZEN MONITORING**

1. I-SAF implementers should collect data on citizen participation in citizen scoring events, including on the total number of citizens who participate in each commune and how many participated in each type of citizen scoring event.

Participation numbers will be disaggregated according to the following categories (understanding that the categories are not mutually exclusive):

- sex (women, men, other)
  - age group (youth, elderly)
  - disability (binary yes/no)
  - indigenous (binary yes/no)
  - ID poor cardholders (binary yes/no)
2. I-SAF implementers should record all assessment criteria prioritized by citizen groups, categorized by the assessment criteria categories included in Annex IV.
  3. I-SAF implementers should record the scores provided by citizens and service providers, from each scoring group (using the template in Table II). If possible, along with total median scores per assessment criteria, scores should be tracked by diversity characteristics (using the list above, also included in the template in Table II).
  4. I-SAF implementers should record all actions included in JAAPs, categorizing them by:
    - a. actions that require external resources and actions that do not;
    - b. within these 2 main categories, actions should be categorized by whether they were originally suggested by citizens or by service providers; and
    - c. within the actions originally suggested by citizens, actions should be categorized by the diversity characteristics in the list above, based on who originally suggested the action (understanding that the categories are not mutually exclusive):

This information can be found in the JAAP template (Table VII).

## **M&E COMPONENT 3: JAAP IMPLEMENTATION**

1. I-SAF implementers should collect data on the status of implementation of JAAP actions, including:
  - a. how many are completed,
  - b. how many are ongoing, and
  - c. how many have not been started.

Annex V provides guidance on how to define these categories to measure concrete indicators.

Within these categories, actions should be broken down by:

- a. actions that require external resources and actions that do not;
  - b. within these 2 main categories, actions should be categorized by whether they were originally suggested by citizens or by service providers; and
  - c. within the actions originally suggested by citizens, actions should be categorized by the following diversity characteristics, based on who originally suggested the action (understanding that the categories are not mutually exclusive):
    - sex (women, men, other)
    - age group (youth, elderly)
    - disability (binary yes/no)
    - indigenous (binary yes/no)
    - ID poor cardholders (binary yes/no)
2. I-SAF implementers should collect data on the number and percentage of JAAP actions that are included in the final published version of the CIP in each commune. These actions should be analyzed by the diversity characteristics listed above. This information can be found in the JAAP template (Table VII).
  3. I-SAF implementers should collect data on the number and percentage of JAAP actions that receive external funding, and from which source.

More information about relevant indicators and how to measure these indicators can be found in Annex V.

### **Annex I: CBO/CSO Mapping Tool**

Begin by consulting the actors listed in the first checklist below (the Initial Consultation Checklist) about CBOs/CSOs or other groups that could be involved in I-SAF, and in particular those who could be instrumental in mobilizing excluded or marginalized groups. Use a snowballing strategy for this mapping, asking different stakeholders about which groups of people tend to be marginalized or excluded in the commune, which CBOs/CSOs support them or are run by them, and which other community members or leaders it would be useful to speak with. Follow up on these recommendations to widen the scope of the mapping. If you encounter particular service providers, government staff, or community leaders who are strong supporters of social inclusion issues, note them as ‘champions’ in the table below.

As the process progresses, use the second checklist below (the CBO/CSO Mapping Checklist) to sense-check whether key pieces of relevant information have been gathered and whether the mapping is comprehensive.

#### **Initial Consultation Checklist**

- commune council members
- village chiefs
- Commune Committee for Women and Children members
- Health Center Management Committee members
- School Support Committee members
- pagoda committee members
- youth club members
- relevant CSO leaders at the commune, district or provincial levels  
(active in the relevant commune)
- known CBO leaders in included villages
- teachers
- health workers

#### **CBO/CSO Mapping Checklist**

- Check existing local authority databases that record people who are ID poor and people with disabilities (though recognizing that these sources are not always up to date)
- Confirm whether the commune has a DPO group (a self-help group for people with disabilities)
- Confirm whether women’s groups are active in the commune
- Confirm whether groups focused on indigenous people are active in the commune
- Confirm whether CSOs/CBOs have their own lists of marginalized people/households
- If budget allows, convene a group of relevant stakeholders to validate mapping information

Demand-Side Operational Guidelines for I-SAF

CBO/CSO Mapping for Social Inclusion					
Commune:					
Village/Commune/District	Organization/Group	Focal Person/Position	Contact Details		Notes
	<b>Forms of Marginalization in the Commune</b>				
	<b>Community-Based Organizations</b>			<b>Membership Number</b>	
	CBOs that represent or are run by <b>people with disabilities</b>				
	CBOs that represent or are run by <b>indigenous people</b>				
	CBOs that represent or are run by <b>people from poor households (ID cardholders and others)</b>				
	CBOs that represent or are run by <b>women or sexual minorities</b> , or that focus on gender equality issues				
	CBOs that represent or are run by <b>youth (people from 15 – 30 years of age)</b>				
	CBOs that represent or are run by <b>elderly people (people over 60 years of age)</b>				
	<b>Civil Society Organizations</b>				
	CSOs that represent or are run by <b>people with disabilities</b>				

Demand-Side Operational Guidelines for I-SAF

	CSOs that represent or are run by <b>indigenous people</b>				
	CSOs that represent or are run by <b>people from poor households (ID cardholders and others)</b>				
	CSOs that represent or are run by <b>women or sexual minorities</b> , or that focus on gender equality issues				
	CSOs that represent or are run by <b>youth (people from 15 – 30 years of age)</b>				
	CSOs that represent or are run by <b>elderly people (people over 60 years of age)</b>				
	<b>Supply Side/Leader Champions of Social Inclusion Issues</b>				
	<b>Other</b>				

## **Annex II: Definition of Groups Relevant for Enhancing Inclusion in I-SAF**

I-SAF II aims to enhance social inclusion in the I-SAF process, by tracking diverse participation in various I-SAF activities, as well as explicitly targeting particularly marginalized groups and creating additional opportunities for their participation and influence in the process. As much as is possible, people will be given opportunities to self-identify among these categories.

### **Data Collection**

I-SAF will collect disaggregated data on the participation, citizen scoring patterns, and priority actions, of the following groups:

**Sex:** I-SAF will disaggregate participation, scoring, and action prioritization data by sex, using the categories of women, men, and other (for individuals who identify as non-binary).

**Age:** I-SAF will disaggregate participation, scoring, and action prioritization data by age, using the categories of youth and the elderly (with 'adult' being considered the default position otherwise). Youth will be classified as those between 15 – 30 years, while the elderly will be those over 60 years.

If an implementing partner facilitates I-SAF activities for primary school aged children (a non-mandatory but recommended activity), the grades/ages of participating children should be recorded as well.

**Indigenous People:** Given patterns of mixed lineage and sensitivities around ethnicity, it is particularly important that I-SAF implementing partners allow people to self-identify their indigenous identity (if they choose to do so).

**ID Poor Cardholders:** ID poor cardholders are people that have been assessed as eligible for particular service delivery provisions due to their low-income status. It is understood that the ID poor card allocation system in Cambodia is undergoing needed reform, and suffers from inclusion and exclusion errors. However, it remains the most straightforward means of objectively identifying people from poor households and the easiest poverty-related datapoint to track. For this reason, I-SAF II will use this group in its data collection process, whilst supporting the strengthening of the ID poor card allocation system.

**People with Disabilities:** As a minimum standard, I-SAF implementers should track whether participants are disabled or not (treating disability as binary), along with disaggregating the scores and priority actions suggested by people with disabilities.

A stronger practice is to distinguish among types of disability, rather than lumping people with disabilities together even when the implications of their differing disabilities might be quite variable. It is recommended that implementing partners go further than treating disability as binary, and collect data on I-SAF participants with disabilities using the following categories:

- **Vision:** difficulty seeing, even if wearing glasses/contact lenses
- **Hearing:** difficulty hearing, even if using (a) hearing aid(s)
- **Mobility:** difficulty walking or climbing steps
- **Cognition:** difficulty remembering or concentrating
- **Self-care:** difficulty with self-care, such as washing all over or dressing
- **Communication:** difficulty communicating, for example understanding or being understood

See below for a simple sample questionnaire that assists practitioners to support participants to self-assess their disability status. If the provided questionnaire below is used, any person who selects a 2 ('some difficulty'), 3 ('a lot of difficulty'), or 4 ('cannot do at all') for any response below should be counted as a person with a disability.

### **Groups Targeted for Affirmative Inclusion Measures**

Beyond collecting and analyzing disaggregated data on the participation, citizen scoring patterns, and priority actions of different groups, I-SAF II also includes targeted affirmative action measures to enhance the influence of particularly marginalized groups. The 3 groups that are the focus of affirmative action measures (such as reserved spaces for their priority actions in JAAPs) are:

- indigenous people,
- ID poor cardholders, and
- people with disabilities.

### **Questionnaire for Identifying People with Disabilities**

*Read:* "These questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM."

#### **VISION**

Do you have difficulty seeing, even if wearing glasses? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused
6. Don't know

#### **HEARING**

Do you have difficulty hearing, even if using (a) hearing aid(s)? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused
6. Don't know

#### **MOBILITY**

Do you have difficulty walking or climbing steps? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused

6. Don't know

**COGNITION/REMEMBERING**

Do you have difficulty remembering or concentrating? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused
6. Don't know

**SELF-CARE**

Do you have difficulty with self-care, such as washing all over or dressing? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused
6. Don't know

**COMMUNICATION**

Using your usual language, do you have difficulty communicating, for example understanding or being understood? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused
6. Don't know

**Annex III: I4C Pack Overview**

## Annex IV: Assessment Criteria Categories

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

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

## Demand-Side Operational Guidelines for I-SAF

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

## Annex V: Guidance on Suggested M&E Indicators

The following annex provides a set of indicators that I-SAF implementers may find useful in aligning results frameworks, along with guidance on how to measure them.

### **Component I: Access to Information and Open Budgets**

#### **1. % of people of different types participating in I4C awareness-raising events, by type of I4C event**

**Description:** This indicator measures the percentage of the participation of different types of people in the 3 possible types of I4C event in I-SAF II, aiming to capture the inclusion of various groups of people in the I4C phase. In I-SAF II, in-person I4C dissemination events may take 3 forms: large mixed community forums, smaller targeted focus groups for vulnerable people, and home visits for people with very restricted access.

**Data Collection Method:** Data on in-person I4C events of all types should be recorded in a dedicated data collection form (an I4C activity form).

**Who Collects the Data (responsible person/people):** Implementing partners should extract this data from the data collection system.

**Who/What is the Data Collected From (data source):** the programme's data collection system (an I4C activity form)

**Frequency of Collection:** annually (after the I4C phase)

**Numerator:** # of participants in large mixed forum I4C sessions

**Denominator:** total # of participants in I4C sessions

**Numerator:** # of participants in I4C sessions that took place as targeted focus groups for vulnerable groups

**Denominator:** total # of participants in I4C sessions

**Numerator:** # of participants in I4C sessions that took place during home visits for people with very limited access

**Denominator:** total # of participants in I4C sessions

**Disaggregated by:**

- sex (women, men, other)
- age group (youth, elderly)
- disability (binary yes/no)
- indigenous (binary yes/no)
- ID poor cardholder (binary yes/no)

## **Component 2: Citizen Monitoring**

### **1. % of people of different types participating in citizen scoring events, by type of scoring event**

**Description:** This indicator measures the percentage of the participation of different types of people in the 3 possible types of citizen scoring events in I-SAF II, aiming to capture the inclusion of various groups of people in the citizen monitoring phase. In I-SAF II, citizen monitoring events may take 3 forms: general service user forums, targeted focus groups for marginalized people, and home visits for people with highly constrained access.

**Data Collection Method:** Data on citizen monitoring events of all types should be recorded in a dedicated data collection form (a citizen scoring activity form).

**Who Collects the Data (responsible person/people):** Implementing partners should extract this data from their data collection systems.

**Who/What is the Data Collected From (data source):** the programme's data collection system (a citizen monitoring activity form)

**Frequency of Collection:** annually (after the citizen monitoring)

**Numerator:** # of participants in general service user forums

**Denominator:** total # of participants in citizen monitoring sessions

**Numerator:** # of participants in citizen monitoring sessions that took place as targeted focus groups for marginalized people

**Denominator:** total # of participants in citizen monitoring sessions

**Numerator:** # of participants in citizen monitoring sessions that took place during home visits for people with highly constrained access

**Denominator:** total # of participants in citizen monitoring sessions

**Disaggregated by:**

- sex (women, men, other)
- age group (youth, elderly)
- disability (binary yes/no)
- indigenous (binary yes/no)
- ID poor cardholder (binary yes/no)

## **Component 3: JAAP Implementation**

### **1. % of JAAP activities completed, ongoing, or not yet started in target communes**

**Description:** This indicator measures the percentage of all of the adopted JAAP actions, related to the 3 target services (primary schools, health centers, commune administration offices), that have been **implemented (fully or partially)** at the time of reporting.

For the purposes of this indicator, the following definitions apply:

**Fully Implemented:** JAAP actions that are complete in their entirety, and no further steps are needed to complete the action included in the JAAP.

**Partially Implemented:** Work on the action has begun and some progress has been made. Actions that are partially implemented should be reported **in 3 categories**, divided by 3 stages of progress: started, good progress, and almost completed.

**Not Yet Started:** JAAP actions for which no work has been done.

**Data Collection Method:** Information can be extracted from JAAP Committee reports. If information is not fully available in JAAP Committee reports, or if these reports are not produced on time, information can be extracted from JAAP Committee meeting minutes or from CAFs who are members of JAAP Committees. In particular, it may be necessary to call CAFs who are part of JAAP Committees in order to discuss actions that are partially implemented, to understand how much has been done and determine whether they are closest to being categorized as started, good progress, or almost completed.

**Who Collects the Data (responsible person/people):** The JAAP Committees produce meeting minutes and reports on their progress. Implementing partner staff should extract this information from those documents and/or from discussions with CAFs who have attended JAAP Committee meetings.

**Who/What is the Data Collected From (data source):** This information is extracted from semi-annual JAAP Committee reports, and if additional information is needed, from JAAP Committee meeting minutes and/or discussions with CAFs who have attended JAAP Committee meetings.

**Frequency of Collection:** This indicator should be measured **annually for two years for each JAAP**, except for in Year 1 of a project, when only the first JAAP will be possible to measure. After Year 1, this indicator can be measured for two JAAPS in any given year – one JAAP that is in its second year of implementation, and one that is in its first year of implementation.

**Numerator:** # of JAAP actions that have been **fully implemented**

**Denominator:** total # of actions in the JAAPs

**Numerator:** # of JAAP actions that have been **partially implemented** (all partial stages)

**Denominator:** total # of actions in the JAAPs

**Numerator:** # of JAAP actions that are **not yet started**

**Denominator:** total # of actions in the JAAPs

**Disaggregated by:**

- service sector (health, education, commune administration services);

- category (based on menu of service delivery assessment criteria, grouped by key categories, in Annex IV)

## 2. % of JAAP actions completed or ongoing that were suggested by citizens

**Description:** This indicator measures the percentage of all the adopted JAAP actions, assessed as having been **implemented fully or partially** (according to the definitions provided in Indicator 2 above), that were originally suggested by citizens

**Data Collection Method:** Information should be extracted from reporting for Indicator 2 above, to determine JAAP actions that are fully or partially implemented. Actual JAAPs (a template for which is provided as Table VII), track which actions in the JAAPs were originally suggested by citizens.

**Who Collects the Data (responsible person/people):** Implementing partner staff should extract this information from data compiled for Indicator 2 above, along with JAAPs themselves, as reflected in Table VII.

**Who/What is the Data Collected From (data source):** Information for the below denominators can be extracted from Indicator 2 above. Information for the numerators below can be extracted from JAAP content, as reflected in Table VII. If additional information is needed, this can be collected from JAAP Committee meeting minutes and/or discussions with CAFs who have attended JAAP Committee meetings.

**Frequency of Collection:** This indicator should be measured **annually for two years for each JAAP**, except for in Year 1 of the project, when only the first JAAP will be possible to measure. After Year 1, this indicator can be measured for two JAAPs in any given year – one JAAP that is in its second year of implementation, and one that is in its first year of implementation.

**Numerator:** # of JAAP actions that have been **fully implemented** that were suggested by citizens

**Denominator:** total # of actions in the JAAPs that have been **fully implemented**

**Numerator:** # of JAAP actions that have been **partially implemented** that were suggested by citizens

**Denominator:** total # of actions in the JAAPs that have been **partially implemented**

**Numerator:** # of JAAP actions that are **not yet started** that were suggested by citizens

**Denominator:** total # of actions in the JAAPs that are **not yet started**

## 3. % of JAAP actions completed or ongoing that were suggested by vulnerable groups (people with disabilities, indigenous people, ID poor cardholders)

**Description:** This indicator measures the percentage of all the adopted JAAP actions, assessed as having been **implemented fully or partially** (according to the definitions provided

in Indicator 2 above), that were originally suggested by the three targeted vulnerable groups (people with disabilities, indigenous people, and ID poor cardholders).

**Data Collection Method:** Information should be extracted from reporting for Indicator 2 above, to determine JAAP actions that are fully or partially implemented. Actual JAAPs (a template for which is provided as Table VII), track which actions in the JAAPs were originally suggested by the people from the vulnerable groups mentioned in the indicator.

**Who Collects the Data (responsible person/people):** Implementing partner staff should extract this information from data compiled for Indicator 2 above, along with JAAPs themselves, as reflected in Table VII.

**Who/What is the Data Collected From (data source):** Information for the below denominators should be extracted from Indicator 2 above. Information can be extracted from JAAP content, as reflected in Table VII. If additional information is needed, this can be collected from JAAP Committee meeting minutes and/or discussions with CAFs who have attended JAAP Committee meetings.

**Frequency of Collection:** This indicator should be measured **annually for two years for each JAAP**, except for in Year 1 of the project, when only the first JAAP will be possible to measure. After Year 1, this indicator can be measured for two JAAPs in any given year – one JAAP that is in its second year of implementation, and one that is in its first year of implementation.

**Numerator:** # of JAAP actions that have been **fully implemented** that were suggested by vulnerable groups

**Denominator:** total # of actions in the JAAPs that have been **fully implemented**

**Numerator:** # of JAAP actions that have been **partially implemented** that were suggested by vulnerable groups

**Denominator:** total # of actions in the JAAPs that have been **partially implemented**

**Numerator:** # of JAAP actions that are **not yet started** that were suggested by vulnerable groups

**Denominator:** total # of actions in the JAAPs that are **not yet started**

**Disaggregated by:**

- disability (binary yes/no)
- indigenous (binary yes/no)
- ID poor (binary yes/no)

#### **4. % of JAAP actions that are included in the final published CIP**

**Description:** This indicator measures the percentage of all of the adopted JAAP actions that have been incorporated into the relevant CIP.

**Data Collection Method:** Information should be extracted from CIPs and/or JAAP Committee reports. If CIPs are not available and information is not fully available in JAAP Committee

reports, or if these reports are not produced on time, information can be extracted from JAAP Committee meeting minutes or from CAFs who are members of JAAP Committees.

**Who Collects the Data (responsible person/people):** The JAAP Committees produce meeting minutes and reports on their progress. Implementing partner staff can extract this information from those documents and/or from discussions with CAFs who have attended JAAP Committee meetings.

**Who/What is the Data Collected From (data source):** This information can be extracted from CIPs, semi-annual JAAP Committee reports, and if additional information is needed, from JAAP Committee meeting minutes and/or discussions with CAFs who have attended JAAP Committee meetings.

**Frequency of Collection:** This indicator should be measured **annually for two years for each JAAP**, except for in Year 1 of a project, when only the first JAAP will be possible to measure. After Year 1, this indicator can be measured for two JAAPS in any given year – one JAAP that is in its second year of implementation, and one that is in its first year of implementation.

**Numerator:** # of JAAP actions that have been incorporated into the relevant CIP

**Denominator:** total # of actions in the JAAPs

**Disaggregated by:**

- service sector (health, education, commune administration services);
- category (based on menu of service delivery assessment criteria, grouped by key categories, in Annex IV)

**5. % of JAAP actions that are included in the final published CIP that were suggested by vulnerable groups (people with disabilities, indigenous people, and ID poor cardholders)**

**Description:** This indicator measures the percentage of adopted JAAP actions that have been incorporated into the relevant CIP, which were originally suggested by marginalized groups (people with disabilities, indigenous people, and ID poor cardholders).

**Data Collection Method:** Information should be extracted from CIPs and/or JAAP Committee reports. If CIPs are not available and information is not fully available in JAAP Committee reports, or if these reports are not produced on time, information can be extracted from JAAP Committee meeting minutes or from CAFs who are members of JAAP Committees.

**Who Collects the Data (responsible person/people):** The JAAP Committees produce meeting minutes and reports on their progress. Implementing partner staff can extract this information from those documents and/or from discussions with CAFs who have attended JAAP Committee meetings.

**Who/What is the Data Collected From (data source):** This information can be extracted from CIPs, semi-annual JAAP Committee reports, and if additional information is needed, from

JAAP Committee meeting minutes and/or discussions with CAFs who have attended JAAP Committee meetings.

**Frequency of Collection:** This indicator should be measured **annually for two years for each JAAP**, except for in Year 1 of a project, when only the first JAAP will be possible to measure. After Year 1, this indicator can be measured for two JAAPS in any given year – one JAAP that is in its second year of implementation, and one that is in its first year of implementation.

**Numerator:** # of JAAP actions that originally came from marginalized groups (people with disabilities, indigenous people, and ID poor cardholders), that have been incorporated in CIPs  
**Denominator:** # of JAAP actions that have been incorporated into CIPs

**Disaggregated by:**

- service sector (health, education, commune administration services)
- category (based on menu of service delivery assessment criteria, grouped by key categories, in Annex IV)
- sex (women, men, other)
- age group (youth, elderly)
- disability (binary yes/no)
- indigenous (binary yes/no)
- people from poor households (binary yes/no)

**6. % of JAAP actions requiring financial support that have been allocated resources (by source of resource)**

**Description:** This indicator measures the percentage of JAAP actions categorized as requiring financial support that have been promised government resources (from local service providers, commune governments, or line ministries) or other resources.

**Data Collection Method:** Minutes of JAAP Committee meetings include details on which JAAP actions have been funded. Table VII compiles all agreed JAAP actions, with a field for confirming whether the action requires funding, and a further field to record whether that funding has been committed, and from whom. Confirmation of funded actions should be compared against the full list of committed actions that require funding, to determine the percentage of actions funded with government resources.

**Who Collects the Data (responsible person/people):** JAAP Committees produce the minutes of their meetings, documenting whether funding has been committed to JAAP actions and the source of that funding. Implementing partners should compare funding commitments to the full list of agreed JAAP actions to perform the analysis for this indicator. If JAAP meeting minutes are not produced on time or are not clear enough, implementing partners can make follow-up phone calls to CAFs that participate in JAAP Committees, to clarify.

**Who/What is the Data Collected From (data source):** JAAP meeting minutes, and Table VII for the full list of agreed JAAP actions (and the sub-list of those that require funding).

**Frequency of Collection:** annually

**Numerator:** # of JAAP actions that require funding to which funding has been committed

**Denominator:** total # of agreed JAAP actions that are categorized as requiring funding

**Disaggregated by:**

- type of funding (government or non-government)
- service sector (health, education, commune administration services)
- category (based on menu of service delivery assessment criteria, grouped by key categories, in Annex IV)

Annex VI: Sample Call for Expressions of Interest from CAF Candidates

## Sample Call for Expressions of Interest to Become a Community Accountability Facilitator

*Are you interested in the well-being of your community? Do you want to learn new skills and meet new people? Do you want to contribute to educating citizens and improving public services in your commune? Apply to be trained as a Community Accountability Facilitator!  
(Women, youth, people with disabilities and indigenous people are encouraged to apply)*

### **Background**

The Implementation of the Social Accountability Framework (I-SAF) aims to improve public service delivery, citizen participation, and local governance in Cambodia by: (i) providing citizens with more information about key local services (primary schools, health centers, and commune services) and, (ii) empowering citizens to evaluate existing services and to participate in identifying and implementing actions for improvement.

The I-SAF is a joint initiative of the Royal Government of Cambodia and independent civil society organizations. The I-SAF depends on the active participation of both state actors (commune officials, district officials, public service providers) and non-state actors (NGOs, CBOs and citizens) to succeed. In every commune where the I-SAF is implemented, four community volunteers will be selected and receive training to become Community Accountability Facilitators (CAFs).

### **CAF Responsibilities**

CAFs play a key role in implementing the I-SAF at community level. CAFs help their fellow citizens to: access information about their rights; learn about public service standards and performance; identify actions to improve public services; and, work with and local officials and service providers to take action for positive change especially for the poor, vulnerable and marginalized members of the community. The main roles for CAFs include participating in four 4-day CAF training modules and, after each training module, conducting “learning by doing” activities at community level aimed at: (i) raising citizen awareness of the I-SAF; (ii) disseminating and explaining I-SAF Information for Citizen packs; (iii) facilitating citizen-led monitoring; and, (iv) supporting on-going collective action for change. Training will cover soft skills such as communication, facilitating inclusion and how to coach and mentor effectively. Specific responsibilities for CAFs include:

#### **Learning and Skills-Building**

- Participate actively in four 4-day modules of training conducted at district level.
- After each training module, carry out 4-5 days of mentored “learning by doing” activities conducted in your home community (as described below).

#### **Information for Citizens**

- Organize and conduct three rounds of village level awareness-raising activities to (i) generate citizen interest in the I-SAF; (ii) explain the content of Information for Citizen posters and, (iii) explain open budgets.
- Host an I-SAF activity kiosk at one or two public events in the commune.

#### **Supporting Citizen Monitoring**

## Demand-Side Operational Guidelines for I-SAF

- Mobilize community participation in the citizen monitoring process.
- Organize and facilitate community scorecard meetings in each village cluster.

### **Supporting Collective Action for Change**

- Assist in facilitating a one-day commune-level interface meeting.
- Conduct awareness-raising and mobilization activities in each village cluster regarding the action plan collectively agreed at the interface meeting.
- Support the on-going implementation of the agreed action plan (by local officials, service providers and community members).

### **CAF**

#### **Qualifications**

##### *Required:*

- 18 years or older.
- Local resident.
- Able to read and write.
- Desire to build positive relations between citizens and state actors.
- Demonstrated independence (i.e. not affiliated with any particular political party or government service).
- Willingness to participate in a total of 16 days of training (four 4-day training courses) in the district town.
- Willingness to volunteer time implementing I-SAF activities in the community (approximately 20 days/year).

##### *Desired:*

- Demonstrated interest and engagement in community development and governance.
- Current member or leader of a community-based organization.
- Women and youth are encouraged to apply.

#### **Incentives for CAFs**

- All training is provided free of charge.
- Direct expenses related to participating in training and I-SAF activities (transport, food and lodging) are reimbursed.
- Volunteers meet new people and learn valuable knowledge and skills, that help them to contribute to the well-being of their communities.
- Volunteers who successfully complete the training and I-SAF activities receive certification as an I-SAF Community Accountability Facilitator.
- Successful graduates are also invited to join a Community of Practice in order to continue to develop and market their skills.

***For Information on how to apply to become a CAF contact XXX at XXX.***

## Annex VII: I-SAF Citizen Monitoring: A Summary Table of Stakeholders and Roles

<b>Stakeholders</b>	<b>Roles</b>
Implementing Partners	Identify, train, support and mentor CAFs Assist in mobilizing stakeholders and organizing and facilitating the Inception meeting Assist in facilitating service provider self-assessment meetings and interface meetings
Community accountability facilitators (CAFs)	Conduct community-level outreach activities Conduct outreach activities to explain the content of I4Cs to community members Facilitate community scorecard meetings Train, coach and mentor community representatives
Community members	Attend meetings to learn about government standards, performance and budgets Participate in scorecard meetings to assess local public services Participate in implementing the JAAP Promote and champion JAAP implementation
Local service providers	Publicly post I4C data Self-assess performance and quality of service Report problems requiring higher level interventions to superiors Participate in implementing the JAAP
Commune chief and councilors	Publicly post I4C data Self-assess performance and quality of service Report problems requiring higher level interventions to superiors Participate in implementing the JAAP Lead and coordinate efforts to improve governance and public services at the commune level
JAAP committee	Support and oversee the implementation of the JAAP
NCDD	Oversee the annual production of I4Cs Issue guidelines and instructions to ensure that local officials and service providers support and participate in citizen-led monitoring Conduct training for local level officials
International funder and support organizations	Provide financial and technical support

## Annex VIII: Terms of Reference for the Joint Accountability Action Plan Committee

### Overview

The Joint Accountability Action Plan (JAAP) Committee is responsible for supporting the implementation of the JAAP and monitoring its progress. The JAAP, developed jointly by citizen representatives, commune councils, service providers, and district officials, outlines actions that these four stakeholders can collectively take to promote greater accountability in service delivery. The JAAP Committee is a critical body to identify implementation difficulties and to follow up with relevant actors to ensure that the plan is implemented in a timely manner. To ensure ownership and buy-in and to foster a collaborative spirit, the committee is composed of citizen representatives, commune council representatives and service providers. These terms of reference outline the membership of this committee and its roles and responsibilities.

### Membership of the JAAP Committee

As discussed above, the committee is composed of citizen representatives, commune council representatives and service providers, representing the key contributors to the action plan. During the selection process, a gender balance should be ensured, so that at least four members of the committee are women. In addition, there should be one youth representative and where possible a person with disability and someone from the Commune Committees for Women and Children is encouraged. Further, it is recommended that at least for the first two years of the JAAP Committee, a representative from the Implementing Partner serve as an advisor and assistant, who can advise the committee on the best way to monitor and help identify implementation strategies. The JAAP committee will include:

- Five community representatives (selected among the village cluster representatives)
- Five government officials/service providers (including the Commune or deputy commune chief; two additional commune representatives; the Chief or Deputy Chief of the health center; and the School Director or Deputy School Director).

It is recommended that JAAP Committee members be nominated and selected at the end of the final Interface Meeting.

### Roles and Responsibilities

The committee is a critical mechanism to ensure the successful implementation of the JAAP. The committee meets on a regular basis (at least quarterly) for a period of up to 2 years, after the creation of the JAAP in order to: (i) facilitate coordination among service providers and citizens to ensure implementation of the action items; (ii) monitor progress; and, (iii) update state and non-state stakeholders on a regular basis. In this way, the JAAP Committee plays both an operational support and trouble-shooting role and a monitoring and reporting function. Regular meetings of the JAAP committee ensure that there is coordination among the various service providers. The local NGO partner will support and work with the committee to develop effective implementation and monitoring strategies.

Responsibilities of the JAAP Committee include the following:

- Publicly post information about the JAAP at the commune hall;
- Work with the local NGO partner to develop a monitoring strategy;
- Meet once a month to discuss and monitor progress in implementing the JAAP;
- Undertake any field trips as necessary to monitor progress;
- Present JAAP progress reports at a commune council meeting at least twice a year;
- Organize public meetings every six months to provide an update on the progress made;
- Organize meetings with district officials to update them on the progress of the JAAP, and;
- Liaise with community members, state actors, and media groups as necessary to promote the JAAP.