ACCOUNTABILITY FOR **CHILDREN'S RIGHTS**

A research mapping of local and informal accountability mechanisms

International Organizations Clinic, New York University School of Law
UNICEF Human Rights Unit, Programme Division

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December 2015

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A research mapping of local and informal accountability mechanisms

Niruphama Ramakrishnan and Paul Mertenskoetter under the guidance and supervision of Prof. Gráinne de Búrca and Prof. Angelina Fisher

2015

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Foreword

The world recently commemorated the twenty-sixth anniversary of the Convention on the Rights of the Child - the most rapidly and widely ratified human rights treaty in history. By ratifying this instrument, governments committed themselves to respect, protect and fulfil children's rights, and to hold themselves accountable for this commitment before the international community.

While this commitment has, in the past quarter of a century, been translated into results for children, these results have only been achieved for some children. The fact that 17,000 children under the age of 5 will die today mostly of causes we can prevent, or that nearly 570 million children live in extreme poverty, begs the question of how accountability for child rights commitments made in the General Assembly in New York can be brought closer to the ground.

People-led, bottom-up and demand-driven accountability initiatives can make an important contribution towards this.

UNICEF therefore supports various social accountability initiatives for children's rights across all regions, which include promoting the participation of girls and boys at key levels of local government processes, as well as supporting the monitoring and tracking of budget implementation through community-based monitoring. These efforts support children and adolescents in fulfilling their potential as agents of change. They also contribute to the removal of barriers to quality services, extending opportunities for marginalized and excluded groups of children and families to access rights-fulfilling services, and thus advancing equity.

At a global level, the Human Rights Unit in UNICEF Headquarters is conducting operational research to help build the evidence base on social accountability with and for children. As part of this work, the Unit appreciated the opportunity to engage in 2013/2014 with the International Organizations Clinic of the New York University School of Law in a research mapping of local and informal accountability mechanisms available to children and their families in the health and education sectors. This report provides a compilation of this research, beginning with an overview of the accountability framework in the context of delivery of basic services with a view to meeting international human rights obligations. This is followed by a discussion of the case studies of the various mechanisms of accountability identified as part of the mapping exercise.

We hope that this report will continue to build, both for UNICEF and partners, an understanding of the key role that social accountability has to play in addressing the implementation gap between universal children's rights and thus far inequitable results. Considering the benefits already demonstrated by these initiatives, we must now ask ourselves how these positive experiences can be expanded. With the United Nations General Assembly having formally adopted the 2030 Agenda for Sustainable Development, along with a set of bold new universal and integrated Global Goals, the need for an equally transformative accountability framework becomes more and more apparent. UNICEF looks forward to working with all its partners towards implementing the Sustainable Development Goals with a focus on equity. Reaching and empowering those who have thus far been left behind, will contribute greatly towards making certain that rights in principle become rights in reality.

Susana Sottoli
Associate Director, UNICEF Programme Division

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PART I

Introduction to the concept of accountability

In this report, accountability refers to how duty bearers, in this context service providers on whom the duty to provide basic services has been imposed, are accountable to children and their families (the rights holders). The duty bearers should follow standards set by international human rights laws; specifically, the provisions of the Convention on the Rights of the Child (CRC). Where accountability exists, the children and their families can:

i. Judge whether service providers have fulfilled their obligations in light of these standards; and if not,
ii. Ensure the service providers suffer consequences for the failure to fulfil their obligations and/or demand fulfilment of the obligation.

The basis of accountability

The right to demand accountability arises when a relationship is formed between the rights holder and duty bearer through one of the following means:

- There has been a *delegation of tasks or power* by the rights holder to the duty bearer;
- The actions of the duty bearers have an *impact* on the rights of others;
- There is an *agreement* or *pact* between actors to do something for the benefit of a third party (i.e., a rights holder).

Instruments for seeking accountability

Rights holders can use a variety of instruments to demand or seek accountability. These include (i) *sharing with the media*, for example, putting pressure on the duty bearer by exposing the violation of a right or the failure to fulfil a duty and putting pressure on the duty bearer; (ii) *using community or peer pressure*, for example, to shame the duty bearer; (iii) *collecting and publishing data*, for example, reporting how many days teachers are absent in a school, in order to reduce teacher absenteeism; (iv) *complaining* to an authoritative body or person (for example, to a community board or village council); and (v) *evaluating and reporting*, for example, monitoring and reporting a teacher's presence in school. Often, rights holders

use a combination of instruments, as illustrated in the case studies that follow.[1]

Outcomes/results of the demand for accountability

The outcomes of demands for accountability can include:

i. Sanctioning or punishing a duty bearer, for example disciplining a high level public official or firing a teacher;
ii. Providing redress for a rights holder, for example correcting service failures or providing alternative resources;
iii. Empowering rights holders, for example providing them with the skills to understand, articulate and enforce rights-claims in future.

We consider that an action can be considered as an accountability mechanism if any one of these three outcomes results although a mechanism is likely to be particularly effective if two or all three of the desired accountability outcomes result.[2]

For accountability to work, some important preconditions need to be satisfied. The rights holders need to have information about:

i. The fact that a duty is owed to them and that they have the authority to demand accountability from duty bearers;
ii. The identity of the duty bearer(s);
iii. The standards to which duty bearer(s) are held;
iv. The duty bearer(s)' performance or failure to perform;
v. The available instruments for demanding accountability.

Thus, the existence of knowledge about the elements of accountability and capacity to demand it are indispensable features of an effective accountability mechanism. This is why many of the mechanisms we have uncovered in the course of this project focus on informing individuals[3] and empowering them.[4] These may not be the most effective accountability mechanisms, but if they enhance the capacity of children and their representatives to demand or to secure accountability, we consider them to be relevant to this project.

ACCOUNTABILITY MECHANISM =

ELEMENTS OF ACCOUNTABILITY +

KNOWLEDGE +

CAPACITY TO DEMAND ACCOUNTABILITY

1] An examination of formal mechanisms is already being conducted by the UNICEF Innocenti Centre. The project encompasses many publications on Ombuds for Children. UNICEF, Office of Research, *Global Research on Ombuds for Children*, available at <http://www.unicef-irc.org/knowledge-pages/Independent-Human-Rights-Institutions-for-Children/627>.

2] In the context of the most marginalized and most impoverished in society, which is UNICEF's particular focus, an outcome that results in the empowerment of rights holders seems to be of particular significance, even if it does not result in immediate redress to the child or immediate sanctioning of the duty bearer. Empowerment of children and their families (e.g., through mobilization, inclusion, information provision) is likely to lead to longer-term redress, and is a crucial aspect of rights-realization for the most marginalized.

3] ***See*** Participation Through Reflection – Harmonized Social Mobilization Project, p.17. Throughout this report references will be made to local and informal accountability mechanisms. A complete list of the mechanisms, both in the areas of education and in health, can be found in Section 3 of this report.

4] World Bank, *Empowerment and Poverty Reduction: A sourcebook, 2002; World Development Report 2004: Making services work for poor people*, World Bank, Washington, D.C.

Points to consider when analyzing the various examples of accountability mechanisms are set out below:

a. *Providing specificity for the standards*: From the perspective of a rights-based approach, the underlying *human right* and the *corresponding duty* provide the *standard* according to which service providers should be judged. The accountability mechanism, in addition to monitoring adherence to the standard, can also provide *specificity* to or *flesh out* the relevant standard.

b. *Mediating power relations*: Relations of accountability affect the power relations between different persons and groups. Different stakeholders may use accountability mechanisms to augment their relative power.

c. *Incentives for duty bearers*: One way of promoting the likelihood of duty bearers fulfilling their obligation to rights holders, instead of, or perhaps in addition to, sanctioning duty bearers for neglect, is to create incentives for duty bearers to do so. This approach is compatible with a human rights-based approach to advancing the welfare of marginalized children in that it takes into account the rights of service providers as well as the rights of service recipients.

d. *The rights of duty bearers*: Importantly, an individual duty bearer or service provider is also a rights holder. Accountability mechanisms should be designed to promote fulfilment of children's rights while at the same time protecting the rights of duty bearers.[5]

e. *Linking informal mechanisms with municipalities and the administrative State*: Three questions for informal accountability mechanisms with respect to the formal State are: (i) Which are the mechanisms most likely to be formalized? (ii) What are the best means to formalize successful mechanisms? (iii) What are the results of formalization?[6] Attention should also be paid to what extent the effectiveness of informal mechanisms is dependent on formal rules, since it is often the case that "formal institutions delineate the *domain* of informal rules," and to what extent informal mechanisms "structure expectations and behavior."[7]

5] A further tension exists between acknowledging the significant challenges facing developing countries in meeting the social and economic rights of their populations, whilst not simply allowing lack of capacity to be accepted as a justification for the failure of duty bearers to promote the rights of children.

6] ***See*** Grzymala-Busse, Anna, 'The Best Laid Plans: The impact of informal rules on formal institutions in transitional regimes', *Stud. Comp. Int. Dev.*, 45, 18 July 2010, pp. 311–333.

7] Ibid., p. 313.

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PART II

CASE STUDIES

The following section contains an analysis of informal and local accountability mechanisms.

A Overview

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MECHANISM	INSTRUMENT	OUTCOME
EDUCATION		
Teacher absenteeism – camera	Publishing, reporting	Redress, sanction
Children's drawings	Peer pressure, reporting	Empowerment, sanction through peer pressure
Media trials	Media	Redress, sanction, empowerment
Village Education Councils	Community pressure, evaluating	Empowerment
Community-based performance monitoring	Media, reporting, peer pressure, evaluating	Empowerment, redress
School mothers	Complaining, counselling	Empowerment, redress
UNICEF U-Report	Media, collecting and reporting data	Empowerment, redress
Critical thinking group	Complaining, evaluating	Empowerment
School report cards	Peer pressure, collecting and reporting data	Sanction, redress
After-school community centres	Community pressure	Redress, empowerment
Zapatista schools	Community pressure	Redress, sanction, empowerment
Site-based school management	Community pressure	Redress, sanction, empowerment
HEALTH		
Information and dialogue	Enhancing information, setting up platform for demanding accountability	Impact on duty bearer, increased awareness of right holders and redress to the right holders
Jan Sunwai (public hearing)	Voice	Pressure on duty bearer and immediate redress
Hand pump	Technical training, evaluation of their work by the association	Redress and sanction
Access to hospital by minority women	Training, provision of technical skills	Visibility and identity leading to redress and pressure on duty bearer
School WASH campaign	Data collection, monitoring and evaluation	Redress and sanction
Output-based incentives	Evaluation	Sanction and empowerment
ChildCount +	Data collection, monitoring and evaluation	Visibility leading to redress
Scorecards	Data collection	Redress and empowerment
Peer groups	Community pressure	Empowerment
Access to water for minorities	Community pressure	Redress and empowerment

B

Education

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1

TEACHER ABSENTEEISM
Using cameras to document attendance, Seva Mandir (NGO)[8]

Teacher absenteeism has been a major challenge in India with the average teacher absent nearly 24 per cent of the time. In the Udaipur region, the teacher absentee rate was as high as 44 per cent of all school days.[9] The causes for their absence include a lack of interest on the part of parents, political commitments of teachers and a lack of accountability to school administrators.[10] This is denying children the basic right of a quality education.

In this example, in the Udaipur region, students use cameras to document teachers' daily presence. Many of the students are from disadvantaged groups and live in remote rural villages.[11] As the children often are unable to access mainstream education, they attend non-formal schools, known as Shishka Kendras, which have been set up with the support of Seva Mandir, an NGO that has been working in the region since 1968. The non-formal schools provide schooling up to Grade 3.

The camera, provided by the NGO, is equipped with a tamper-resistant time and date stamp. Each day, in the morning before class and in the afternoon after class, a student takes a picture of their teacher with other students present. This allows the NGO to monitor teacher presence at a low cost. Teacher presence is recorded over the month and teachers' salaries are lowered to the extent that teachers were absent. So instead of guaranteeing the full salary of Rs. 1,000 (about US$22) per month, teachers are only guaranteed Rs. 500 which can be increased by up to Rs. 800 more if the teachers came to work every day. Consequently the monthly pay ranges from Rs. 500 to Rs. 1,300. To clarify to the teachers how the incentive structure works each teacher receives a detailed calculation with explanations accompanying their first salary.

The teachers are held accountable and students participate in the redress mechanism because they are the ones operating the monitoring device (the cameras) and they report a teacher's absence to the NGO. If a camera does not work properly, the school calls a researcher's hotline within 48 hours.

8] Abdul Latif Jameel Poverty Action Lab, 'Solving Absenteeism, Raising Test Scores', Massachusetts Institute of Technology, Boston, September 2008, available at <http://www.povertyactionlab.org/publication/solving-absenteeism-raising-test-scores>; Duflo, Esther, Hanna Rema and Stephen P. Ryan, 'Incentives Work: Getting teachers to come to school', *Am. Econ. Rev.*, 102(4), June 2012, 1241–1278, available at <http://dx.doi.org/10.1257/aer.102.4.1241>. *See also* Kushner, Hunt, Foreign Policy Association, *Substitute Teaching*, available at <http://foreignpolicyblogs.com/2011/11/07/47180>.

9] J-PAL, *Teacher and Student Motivation, Family Participation, and Student Achievement in Rural Udaipur, India,* available at <http://www.povertyactionlab.org/evaluation/teacher-and-student-motivation-family-participation-and-student-achievement-rural-udaipur>.

10] For an in-depth analytical study, see Beteille, Tara, 'Absenteeism, Transfers and Patronage: The political economy of teacher labor markets in India', Stanford Department of Education, Ph.D thesis, 2009..

11] Seva Mandir, *Shishka Kendra*, available at <http://www.sevamandir.org/what-we-do/programme-areas/education/shiksha-kendra>.

During this period only, the lack of recording showing a teacher's presence is excused. Someone is then sent to replace the camera and the teachers are credited for the missing day.[12]

Additionally, Seva Mandir has a child representative programme in which children elected from their community offer opinions about issues affecting children's rights in the region.[13] There are now approximately 5,000 child representatives and 35 student photographers.

Seva Mandir sustains this mechanism with the support of institutional partnerships and donors.[14] Support from international financial institutions and links to prominent research centres are often important for local and informal accountability mechanisms, particularly those that are more complex or require particular expertise and technical assistance.

Besides providing incentives to teachers, collecting and publishing data allows the NGO and researchers to measure the impact of the intervention, which is crucial for evidence-based policymaking. Research has shown that teacher absenteeism dropped from 42 per cent to 21 per cent.[15] Students in schools with cameras were also found to be 40 per cent more likely to graduate into government schools.[16] This suggests that teachers who turn up in school are actually likely to help students achieve their educational goals and not simply going to work to fulfil the camera requirement and then not teach. Moreover, teacher attendance increased for both those teachers with relatively low attendance rates before the camera project and for those that had relatively high attendance rates. In the camera project schools, 36 per cent of the teachers were present at least 90 per cent of the time. Student participation, in photographing the teachers, adds to their involvement and empowerment.

This mechanism clearly encouraged teachers to improve their attendance, and this in turn improved students' educational experience. However, it should also be noted that this way of making teachers more accountable may impinge on teachers' rights, since reasons for absenteeism are not taken into consideration.

12] Duflo, Esther, Rema Hanna and Stephen P. Ryan, 'Monitoring Works: Getting teachers to come to school', 30 May 2010, available at <https://ideas.repec.org/p/cpr/ceprdp/6682.html> at p. 6.

13] Ibid.

14] Seva Mandir, Partners, available at <http://www.sevamandir.org/partners>; J-PAL, Partners – Seva Mandir, available at <http://www.povertyactionlab.org/partners/seva-mandir>.

15] Jameel, Abdul Latif, *Solving Absenteeism, Raising Test Scores* (2008), available at <http://www.povertyactionlab.org/publication/solving-absenteeism-raising-test-scores>.

16] Ibid.

2

TEACHER ABSENTEEISM **Children's drawings, Seva Mandir[17]**

Children's drawings of their school day can be used as a cheap, sustainable and effective way for making teachers more accountable and to reduce teacher absenteeism in India. By contrast to the previous case study, this one shows how teachers can be motivated without giving them a financial reward and also how the community can influence educational outcomes.[18]

The first stage involves students drawing a daily picture in a diary provided by the researchers reflecting their school day. The drawings indicate what the students did at school, whether the teacher was present and any other difficulties the students faced at school. At the end of each week, after viewing the drawings, parents tick a box in their child's diary. Besides monitoring teacher absenteeism, the drawings show parents that their child attended school. Moreover, they can encourage parents to become more interested in their child's school life, and also provide a basis for dialogue between parents and teachers as well as among parents themselves. The discussion among parents could help to mobilize community pressure to address high absenteeism. Importantly, the drawings should make school more enjoyable for students and give their days a structure.

The second stage involves parents being asked to make a collage that reminds them of their children's education, presumably influenced by their children's daily drawings, which they then share with the group. This collage sparks discussion about their children's schooling with each other, the students and teachers.[19] This is similar to community-based performance monitoring (described in subsection 6) where community members come together and discuss changes to the provision of a specific service. This empowers the community as well as the duty bearers. Parents can use the information about their children's experience in school to hold the teachers accountable for absenteeism or a lack of quality in their teaching. They can put pressure on the teachers concerned or complain to district officials. This could lead teachers and school management to change their attitudes and behaviour, thus having a long-lasting impact on the quality of education. However, data evaluating the effectiveness of this project were not available at the time of writing.[20]

17] J-PAL, *Teacher and Student Motivation, Family Participation, and Student Achievement in Rural Udaipur*, available at <http://www.povertyactionlab.org/evaluation/teacher-and-student-motivation-family-participation-and-student-achievement-rural-udaipur>.

18] Ibid.

19] Ibid.

20] Ibid.

3

TEACHERS IN MEDIA TRIALS[21]

In India, keen media interest in school scandals as well as rankings and effectiveness provides an opportunity for students and parents to air their concerns publicly.

In this mechanism, students and parents can inform the media about the lack of services or misconduct of a teacher. Ideally, the allegations should be supported by students recording teacher abuses on their phones.[22] The availability of relatively cheap mobile phones with recording devices can empower students and the recordings can provide an important source for the media. If the media take the issue up, politicians, administrators and teachers often feel the need to respond. This could result in sanctions against the school, the suspension or dismissal of a teacher, and/or the school administration changing its policy.[23] Moreover, anecdotal evidence suggests that media exposure or the possibility of it deters misconduct. However, critically, the media should carry out independent research before airing stories. As a study from Norway suggests, schools that are singled out by the media might panic or react with hostility towards the media, and then there is no real improvement in the situation.[24] Moreover, media coverage may result in the information being sensationalized or distorted and could have serious repercussions such as allegations of libel or unfair damage to people's reputations.[25]

21] IBN Live, *Vice Principal arrested for beating students*, available at <http://ibnlive.in.com/news/wb-vice-principal-arrested-for-beating-students/288750-3-231.html>; IBN Live, *Three Teachers Held for Beating Students*, available at <http://ibnlive.in.com/news/tn-three-teachers-held-for-beating-student/272738-62-128.html>; see also Elstad, Evyind, 'Schools Which Are Named, Shamed and Blamed by the Media: School accountability in Norway', *Educ. Asse. Eval. Acc.*, 21, 2009, 173–189.

22] A YouTube search for "teacher beating students" turns up about 1,590 cases, many of which involve footage from a student's camera phone. A search for "school scandal teacher" turns up about 1,890 results.

23] That is not to suggest that media reporting always remedies the situation. Cases from Thailand are reported in which schools merely "warned" teachers, after the teachers had been recorded beating a child and the video had been published by the media. Associated Press, *Cell Phone Video: Thai teacher hits students?*, YouTube, available at <http://www.youtube.com/watch?v=IFSDIm0IHBc>.

24] Elstad, Eyvind, see footnote 21, at p. 181.

25] Similar mechanisms can be seen through newspaper reports and citizen journalism. See e.g., *Tribune*, 'Katsina: Teacher arraigned for beating student who later died', 18 March 2012, available at <http://www.gbooza.com/group/crime/forum/topics/katsina-teacher-arraigned-for-beating-student-who-later-died> (reporting teacher abuse in Nigeria).

4

INDIA'S VILLAGE EDUCATION COUNCILS: **Information campaigns and immediate redress**

In India, access to primary education for children between the ages of 6 and 14 has increased 95.75 per cent[26], yet almost half of India's rural children in Grade 5 cannot read a simple story.[27]

To improve the quality of education, the State has promoted a local accountability mechanism now widely used around the world: parent and community involvement in school management and oversight. In India, this is being attempted through Village Education Councils (VECs)[28] consisting of three parents, the head teacher of the village school, and the head of the village government. The councils act as an intermediary between the community and schools.[29] In practice, however, VECs have proved to be fairly ineffective particularly regarding local accountability and parent participation. A study by the Massachusetts Institute of Technology (MIT) Poverty Action Lab found that only 38 per cent of VEC members brought up their VEC membership when asked about participation in organizations, and 25 per cent, having been specifically asked the question, did not realize they were members even though they were registered along with the head teacher. There was no evidence of a process of official notice of membership from the head teacher's office to the members of the VEC. It is unclear how and by whom members of the VEC were selected. Consequently, a prominent NGO in India, Pratham, conducted awareness-raising campaigns in villages in India. Support focused on enhancing the skills of parents when they are first selected to be on the VEC.

The main instruments of accountability used by the VECs are community pressure and evaluating and reporting. As well as serving as a link between the community and the schools, the VECs are granted some degree of responsibility over the school's budget. However, clearly the setting-up of institutions is often not enough, and information campaigns may be required to make them more effective.

In this case, the first stage involved Pratham organizing focus group meetings during which the VECs were discussed. This was followed by a village meeting attended by the head teacher. Pratham facilitated the focus group discussion on the role of VECs. Some villages were also introduced to a simple arithmetic tool that allowed parents to check their children's progress in mathematics.[30]

26] Banerjee, Abhijit V., et al., 'Pitfalls of Participatory Programs: Evidence from a randomized evaluation in education in India', *American Economic Journal: Economic Policy*, 2(1), 2010, 1–30, available at <http://www.povertyactionlab.org/publication/pitfalls-participatory-programs-evidence-randomized-evaluation-education-india>.

27] Ibid.

28] Since the enactment of the Right to Education Act, VECs have been replaced by School Management Committees whose composition is mandated by the Act.

29] Banerjee, Abhijit V., et al., see footnote 26, at p. 3.

30] Ibid. at p. 18.

Despite this, an independent evaluation of Pratham's campaign suggests that the information campaign in itself was ineffective: the VECs in villages where the information campaign had been conducted were no more likely "to report that they have complained to anybody, or tried to raise resources."[31] Also, the campaign did not increase parent engagement with schools.[32] However, other studies suggest that information campaigns can empower and ultimately redress a concern. In 2006, the World Bank financed a study of 610 schools and found that "information through a structured campaign had a positive impact….Most notable impacts occurred on teacher effort, while impacts on learning were more modest."[33] A survey on the success of information campaigns shows generally mixed results across the different studies.[34] The mixed results show that the context of the intervention and methods can make a big difference and that political dynamics can influence a campaigns' effectiveness. Even where information campaigns were shown to have had positive effects, those effects seem to be relatively short-lived. Therefore, more studies are needed to examine the effects over time.[35]

31] Ibid. at p. 21.

32] Ibid. at p. 23.

33] Pandey, Priyanka, Sengeeta Goyal and Venkatesh Sundararaman, 'Community Participation in Public Schools: Impact of information campaigns in three Indian states', *Education Economics*, 17(3), Sept. 2009, 355–375, at 355.

34] McGee, Rosie, and John Gaventa, *Shifting Power? Assessing the Impact of Transparency and Accountability Initiatives*, Institute of Development Studies, (IDS) Working Paper, Vol. 2011, No. 383.

35] Kremer, Michael, 'Improving Education in the Developing World: What have we learned from randomized evaluations?', *Annu. Rev. Econ.*, 1, 2009, 513–542, at 537.

5

SITE-BASED SCHOOL MANAGEMENT[36]

Site-based school management assumes that decentralization improves accountability of school officials to students, parents and the community.[37]

Although related to the idea of VECs analyzed earlier, site-based management (SBM) generally encompasses a broader set of reforms. It assumes that allowing schools more authority over policy decisions coupled with increased student and teacher participation in school administration sets out an institutional framework for a robust accountability mechanism. It should put pressure on schools to use their resources more efficiently and be more accountable to their communities. This in turn should result in competition among schools,

36] Bandur, Agustinus, *The Implementation of School-Based Management in Indonesia: Creating conflicts in regional levels*, 2010, available at <http://sas.openthinklabs.com/2010/06/24/the-implementation-of-school-based-management-in-indonesia-creating-conflicts-in-regional-levels/openthinklabs.negeripelangi>; Bandur, Agustinus, 'School-based Management Developments: Challenges and impacts', *Journal of Educational Administration*, 50(6), 2012, 845; Desmond, Cheryl T., 'EDUCO Schools in El Salvador: A democratic tree in a globalized forest?', *International Education*, 38(2), 2009, available at <http://trace.tennessee.edu/cgi/viewcontent.cgi?article=1160&context=internationaleducation>; Gunnarsson, Victoria, et al., 'Does Local School Control Raise Student Outcomes? Evidence on the roles of school autonomy and parental participation', *Economic Development and Cultural Change*, 58(1), Oct. 2009, 25–52. See also Vegas, Emiliana, 'Should Developing Countries Shift from Focusing on Improving Schools to Improving Parents?', available at <http://blogs.worldbank.org/education/should-developing-countries-shift-from-focusing-on-improving-schools-to-improving-parents>. For a study from the United States, see Shatkin, Gavin, and Alec Ian Gershberg, 'Empowering Parents and Building Communities', *Urban Education*, 42(6), 2007, 582–615.

37] For a general discussion of the move to decentralization in service delivery and its implications, see Robinson, Mark, 'Introduction: Decentralising Service Delivery? Evidence and policy implications', *IDS Bulletin*, 38(1). 2007.

pushing poor-performing schools to improve. SBM can be particularly important for improving accountability of schools to communities in developing countries where communication within bureaucracies can be especially difficult and political.[38] It can also make communities more interested in education.

This type of school management is becoming popular in many parts of the world but probably more so in middle-income countries which have staff and communities sufficiently skilled to be involved in school administration. Studies have demonstrated that SBM allows parents to directly raise issues with decision-makers, and that SBM leads to complaints being dealt with more promptly. Other studies have shown that parents have had varying degrees of influence over fiscal management, fund-raising and curriculum decisions.[39]

In many instances, parents are members of the school council. This is always the case in Indonesia where 96.8 per cent of parents serving on councils stated that they were involved in shaping the "school mission"; 46.1 per cent were involved in selecting teachers and 22.2 per cent of school councils had a say in "curriculum development."[40] Additionally, a survey showed that 74.4 per cent of parents who were asked about the power given to the school councils thought that it was "adequate" or "more than adequate." Interestingly, parents differed in their opinions on whether SBM improved the quality of education. For example, when asked whether there were "improvements in student achievements from the implementation of SBM", 16.1 per cent of the parents referred to student achievement as "unsatisfactory" or "poor", 27 per cent thought it was good and 54.8 per cent thought that it was "very good" or "excellent."[41] A study from Mexico suggests that parent involvement can lower failure rates and repetition.[42]

Other experiences of SBM suggest that it increases school enrolment. For example, El Salvador's SBM programme, known as the EDUCO programme (the Spanish language acronym), increased enrolment in primary schools from 5,344 students in 1991 to 125,760 students in 1995.[43] EDUCO was set up in 1991 by the Ministry of Education for pre-school and primary school students in remote rural areas who suffered the impact of the country's civil war. The Community Education Association, an elected parents' group, was responsible for the administration of the school.

38] It should be noted that site-based school management can be profitably combined with accountability mechanisms that focus on community participation, input and data collection such as community-based performance monitoring (subsection 2b (6)) and school report cards (subsection 2b (10)).

39] Bandur, Agustinus, 'School-based Management Developments: Challenges and impacts', see footnote 36, at p. 846.

40] Ibid., at p. 858.

41] Ibid., at p. 862.It should be noted that at least some of the margin might be explained by different expectations that parents may have of schools.

42] Gertler, Paul J., Harry A. Patrinos and Marta Rubio-Codina, 'Empowering Parents to Improve Education: Evidence from rural Mexico', *Journal of Development Economics*, 99, 2012, 68–79.

43] See World Bank, 'El Salvador's EDUCO Program: A first report on parents' participation in school-based management', Working Paper No. 4, available at <http://siteresources.worldbank.org/EDUCATION/Resources/278200 -1099079877269/547664-1099079934475/547667-1135281552767/ElSalvador_EDUCO.pdf> at p. 25.

However, evidence from the USA suggests that effective parent involvement may be more difficult to achieve in extremely poor or marginalized households. SBM could also increase inequity among schools because richer parents are more likely to leave the underperforming school. Possibly, SBM and the community institutions could be more effective if they are supported by a legislative grant.[44]

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6

COMMUNITY-BASED PERFORMANCE MONITORING

This mechanism presents a general idea of empowering communities, and especially children, to speak out and raise their concerns to duty bearers and service providers.[45] It takes many different forms: one example is the Citizen, Voice and Action initiative by World Vision in Brazil and another is the monitoring of schools in the Gambia. It has also been used in Uganda.

Community-based performance monitoring (CBPM) generally has three distinct phases, a community plenary meeting, an intermediate output preparation and an interface meeting.

The mechanism involves citizens, specific duty bearers depending on the context, for example, teachers in the case of education and construction managers in the case of roads, and community organizers managing the performance monitoring. The mechanism is generally open for children and some attempts have been made to set up CBPM processes entirely for children.[46] As well as empowering communities, including its children, to

44] Ibid., at p. 847. This again points to a conflict in the study of informal and local accountability mechanisms: successful strategies will often be adopted by more formal institutions, and formalization may often help their effectiveness.

45] For a general genealogy of the CBPM idea, see Walker, David W., 'Citizen-driven Reform of Local-level Basic Services: Community-based performance monitoring', *Development in Practice*, 19(8), 2009, 1035–1051.

46] Ibid., at p. 1042.

raise concerns to service providers,[47] CBPM can also be useful for evidence-based policymaking.[48] Increasingly, CBPM has been used to monitor and evaluate the performance of service providers and public officials in the education sector.

This accountability mechanism uses a variety of methods including focus groups and the media as well as community and peer pressure with the support of a policymaker, donor or an NGO. Importantly, the CBPM is not funded by the same institutions that fund the service provision as this could present a conflict of interest.

At the plenary meeting community members meet to discusses problems in regard to the service provision. Then, over the next two or three days the community members prepare an input-tracking matrix and a community scorecard. The input matrix includes all that is necessary for the effective running of that particular service. For quality education, it may include more qualified teachers, a better supply of text books and improved sanitation facilities. For each input the community evaluates how much of the service they think they are entitled to and how much is actually being provided.[49] The scorecard measures community satisfaction with certain indicators, some of which are standard, while others are custom-made to meet the needs of the community. Satisfaction can be measured with the "Smiley Scale" which runs in five variations from "very good" to "very bad" and does not require literacy.[50] At the same time, the service providers, who are also present at the meeting, prepare self-evaluations of their work.

On the last day, when the interface or joint meeting takes place, the facilitators, often the NGO, present the input matrix. The community notes which inputs are especially necessary for a specific service and how the different inputs are evaluated. Afterwards, the community members and service providers consider the input matrix, scorecards and self-evaluations and agree on an action plan.[51] The interface meeting can be a major community event. In the Gambia: "It is not unusual for 200–300 community members to attend the Interface, even though no more than about 100 of them may have participated in a prior focus group. Almost always several local politicians attend the meeting, whether specifically invited or not. The meeting is intended to provide a 'level playing field' for the community to give feedback to service providers and to negotiate improvements."[52]

Through this mechanism, service providers are made accountable to the community in three ways. Firstly,

47] For a general genealogy of the CBPM idea, see Walker, David W., 'Citizen-driven Reform of Local-level Basic Services: Community-based performance monitoring', Development in Practice, 19(8), 2009, 1035–1051.

48] See Sanderson, Ian, 'Evaluation, policy learning and evidence-based policy making', *Public Administration*, 80(1), 2002, 1–22.

49] Thindwa, Jeff, Jim Edgerton and Reiner Forster, *Community Based Performance Monitoring (CBPM): Empowering and giving voice to local communities*, The World Bank Social Development Department, 2005, available at <http:// https://publications.qld.gov.au/storage/f/2014-02-03T00%3A41%3A03.183Z/edgerton-jim-final2.pdf> at p. 7.

50] Ibid., at p. 8.

51] Ibid.

52] Ibid., at p. 11.

they are subject to the community's assessment. Secondly, the service provider's self-assessment at the interface meeting forces them to give reasons for their decision-making and makes their responses public. Thirdly, the decisions taken by the community should be binding for the service providers. The local community should feel empowered, and should no longer see itself as being a passive recipient of services with little voice, but an active participant with the power to influence policy and projects. The mechanism can also empower the policymaker who can use the data collected by the community to support its demand for accountability from the service provider. The data can also be shared with the media.

Community-based performance monitoring has had some encouraging results. For example, it has led to the building of new classrooms, revived school education committees and to the introduction of school lunches.[53] In Peru, World Vision is now focusing on children's empowerment to improve their participation in CBPM.[54]

53] Walker, David W., see footnote 47, at p. 1042.

54] Ibid.

7

"SCHOOL MOTHERS" SERVING AS ROLE MODELS[55]

In many developing countries, adolescent girls can face myriad barriers to education including falling pregnant and being forced into an early marriage. At school they have few female role models, including few female teachers. Research suggests that this male-dominated and inhospitable environment often contributes to girls dropping out of school or under-performing.[56] Even if girls return to school after giving birth, they often face discrimination.[57]

To provide a more supportive school environment for girls, School Mothers mentoring projects have been set up in some parts of Africa. Under the project school mothers, who are usually volunteers selected from the local community, act as mentors or quasi-counsellors for adolescent girls. They regularly visit girls in schools, providing advice and counselling, as well as

55] Creative, 'UGANDA: Broad Community Engagement Critical to Education Success', 2011, available at <http://www.creativeassociatesinternational.com/news/uganda-broad-community-engagement-critical-to-education-success/>; Adsum Foundation, *School Mothers mentoring project in Uganda*, available at <www.adsumfoundation.org/Latest-Projects/Uganda/School-Mothers-mentoring-project-in-Uganda>.

56] UNESCO Institute for Statistics (UIS), Global education digest 2010: Comparing education statistics across the world. Montreal, Canada: UNESCO Institute for Statistics; Huisman, J., & Smits, J, Effects of Household- and District-Level Factors on Primary School Enrollment in 30 Developing Countries. World Development, 37 (1), 179–193 (2009).

57] Human Rights Watch, Scared at School: Sexual Violence Against Girls in South African Schools (2001), available at <http://www.hrw.org/reports/2001/safrica/index.htm>.

supporting the reintegration of girls who have dropped out of school. In northern Uganda, School Mothers projects are operating in at least 42 schools.[58]

Typically, school mothers visit girls returning to school after pregnancy every two weeks. In some instances, they also visit homes, particularly those of girls who have dropped out of school, to stress to parents the importance of education for their daughters. In one case study, it was reported that the school mothers' visits led to parents talking less frequently about marriage and, instead, encouraging the girls to attend school.[59] Furthermore, school mothers provide sexual health education, particularly on HIV, which is usually given to both girls and boys.

Therefore school mothers can play a vital role in ensuring a girls' right to an education. As respected members of their community, they have the authority to take any complaints to stakeholders. In this way the school mothers serve as a link between the duty bearers (teachers, parents and caretakers) and the girls (the rights holders). In the future, perhaps the School Mothers scheme could be formalized in the education system, and a female counsellor could be designated to be available at school.[60]

Although there is no data available on substantive outcomes in Uganda, in South Sudan, school mothers improved enrolment and retention rates as well girls' performance in class.[61] There were 13 per cent more girls than expected in schools with a School Mother scheme

58] Africa Education Trust, Empowering Village Education – Improving Enrolment and Retention of Girls in Primary Schools in South Sudan (2010), available at <http://www.africaeducationaltrust.org/userfiles/AET%20EVE.pdf>.

59] Ibid., at p.15.

60] This is not unlike many of the counselling initiatives that have been made in industrialized countries.

61] Africa Education Trust, see footnote 58, at p. 6, pp. 9–19.

and general enrolment of girls rose by 4.9 per cent.[62] Also, in the upper classes of schools with school mothers, more girls were still in school which suggests that the School Mothers scheme had a positive effect on retention rates.[63]

There is also anecdotal evidence that School Mothers schemes may be having an influence on girls' attitudes. In 2015, a girl called Teresa attending Mayom Primary School, Lakes States, in South Sudan, became a local hero as she assisted a girl who had been expelled to re-enter school. News of the story spread across communities and it is thought that this led to improvement in school enrolment and retention rates that year. Teresa even became a popular baby's name.[64] Generally, the School Mother programme raises awareness about the role of women and girls in society.

62] Ibid., at p. 3.

63] All these results were significant.

64] Ibid.

8

ACCOUNTABILITY AS FEEDBACK

UNICEF, U-Report[65]

Mobile phones afford many opportunities for accountability in the developing world. Since 2009, it is estimated that 350 million mobile phones have been used in Africa, and the numbers are rising.[66] They give a voice and provide information to children and youth as well as adults, and can break down communication hierarchies. Children and youth can communicate widely and cheaply. Importantly, direct communication, under this project, is possible between even the most dispersed rural communities and the central authorities or NGOs, whereas before these communities had to rely on intermediaries who could have a personal agenda.

In Uganda, UNICEF supported 'U-Report', which used Short Message Service (SMS) text messaging to acquire information about children's concerns in the education and health sector. SMSs were also used to create an early alert system of health issues arising in remote areas. This allowed local community activists to acquire the necessary

65] U-Report, launched in 2012, already has over 89,000 participants. Variations on this mechanism include general use of social media, telephone help lines, etc. A similar mechanism is being used in India as a means of assessing children's health during the first 1,000 days after birth. UNICEF, 'U-Report application revolutionizes social mobilization, empowering Ugandan youth', available at <http://www.unicef.org/infobycountry/uganda_62001.html>.

66] Smith, David, 'Africa Calling: Mobile phone usage sees record rise after huge investment', ***The Guardian***, 22 October 2009, <http://www.guardian.co.uk/technology/2009/oct/22/africamobile-phones-usage-rise>.

information and support from UNICEF and nine partner NGOs. As of late 2015, U-Report Uganda had 300,000 members in all regions of Uganda.

During the registration phase of the project, the children and youth indicate the region they come from. This permits their responses to be disaggregated by region, so that significant differences among the regions can be noted.[67] Both the initial registration and later text messages are sent to a toll-free number so the participants do not have any extra mobile phone charges as a result of the project.

UNICEF partners work with local civil society and faith-based organizations to reach participants. In some cases, UNICEF sends out questions regarding health and education, for example school drop-out rates. The responses are evaluated and provide policymakers with a relatively representative data set. For example, a question sent on 12 September 2012 in the U-Report asked, "Have you ever experienced any form of violence at school? If yes, which one?"[68] This resulted in 69.4 per cent of student participants saying that they had indeed experienced violence at school.[69] Additionally, U-Report can work as an early indicator of emerging problems by allowing children and youth to send in unsolicited remarks. For example, some U-Report participants informed the project about three deaths in Koboko, Uganda, in November 2012, inquiring whether the Ebola virus had caused the deaths. U-Report was then able to get in touch with the Ministry of Health and ask about the incidents and reported back that the ministry had not found the Ebola virus.

In cases of more systematic service provision failure, U-Report can assert pressure on policymakers. The project can also create a sense of ownership and participation among the young reporters.[70] It allows for timely reaction to developing health issues and the data can be published or shared with the media. For example, the data has been used in radio talk shows to encourage discussion on certain issues.[71] Furthermore, it evaluates activities supported by UNICEF and its partners.

67] UNICEF, U-Report – Join, available at <http://ureport.ug/join>.

68] UNICEF, U-Report – Poll Results, available at <http://ureport.ug/#poll_results>.

69] Ibid.

70] MobileActive.org, uReport: Citizen Feedback via SMS in Uganda, available at <http://mobileactive.org/case-studies/ureport-getting-direct-feedback-uganda>.

71] The use of mobile phones for development more generally has received a lot of attention. See, e.g., *Economic Times – The Times of India*, 'Camera Phones: To see, hear and report evil', 25 April 2011, available at <http://articles.economictimes.indiatimes.com/2011-04-25/news/29471368_1_mobile-phone-camera-phones-accountability> (discussing recent literature on the effect of mobile phones for development outcomes and outlining the use of mobile phones for solid waste management services' accountability in India).

9

REFLECT
A Harmonized Social Mobilization project[72]

The Harmonized Social Mobilization project aims to empower communities in Nepal to demand accountability. Social mobilizers, recruited and trained by NGOs, lead 'reflection' groups[73] during which the rights holders – children and their parents or other caretakers – learn about their rights and can discuss their challenges. The group meetings also include neighbourhood tours in which the caretakers can show and assess their environment.

The project is based on a popular teaching method known as the Regenerated Freirean Literacy through Empowering Community Technique (Reflect). It also acts as an accountability mechanism as it depends on both teachers and learners having a say. These ideas are in line with the thinking of renowned Brazilian educationalist Paulo Freire who was convinced that education is not politically neutral but should be "based on dialogue between teachers and learners – a learning process that respected people as active and creative subjects."[74]

Reflect was first used as a mechanism for learning, social change and empowerment in the 1990s in pilot projects in Bangladesh, El Salvador and Uganda and is now practiced in over 500 organizations in over 70 countries worldwide.[75]

Typically, in reflection groups, "social mobilizers and local facilitators support groups that tend to be excluded in community learning centres. They hold two discussions with them: first, on the underlying causes of poverty and second, on community empowerment."[76] Parents and children are informed about issues that are relevant to their situation and are encouraged to pose hard questions to teachers and politicians.

In a Reflect circle, a forum discussion specifically takes up the "issues of the disadvantaged" and "encourages the members to fight for the rights of the community as a whole."[77] It can therefore give an opportunity for the disadvantaged to engage with the more privileged parts of society instead of remaining in a culture of silence. They can get together in a safe space where they can form bonds, relate to one another's experience and develop self-confidence.

This project raises awareness, enabling marginalized, mostly urban, community members to speak up and

72] Jha, Chhaya, et al., *Citizen Mobilisation in Nepal*, available at <http://www.gsdrc.org/docs/open/VA1.pdf>.

73] Ibid., at p. 50.

74] Reflect, 'Freire', available at <*http://www.reflect-action.org/?q=node/40*>.

75] Reflect, 'Reflect', available at <http://www.reflect-action.org>.

76] Holland, Jeremy, et al. 'Tackling the Governance of Socially Inclusive Service Delivery', *Public Management Review*, 14(2), 2012, 181–196, 188.

77] Jha, see footnote 72, at p. 45.

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influence policymakers, and can help disadvantaged minorities to change their position in society. The reflection groups are widely advertised among the most marginalized members of the community and usually take place in an NGO office or a community centre. Although the context of the project is primarily urban with a strong focus on marginalized communities, the Reflect method can garner broader support among the wider society.[78] As a result, participants are empowered to access other accountability mechanisms, to organize among themselves and be critical of their environment.[79]

Even though the impact of Reflect is hard to measure, the creation of networks can have an effect on identity change.[80] For example, in Doti, Nepal, women who had engaged in the Reflect process seven years ago "were still very active in mobilizing to secure their rights, organizing campaigns against alcohol and domestic violence."[81]

However, although Reflect targets the marginalized, it is often challenging to include the most marginalized and poor households. These households can be hard to reach and might have an inherent suspicion towards outside help. Also, another challenge has been to prioritize the educational aspects of the Reflect approach, focusing on literacy and accountability and critical thinking.[82]

78] Ibid.

79] Some research has been done on the effects of certain 'complaint cultures'. See e.g., Hossain, Naomi, 'Rude Accountability in the Unreformed State: Informal pressures on frontline bureaucrats in Bangladesh', IDS Working Paper No. 319, 2009.

80] McFarland, Daniel, and Heili Pals, 'Motives and Contexts of Identity Change: A case for network effects', *Social Psychology Quarterly,* 68(4), December 2005.

81] Jha, see footnote 72, at p. 45.

82] For a general evaluation of the Reflect approach around the world, see Riddell, Abby, *A Review of 13 Evaluations of REFLECT*, ActionAid, June 2001, available at <http://www.reflect-action.org/sites/default/files/u5/Abby%27s%20review%20-%20final%20version.pdf>.

10

SCHOOL REPORT CARDS

School report cards have been widely used to make schools more accountable to parents and the government and to guide policy makers. They are filled out by parents, and in some instances the schools provide more general information on school financing, audit findings and a school's record of income and expenditures.[83]

Report cards can be used to compare school performance. For example, schools can be ranked by size, student-to-teacher ratio and performance on final examinations. This is useful information for policymakers and empowers parents to make more informed decisions about school choices for their children. The information can be shared directly with parents through notes and reports sent to student homes, or more widely during public events and through the media.[84] Then, this can be followed up with parent/teacher meetings to discuss the findings. This should keep schools accountable to their communities and may lead to the schools making the necessary improvements.

The main challenge is to make sure the cards are published or made available to everyone, and that the marginalized, such as those who are illiterate and/or poor, are not discriminated against. A conscious effort to include all parts of society is therefore necessary.[85] In the Philippines, Pro-Poor Service Report Cards made an effort to do this. Some 1,200 households were asked about a variety of concerns including school enrolment, dropout rates, perceived educational quality, tuition fees, class size, textbook availability, and the effectiveness of the parent teacher association. The Pro-Poor Service Report Cards revealed that the poor were dissatisfied with the education their children received, which led to the government using this information to amend its education policy.[86] This serves as a strong example of a successful bottom-up demand for change with a top-down implementation approach.

Overall, report cards have been able to offer redress to parents and children (rights holders) and can empower them to demand more accountability and to encourage the sector to better fulfil their duties in the future. Moreover, if school choices exist, further pressure is put on schools to rank high to attract students. However, ranking and external pressures to improve relative standing may cause some schools to 'game' the system.[87]

83] Bruns, Barbara, et al., Making Schools Work: New evidence on accountability reforms, 2011, available at <http://siteresources.worldbank.org/EDUCATION/Resources/278200-1298568319076/makingschoolswork.pdf>, at p. 48.

84] Ibid.

85] Ibid., at pp. 41–47.

86] Ibid., at p. 62.

87] In the United States increasing focus is on the way schools try to rank high by concentrating on the metric rather than the underlying substantive quality.

Encouragingly, in Bangalore, India, the use of citizen report cards led to 30 per cent of households reporting "an improvement in school infrastructure." Once those results were shared with school management, parents and the media, a second report card intervention five years later showed "substantial improvements in citizen satisfaction in almost all services and some decline in corruption."[88]

88] Bruns, Barbara, et al., see footnote 91, at p. 61.

11

AFTER-SCHOOL COMMUNITY CENTRES[89]

After-school community centres can provide children with an engaging, safe and calm environment to continue learning through a variety of activities, such as in Brazil where UNICEF supports government-run, after-school community centres where children can enjoy dance and games, and also do their homework.

In India, Pratham, after-school reading camps, implemented by a national NGO, resulted in significant improvements in children's learning. The reading camps, led by trained volunteers, showed that in villages that had after-school teaching available, children were 1.7 per cent more likely to read at least letters, 1.8 per cent more likely to read words or paragraphs and 1.7 per cent more likely to read stories.[90]

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Moreover, as a place where community members can come together with their children, after-school community

89] UNICEF, 'Care centres give Brazilian youths another opportunity for education', 2007, available at <http://www.unicef.org/infobycountry/brazil_42295.html>.

90] Bruns, Barbara, et al., see footnote 83, at p. 73. Banerjee, Abhijit V., et al., see footnote 26, at 24–25.

centres can empower and mobilize both adults and children within communities. Peer pressure may encourage more students to join and, once at the centre, children can appreciate the social and educative benefits.

School performance of students attending an after-school programme in a community centre has reportedly improved and attendance in schools has increased.[91] These centres are also useful ways of administering basic health services. As a community becomes more empowered, the success of the project may lead to the creation of future projects. For example, studies conducted in India show that tutoring can have real, substantive effects.[92]

This mechanism could easily be integrated into the formal structure of the State. In much of the industrialized world, public schools and state-run community centres provide opportunities for students after classes have ended.

However, these after-school community centres are often only possible in relatively urban settings because children in rural areas may be unable to attend the community centre after school as they need more time to travel home. Furthermore, such projects are often reliant on outside funding for the provision of a location and staff.

91] Ibid. See video published on the UNICEF news page.

92] Banerjee, Abhijit V., see footnote 26, at p. 27; see also J-PAL, *Intensive Tutoring to Fight Early School Difficulties in France*, available at <http://www.povertyactionlab.org/evaluation/intensive-tutoring-fight-early-age-school-difficulties-france> (researching the effect on intensive tutoring in a more systematic fashion).

12

COMMUNITY SCHOOLS
Zapatista learning schools[93]

In Mexico, the Zapatista schools, a local alternative to government schools, are run independently by the Zapatista, which is made up of mostly indigenous peoples. The schools have their own curriculum which reflects their ideals, history and traditions and they allow students to speak the local language.

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93] Shenker, Sarah Dee, 'Towards a World in Which Many Worlds Fit? Zapatista autonomous education as an alternative means of development', *International Journal of Educational Development*, 32(3), 2012, 432–443; Brown, Peter, 'Zapatista Schools Teach Peace in a World at War', *Peace & Freedom*, 62(1), Winter 2002, 12–13; see generally Glassman, Deborah, et al. (eds.), *Community Schools in Africa: Reaching the unreached*, 2007, available at <http://www.springer.com/education+%26+language/book/978-0-387-45106-0> and Blaak, Marit, et al., 'Non-formal Vocational Education in Uganda: Practical empowerment through a workable alternative', *International Journal of Educational Development*, 33(1), 2013, 88–97.

These schools were set up as the Zapatista felt the public schooling had limited success in their area, which led to disproportionately high illiteracy levels. Amongst their community, an estimated 18.4 per cent of people above the age of 15 could not read compared to the national average of 7.6 per cent.[94] Instead of seeking ways to hold duty bearers accountable for education, the Zapatista chose to leave the public school system and establish their own, independently administered, schools.[95]

The Zapatista schools focus on teaching indigenous history and subjects that are relevant for small farming communities in Mexico.[96] More generally, the Zapatista schools are based on 'critical pedagogy' which is similar to the Reflect mechanism and the teachings of Freire mentioned in the earlier case study. The teachings are also based on Henry Giroux's idea "that teachers must address aspects of the everyday lives of the students in order to make education meaningful, critical and emancipatory."[97]

According to the Regional Education Committee and the Council of Good Government, which in large part operates the school, the objectives of the Zapatista autonomous schools are to: (i) protect indigenous culture; (ii) protect indigenous values; (iii) protect indigenous languages; (iv) protect indigenous rights; (v) promote sexual equality; (vi) make education relevant to rural concerns; and (vii) strengthen communities' independence.[98]

Regarding redress and empowerment, the Zapatista schools represent a case of a marginalized group looking for redress by opting out of the general education system. Although comparison of Zapatista schools with government schools is difficult because they each have different curricula, the literature seems to consider the Zapatista schools favourably.[99] The schools allow students to identify with their local community, learn practical skills and improve their knowledge of the native language. However, more general data show that their success varies and often depends on highly specific cultural and socio-economic factors in the communities concerned. Moreover, opting out of an established system in response to failures of duty bearers may be difficult to replicate in communities which lack financial means and organizational capacity.

94] Instituto Nacional de Estadística, Geografía e Informática (INEGI), Censo General de Población y Vivienda 2010 (Census of Population and Housing 2010), INEGI.

95] Community schools, often operated by NGOs, are numerous throughout the world. Such schools represent minorities, and constitute a local response to dissatisfaction with the education system.

96] This can be criticized, as the schools probably cut off many of the children from the more formalized system of the Mexican State. However, the Zapatista opposition to the government and individualistic tendencies of globalization generally make that result a conscious choice of the community.

97] Schenker, Sarah Dee, see footnote 93, at p. 442, citing Giroux, Henry, Theory and Resistance in Education: Towards a pedagogy for the opposition, 1983, Bergin & Garvey, South Hadley, Mass., United States.

98] Ibid., at p. 435.

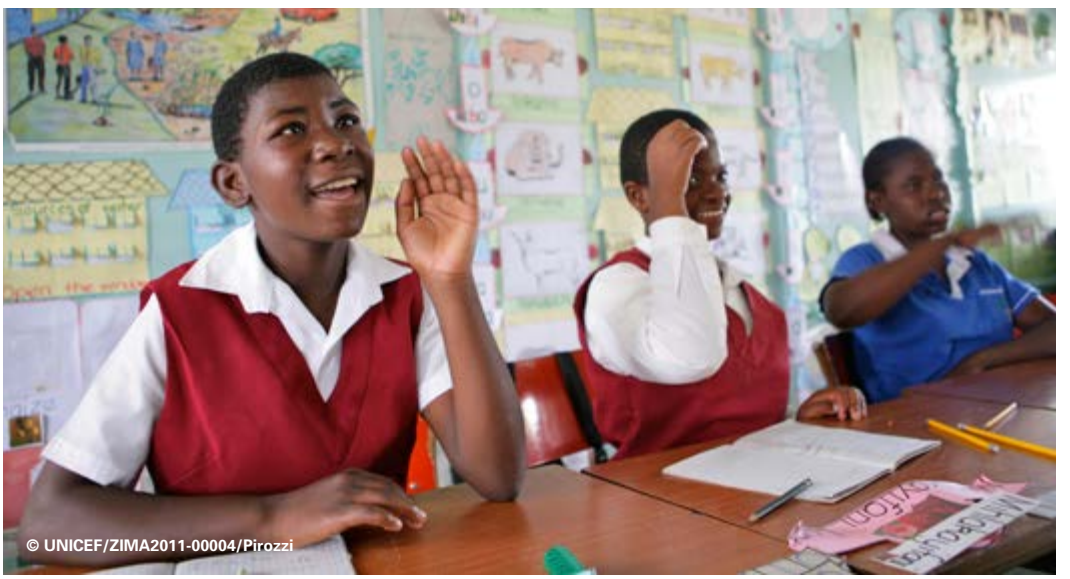
99] Ibid., at p. 440.

13

INCLUSIVE EDUCATION AND COMMUNITY OUTREACH[100]

In Guyana, children with disabilities are often excluded. A Guyanese policymaker remarked: "Our culture, our attitude… all of these things are a part of what hampers the progress of children with disabilities. Specifically in this country… once we recognize the person has a disability we say, 'Well, they can't do anything educationally' you know, and we put them in the background …the first move for any sort of inclusion for persons with disabilities is orienting peoples' minds and attitudes towards the capabilities of persons with disabilities."[101]

To ensure more accountability for the rights and needs of children with disabilities, a community-based inclusion outreach programme worked with school authorities to target specific organizations,[102] namely churches, health centres and sports clubs, promoting inclusion of children with disabilities. Parents of children with disabilities were also invited to community gatherings to talk about their challenges and to take


© UNICEF/ZIMA2011-00004/Pirozzi

100] O'Toole, Brian, 'Guyana: Involvement of volunteers, parents and community members with children with special needs', in *Making It Happen: Examples of good practice in special needs education and community-based programmes*, 1994, United Nations Educational, Scientific and Cultural Organization, Paris, at pp. 25–31. Generally most mechanisms targeted disability either on awareness campaigns or institutional inclusion. For a good example, see UNICEF, *Examples of Inclusive Education: Bangladesh*, available at <http://www.unicef.org/rosa/InclusiveBan.pdf>.

101] Ajodhia-Andrews, Amanda Devi, *Inclusive Education in Guyana: Perspectives of policy makers, teachers, and parents of children with special needs*, available at <http://www.ecdgroup.com/docs/lib_004491335.pdf>.

102] Peters, Susan J., *Inclusive Education: An EFA strategy for all children*, World Bank, 2004, available at <http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099079993288/InclusiveEdu_efa_strategy_for_children.pdf>.

part in puppet shows at local schools. Additionally, a newspaper published a specific column for 16 weeks dedicated to inclusive schooling.[103]

This mechanism employs community pressure to bring about redress and empowerment of children with disabilities and their parents. Importantly, it shows that in certain circumstances, a person-to-person or organization-to-organization outreach may be necessary to ensure fulfilment of rights or correction of rights violations. For this to work effectively, contacting the key stakeholders and holding them accountable is often more effective than a blanket spread of information in which some duty bearers can pretend they are not being deliberately targeted.

As a result of this campaign "three to five times more people than were needed applied for training as volunteers in the community-based inclusion programme, and one quarter of these were family members of children with disabilities."[104]

This outreach programme has both redress and empowerment aspects as the more that children with disabilities are included in community programming, the more inclusion becomes a norm. Moreover, the campaign, if successful, sets a precedent for these children and their representatives to ask directly for inclusive programming.

103] Ibid., at p. 15.

104] Melgarejo, Hernando A., 'Sembrando Cultura de Prevención', *Disability World*, no. 10, September-October 2001.

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The health sector includes maternal and child health care, nutrition, and water, sanitation and hygiene (WASH).

Health

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1

BOLIVIA: **Information and dialogue**[105]

The mechanism described here focuses on making rights holders aware of their rights by directing information to vulnerable communities and facilitating dialogue between rights holder and duty bearer.[106] In this example, an NGO assisted community members in organizing collective actions, including meetings and negotiations with authorities, and provided a platform for community members to voice their concerns.

For example, in Oruro, Bolivia, the NGO Save the Children set up a health information centre to provide the community with information about maternal and child health issues. Groups or individuals could approach the information centre on any health-related topic and receive information. Through this information centre, community members learned about insurance concessions provided under a national health insurance scheme for pregnant women and children under the age of 5 in all hospitals. Subsequently, they questioned the hospital consultation and treatment charges imposed on patients on the grounds that the hospital should have received reimbursements for the associated costs from insurance companies. A dialogue between the hospital and community members revealed that the mayor had not reimbursed the hospital for its expenses as mandated under the insurance scheme. A joint effort by the community and the hospital led to the hospital receiving the funds as well as the provision of free medical services for pregnant women and children.

Before this programme was created, it was impossible for community members to demand provision of free health care because they did not know that they were entitled to free healthcare services. By raising awareness and providing a platform for a dialogue between service providers, duty bearers and rights holders, this mechanism led to the immediate realization of the rights of community members including children and their families.[107] It also led to the duty bearer (the mayor) fulfilling his obligation.[108] This mechanism has also set a precedent for people taking an interest in community affairs who may undertake collective action in future cases of rights violations.[109]

Another similar mechanism, Tomando Decisiones (Making Decisions), focuses on sexual and reproductive health

105] Howard-Grabman, Lisa, et al., 'A dialogue of knowledge approach to better reproductive, sexual and child health in rural Andean communities' in Andrea Cornwall and Alice Welbourn (eds.), *Realising Rights: Transforming approaches to sexual and reproductive well-being*, 2002, Zed Books, London; cited from George, Asha, *Accountability in Health Services: Transforming relationships and contexts*, Harvard Center for Population and Development Studies, Working Paper Series 2003, Vol. 13, No. 1.

106] George, Asha, 'Using Accountability to Improve Reproductive Health Care', *Reproductive Health Matters*, 11(21), 2003, 161–170.

107] Ibid., at p. 167.

108] Ibid.

109] Ibid.

of adolescents and youth.[110] This mechanism was deemed necessary as Bolivian adolescents and youth were often being denied their right to sexual and reproductive health mainly due to patriarchal attitudes and inadequate education on sexual and reproductive health in the school curriculum. This contributed to early pregnancy among young girls.[111] Therefore, the aim of this mechanism was to find the most effective ways to provide the necessary information to Bolivian adolescents and youth in order to empower them to make responsible decisions.

The main interventions included (i) youth training; (ii) teacher and parent training; (iii) the provision of youth-friendly services and (iv) peer education and advocacy. In the peer education and advocacy intervention, the youth were involved in developing messages for their peers to encourage them to adopt positive practices for a responsible and healthy sexual life, as well as to prevent unplanned pregnancies and HIV transmission.[112] Youth zones in public health centres were also set up in hospitals and community centres where training in sexual and reproductive health as well as counselling for pregnant youth could take place.

In addition to empowering youth (the rights holders), the mechanism also focused on changing the behaviour of immediate service providers. For example, the NGO found that while the youth frequently identified health centres and pharmacies as places for getting contraception, they often felt discriminated against because of their age.[113]

Thus, Save the Children tested the impact of a sexual and reproductive health training that was given to a group of pharmacists. The group of trained pharmacists was compared to another group of pharmacists who had not received the training. At the same time, the NGO sensitized youth on their rights to sexual and reproductive health, including their rights to contraception. The NGO found that the pharmacists who received the training experienced a rapid increase in demand for their services, including youth counselling. Moreover, the youth reported less discrimination. They also benefitted from comfort zones, which were set up for youth to openly discuss sexual and reproductive health.[114]

The government could further publicize the scheme to ensure that all beneficiaries are made aware of their rights and make people aware that such schemes are offered by the government and not just by NGOs.

110] Save the Children, "*Tomando Decisiones*": *Empowering youth in Bolivia*, June 2009, available at <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/Tomando-Decisiones-Empowering-Youth-in-Bolivia-Brief-2009.pdf>.

111] Ibid.

112] Ibid.

113] 'Nuestros Cuerpos Nuestras Decisiones', CARE, Save the Children and United States Agency for International Development, 2003, cited in Save the Children, "*Tomando Decisiones*": Empowering youth in Bolivia, June 2009.

114] Ibid.

2

JAN SUNWAI **(public hearing)**[115]

Vulnerable groups can face high levels of discrimination. They can find it difficult to seek redress when their rights are denied as even at the lowest level of governance in India, the panchayats or the village councils, these groups are up against excessive bureaucracy and are often denied access due to their position in the social hierarchy. In addition, village councils often have limited decision-making powers.[116]

In India, to give a voice to these vulnerable groups and help them access their rights, NGOs have supported the setting up of public hearings, known as Jan Sunwai, during which any rights holders can ask public duty bearers to account for their actions. They are like informal conferences where members of the community, including children and their families, can raise their concerns to a panel. The panels are usually composed of elected representatives from the communities, as well as government officials, other NGOs, and experts from the field, such as lawyers, doctors or teachers. Journalists can be invited to publicize the issues.[117] For example, Samarthan, an NGO, approached every family about issues that needed to be addressed by public officials in the public hearing.[118] The grievances can be resolved immediately and decisions about follow-up are also taken.[119]

The public hearings have been held in several parts of India and in many instances have led to redress. For example, in a village near Indore, located in the western region of Madhya Pradesh, five children suffering from a serious medical condition, who did not receive adequate medical attention from the government hospitals, were provided with the necessary treatment after their parents raised the issue in the public hearings. The district administrative chief officer ordered the hospitals to provide immediate medical attention to the children.[120]

In another example, a public hearing in the village of Nandurbar, Maharashtra, community members questioned authorities about the payments that women from an ethnic minority group were supposed to receive from the government under the Matrutva Anudan Yojana scheme for maternal care. The authorities were held accountable, and the payments were made immediately to all mothers.[121]

115] Blair, Harry, 'Participation and Accountability at the Periphery: Democratic local governance in six countries', *World Development*, 28(1), 2000, 21–39.

116] Ibid. The powers and limitations of the panchayat are determined and subject to the laws made by the central and state governments. The multiple levels of delegation and limitations lead to the panchayat having very few powers to provide immediate redressal.

117] *Good Governance: Jan Sunwai Process in Madhya Pradesh*, available at <http://flashodin.blogspot.com/2012/04/good-governance-jan-sunwai-process-in.html>.

118] The process of Jan Sunwai followed by Samarthan is available at <http://samarthan.info/tools-we-use/jan-sunwai-%e0%a4%9c%e0%a4%a8-%e0%a4%b8%e0%a5%81%e0%a4%a8%e0%a4%b5%e0%a4%be%e0%a4%88/>.

119] Jha, Birendra Kumar, and Indrani Barpujari, *Jan Sunwai on the Present Agrarian Crisis: A report*, Gene Campaign, available at <http://www.genecampaign.org/home/Reports/THE%20AGRARIAN%20CRISIS%20IN%20 INDIA.pdf>.

120] 'Five Kids Get New Life at Jan Sunwai', in *The Times of India*, 18 January 2012.

121] Byatnal, Amruta, 'Apathy, the Disease', in *The Hindu*, 24 June 2012.

As is evident from the examples above, a public hearing can lead to immediate redress and can mobilize rights holders to demand accountability for failure to fulfil their rights. Thus, this mechanism can bridge the gap between the duty bearers and rights holders, cut through red tape by lower authorities and gain the attention of higher authorities that have more power to use discretionary powers to provide redress. NGOs involved with this mechanism report a reduction in bureaucratic delays in the constituencies.[122] Similar programmes have been launched in Mali, the Philippines and Ukraine to increase participation and accountability.[123]

One reason for their success is that it allows all stakeholders to speak freely and it focuses on redress of a specific wrong rather than on sanctioning the service provider or duty bearer. However, if there is no local quasi-judicial body already operating in the community, this mechanism may be difficult to establish.

122] Ibid., at p. 8.

123] Blair, Harry, see footnote 115. One of the concerns with this mechanism, however, is the difficulty of access even to such informal settings experienced by the vulnerable and marginalized. For example, the Amici del Mondo World Friends Onlus, a non-profit association set up in Italy, has been working with mothers of children with disabilities in Nairobi, who live in informal settlements in deep poverty. This is aggravated by social stigmas such as the fact that such children are believed to be a sign of divine retribution. This forces mothers to hide their children with disabilities, leading to further withdrawal from society and denial of access to the necessary medical attention. World Friends has been focusing on raising awareness about disability and working to facilitate integration of children with disabilities and their families into mainstream society. They provide physiotherapy centres to children who cannot access the hospitals for various reasons. Given the social stigma in many developing countries, the risk is that such issues will continue to be ignored even by local philanthropic organizations. Fentress, Katy, 'Disabled children in Nairobi's informal settlements', available at <http://50.56.222.123/nr/121016di>.

3

ORGANIZING ASSOCIATIONS OF HAND PUMP MECHANICS[124]

In the Adjumani District of Uganda, the water supply system worked poorly because malfunctioning pumps were not repaired by hand pump mechanics in a timely manner. This was apparently due to the lack of adequate training, organization and supply of spare parts. As a result, it was difficult to secure reliable repairs at uniform prices.[125]

To remedy this situation, local NGOs supported hand pump mechanics to form an association. Members of the association were given refresher skills courses and provided with toolkits with the help of SNV Netherlands Development Organization.[126]

This initiative helped the hand pump mechanics interact with other mechanics, which not only increased

124] Mommen, Brecht, and Rashidah Kulanyi, *Strengthening Private Sector Participation for Improved Operation in Maintenance in the Rural Water Sector in Uganda: A case study on establishing an association of hand-pump mechanics, in Adjumani District, West Nile Region, Uganda*, SNV Netherlands Development Organization Case Studies 2009, available at <http://www.snvworld.org/sites/www.snvworld.org/files/publications/ug_strengthening_private_sector_participation_for_improved_operation_in_maintenance_in_the_rural_water_sector.pdf>.

125] Nekesa, Jacinta, and Rashidah Kulanyi, 'District-based Hand Pump Mechanics Associations in Uganda for Improved Operation and Maintenance of Rural Water-Supply Systems', available at <https://rwsnforum.files.wordpress.com/2011/10/156vppsdistrict-based-hand-pump-mechanics-associations-in-uganda-for-improved-operation-and-maintenan.pdf>.

126] Ibid., available at <http://rwsnforum.wordpress.com/programme>.

their knowledge and skills, but also created a peer network. As a result, the mechanics were able to work together to resolve defects that were too complex for one mechanic.

Furthermore, because it is local, an association of this kind can easily track down inadequate repairs and hold mechanics accountable for lack of service or indiscipline. The association can also hold the district water office accountable for its expenses. And the people who are affected by broken hand pumps can directly hold the association accountable for the work carried out by them by making announcements through radio and using a mobile phone.[127] For example, the Kasese association has provided the community with contact telephones so they can report a mechanic who cheats them or does a poor job. Such mechanics may be penalized at the discretion of the association.[128]

Additionally, to reduce the time lag between identification of faults and rehabilitation of the hand pump and to increase the availability of accurate and reliable records, a coalition of organizations, including the Triple-S Uganda, Makerere University and SNV Uganda, launched the Mobile Phone for Improved Water Access project in October 2011.[129] Under this scheme, each water source is allocated an identification number displayed on a sticker. The hand pumps are grouped according to their geographical location, ranging from sub-county level down to village level. Each sub-county is allocated a hand pump mechanic who is also provided with a mobile telephone fitted with the project software. When a community member (rights holder) identifies an issue with a hand pump, he or she sends a text message to a prescribed code, indicating the identification number of the hand

127] Ibid.

128] Ibid.

129] Nabunnya, Jane, et al., *Community Management of Water Services: Approaches, innovations from Lango & Rwenzori regions*, Triple-S Uganda (Sustainable Services at Scale), 2012.

pump. When the system receives the notification, it automatically generates an SMS, which is sent to the relevant mechanic's phone. Upon receiving the information, the mechanic is expected to investigate the problem and advise the community on the necessary action.[130]

While a formal assessment of the project is pending, a reduction in the timeline and an improvement in the recording system of hand pumps has already been reported.[131]

This mechanism focuses on front-line service providers and empowers them to provide rights holders adequate services. It is now implemented in the Yumbe, Adjumani, Arua, Kyenjojo, Kasese, Adjumani and Kabong Districts of Uganda. The key actors are private sector providers, Consultancy for Rural Enterprises and Activity Management (an NGO) and individual hand pump mechanics.

In Kabong District, the association of hand pump mechanics succeeded in improving the functionality of water sources from 20 per cent in 2006 to 96 per cent in 2010.[132] There has been a drastic reduction in the cost of rehabilitating hand pumps and bore wells by local associations compared to outside service providers. This mechanism has been brought to the attention of the Ministry of Water and Environment, which is now in the process of setting up similar associations across Uganda.[133]

Moreover, due to the effectiveness of the associations and the training, the government has started contracting the association for rehabilitation, maintenance and repair of hand pumps.[134] The contracts were previously outsourced to contractors outside the community at expensive rates. This has given hand pump mechanics an incentive to do a good job and has led to a decrease in costs for the government. These contracts are entered into by the association and the district water office.[135]

In this mechanism, the empowerment of the duty bearer is as essential as the empowerment of the rights holder. It could be implemented to improve accountability and service provision in any situation involving service providers.

130] Ibid., at p. 7.

131] Ibid.

132] 'Uganda: Government setting up hand pump mechanics associations in all rural districts', available at <http://www.afriwater.org/newsbrief/146-uganda-government-setting-up-hand-pump-mechanics-associations-in-all-rural-districts>.

133] A similar mechanism was adopted in relation to health in Cuba through the Family Doctor programme. Doctors and nurses were trained in primary health care, and teams were placed to treat 120–150 families of a locality. While this was a government-initiated mechanism, the project has been recorded as a success in prompting health care in Cuba. Erikson, Dan, Annie Lord and Peter Wolf, 'Cuba's Social Services: A review of education, health, and sanitation', *Inter-American Dialogue*, 2002.

134] Nekesa, Jacinta, and Rashidah Kulanyi, see footnote 125.

135] Ibid., at p. 156.

4

ACCESS TO HOSPITALS BY MINORITY WOMEN[136]

The objective of this mechanism is to empower marginalized women in Andhra Pradesh, India. The assumption is that changing the self-conception of marginalized groups and individuals will lead to increased confidence, recognition of entitlement and ultimately to a demand for accountability.[137]

In Andhra Pradesh, women from the 'lower castes' have been isolated and forbidden entry into many public areas, including hospitals and clinics. Their lack of voice and visibility meant that their rights were ignored and unacknowledged by most authorities.[138] Consequently, they receive poor maternal and child health care.

In response, the Academy for Nursing Studies organized women from lower castes into women's health groups, known as Mahila Arogya Sanghas. They provided the women with training, focusing on developing their social skills to boost their communication skills with health workers.

For example, the women were taught how to hold a meeting, to speak in public, and to address and interact with government officials. The women were also taught basic skills in maternal and child healthcare. A doctor involved in the training provided each woman with a signed and stamped *sangha* badge 'legitimizing' their acquired skill.[139] Additionally, each women's group was encouraged to choose a sign or symbol as an identity to symbolize their collective strength. These symbolic measures boosted their self-esteem and built their confidence.

Thus, this mechanism seeks to help women from lower castes gain visibility and identity with the goal of improving basic health services to lower-caste communities. Anecdotal evidence suggests it has had a major impact. For example, subsequent to the training, when a member of the Sangha who needed emergency medical care was prevented from entering the hospital, the women protested, flashing their Sangha badges at the hospital guards who, taken aback, let them proceed. This incident both ensured that the sick woman received timely medical care, which would not have been possible without the Sangha badge, and also set a precedent for all the women of the village. Sangha badges came to symbolize the women's identity, power and qualifications[140] and furthermore, Sanghas' collective presence dissuaded health workers

136] George, Asha, 'Accountability in Health Services: Transforming relationships and contexts,' Harvard Center for Population and Development Studies, Working Paper series, Vol. 13, No. 1, 2003.

137] Barnes, Marian, 'Users as Citizens: Collective action and the local governance of welfare', *Social Policy and Administration*, 33(1), 1999, 73–90.

138] Ibid.

139] Ibid.

140] Ibid.

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and medical practitioners from seeking informal payments or refusing services or medicines.[141] Collective presence also makes it more difficult for the authorities to ignore them.

A similar project was undertaken by the NGO Child in Need Institute (CINI)[142] in collaboration with other partner NGOs. The NGO facilitated awareness raising camps and communication training for rural women on maternal and child health care. One of their sessions focused on capacity enhancement, behaviour change communication[143] and strengthening links between marginalized communities and decision makers.[144] About 20 women were identified as 'change agents' from each participating neighbourhood, and like in the Andhra Pradesh project, the women were trained on basic health issues and schemes and were subsequently made responsible for sharing the information with their community.

The NGO used a variety of strategies for different groups based on behaviour change communication, including cluster meetings, observation of health and nutrition days and needs-based health and nutrition camps. For instance, in localities recording high malnutrition levels, CINI organized promotional camps for nutritional supplements where mothers were given demonstrations on preparing food supplements, particularly on how to preserve the food's nutritive value.

141] Observation made at the Gender and Health Equity Karnataka Case Study Planning Meeting, Bangalore, 9 November 2002, cited in George, Asha, see footnote 136.

142] See website of CINI, <http://ww.cini-india.org/brand_index.html>.

143] "This behaviour change communication can be broadly defined as a process of understanding people's situations and influences, developing messages that respond to the concerns within those situations, and using communication processes and media to persuade people to increase their knowledge and change the behaviors and practices that place them at risk." In 'Communication for Social Change: A position paper and conference report', The Rockefeller Foundation, January 1999, p. 8.

144] *CINI Annual Report 2010–11*, available at <http://ww.cini-india.org/cini.pdf>.

5

SCHOOL WASH CAMPAIGN[145]

Many children are unaware of their rights and power dynamics in a school often make it difficult for them to voice their concerns. Therefore lack of accountability on the part of school managements and teachers is particularly problematic.[146]

To address this, in Nyanza Province, Kenya, a SWASH+ (School Water Sanitation and Hygiene+) project involving 14 schools, was set up, which empowered students and their parents to demand their rights for adequate water and sanitation facilities and education on hygiene.

Priority was given to schools that did not receive any recent financial aid and had not participated in any similar projects.

Under the project, up to six parents had to volunteer or elect nominees to take turns visiting the school once every week and using a tool provided by the SWASH+ team, they monitored the functioning of the schools' water and sanitation facilities and the students' hygiene practices. They then made their recommendations to the school management committee. The parents who took on the role as health representatives were "responsible for helping the school secure supplies such as soap, brooms and disinfectant, as well as organizing the repairs, mainly by bringing up issues at the school management committee and parent meetings."[147]

On their part, the teachers were provided with a checklist of duties for them to perform and a logbook to record their observations. In case of any repairs or other issues, the teacher on duty was required to resolve the problem and record the steps taken in the logbook.

The students also recorded the conditions of sanitation facilities, including availability of clean water and soap, in template guides provided to them by the SWASH+ team. These guides were shared with the teacher on duty, parents and school management who had to take appropriate measures to fix the faults.

Additionally, as part of the project, a community monitoring competition was held in which communities selected schools in the 'administrative cluster' and evaluated their water and sanitation facilities over a period of time. They looked at the appropriateness of the hygiene education, the state of WASH facilities, the effectiveness of the monitoring systems, and promptness in repairing faulty facilities. The community members allotted points to the schools based on each of these criteria. The

145] Alexander, Kelly, Victoria Trinies and Emily Awino, *A Handbook for Water, Sanitation and Hygiene Programs in Primary Schools: SWASH+ learnings*, March 2012, available at IRC WASH Library <http://www.washdoc.info/docsearch/title/179251>.

146] Trinies, Victoria, and Robert Dreibelbis, *Research Summary: Roles & responsibilities pilot, January–November 2011*, a SWASH+ project report, 2012, available at <http://www.washdoc.info/docsearch/title/178961>.

147] Ibid.

school that received the highest score was rewarded with supplies, such as water treatment products, soap for hand washing, bleach, brooms and buckets, depending on the number of students enrolled in that school.[148]

The project led to schools making improvements to their WASH programmes. These included closing unsafe latrines, installing hand-washing stations, buying water treatment products, and setting up duty rotations for latrine cleaning and water treatment.[149] Better WASH facilities have led to a decrease in student absenteeism[150] and a reduction in the spread of communicable diseases. The logbooks maintained by the teachers and the guides collected from the students supplied the necessary data to the parent representatives, which supplemented their visits. Of the 14 participating schools, 6 schools reported that the parent representatives provided greater support and contributed to improvement of sanitation facilities by highlighting the issues to the school management and parents' committee.

148] Ibid., at p. 7. One of the drawbacks of generating such competition is that schools that were unable to perform well in these competitions (primarily due to lack of resources) continue to suffer from shortage of resources, while schools that performed well (i.e., already have resources) receive additional resources to continue. There is thus the danger of widening the gap between schools. This could be resolved, however, by conducting competitions among schools with similar funding modes and amounts.

149] Ibid.

150] *The Impact of School WASH in Absenteeism*, a SWASH brief based on Freeman, Matthew C., et al., 'Assessing the Impact of a School-based Water Treatment, Hygiene and Sanitation Programme on Pupil Absence in Nynaza Province, Kenya: A cluster-randomized trial', *Tropical Medicine & International Health*, 17(3), 2011, 380–391.

6

OUTPUT-BASED INCENTIVES[151]

To improve the accountability of health workers, the NGO Bangladesh Rural Advancement Committee (BRAC) implemented a programme to monitor health workers' teaching on the treatment of diarrhoea using oral rehydration salts (ORS), a cheap treatment that does not require health professionals nor special equipment.[152]

The aim of the project was to raise community awareness about how to treat diarrhoea, one of the country's main preventable killers of children under the age of 5, ensuring that at least one woman in each household was equipped to prepare the oral rehydration solution. The NGO used output-based or results-based payments; regulating payments to the health service providers depending on their service and the outcome.[153]

The output-based incentives adjusted the health workers' salary according to the mothers' knowledge of diarrhoea and their ability to prepare the solution. Thus, every month, a monitor tested

151] Chowdhury, Sadia, 'Educating Mothers for Health: Output-based incentives for teaching oral rehydration in Bangladesh', in *Contracting for Public Services: Output-based aid and its applications*, Penelope J. Brook and Suzanne M. Smith (eds.), 2001.

152] Ibid., at pp. 57–63.

153] The other forms of payments are fee for service, pay for coordination, episode or bundled payment, and comprehensive care or total cost of care payment. See more at Silversmith, Janet, 'Five Payment Models: The pros, the cons, the potential', *Minnesota Medicine*, 94(2), February 2011, 45–48.

10 per cent of the mothers who were taught by the health workers the previous month. The performance of the mothers during the test determined the compensation of the health worker.[154] This motivated the health workers to ensure that the mothers understood how to treat diarrhoea at home. Some health workers made the mothers demonstrate the process to ensure that they had learnt correctly. This was reflected in the improved performance of the mothers and reduction in infant mortality due to diarrhoea.[155] However, it was difficult to attribute the reduction in infant mortality only to the incentives.[156]

The output based incentives were also used in Rwanda, in the Kabutare and Gakoma Districts, to address absenteeism of health workers, disrespect for users, and improper management.[157] HealthNet International, Netherlands, in association with Médecins Sans Frontières, Belgium,[158] provided funding and supplies to health centres which established a new incentive structure, instituting a fixed bonus to the facility based on its performance.

They defined performance by a set of five key activities which have a potentially high impact on the population's health status: curative consultations, institutional deliveries, antenatal visits, family planning and child immunization.[159] For each of these activities, the NGOs paid a fee for the service. They also set up a steering committee comprised of key partners to monitor performance of the health facilities.[160] They designed the committee to give staff more decision-making rights regarding general management of the health centre, and a variable bonus scheme for individual health workers was introduced.

The initiative was established in a multilateral contract for each health facility in which all stakeholders, health professionals included, committed to assist the facility in improving its performance, and the facility committed to providing the best services to the population.

The health centre activity reports submitted to the district health offices were used to assess the results and consequently the payment made to that health centre which in turn determined the remuneration of the staff.

The impact of each procedure on performance cannot be assessed before the overall performance of the health centre improved.[161] However, one of the risks of this mechanism was exaggerated data by the staff members in the report.

154] Ibid. It essential to make sure that these incentive mechanisms do not violate the rights of the duty bearers as employees or workers.

155] Ibid. See also Chowdhury, A. Mushtaque R., and J. Patrick Vaughan, 'Perception of Diarrhoea and the Use of a Homemade Oral Rehydration Solution in Rural Bangladesh', *Journal of Diarrhoeal Disease Research*, 6(1), June 1988, 6–14.

156] Ibid.

157] Meessen, Bruno, Jean-Pierre I. Kashala and Laurent Musango, 'Output-based Payment to Boost Staff Productivity in Public Health Centres: Contracting in Kabutare District, Rwanda', *Bulletin of the World Health Organization*, 85(2), February 2007, 108–115.

158] Meessen, Bruno, et al., 'Reviewing Institutions of Rural Health Centres: The performance initiative in Butare, Rwanda', *Tropical Medicine & International Health*, 11(8), August 2006, 1303–1317.

159] Ibid., at p. 1307.

160] Membership of the steering committee was not disclosed in the study.

161] Ibid., at p. 1307.

This was tackled by setting up an independent complementary monitoring system, including cross-checking of data with surprise visits to homes of patients mentioned in the records. In the event of any wrong information or mishandling of information, the staff concerned would be sanctioned.[162]

The impact of performance-based incentives has increased the coverage for all remunerated activities except family planning. In addition, individual productivity of the staff for the district increased by 53 per cent.[163] The intervention also benefited the staff individually, increasing their pay by an average of US$26.[164] The result of this intervention caused the government and the health officers to implement similar measures in several districts. It has led to revisiting of employment terms of health workers and weeding out of staff who inflate records.

Similarly in Argentina, the World Bank, in association with the provincial governments of Argentina, introduced the Maternal-Child Health Insurance Programme in 2004.[165] Health centres are reimbursed for their expenses out of the allocated funding based on the number of interventions conducted in relation to maternal and child healthcare.

162] It has to be noted that the mechanism devotes a substantial amount of time of the health workers in recording and data generation. Any elaborate recording procedure will discourage the health workers from taking up more cases, and the time given to recording may be better used focusing on the health conditions of the community.

163] Meessen, Bruno, Jean-Pierre I. Kashala and Laurent Musango, see footnote 157, at p. 112.

164] Ibid.

165] Johannes, Lars, 'Output-based Aid in Health: The Argentine Maternal-Child Health Insurance Program', *OBApproaches*, vol. 13, Global Partnership on Output-based Aid, 2007.

7

CHILDCOUNT+[166]

Reducing child and maternal mortality requires the identification of vulnerable children. According to the Millennium Villages Project, run by the Earth Institute at Columbia Law School, in sub-Saharan Africa, 10 per cent to 20 per cent of children die before the age of 5.[167] This number is probably an underestimation because many villages lack birth and death records and are unable to provide health statistics. The number of mothers who die during pregnancy is also reportedly high.[168]

Millennium Villages in sub-Saharan Africa have developed a software platform that requires community health workers to register relevant information about their patients, including their ailments and treatments, in a text message from a mobile phone. The information is then transmitted to a central web dashboard. This established a database of information about patients and provides a real-time view of the health of a community. The system provides alerts and bridges gaps in treatment offered.[169] It also helps ensure that community health workers give the right care to the patients as they are able to easily access the patient's

166] ChildCount+, <http://www.childcount.org/about>.

167] Ibid.

168] Ibid.

169] Gentile, Sal, 'Using cell phones to deliver health care to African children', *The Daily Need*, 2010, available at <http://www.pbs.org/wnet/need-to-know/the-daily-need/using-cell-phones-to-deliver-health-care-to-african-children/4510>; <http://www.childcount.org/about>.

history. This project is funded in part by the UNICEF Innovation Fund,[170] and also through partnerships with local telecommunications companies who facilitated a toll-free number to ensure free-of-charge communication between community health workers and their communities.[171]

This software helped remove one of the primary problems of invisibility. The patient could be checked for progress and later enrolled into awareness or community health programmes.

Additionally, it provided information to all health workers in the region, gave assistance and guidance, and developed strategies in preventive and curative care for health workers and community workers.[172]

Furthermore, this software has helped community workers in many areas of their work, notably to monitor pregnant women, manage childbirths, monitor newborns, and screen children under the age of 5 for malnutrition and control immunizations.[173] Based on the collated information, the community health workers have generated statistics and organized significant community health events aimed at reducing child and maternal mortality rates.[174] Since October 2010, 10,000 children and 5,000 mothers were registered in the ChildCount registry.[175]

170] <http:www.rapidsms.org/overview/projects/childcount>.

171] Heatwole, Anne-Ryan, 'ChildCount: Monitoring children's health through SMS', available at <http://mobileactive.org/case-studies/childcount>.

172] See *ChildCount: Empowering Communities to Improve Child Health* available at <http://healthmarketinnovations.org/program/childcount>.

173] Ibid.

174] Ibid.

175] Gentile, Sal, see footnote 169.

8

WATER, SANITATION AND SOLID WASTE SCORECARDS[176]

As policymakers are often distant from the reality on the ground, scorecards help policymakers to prioritize concerns voiced by the community members and to undertake the necessary measures to correct the problems in the health-care system.[177] In some cases they have also promoted greater dialogue and consultation between the government and the rights holders.[178]

The Kenya Alliance of Resident Associations (KARA), representing a consortium of stakeholders that includes service providers, introduced scorecards in October 2005, promoting dialogue between the rights holders, service providers and policymakers. The group also intended to use the scorecard results to highlight priorities of rights holders in relation to water and sanitation problems.[179]

The citizen report cards model used in Kenya consisted of two parts. Firstly, under the Ministry of Water and Irrigation, World Sanitation Programme, community members responded to a survey about service provision and their perception of service quality. Secondly, focus groups composed of special interest groups (including high-income and low-income groups, youth, men, women and local leaders) provided qualitative information that complemented the survey results.[180,181]

The results revealed important information about the water and sanitation system. Most users were aware of the poor quality of the water

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176] World Sanitation Program, *Citizen's Report Card on Urban Water, Sanitation and Solid Waste Services in Kenya: Summary of results from Nairobi*, available at <http://documents.worldbank.org/curated/en/2008/12 /9996306/citizens-report-card-urban-water-sanitation-solid-waste-services-kenya-summary-results-nairobi>.

177] Ibid.

178] World Vision International, 'Community-level Accountability Mechanisms', Briefing Paper, 2012, published by Global Health and WASH on behalf of World Vision International, available at <http://www.who.int/pmnch/topics/part_publications/pmnch2012report_community_accountability.pdf>.

179] World Sanitation Program, see footnote 176.

180] Ibid. For a similar mechanism, *see also* Public Affairs Centre India, *Citizen Monitoring and Audit of PMGSY Roads: Pilot phase II*, July 2009.

181] The six themes identified for data analysis and presentation are organized into i) availability, access and use of services, ii) perceptions of quality and reliability, iii) costs incurred by users, iv) transparency of service delivery, v) interactions with the service agencies and vi) information provision – World Sanitation Program, see footnote 176, at p. vi.

they received from service providers. So they treated the water supplied by these service providers either with chemicals (25–31 per cent) or by simply boiling (77–81 per cent) before consumption.[182] In fact, the death of a child in the Dam area of a Kangemi informal settlement was sourced to cholera acquired from untreated water received from the same system.[183] Regarding sanitation, again they found services were unsatisfactory and that most of the users had their own facilities, either individual toilets or compost toilets. At the time of writing, the final results from the scorecards were still being analyzed by the stakeholders.

Likewise in Uganda, a scorecard was introduced by World Vision Uganda to rate health clinics.[184] In one example, at Kiyeyi, community members held a meeting during which they were introduced to national health standards and were asked to score one specific clinic. This exercise led to several rounds of dialogue and in some cases involved local politicians. As a consequence, resources were reallocated, resulting in a more effective health clinic in Kiyeyi, and the number of health staff employed in each clinic increased.[185]

182] Ibid., at p. 19.

183] Ibid.

184] World Vision International, Briefing Paper, see footnote 178.

185] Ibid., on p. 13.

9

PEER GROUPS[186]

After the genocide in Rwanda, reintegration of victims into society was a priority.[187] In one initiative, local authorities in partnership with the NGO Handicap International launched a project to promote mental health. They aimed to do this by strengthening communities' capacities to manage children and adolescents experiencing psychological suffering and to prevent others from experiencing it.[188]

With the help of the government authorities, community workers identified some of the most vulnerable victims of the ethnic conflict. They were then grouped on the basis of their vulnerability, namely children heading households, children with disabilities, unmarried young mothers, single mothers and children affected by HIV/AIDS. The idea was that a peer group with similar vulnerabilities would lead to the rebuilding of social links, the inclusion of individuals into the community and the reconstruction of individual and community identity.

186] Handicap International, *Supporting Persons Living with Trauma by Rebuilding Social and Community Links*, November 2009, available at <http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/HI%20Associations/SupportingPersonsTrauma_2010.pdf>.

187] In mechanisms such as this the role of the State is limited as the intention is to build the capacity of the victims of these conflicts vis-à-vis the State and its atrocities.

188] Ibid., at p. 8.

The peer group elected a focal point, who coordinated the group's activities and helped identify problems and find solutions collectively. The promotion of a collective identity also helped empower group members to protect each other against ill-treatment by society.[189]

The project did not seek to provide immediate solutions to the problems in the community but aimed at empowering the members to seek solutions by building their capacity to deal with them. For instance, one of the beneficiaries in Ndera, on the outskirts of the capital, Kigali, explained that the community presumed this project to be similar to other funding projects. However, instead of providing funds directly, the project educated the members on the concept and process of bank loans.[190] The project aimed at showing ways for individuals to find solutions by themselves.

189] Ibid.

190] Ibid., at p. 31.

10

ACCESS TO WATER FOR MINORITIES[191]

In Nepal, the exclusion of the so called lower-caste citizens from using local and easily accessible water facilities meant that women had to travel long distances to get water.[192]

To address this, a Water Users and Sanitation Committee was formed for a well-drilling project funded by the Asian Development Bank and run by the government.[193] All members of society participated in drilling wells for the village and building sanitation facilities. The emphasis was on "involving every single caste, religious group, and tribe in a given location, and both genders, too. The project employed sociologists to profile communities and advise on how to include everyone."[194]

All community members intending to use the facilities had to participate. As a result, caste-based discrimination was reduced, the status of women improved and the equality of all community members irrespective of caste or gender was promoted.[195]

The rationale and aim of the project is that since every member contributed to the project, no person can be restricted from accessing any of these facilities. This reduces gaps in the access and delivery of rights, in addition to setting an example for all future projects.

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191] Asian Development Bank, 'Clean Water Brings Equality for Nepali Women, Minorities', 2010, available at <http://www.adb.org/features/clean-water-brings-equality-nepali-women-minorities>.

192] A similar mechanism was reproduced in the villages of Sri Lanka with the approval of the government. The project was partly financed by the Government of Sri Lanka and partly by Asian Development Bank. The project involved establishing community-based organizations for the minorities, involving them in all the decision-making process. For more information, see Ediriweera, Indra V.W., 'Efforts to Reach Sanitation and Hygiene for Vulnerable Groups in Sri Lanka', presented at the Asia Regional Sanitation and Hygiene Practitioners Workshop, 2012, Dhaka, Bangladesh.

193] Asian Development Bank Report, *Impact Stories from Nepal: Inclusive growth*, 2010.

194] Ibid.

195] Ibid.

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Annex
Methodology

Scope: The sectors on which the study focuses have been restricted to health and education. These sectors encompass a range of different and sometimes complementary rights. As a conceptual framework, we have used the following flow chart to identify mechanisms that fit the definitions outlined above.

ENFORCEMENT OF CHILD RIGHTS

We faced the problem of a) representation and b) consolidation of rights. Most of the rights were represented by parents or communities. Most mechanisms relied on informal communication by children of any breach to their parents or direct identification by parents or community members of such breaches. Further, in relation to health, there was no distinction drawn in most of the mechanisms between the rights of children and adults.

FORMAL OR INFORMAL

The test of informality we adopted was that a mechanism would be considered informal where it was not completely 'controlled' or 'operated' by the government or its agencies. We have also included mechanisms that may be partially funded by governments or may be informally approved by a government for the purposes of implementation.

LOCAL MECHANISM

The mechanism was determined to be local if the group of people helped by the mechanism was small relative to the population of the country and where the mechanism identified a common association to a particular region, village or town.

REDRESS VERSUS COMPLAINT AND REMEDY MECHANISMS

The mechanisms provide a remedy to an existing problem. Most of these mechanisms were triggered or brought into existence as a consequence of studies and reports identifying the problem, as opposed to arising in response to a specific complaint or a particular incident of breach of rights. The report can be modified to reflect the fact that some of the procedures and mechanisms included address future breaches and consist of preventive rather than retroactive measures of redress.

A

Education Methodology

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Accountability in education has received a lot of attention over the last decades, triggered in part by school reform programmes in the United States and Europe and a new push towards international comparison of state performance in different spheres of education. As a result, much insight into the working of schools can be found in the literature discussing these trends.

In the developing world, many different approaches and avenues into improving education are being assessed. The interdependence of different approaches, an issue that has been mentioned generally in the methodology section, deserves further consideration.

Sample of string searches

To facilitate dialogue about future directions of the research, we have provided samples of string searches that we have run. Sources for this research were JSTOR, Google Scholar, Google, Google News, AllAfrica.com, ProQuest and using works cited in relevant footnotes.

i. Homework assistance education developing countries
ii. Homework assistance India
iii. Developing countries homework assistance
iv. After-school help development education
v. Education accountability
vi. Substitute teacher Africa
vii. Substituted teacher education development
viii. Education in India case study
ix. Boarding school community developing country

B

Health Methodology

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The mechanisms in the health sector are grouped, as previously in the education section, into the four general categories discussed in our methodology: (1) effect on duty bearer, (2) redress to right holders, (3) enhancement mechanism and (4) community engagement. The mechanisms are also grouped into one of three subsectors: (1) medical care and nutrition, (2) water and sanitation and (3) child and maternal care.

Sample of string searches

As in the section on education, we have provided samples of string searches to facilitate dialogue about refocusing the research.

i. Health care for children
ii. Foster care and street children health care
iii. Health care and children
iv. Nutrition and children
v. WASH implementation
vi. Schools and sanitation involving parents
vii. Complaint forums for children
viii. Electoral mechanisms for children

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ACCOUNTABILITY FOR CHILDREN'S RIGHTS