



# Triggering citizen action for improved public services in Sierra Leone

A learning review of SABI

**SABI is a programme operating in all 16 districts of Sierra Leone to increase citizen demands to their governments for the delivery of basic services.**

This review asked the question – has SABI succeeded in supporting community citizen action for effective governance and improved public services? It draws on SABI’s database of 786 community action plans, and interviews and groups discussions with implementing partners, youth accountability volunteers and community members.

SABI has had substantial success, but this varied by district, and by whether citizen demands were related to health, education or water.

More than a third (38%) of community action plans aimed at improving public services had been completed, but completion rates varied from 8% to 70% according to district.

Across all districts, more action plans were completed for health-related challenges than those related to education or water supply.

In the four districts visited, local and district authorities were most responsive to health-related problems. By contrast, when communities found solutions themselves, without approaching authorities, the problems were most often related to education.

Community members found it easier to identify health decision makers in government services than education decision makers. Citizen demands on health services tended to be directed at specialist health decision-makers rather than elected officials, in contrast to citizen demands on education. NGOs remain important targets for community demands around water supply and school buildings, though SABI’s vision of accountable governance does not include citizens directly engaging NGOs as service providers as an alternative to going through formal governance channels.

Triggers for citizen action are varied and comprise a combination of capacity, opportunity and motivation factors. SABI triggers some citizen action, but some is triggered by factors that are independent of SABI interventions.

Triggers that are independent of SABI interventions include local champions, already knowing who the person in charge is for an issue and being able to access government budgets.

Triggers that have been influenced by SABI include acquiring new knowledge, skills and resources for engaging with government, a sense of direction with



action plans and accountable governance pathways, new spaces to access decision-makers and learning about the person in charge for an issue where it was not already known.

Broad lessons from SABI for other practitioners supporting citizen action on public service delivery, and for the donors that fund them, include:

- Create a multi-level design of partners and functions that relates to the local political economy
- Collect broad and in-depth data through surveys and case studies
- Balance planning, action and reflection
- Balance individual and collective action
- Textless infographics and written materials to support citizen action are both powerful
- Frame citizen demands within what is viable in policy and law



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Cover photo: Hannah Moses, a women's leader in Benduma, Bo District, where SABI support has helped the community improve antenatal care services.

Photo credit: SABI/Uzodima Ulasi

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## How does SABI work?



SABI is a programme operating in all 16 districts of Sierra Leone to increase citizen demands to the government for the improved delivery of basic services – including health, education and social protection. SABI supports citizens to identify service delivery problems and find pathways to working with state service providers to overcome them.

This review explored citizen action at the community level. Funded by UK Aid, SABI (2016–2020) is being implemented by a group of international and Sierra Leonean partners, led by Christian Aid.<sup>1</sup>

Restless Development is responsible for community-level activities through 13 field officers who oversee 122 youth accountability volunteers. These volunteers work in pairs, with each pair in charge of 10 communities.

They stay with a hub community for nine months and frequently visit the other nine nearby communities. Youth accountability volunteers can be local or from another area. In each community, they are supported by pairs of local youth data collectors – one woman and one man.

In each community, youth accountability volunteers facilitate communities to develop action plans. In the first months, they use mobile phones to collect data on citizens' experiences of using basic public services for a Citizen Perception Survey.

SABI summarises the data and youth accountability volunteers present it back to communities using infographics with few words, designed for those with low literacy.

Participatory ranking is then used to prioritise a community problem, and power mapping to find those in charge in the government for resolving the priority issue. Community members then design a community action plan. Youth accountability volunteers periodically follow up on implementation, recording progress on a database.

## Learning questions and definitions



This learning review, commissioned by SABI, aimed to learn from implementation to date in order to find effective ways to improve the programme by increasing citizen action, and to share learning with others doing similar work. To do this, it asked the following questions and sub-questions:

### To what extent has the process of evidenced action planning and follow up by SABI supported citizen action for accountable governance?

- (1) What *actions* for accountable governance are seen within SABI's target communities?
- (2) What is it about SABI's approach that is *triggering actions* taken by citizens for accountable governance?

In this report, we use the following definitions of key terms:

- **Accountable governance:** a situation in which a government is accountable to its citizens for public service delivery, including the resolution of service delivery problems or the provision of a justifiable explanation of why a problem can't be resolved at this time.
- **Evidenced action planning and follow up:** the SABI community action planning process, underpinned by the data SABI collects on citizen experiences of public services.
- **Citizen action:** the actions taken by the communities SABI works with.
- **Accountable governance pathways:** the journey that citizen actions take to hold different parts of government accountable for resolving the service delivery challenges identified in community action plans.
- **Triggering:** causing citizen action to engage government.

We identified four levels of citizen action to improve public services, shown in Box 1, which are referred to throughout this report.

## Box 1. Levels of citizen action to improve public services

**Level 1: Citizens resolve the issue themselves** such as organising the cleaning of a school. Even Level 1 actions require the engagement and approval of town or village chiefs, thus have some involvement with the structures of decentralised governance.

**Level 2: Citizens lobby local decision-makers** such as requesting that a ward development committee fix a primary health unit roof. Given the many intermediaries and decision-makers that communities can lobby, we sub-divided this into:

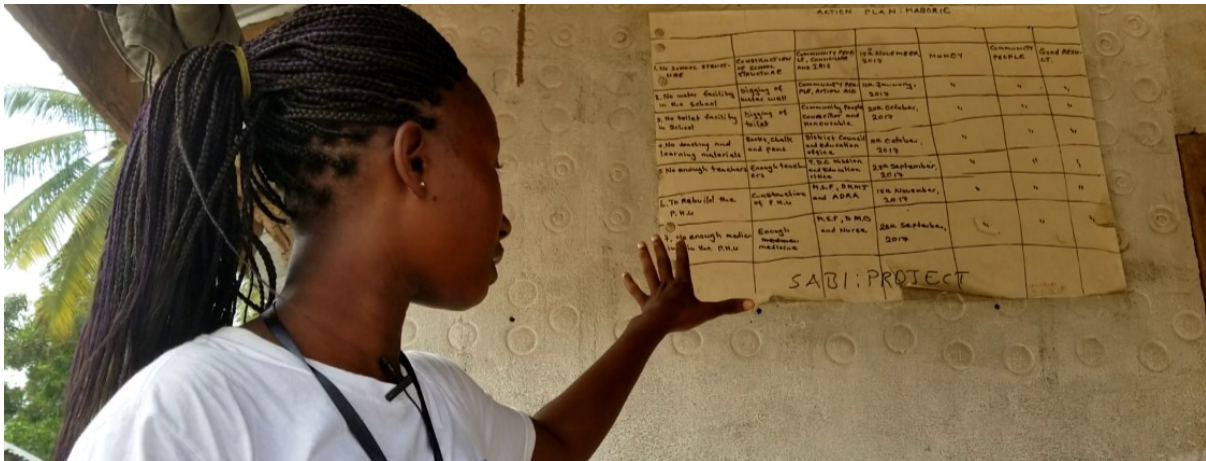
- Level 2a: **Local leaders and associations** such as parents' associations, and women and youth leaders
- Level 2b: **Local front-line workers** such as teachers and nurses
- Level 2c: **Local supervisory committees** mandated by the government such as school, health and village committees
- Level 2d: **Local decision-makers** including paramount chiefs, ward councillors, and ward development committees.

**Level 3: Citizens lobby district decision-makers** such as lobbying the district council to ensure that a primary health unit is adequately stocked. This lobby may be direct or be supported by local-level intermediaries like ward development committees.

**Level 4: Citizens lobby national decision-makers** such as requesting the approval of an informal school from the National Ministry of Education. This lobby may be direct or be supported by intermediaries.



## Methodology



This learning review is based on a two-week visit to Sierra Leone by Christian Aid Research, Evidence and Learning Adviser Kas Sempere. She carried out fieldwork with Kumba Fillie-Faboe from SABI; and programme coordinators, M&E officers and field officers from partners RADA, Restless Development, SEND and SLSAV.

Data spans the first two years of SABI (2016–2018). We reviewed and verified SABI’s database, which holds 786 community action plans for all sixteen districts of Sierra Leone. For each action plan, the database identifies the public service challenge tackled, the community, ward, chiefdom and district, and the status of each action (ongoing, completed or stagnated). In some cases, the reasons for stagnation and replacement by other action plans are also recorded.

We explored some of these action plan cases in greater depth, through fifteen interviews with field officers and youth accountability volunteers; a group discussion with field officers from Restless Development; and ten visits to communities in four districts: Western Area Rural (Western Area), Bo (Southern province), Bombali (Northern province), and Kenema (Eastern province). These four districts were selected at random with the only criterion that they had cases in the database where community groups had contacted authorities at local, district and/or national level successfully. Community visits lasted around two hours; respondents, who had all previously engaged with SABI, were selected by youth accountability volunteers and/or data collectors on-site. Discussion groups varied from 4 to 15 participants; each analysed two or three of the actions identified from the plans for that community. We asked questions to identify contributory factors to the stagnation or success of action plans as well as which community members and groups had been involved.

This approach enabled us to explore ‘citizen action’ at three levels of analysis – aggregate results in the database; a district-level view of action plans from field officers and youth accountability volunteers; and a community-level perspective from the villages visited.

All respondents gave their informed, voluntary consent to participate in the review, and responses from individual community members, field workers and youth accountability volunteers were all anonymised.



## Findings



In this section, we respond to the learning question of whether SABI is supporting citizen action at community level. The short response is yes, with varying degrees of success, depending on the district and whether the service delivery challenge relates to health, education or water. The first three sections analyse SABI's community action plans; the next five focus on accountable governance pathways and the actors they involve, including decision-makers, mediators, and the initiators and beneficiaries of actions; and the last two look at triggers of citizen action.

### **A third of community action plans completed successfully**

Restless Development reports that two years since SABI began, around one third (39%) of the 786 community action plans have been completed. One third (34%) are still in progress and another third (27%) have stagnated<sup>2</sup>. SABI did not have an expected threshold for successful actions at the time of this review, thus we cannot assess whether results were as expected.

However, there was no consistent definition of 'success'. For SABI coordinators, 'success' or 'completion' is having a response from government, even if that response is a 'justifiable no' – for instance, if the citizen request does not fall in line with policy, or funds are not available. Some youth accountability volunteers saw success only as actions that had led to improving public services, while others took a broader view. A better clarification of the term would improve the standardisation and quality of the data collected.

Overall, citizens have improved public services either by themselves (e.g. by cleaning a school or clinic) or by lobbying government at different levels (e.g. for regular drug supply in the clinic). Where plans had stagnated, the reasons given include demotivated communities, doubts about how to proceed with the demand, and negative or complete lack of response from government to the demands.

### **Completion rates vary depending on the district**

Completion rates varied substantially across districts – from 8% in Western Urban to 70% in Falaba. Thus, the average rate of 39% for all districts should be read with caution, given the variability at district level. Different levels of support from SABI partners may be needed in the coming years, depending on the district, as well as efforts to understand the reasons for this large variation.

## More challenges resolved in health services than in education or water

The two main challenges reported for all districts are in the education sector: the lack of school safety and proper infrastructure (21%) and lack of water in schools (19%). This was followed by other challenges as shown in Table 1. The challenges summarised in the table as ‘others’ all represent less than 2.5% of cases, and no solution data were available.

**Table 1. Challenges reported and solution rates**

Challenge reported	% of cases (N=786)	% solved
No school safety or infrastructure	21	33
No school water	19	18
Primary health unit hard to reach	16	36
Insufficient drugs	15	67
Low antenatal care attendance	10	80
No school feeding	8	16
Other	11	n/a

Source: CAP database, 2019

While education sector challenges were most frequently reported, health sector challenges were most frequently solved. The two challenges most frequently reported as resolved were improving antenatal care attendance<sup>3</sup> (80% of cases resolved) and ensuring access to drugs (67% of cases resolved). At the other extreme, only 18% of school water supply cases were resolved.

For the four districts visited, health-related action plans were more successful at the higher levels of citizen action (Level 2 and above, see Table 1). At these levels, there were more completed actions related to health services than to education services (53:13). By contrast, at Level 1 – where communities solve the identified problem themselves – there were more completed actions related to education services than to health services (10:24).

## Multiple and varied accountable governance pathways

Analysis of completed action plans for health and education-related problems in the four districts visited for the review shows multiple accountable governance pathways involving a range of intermediaries and final decision-makers at Levels 2–4. In Table 1, the symbol + shows collaboration between community actors to pursue an accountable governance pathway while the symbol > indicates action from one or more community groups directed towards a higher-level actor.

**Table 1. Accountable governance pathways for completed action plans, four districts (Levels 2-4)**

Theme	Accountable Governance Pathway for Completed Action Plans, Levels 2-4
Health N = 53 All in Kenema	<p>L3 • Community &gt; District Medical Officer and District Health Management Team (14 times)</p> <p>L3 • Community or Stakeholders &gt; District Medical Officer (6 times)</p> <p>L3 • Community + Village Development Committee &gt; District Medical Officer</p> <p>L3 • Community &gt; Chief Health Officer + District Medical Officer</p>

	<p><b>L3</b> • Stakeholders and Facility [Health] Management Committee + other undefined actors &gt; District Medical Officer</p> <p><b>L2d</b> • Headman [Paramount Chief] + Women's Leader + Community Health Worker</p> <p><b>L2c</b> • Facility [Health] Management Committee &gt; Nurse in charge</p> <p><b>L2c</b> • Community &gt; Chief Health Officer + Facility [Health] Management Committee</p> <p><b>L2c</b> • Community &gt; Facility [Health] Management Committee</p> <p><b>L2c</b> • Undefined actors &gt; Facility [Health] Management Committee + Chief Health Officer</p> <p><b>L2b</b> • Community &gt; Chief Health Officer (twice)</p> <p><b>L2a</b> • Community + Community Health Worker (18 times)</p> <p><b>L2a</b> • Community + Community Health Worker &gt; Other undefined actors (5 times)</p>
<p><b>Education</b> <b>N = 13</b></p>	<p><b>L4</b> • Community Teachers Association &gt; Parents, Paramount Chief, Councillor, Member of Parliament and business people</p> <p><b>L4</b> • Community &gt; School Authorities + School Management Committee + Council + Education Directorate + Member of Parliament</p> <p><b>L3</b> • Community &gt; Council, Departments and Agencies and NGOs</p> <p><b>L3</b> • Community + Parents &gt; Councillor &gt; Council</p> <p><b>L2d</b> • Community + Parents &gt; Councillor &gt; NGO</p> <p><b>L2d</b> • Community &gt; Regent Chief</p> <p><b>L2c</b> • Community + School Management Committee</p> <p><b>L2c</b> • Stakeholders + School Authorities + School Management Committee</p> <p><b>L2c</b> • Community Teachers Association + Headmaster + Town Chief &gt; Community (<b>3 times</b>)</p> <p><b>Not clearly noted</b> • Community &gt; District Medical Officer [date input problem]</p> <p><b>Not clearly noted</b> • Community &gt; District Medical Officer and District Health Management Team [data input problem]</p>

Source: CAP database, 2019. Note: Neither 'community' nor 'stakeholders' are clearly defined in the database, but we accept these terms as a proxy for the involvement of community members in creating and pursuing an action plan

Accountable governance pathways are longer or shorter depending on access to decision-makers and the contextual power of different actors. An example of a short pathway was when a Nurse-in-Charge contacted the District Medical Officer directly about having solar electricity in the health clinic. Another example, when a teacher contacted the Ministry of Education directly but was referred to the District Council, illustrates that short pathways are not always faster or more effective than longer pathways.

Interview respondents often mentioned absent or inactive officials as bottlenecks in implementing their action plans, causing stagnation. For example, in one community in Northern Province, the community group had been waiting for several months to solve an issue with the District Medical Officer whose mother had passed away, and who had then "gone travelling". Another reported bottleneck was having an unknown Councillor. Although some groups reported diversions used to bypass an intermediary or decision-maker who was absent or inactive, others did not know how to overcome or bypass these bottlenecks.



Another variation in accountable governance pathways were alliances between actors at different levels to report to higher-level actors. In some communities we visited, this had proved more effective than one actor only trying to make a change. In one village, the community supported the Nurse-in-Charge to report to the District Medical Officer:

*We engaged the District Medical Officer for that solar light, and engaged the Councillor during the same visit of the District Medical Officer... Those involved were the Facility Management Committee, the Nurse-in-Charge, and other Primary Health Units from other catchments [neighbouring villages]. It was not her [the Nurse-in-Charge] alone... The idea came from SABI, no lie, it was an eye opener. Maybe previously [we had] some ideas but before it was the [Nurse] in Charge that contacted. Now, the community is involved, rather than a single person.*

### Accountable governance pathways at all four levels

Looking at the 111 completed actions in the four districts visited, Table 2 shows the distribution of action plans by the level of government targeted. Note that even Level 1 actions require the approval of town or village chiefs.

**Table 2: Level of government targeted in successful action plans, four districts**

District	Level 1	Level 2	Level 3	Level 4	Unknown	TOTAL
<b>Bo</b>	9 (43%)	1 (5%)	3 (14%)	1 (5%)	7 (33%)	21
<b>Bombali</b>	7 (26%)	8 (30%)	3 (11%)	1 (4%)	8 (30%)	27
<b>Kenema</b>	9 (16%)	27 (47%)	21 (37%)	0 (0%)	0 (0%)	57
<b>Western Rural</b>	2 (33%)	1 (17%)	0 (0%)	0 (0%)	3 (50%)	6
<b>Total of action plans</b>	<b>27 (24%)</b>	<b>37 (33%)</b>	<b>27 (24%)</b>	<b>2 (2%)</b>	<b>18 (16%)</b>	<b>111</b>

Source: CAP database, 2019.

Unknown responses due to lack of detail in database.

With the caveat of the high levels of unknown response in Bo, Bombali and Western Rural, Table 1 shows wide variation between the four districts in the successful targeting at Level 1, 2 and 3 (community self-organising, local decision-makers, and district decision-makers), and no clear pattern for distribution of successful responses between levels.

### Decision-makers easier to identify in health than in education

Based on successfully completed action plans (see Table 1), we identified two types of targets – civil servants and elected politicians. Sometimes these targets were intermediaries and sometimes final decision-makers.

An important difference between the health and education-related accountable governance pathways was that the final decision-makers were easier to identify in health services than in education services. So, health-related accountable governance pathways targeted decision-makers working in health services rather elected politicians, in contrast to education-related accountable governance pathways. District-level civil servants were responsible for 43% of cases resolved and community health workers for 40% of those resolved (Table 1). This is likely to be linked to the decentralisation of public health services, which makes health management structures and budgets visible at district level, in contrast to education management and budgets, which are more

centralised. Health-related accountable governance pathways were also more effective than those related to education.

With education-related challenges, administrative targets included teachers and head teachers, local Supervisors of Schools, District School Inspectors, up to the national Ministry of Education. But with these challenges, citizens also targeted diverse political and elected authorities such as the Paramount Chief to discuss challenges in the Chieftom meeting, councillors to intercede in the Ward Meeting and the District Council and/or District Director, and MPs<sup>4</sup>. Unlike health, final decision-making in education sector accountable governance pathways was less well understood by those implementing action plans, and there were more varied, multi-actor collaborations in the resolution of education-related challenges.

### NGOs are service delivery targets

In three of the four districts visited – Bo, Bombali and Kenema – there were 30 cases (10%) in which at least part of the accountable governance pathway was to approach an NGO; eight were finalised successfully.

Twelve cases related to challenges with water, eleven concerned school buildings, and the rest concerned food in schools or the complete absence of a school or health facility. This could indicate that NGOs are contacted for those pathways where it is difficult for citizens to identify who in government to approach – in Table 1 we saw that more challenges were solved in health than in education or water, and that school feeding, and school water were the hardest challenges to sort out.

In most cases, communities contacted NGOs directly. In one case in Bo, the community contacted an NGO but also the council and various departments and agencies (Table 1). In another case in Bo, community members and parents in Kakua village contacted the councillor who in turn contacted an NGO:

*A meeting was held, the proposal letter written, parents have contributed and drinking buckets have been bought, hand pump well dug, and head set fixed. The community worked through the councillor who approached an Islamic agency for support<sup>5</sup>.*

A fundamental part of SABI's theory of change is that dependency on NGOs and donors for service delivery undermines accountable governance if elected officials and civil servants are not engaged in the process of improving services. As such, it trains youth accountability volunteers to avoid directly including NGOs in action plans. However, recognising the resource constraints faced by the different branches of government, it acknowledges that NGOs may need to be engaged to resolve service delivery issues that are raised, but advocates that they should be engaged by the government institutions responsible for service delivery, to resolve the issue on their behalf. This increases the likelihood of NGOs supporting government responsibilities, rather than replacing or duplicating them.

Accordingly, we counted the cases in which citizens directly contacted NGOs without government involvement as Level 1 cases. Cases where communities were referred to an NGO by an administrative or political target were categorised according to the level of the authority involved.

We suggest that SABI analysis continues in this way, and that the programme works to sensitise NGOs on the dynamics of direct contact with communities outside government structures.

### Triggers of citizen action

To analyse triggers of citizen action, we drew on the COM-B framework<sup>5</sup>, which suggests the assessment of three factors that influence behaviour: capabilities, opportunities and motivations.

In terms of capabilities, citizens need knowledge and skills to raise concerns on public services. During our field visits, several community members said they had contacted government authorities before their engagement with SABI. Some said that they knew who to go to in the first instance, but fewer knew the exact hierarchy or pathway they then needed to follow within the bureaucracy.

Opportunities to take an action plan forward that community members mentioned included: new elections and new governments; a responsive Ward Councillor or Paramount Chief; and external support. Having local champions was also noted; examples included a teacher with the capacity to write a letter, someone from the village who had migrated to the city or was working for an NGO, and elected representatives living in the community. Having access to a school budget or links with NGOs was also important.

During our field visits, there were few examples that could be read as motivation. In general, motivation to act emerged when the problem had reached a tipping point or had become too much of an aggravation, such as having a broken well in an area that already had a polluted water stream. In some cases, the motivation originated in the encouragement of local champions, who were proactive, or able to navigate accountable governance pathways. We learned from field visits that motivation can change swiftly if capabilities and opportunities align.

On the challenges encountered, corruption de-motivated community groups, and elections and changes in government have also confused some community groups and frozen their activities. Other challenges mentioned by SABI staff were the political identity of decision-makers and the power relationships at play between civil servants which mean, for instance, that a Nurse-in-Charge may not feel comfortable reporting a challenge to her superior.

Many factors affected citizen action, including how organised a community already was; how motivated and active each of the youth accountability volunteers supported by Restless Development were; the work of other SABI partners in the areas where Restless Development and their youth accountability volunteers work; and the circumstances of a community itself, for instance, whether it is remote or close to a rural or urban centre, whether it has active or passive local leadership, and cases of corruption that disrupt governance pathways.

As well as these broad factors shaping the potential for citizen action, SABI directly triggers action processes in various ways. The communities visited mentioned that the programme had been an “eye-opener”: SABI was said to have given awareness on topics such as the right to high-quality education, adequate drugs and water sources. Respondents in Giwahun village, Kenema district, also said that SABI had taught them to be more inclusive with women in their meetings. Others highlighted particular skills and resources, including how to approach the council, and how to make an action plan.



Some respondents referred to a sense of direction for their demands. Some community members knew about the authorities in charge but did not know about a more complex accountable governance pathway, the potential different pathways, or how to overcome bottlenecks when facing an inactive decision-maker.

Their comments included the following:

*SABI support is not a hardware project, we know that. SABI comes and asks about problems... about who is responsible. We talked about [it in] the power map (Baoma community, Western Rural District)*

*Thanks to SABI, we know who to go to... We learnt about channels, on water, health and education (Giwahun community, Kenema district)*

*Now it is a right, we know it. [We are] losing the fear. Health people work for us. [They] should present the papers to the community... [There should be] one original [inventory on drug supply] and one copy for the community/health [people] (Giwahun community, Kenema district)*

*Field staff [from Restless Development and SEND] told us who the District Health Management Team was. Before, it was only from the radio that we knew of the District Health Management Team (Kongohun community, Kenema district).*

*In the District Health Management Team, there are other players, not only the District Medical Officer. SABI has shown us the road, the path. Will you show us any more pathways for us to improve? How to talk to the District Medical Officer? How to speed up if we think the government is slow? (Town chief, Konjo community, Kenema district)*

## Conclusion:

### *Lessons for accountable governance programmes supporting community citizen action on public services*



This review has resulted in a series of specific recommendations to SABI about how it could improve its support to citizen action on public services. Some of these came from those interviewed while others were based on observations from the reviewer during the visit. They form the basis of the following broad lessons from SABI's first two years, which are intended for other practitioners supporting citizen action on public service delivery, and for the donors that fund them.

- **Create a multi-level design of partners and functions that relates to the local political economy.**

SABI demonstrates that community participation and a country-wide programme can go hand in hand. While the programme starts from community level action, it does so in all the districts of Sierra Leone. It also aims to connect local demands to district and national governance levels when required – as illustrated by the multi-level accountable governance pathways discussed in this review. A crucial aspect of making such an approach function well is the selection and coordination of different partners focusing on community, district and national levels, on both the civil society and the government sides. An area for future work for SABI identified in this review is to understand the strong geographic variation in successful citizen action plans across the programme.

- **Collect broad and in-depth data through surveys and case studies**

Having a centralised database of all 786 community actions plans, complemented by case studies and an open-access database of community perception data, is very positive feature of SABI that helps give an overall picture of the programme's progression – as illustrated by this review and the data on which it is based. All accountable governance programmes would benefit from having similar elements in their design. However, it is important to foresee challenges with reporting, especially on action planning. Even with conscious investment through training and mentoring, SABI is still finding it difficult to maintain data quality. Data recording and

management skills need to be strengthened continuously, and definitions in the database standardised.

- **Balance planning, action and reflection**

Governance programmes involving participatory community action planning should ensure that data collection and planning do not take up all the time in the cycle of planning, action and reflection. Many SABl youth accountability volunteers reported not having enough time to complete action plans during their nine-month stays with communities, and the proportion of stagnated plans is relatively high. Time is needed not only for actions, but also for follow-up, learning and adjustment for subsequent cycles. This lesson is important for all participatory methods of planning, action and reflection.

- **Balance individual and collective citizen action**

Governance programmes involving volunteers could usefully reflect on the relationship between volunteer citizen action, which is individual, and community action by citizen groups, which is collective. Assessment of who starts and develops action plans and the level of continued involvement by volunteers may be needed. While programmes like SABl may excel in empowering volunteers to become the leaders of tomorrow, those volunteers have not necessarily been able to trigger or strengthen collective action. Ensuring that the individual and the collective connect, and that programme triggers for action are in synergy with community triggers for action, is important in shaping collective citizen action for accountable governance.

- **Textless infographics and written materials to support citizen action for accountability are both powerful.**

The field visits for this review illustrated how citizens living in poverty, with low levels of formal education, hardly engage at all with written text – but that they value a written action plan or letters that they can show to government authorities when pursuing accountable governance pathways. The textless infographics developed by SABl to show results from the Citizen Perception Survey are extremely useful and could be modified to make textless illustrations of some of the diverse accountable governance pathways identified in this review. Complementing textless and written material seems an important way to strengthen the action of citizens with low literacy.

- **Frame citizen demands within what is viable in policy and law**

Action plans need to be supported by a clear understanding of what actions are possible within the parameters of national policies on public service implementation. This was not always the case with the action plans analysed for this review and caused some of them to fail. For instance, there are rules based on population and distance about whether a new clinic can be built in a village. Ensuring that relevant regulations are available to citizens as part of planning processes is necessary for creating feasible action plans which do not result in demotivation.

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<sup>1</sup> See the SABl partnership members here <http://sabi-sl.org/about-us/who-we-are/>



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<sup>2</sup> Note that some communities worked on two or more plans rather than one. This is why there are 786 plans for 610 communities.

<sup>3</sup> Low antenatal care attendance levels are due to a combination of challenges in the way that services are both delivered and used. SABI aims to foster effective partnerships between service providers and service users to resolve these challenges.

<sup>4</sup> For the majority of those interviewed – community members, volunteers and field officers - MPs were the least trusted politicians and councillors the most trusted ones. Only two cases of Level 4 accountable governance pathways from the database involved MPs, and it is unclear who did what and what contribution the MPs really made.

<sup>5</sup> Michie S., Atkins, L., West, R. (2014) *The Behaviour Change Wheel: A Guide to Designing Interventions*, UK: Silverback Publishing

## About SABI

SABI – which stands for Strengthening Accountability, Building Inclusion – is a citizen-led accountability programme working to increase awareness of, and demand for, the delivery of basic services, including health, education and social protection.

We aim to:

- contribute towards improvements in basic services
- build relationships between citizens and the state
- support the Government's development plan
- promote gender equality and social inclusion.

SABI is funded by UK aid. It is managed by a consortium of leading international and Sierra Leonean partners, led by international development agency Christian Aid.

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### Consortium partners

Christian Aid

Social Development Direct

Restless Development

Humentum

Focus 1,000

SABI also draws on the expertise of individual consultants with extensive knowledge of voice and accountability programming in Sierra Leone.

### Implementing partners

Rehabilitation and Development Agency

(RADA) Sierra Leone

SEND Sierra Leone

Sierra Leone Social Aid Volunteers

Campaign for Good Governance\*

\*partnership ended in 2017

