Title: Civic activism, accountability and health aid effectiveness

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Abstract

Political scientists have repeatedly pointed to the links between civic engagement and government responsiveness (Putnam 1993; Almond and Verba 1963; Verba et al. 1995; Ostrom 1990, 1999; Ostrom and Ahn 2009, 22; Warren 2001; Fung 2003; Diamond 1999, 239; Jenkins and Goetz 1999). In fact, the weakness of formal oversight institutions in many developing countries has led development practitioners to believe that citizens’ involvement can improve the quality of public service delivery and enhance population health. In particular, assuming that beneficiaries have the incentives to demand good quality services their participation in the monitoring of service providers is expected to reduce absentee rates among health professionals, increase access to priority drugs and basic medical equipment, as well as improve physical health infrastructure (World Bank 2017; Björkman-Nyqvist, Svensson, and Yanagizawa-Drott 2016; Skolnik 2012, 99; Holmberg and Rothstein 2011; Banerjee et al. 2010, 2). Recent experimental evidence predominantly supports this assumption (Fox 2015; Gaventa and Barrett 2012; Banerjee et al. 2010; Björkman and Svensson 2009; Björkman-Nyqvist, Walque, and Svensson 2014; Bold and Svensson 2013; Olken 2007). Therefore, donors have increased their efforts to strengthen citizen voice and accountability in order to promote increased demand for better governance in recipient countries and to improve the performance of service delivery (O’Neil, Foresti, and Hudson 2007).

However, despite more than two decades of support in international development for greater citizen participation and failures of ‘top-down’ development approaches, the aid effectiveness literature has largely ignored the importance of civic engagement and bottom-up processes of performance oversight. The role of ordinary citizens in demanding accountability from public officials and service providers in aid recipient countries continues to remain unexplored. Therefore, this study attempts to close this gap and contribute to a better understanding of the role civic engagement – defined as non-institutionalized forms of political action (‘contentious politics’ or ‘elite-challenging action’) – has in creating incentives and shaping accountability processes in aid recipient countries. Correspondingly, this work focuses on the demand-side of the accountability relationship between donors, implementing agencies and beneficiaries, and seeks to address the question whether citizens’
capacity to exercise pressure on service providers and public officials determines the impact of health aid in recipient countries. Likewise, the study also addresses the question to what extent citizen demand depends upon and interacts with formal enabling conditions that create incentives for citizen engagement and government responsiveness such as the role of state capacity, democratic institutions and the devolution of power to local governments. The analysis is based on country level data from a large number of aid recipient countries over the period 1990-2012 (five 5-year-average sub-periods). Data on civic engagement is drawn from international public opinion surveys including the World Values Survey and the global barometer surveys. Dynamic panel estimation techniques are applied to account for endogeneity issues.
LITERATURE


