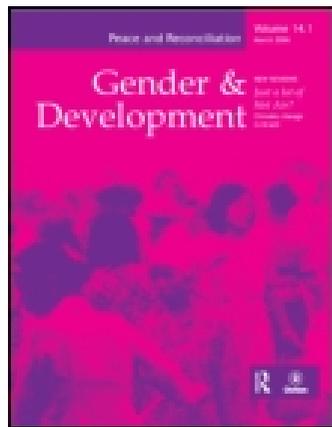


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Grassroots women's accountability mechanisms: strengthening urban governance through organising and partnerships

Rachael Wyant and Katarina Spasić

Women living in marginalised urban neighbourhoods are often excluded from the economic, political, and social resources available to other city dwellers. The focus on the decentralisation of services and resource provision in urban areas presents an opportunity to citizens, including women, to organise to hold local government to account. This article builds on case studies and lessons learned from 18 months of the Huairou Commission's Transparency & Accountability Initiative, with specific reference to initiatives in Metro Manila, Philippines, Thankot, Nepal, and Jinja, Uganda. Here, organised groups of grassroots women have established innovative, community-driven mechanisms to participate in and monitor decision-making and service delivery in cities.

Les femmes vivant dans des quartiers urbains marginalisés sont souvent exclues des ressources économiques, politiques et sociales dont disposent les autres habitants des villes. L'attention accordée à la décentralisation des services et à la fourniture de ressources dans les zones urbaines donne l'occasion aux citoyens, y compris les femmes, de s'organiser pour exiger des comptes aux pouvoirs publics. Cet article se base sur des études de cas et des enseignements tirés de 18 mois de l'Initiative transparence et redevabilité (Transparency & Accountability Initiative) de la Commission Huairou, en se référant plus spécifiquement à des initiatives menées à Metro Manila (Philippines), à Thankot (Népal) et à Jinja (Ouganda). Là, des groupes organisés de femmes des quartiers populaires ont établi des mécanismes innovants et impulsés par la communauté pour participer à la prise de décisions et à la prestation de services dans les villes.

Frecuentemente, las mujeres residentes en barrios urbanos marginalizados son excluidas de recursos económicos, políticos y sociales a los que sí tienen acceso los demás habitantes de la ciudad. La articulación de una demanda encaminada a descentralizar los servicios y el suministro de recursos en áreas urbanas brinda a los ciudadanos y a las mujeres la oportunidad de organizarse, a fin de pedir cuentas al

gobierno local. El presente artículo analiza los aprendizajes surgidos a lo largo de 18 meses de desarrollo de la Iniciativa de Transparencia y de Rendición de Cuentas de la Comisión Huairou, centrándose en estudios de caso relativos a las iniciativas promovidas en las áreas metropolitanas de Manila, Filipinas, Thankot, Nepal y Jinja, Uganda. En estas ciudades, los grupos organizados de mujeres de base han establecido innovadores mecanismos comunitarios, cuyo objetivo apunta a asegurar su participación en –y su monitoreo de– la toma de decisiones respecto a la prestación de servicios urbanos.

Key words: grassroots women; transparency; participatory monitoring; governance; gender; service delivery

Introduction

As we move towards the year 2015, increasing ‘social accountability’ – that is, the accountability of government to citizens – is an essential element of sustainable development. Within the emerging framework of the Sustainable Development Goals (SDGs), civil society, member states, and city governments alike have been heralding the need for a standalone goal on cities and human settlements (Arikan *et al.* 2014). Urbanisation offers many potential opportunities for development, empowerment, and prosperity. However, it can result in unplanned, informal settlements which are polluted, overcrowded, and lacking infrastructure and essential services.

Decentralisation is often seen as a potential solution to solve poor governance, and ensure it becomes more socially inclusive or responsive. However, if the corresponding finances and technical capacities are not decentralised along with decision-making power, institutions can be particularly prone to inefficiency and petty corruption (Transparency International 2013). Community-driven, bottom-up strategies are needed to hold governments to account. In some cities, organised community groups are stepping in to address the gap in service provision, creating their own system of checks and balances between constituencies and the city authorities (Pritchett and Leavitt 2012, 6).

Recently, there has been an emerging gendered understanding of corruption, and women’s organising to combat it. The Huairou Commission has a clear mandate from its members to prioritise the development of grassroots women in marginalised communities, as leaders and as active participants in local decision-making processes and structures. Through the Huairou Commission’s¹ Millennium Development Goals (MDG) 3 Initiative (2009–2011), 42 grassroots organisations across the world largely increased women’s access to and presence on decision-making bodies. In continuity to this work, women flagged the need to improve transparency and accountability mechanisms in governance structures. Over the past three years, the Huairou

Commission has documented the link between gender, accountability, and improving service delivery. In 2011, the Huairou Commission, in partnership with the United Nations Development Programme GAIN (Global Anti-Corruption Initiative), commissioned the study 'Seeing Beyond the State: Grassroots Women's Perspectives on Corruption and Anti-corruption', conducted in eight countries. The study enabled women to mobilise their communities while gathering information about the impacts and perceptions of corruption from a gender perspective, and recommended investing in women's empowerment to improve governance and service delivery (UNDP & Huairou Commission 2012).

As a result of this work, the Huairou Commission launched its Transparency & Accountability Initiative (TAI) in September 2012, aiming to increase transparent and gender-responsive service delivery. Around the world, grassroots women's organisations have developed initiatives around issues including health, land and security of tenure, and women's political participation and leadership. In the process, their organising has empowered them in other dimensions of their lives, where they are recognised in some localities as credible and engaged stakeholders with data and analysis, essential actors in planning services.

Grassroots women are most often primary caregivers for their families, and in that role they are direct and frequent users of basic services like water, health, and sanitation. As such, women are greatly affected by corruption, as corruption at the national level results in poorly resourced services and little local oversight. They may also face petty corruption at the local level, for example being expected to pay bribes, or experiencing delays and discrimination in administrative offices. The Huairou Commission's 2012 report, *Seeing Beyond the State: Grassroots Women's Perspectives on Corruption and Anti-corruption*, elicited a definition of corruption that is broader than 'misuse of power or bribery', by including 'poor or absent service delivery', 'poor leadership or governance', and 'physical or sexual abuse'. Seventy-six per cent of the women who participated in the research perceived that corruption had prevented their access to public goods and services (UNDP & Huairou Commission 2012, 25).

Corruption can be fought by strengthening legal frameworks, but this does not often have an impact on local decision-making structures and institutions, where grassroots women are most likely to experience it (UNDP & Huairou Commission 2012, 4). In addition, accountability mechanisms designed by institutions, or systems of disseminating information, may not be accessible or relevant to grassroots women. Many institutional spaces created for consultative purposes, known as 'invited spaces', do not afford women, facing traditional power and gender norms, a safe and equitable space for negotiating with authority figures.

In contrast, grassroots women activists can create and control their own spaces, to which authorities and service providers are invited (Goldenberg 2008). They have developed bottom-up social accountability practices, which go beyond traditionally held conceptions of accountability as enacted through political participation, or focused

specifically on instances of wrongdoing (Grimes 2008, 4). They are at the centre of development efforts to improve conditions and services in rapidly-growing cities, increasing efficiency and accountability, and combating corruption.

This article highlights experience from two urban communities: Metro Manila, Philippines and Thankot, Nepal. It draws on case studies and lessons distilled from the initial pilot programming over 18 months which took place as part of the TAI, led by grassroots women's organisations and facilitated by the Huairou Commission. The women we focus on are making the most of opportunities offered by urban living to improve the quality of life for their families and communities, and holding urban authorities to account on their moral and legal obligations to provide essential services and resources to poor urban communities. They have been compiled from information provided by Damayan ng Maralitang Pilipinong Api, Inc. (DAMPA) and Lumanti through reports, in-person interviews, and focus group discussions from 2012 to 2014. We believe their experience contributes to the growing body of knowledge on gender, accountability, and corruption.

Philippines case study: DAMPA and accountability in the health sector

The extended Metro Manila area, considered one of the most rapidly urbanising mega-cities, is home to over 12 million people and accounts for 36 per cent of the total urban population of the Philippines (UNCHS 2010, 14). Over 4.0 million people live in slums, with nearly half a million residents without housing (Ballesteros 2011, 2). These numbers are increasing as Metro Manila is ranked 14th among 20 mega-cities around the world, and its population is projected to reach 14.8 million by 2025 (*ibid.*, 2). **A deficit of infrastructure in the most marginalised areas of Metro Manila often forces slum dwellers to pay more for basic services;** for example, in Metro Manila and Cebu City, residents of non-serviced neighbourhoods pay 9–13 times more for delivered clean water than those households in serviced areas (David *et al.* 2000, 4).

Many services are under the jurisdiction of Local Government Units (LGUs), as the 1991 Local Government Code in the Philippines mandated that the national government devolve many functions, particularly those related to service delivery (Pinheiro and Silliman 2011, 12). Positions in these units are appointed, and the law requires that NGOs account for 25 per cent of representation on councils at the LGU level. Yet in many LGUs and *barangays*,² government bodies do not receive adequate financial resources to implement the necessary social programmes (Legaspi 2001, 135). Decentralisation has impacted the health sector more than other services by devolving the most power and resources to the local level (Ramiro *et al.* 2001, 61).

The Philippines has a relatively active civil society, particularly for one emerging from a centralised and colonial state, and it has taken steps to ensure effective means of social accountability (Blair 2000, 29). The government has recently enhanced budget transparency and created opportunities for civil society organisations to understand

and influence budgeting. For instance, the National Budget Memorandum 109 mandated all government agencies in the executive department to enter into partnerships with civil society organisations for participatory budgeting and the joint creation of local poverty action plans.

DAMPA is a national network of women's organisations which began in December 1995 in response to massive demolitions in Smokey Mountain (one of the most well-known informal settlements of the time) and other areas in Metro Manila, which left hundreds of urban poor families in desperate need of adequate basic services and social protection. It now has 231 member organisations, and represents approximately 79,197 urban poor families (DAMPA 2013, 2); 85 per cent of the approximate 475,182 members are women (*ibid.*, 2). The network aims to provide bottom-up solutions to disaster risk reduction, income generation and livelihood development, education and literacy among poor children, and basic services.

Since the early 2000s, DAMPA has been using national social protection laws to mobilise its constituencies and advocate for their local implementation, particularly for securing health services. DAMPA started its involvement in the health sector to provide medicine to communities, which developed into a network of community pharmacies that provide affordable and accessible drugs and services in close proximity to neighbourhoods.³ As their participation in local budgeting processes increased, DAMPA leaders began to note the importance of understanding national budgets and their implications for *barangays*.

In the Philippines, a national legal framework exists to guarantee access to essential health and welfare to citizens. Specifically, these rights are outlined in the National Reproductive Health Bill, as well as the Cheaper Medicine Act at the municipal level. Rights that urban poor communities are entitled to are stipulated in the Pantawid Pamilyang Pilipino Program ('4 P's'), a conditional cash transfer programme that focuses on health services and education. Along with specific health care laws, the Philippines also requires that *barangays* allocate 5 per cent for the Gender and Development (GAD) budget (Pinheiro and Silliman 2011, 9).

Despite this, however, urban poor communities often find planned health clinics and promises of subsidised or free health-care options for eligible families never materialise. Grassroots women from DAMPA participated in a 2013 focus group discussion. Participants said the poorest families do not see a doctor or seek any type of health care, and health institutions do not meet the full range of health needs of grassroots communities (focus group discussion, Quezon City, 14 July 2013). Many DAMPA members did not even attempt to find doctors or seek care for their families, as they were unaware of what services would be subsidised, or what rights they could expect at local clinics (*ibid.*).

Horizontal mapping and mobilisation

In May 2013, DAMPA conducted a comprehensive mapping project on health services and rights to treatment, assessing how these were implemented at a series of clinics in five *barangays* in Metro Manila (in the cities of Manila, Quezon City, and Navotas), and five in neighboring metropolitan provinces of Cabuyao and Bulacan. They aimed to compile information on the programmes, drugs, and fees patients are entitled to at *barangay* health centres, as well as document the process for accessing subsidised health-care coverage (identifying the relevant office, presenting bills and prescriptions, and providing proof of poverty). The health maps provided the basis for community advocacy, allowing residents to assess their own clinics' performances, and make recommendations towards improving health-care implementation. Much of this information had previously been public, but was not easily accessible for many grassroots leaders, nor was it documented in ways that could be understood and used in advocacy activities.

To map this information, 21 community leaders (from seven municipalities) partnered with local health experts and doctors who knew about national policies. Together, they held a series of discussions with community members to document the experience of corruption and transparency in health delivery at the local level. They found that many clinic employees were overpricing medicines that should have been free for low-income patients, including tuberculosis medication and contraception, and over-prescribing drugs for profit. Services were lacking, for example Pap smears that should have been easily available at all clinics. Patients were asked to provide or pay for basic materials like alcohol and cotton swabs, as well as vehicles and gasoline during emergencies. Additionally, many clinics had established illegal 'donation boxes' where patients were required to pay additional bribery fees before they could be seen by clinic staff. The discussion findings reflect broader trends in the Philippines, where over 30 per cent of the population lacks regular access to basic medicines, and public health facilities on average only have 25 per cent of basic medications available at any given time (Medicines Transparency Alliance (MeTA) 2012, 3).

DAMPA also found that the Department of Health's 'Philhealth card' programme for low-income residents to access health care was not reaching those in need. Many cards expired before patients received them. Also some community members were only receiving their cards if they had connections with the national party or knew someone in power (Castillo and Manjares 2014). After completing the mapping of subsidies, processes for conditional cash transfers, and Philhealth cards, DAMPA began door-to-door advocacy in their communities to count the number of families and individuals eligible for these programmes to and assist them in the registration process. The health experts who had assisted in the mapping also worked with two lawyers active in national politics to train the 21 core leaders to monitor GAD budget allocation in each

barangay. This ensured leaders could track expenditure, as well as physical supplies, at clinics.

Promoting access to information

Following this mapping process, DAMPA led an awareness-raising campaign, disseminating information and pressuring health-service providers for better implementation and allocation of budgets. Hosting community forums, DAMPA invited *barangay* captains, LGU officials, and health clinic workers, as well as other civil society organisations, to share information about the right to health and what services should be available at specific costs. Through this mobilisation, DAMPA reached 1,500 community members with health information. DAMPA also invited the MeTA to help explain discrepancies in available medication. These meetings showed that many community members did not feel secure enough to register complaints about service delivery directly with corrupt clinic staff, but felt safer collectively compiling their observations in public forums. They were also able to make concrete recommendations for improving services.

While such information on corrupt practices in clinics and budget allocation could have been threatening to *barangay* and LGU officials, DAMPA was able to frame its advocacy as helpful to government, enabling better understanding of community needs and demographics. In one *barangay*, for example, a group of women noticed that their local officials had only allocated 4 per cent of the GAD budget, without accounting for the remainder. The women went to a joint planning meeting with the local development council, asked about the budget, and proposed recommendations about how it should be allocated, based on their community mapping exercises.

Leveraging partnerships for visibility and sustainability

The political and economic context in which DAMPA operates is important in understanding its partnership and engagement strategies. Interviews with core leaders and surveys of its members suggest that DAMPA has benefited from the visibility of being a nationwide network with strong ties to the national level, particularly with some congressmen, and as an official partner of the Department of Social Welfare and Development, as well as the Department of Health. Government agencies frequently contact DAMPA to assist in service delivery in informal or marginalised settlements, particularly after disasters like Typhoon Haiyan. Also, due to the quotas for NGO representation in *barangays* and LGUs, a number of DAMPA's grassroots women leaders hold leadership positions on local development councils and the Local Poverty Reduction Action Team, a group of civil society organisations raising awareness of community health needs (Castillo and Manjares 2014).

DAMPA heightened its own visibility and security by inviting LGU officials to meetings, so officials at the *barangays* felt the added pressure of more senior presence during the assessment meetings. DAMPA also invited these officials to dialogues with health providers. Importantly, these have framed the corruption campaign as empowering community members to understand the health budgets, rather than publicly shaming individual clinic staff. They also intentionally made joint action plans and recommendations for budget allocation, rather than naming and shaming specific individuals or clinics.

Gains and impacts

Community members involved in the pilot programme noted that since 2012, some health-care providers in Quezon City have begun to outlaw the 'donation boxes'. Grassroots women have also been able to avoid paying bribes for services and medicines now that they have concrete information on health clinic responsibilities, and experience less harassment before being seen by staff. In *barangays* where communities were previously asked for bribes or fees for emergency vehicles and gasoline for trips between local clinics and national hospitals, women are now reporting that they are receiving better access to emergency vehicles.

In *barangays* where DAMPA held community forums, *barangay* captains have begun inviting women to their sessions on health services and budget allocation, since they are aware of the monitoring and engagement in the health sector. Also, thanks to the widespread mobilisation rolled out by DAMPA staff and the ongoing monitoring of programmes, community health providers have been more willing to collaborate with community organisers, doing joint community outreach and visiting tuberculosis patients. Due to the information provided by DAMPA, beneficiaries of Philhealth cards are now receiving cards directly, without having to request them, and those who have requested them are often experiencing less delay.

As DAMPA leaders continue to engage in dialogue with local authorities and raise the visibility of their anti-corruption strategies, local governments have begun to recognise grassroots women as knowledgeable and engaged local stakeholders, with a community expertise that officials may not have. The Philippines context shows the importance of social accountability mechanisms that depend on both horizontal mobilisation as well as support from higher-level institutions.

Nepal case study: Lumanti Support Group for Shelter and the right to water and sanitation

Lumanti Support Group for Shelter, established in 1994, works with a constituency of about 30,000 women, including 29 grassroots women's savings and credit groups, to secure housing and improve basic services. Here, we focus on Lumanti's efforts to

improve access to drinking water and sanitation through community organising, as part of the TAI.

Nepal's urban population has been slowly but steadily increasing over the past few decades (Basnet 2011, 66). One of the biggest challenges of this urbanisation has been an increase in unplanned settlements, particularly in the Kathmandu area, which exhibit inadequate water and sanitation facilities. Additionally, the rapid growth of these settlements is increasing urban pollution and waste due to lack of infrastructure (*ibid.*, 67). Particularly in marginalised communities, the combination of inadequate infrastructure, lack of information about hygiene and sanitation, and a lack of access to safe facilities has contributed to the spread of water-borne diseases. As these conditions are not unique to Nepal, the development sector of Water and Sanitation Health (WASH)⁴ has been expanding, and recognised by the MDG (target 7c).

Lumanti is building a number of WASH Governance programmes in informal settlements and rural areas across Nepal, to improve access to clean water and sanitation, and in particular to address gender issues beneath women's lack of access. For example, it works with an organised group of grassroots women in the community of Thankot, in Kathmandu Valley. Thankot Village Development Committee (VDC) is a village on the border of Kathmandu Metropolitan City. With a total of 65 communities (1,872 households) across nine wards, there are about nine deprived communities (54 households) (Vajra Upreti 2013a, 3). A major service delivery problem for Thankot citizens has been inadequate water supply: only 85 per cent of the total population of the VDC has access to water (*ibid.*, 3). There is often not enough electricity to pump enough water, and a number of wells have been contaminated (Vajra Upreti 2013b). While more than 90 per cent of the households in the VDC have access to toilets, healthy sanitation practices and the spread of disease remain a major challenge (*ibid.*, 3).

At the time it started its pilot project (January 2013), in Thankot, there had not been national elections in Nepal for 15 years, with the most active political parties exhibiting high degrees of corruption and cronyism (Vajra Upreti 2013b). Valid local elections have not occurred since 2002, particularly due to internal political conflict with the Maoists (Hesselbarth 2007, 4). In the early 1990s, three Acts had devolved power to the VDC level, with specific provisions for inclusion of women and marginalised populations (Paudyal 2001, 1). These Acts were consolidated by the Local Self Governance Act of 1999, which provided guidelines on urban planning and infrastructure, yet there was little accountability or adherence to this.

Grassroots women leaders and other community members, in community meetings and anonymous surveys, stated that there seems to be little will to implement community-responsive programmes, and related this to the fact that officials are not held accountable to strong central institutions and are not up for re-election by the community (Hesselbarth 2007, 4). Thankot has been operating without a mayor, but its current VDC Secretary is substantially more responsive to women organisers than his predecessors (Vajra Upreti 2013b).

Mapping to highlight corruption and community priorities

Many community members were experiencing acts of petty corruption in their everyday lives, but had not ever labelled it as such, until Lumanti began sharing the results of *Seeing Beyond the State* (the participatory research facilitated by the Huairou Commission and UNDP 2012). When they learned that women across the world were experiencing the same kind of harassment and bribery, they were more willing to talk about corruption's effects on their daily lives. In Thankot, not only were women not recognising corruption, they were not often aware of their constitutional rights to water and sanitation, nor the international and regional rights relevant to basic services.⁵

Using awareness-raising and political education as an entry point, Lumanti held a series of focus group discussions in 2012 in Thankot wards, where community members identified service delivery issues, including lack of drinking water supply and unequal distribution of water, lack of government response to drainage and waste management problems, and bribery for service delivery. Some women reported that they faced instances of sexual harassment, or were simply taken advantage of and forced to return repeatedly for services without explanation for the delay.

When the initiative began, grassroots women in Thankot were not aware that they had the right to request information or make complaints about contaminated wells or other water issues to the local government. VDC officials did not understand why grassroots women would have an interest in mobilising around corruption, and many women's family members expressed negative sentiments towards the women regularly trying to engage in dialogue with the government. Due to traditional gender norms in the community, families did not see the purpose of women going beyond their household caregiving roles to organise with one another or engage directly with government.

Monitoring government performance through mobilisation

Similar to DAMPA's mapping strategies, Lumanti's discussions helped set community priorities and assessed how grassroots women could be empowered to engage with service providers. Lumanti had previously facilitated the implementation of 'Citizen Report Cards'⁶ in four other municipalities, to monitor weak government performance and service delivery. These had led to the creation of 'Citizens' Forums as ongoing monitoring bodies and improved relations between the community and authorities. Thus, a similar process was implemented in Thankot. The Report Cards are a participatory monitoring tool that assesses government performance in nine key areas of service delivery and decision-making, including transparency, accountability, responsiveness, consensus orientation (which rates authorities' attempts to consult with and integrate community priorities into planning), and equity. Eighteen grassroots women from Thankot were trained to administer the reports, while a WASH Advocacy Committee (13 leaders) was formed to raise awareness of the initiative.

The Committee held awareness-raising workshops for 240 community members on anti-corruption and governance. Participants reviewed water and sanitation safety and learned about national and international rights frameworks. They also learned practical tips from local NGO partners, such as the importance of always retaining receipts from service delivery in order to hold providers accountable.

Following these workshops, nine sub-committees of approximately 70 people were formed to monitor water and sanitation, and were trained to monitor public budgeting by Water Aid International and the Nepal WASH Alliance. A local NGO called PRISM assisted the advocacy committee on their solid waste awareness programmes and waste management. By training grassroots women in skills like water quality testing, surveys, and public budgeting, they organised to create a more sustainable environment for facilitating the ongoing mobilisation around corruption and service delivery.

The grassroots women and staff of Lumanti highlighted that their strategy had positive impacts because they were persistent in their negotiations and openness to dialogue with local officials. From the very beginning of the initiative, the advocacy committee publicised their activities, and regularly visited the VDC Secretary's office to inform him of their activism, and opportunities for the government to get involved. While they were met with initial lack of interest, a growing number of community members became involved, and a growing number of external partners and NGOs participated in awareness-raising meetings, and persuaded local officials to attend an information meeting with the grassroots women. They discussed the findings of their focus groups as well as their political education training, and recommended greater transparency and information-sharing about government budgets and projects.

By partnering with NGOs and government institutions who could impart technical and political knowledge to them, and by consistently lobbying for a space to have discussions with local authorities, grassroots women in Thankot moved from merely having information meetings with the VDC to facilitating Local-to-Local Dialogues⁷ with the VDC Secretary and the Water Supply Committee, the local multi-stakeholder service provision decision-making body. Equipped with accurate information about budget allocations, and their constitutional rights to participate and access water and sanitation, women began to be more vocal about their recommendations.

Through negotiations and meetings with VDC officials, local political party representatives, and the local health post, the group was able to share the findings of these Report Cards, and establish a joint action plan based on its recommendations. The Report Cards found that of the nine good governance indicators, the VDC scored between 44 and 70 per cent (with 100 being excellent governance and service delivery). Their rating on consensus orientation (consultative processes) was the poorest mark, while government responsiveness received the highest score. On areas such as participation, equity, and transparency, citizens rated their government poor to moderate, and made suggestions as to how women could be more easily brought into decision-making and accessing information.

In the past, VDC officials had given the cold shoulder to similar activities, and refused to collaborate. By working with Lumanti, with its connections to international networks and the Huairou Commission, Thankot officials had a greater incentive to create joint action plans, as there was the draw of potential visibility and matching funding for their projects. Much of their success came from pitching their advocacy as a public good, one that would benefit not only women, but the entire community. During their negotiations, the leaders framed their advocacy work as mutually beneficial to the government: grassroots women would support the service delivery work for which the VDC often does not have a budget or implementation plan.

Gains and impacts

As a result of this project, and heightened attention on government responsiveness, the VDC has made its budget and information more transparent by posting information in public buildings. The Secretary also established a permanent monitoring committee comprised of five members (two female and three male) to prevent corruption. Before government planning meetings, the women leaders are now directly invited to participate. VDC used to allocate budget for capacity building but the community was not aware of this and did not benefit from it. Now, the community women are aware of this and have requested money for livelihoods training.

Due to the advocacy and widespread interest shown by communities across all nine Wards, the advocacy committee also received water quality-testing training from a community-based organisation and began a public murals campaign to raise awareness about clean drinking water. The VDC now regularly collects garbage from public spaces and streets. The women participating in the focus group discussions have reported that children in schools and their family members are reporting fewer water-borne diseases since the regular testing of well-water began.

Some women involved in the pilot project over the 18-month period now report they feel more individually empowered, in the sense of being confident to make public presentations and approach government officials, and have enhanced their confidence in knowing their entitlements to services. They also report experiencing fewer instances of petty bribery because they are retaining their receipts and have strengthened their relationships with the Water User Committee and other service providers. Through this process of collective empowerment, VDC officials reported in an evaluation meeting in November 2013 that they felt more possibilities for collaborating with organised women on future development projects.

Conclusions and recommendations

While much research has been done on the relative effectiveness of various accountability strategies, it is clear that a multi-dimensional approach with horizontal

mobilisation and partnerships is key for achieving inclusive and gender-responsive cities. The cases of DAMPA and Lumanti show there are a number of existing social accountability strategies that can be adopted and modified for use by organised grassroots women to ensure government effectiveness in the context of decentralisation. From a grassroots women's perspective, anti-corruption strategies are tied to broader processes of social accountability, partnership building, and ensuring women gain and maintain accurate access to information via participatory monitoring. Monitoring, a key component of the 'Means of Implementation' in the SDGs, should be seen not only as a check on government responsibility and channel for naming and shaming, but also as an opportunity to build capacity at the city scale and foster improved partnerships between rights holders and duty bearers. A recent report on participatory monitoring for development in the post-2015 era noted:

A participatory monitoring and accountability approach to development should be a key component of an effective post-2015 development agenda. It offers the chance for a much needed paradigmatic shift in how people living in poverty and the organizations that serve them are conceptualized in development initiatives – as active, collaborating policy stakeholders rather than aid recipients. (Callendar 2014, 4)

The cases here demonstrate the power of collective and non-confrontational approaches to corruption. While women were often afraid of saying no to bribes or visiting government offices, collective organising to advocate for change can have a substantial impact and women are less likely to be harassed or victimised. Beyond that, the experience of collective action is truly transformative, for it touches all four types of power: power *over* – through strengthening of the checks and balances system; power *with* – through horizontal action; power *to* – through creating spaces for participation; and power *within* – through exercising leadership (Silliman *et al.* 2011, 55). When women hold authorities accountable, it empowers them beyond service delivery monitoring.

Challenges include the fact that grassroots women are, in the long term, struggling to be seen as equal and mutual partners by the officials they are negotiating with. In addition, grassroots women and community activists more widely cannot be solely responsible for mapping gaps in service delivery and providing information on these gaps. Their work should be complemented by parallel research by the authorities responsible for developing policies, for example on social protection. Thus, the next steps for many of the pilot programmes in the TAI will be to ensure that grassroots women's bottom-up approaches to decentralised service provision and decision-making are recognised and institutionalised on a broader scale. Policy incentives are needed in the SDGs that foster grassroots organising and encourage government to forge institutional partnerships with grassroots women.

For this, resources are needed, with accompanying ways of working. Enabling local actors to realise their responsibilities and to collaborate requires relevant local financing mechanisms and the technical capacities necessary to implement health provision, sanitation, and infrastructure projects, and participatory and gender-responsive budgeting. Correspondingly, the constituencies of these local government units, such as organised groups of grassroots women, require structured and regular financing mechanisms to support their mapping, develop locally relevant indicators, and build sustainable partnerships with subnational institutions.

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Notes

- 1 The Huairou Commission is a global membership and partnership coalition in 50 countries that supports the empowerment of grassroots women's organisations, enhancing their community development work and enabling them to exercise collective political power at the global level.
- 2 *Barangays* are the smallest administrative unit of government in the Philippines. There are over 2,000 *barangays* in Metro Manila, and DAMPA works in 18 of them.
- 3 The members of these pharmacies themselves provide the funding, while in some cases the government has provided matching resources. There are currently over 20 community pharmacies and DAMPA was recruited to assist the Department of Health to set up a nationwide network of *barangay* pharmacies (DAMPA 2004, 8) which is connected to a network that advocates for health issues like cheaper medicines, enrolment in health insurance, universal health care, and budgeting processes.
- 4 For further information on WASH governance, please refer to the following resources: realising MDG 7c: www.undp.org/content/undp/en/home/ourwork/environmentand-energy/focus_areas/water_and_ocean_governance/water-supply-and-sanitation/goal-wash.html WASH Governance; training programme: www.ircwash.org/about-wash-governance-training-programme; World Health Organization and UN-Water 'Global Report 2013: Investing in Water and Sanitation, Increasing Access, Reducing Inequalities' http://apps.who.int/iris/bitstream/10665/139735/1/9789241508087_eng.pdf?ua=1 (all last checked by the authors 23 January 2015).
- 5 Article 16 of the interim Constitution declares a right to water and sanitation, and international covenants refer to access to safe drinking water and sanitation.
- 6 These Report Cards were originally developed by 'The Good Governance Initiative' (TUGI), a UNDP project in Asia Pacific. Its major objective is to contribute to improving

the quality of life in cities throughout the Asia Pacific region by strengthening the capacities of local authorities and promoting good governance principles.

- 7 Local-to-Local Dialogues are locally designed strategies whereby grassroots women's groups initiate and engage in ongoing dialogues with local authorities to negotiate a range of development issues and priorities to influence policies, plans, and programmes in ways that address women's priorities. This dialogue process helps decision-makers to listen to their constituents and to recognise that ultimately development solutions are possible and meaningful only with the full participation and agreement of those affected. For more information, see Silliman *et al.* (2011) and Goldenberg (2008).

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